KLAS RESEARCH | August 2021

KLAS First Look

Real Time Medical Systems

REAL-TIME POST–ACUTE CARE ANALYTICS AND DASHBOARDING

FIRST LOOK

KLAS RESEARCH
Separating fact from fiction

Real Time MEDICAL SYSTEMS

Why This First Look?

With the shift toward value-based care, data analytics and care coordination across various modalities will be critical to organizational success. Real Time Medical Systems' Interventional Analytics solution provides actionable clinical and reimbursement performance data—pulled directly from the post–acute care EHR—to skilled nursing facilities, hospitals, ACOs, and payers. Real Time's SaaS-based platforms include live data analysis that offer patient- and facility-level risk stratification to reduce hospital readmissions, identify and intervene in high-risk changes in patient conditions, monitor antibiotic usage and infection control, and more. This report aims to validate the experience of Real Time's customers.

Key Competitors

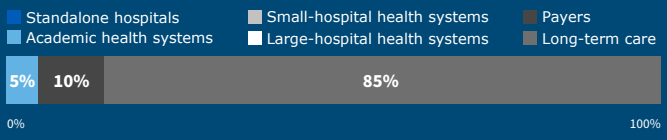
Real Time HS: CarePort, Collective Medical, Olio, PointClickCare Harmony, SAVIA

Real Time PAC: PointClickCare Nursing Advantage, PointRight, Post Acute Analytics, SimpleLTC, Team TSI

Number of Customers Interviewed by KLAS

22 individuals from 20 unique organizations.

Survey Respondents—by Organization Type (n=21)



Outcomes Expected by Customers

Achieved | Pending | Not achieved | Unexpected outcome

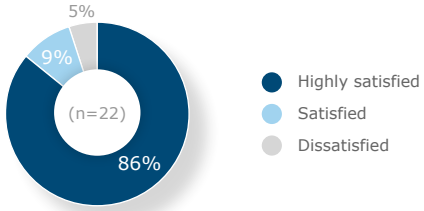
- Decreased hospital readmission rates
- Real-time data capture and alerts
- Standardization of care pathways across post–acute care networks

Bottom Line

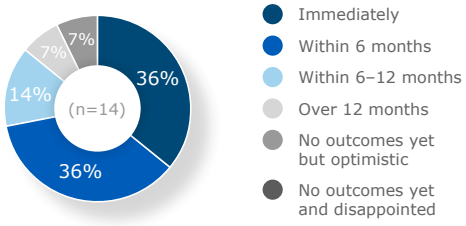
Real Time Medical Systems' Interventional Analytics solution allows clinicians and case managers to track and monitor live data on a patient's status in post–acute care facilities. Real-time alerts and live analysis enable clinicians and case managers to diagnose problems and proactively intervene in patient care before problems escalate, leading to reduced hospital readmissions, improved reimbursements, and better patient outcomes. Customers report some challenges with adoption.

Real Time Medical Systems Customer Experience: An Initial Look

Overall Customer Satisfaction



Time to See Outcomes



Real Time Medical Systems Performance (1–9 scale)

Supports integration goals	Product has needed functionality	Executive involvement	Likely to recommend
B+ (n=22)	A- (n=21)	A (n=20)	A (n=22)

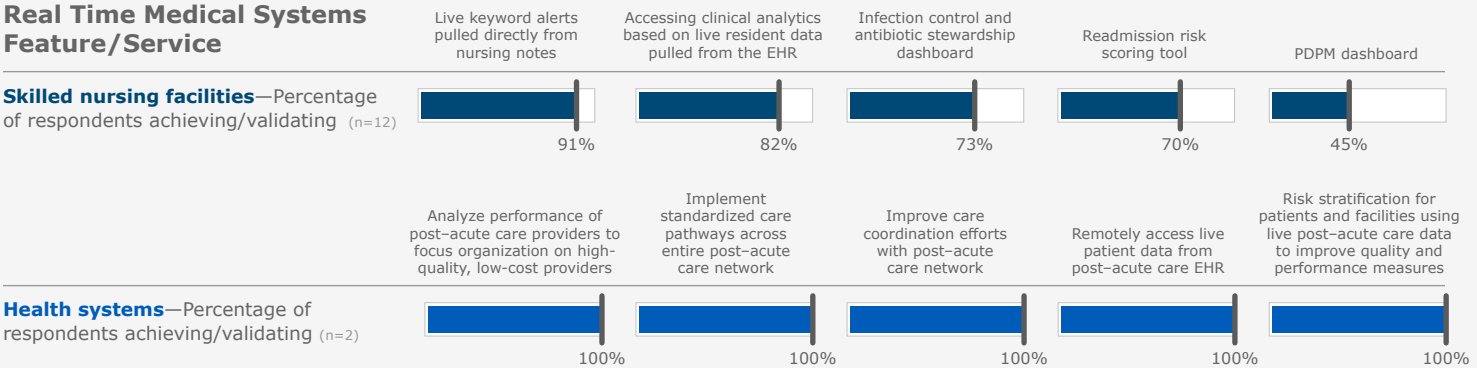
Of 20 respondents, 95% would buy again.

Grading Scale

A+ = 8.55–9.0	C+ = 6.75–7.01
A = 8.19–8.54	C = 6.39–6.74
A- = 7.92–8.18	C- = 6.12–6.38
B+ = 7.65–7.91	D+ = 5.85–6.11
B = 7.29–7.64	D = 5.49–5.84
B- = 7.02–7.28	D- = 5.22–5.48
	F = <5.22

Adoption of Key Functionality

Real Time Medical Systems Feature/Service



Strengths

- Enhanced patient outcomes
- Live analytics, reporting, and alerts
- Reduced readmissions

"We have interwoven Real Time Medical Systems into our daily practice. When administrators, directors, and nurses used to have to go from chart to chart, we just use Real Time Medical Systems now. That is amazing. Real Time Medical Systems gives us efficiency. We don't have to go through our EMR and hope to find something that stands out. We can go to the system, and it does all the work for us. It pulls everything out that has been documented. That makes our jobs so much more efficient. It can bring things to light that we may have missed in the past. In addition to that, quality measures are so important. To be able to go in and see who is triggering now based on the documentation that is in our EMR is helpful. Rehospitalization is huge, and to be able to look in the system and see who is at risk based on the information that we already have in our EMR is beneficial because then we can concentrate on that person." —Vice president

Opportunities

- Does not fully integrate with all EMR platforms
- System can be overly sensitive in indexing and flagging
- Real Time PAC functionality can be redundant with existing EHR

"It is difficult trying to figure out where Real Time Medical Systems fits in our workflow. It is hard to get the staff members to use Real Time Medical Systems because they can get the same information from another system we use. They don't want to log in to a second platform to get the same information. We can configure the system, and our third party will send an alert based on the resident level, facility level, or corporate level. They are able to make changes for us, but I just feel like some of the alerts are not necessary. And the system really doesn't highlight who the actual at-risk residents are. Some of the reports for keywords are super helpful." —Director

KLAS' Points to Ponder

Mike Davis
HCIT market research and analysis expert with 40+ years of experience

The Positives
Real Time Medical Systems has created a real-time analytics solution to monitor post–acute care environments with interventional alerts that identify high-risk patients, reduce hospital readmissions, improve antibiotic stewardship, assess appropriate patient care acuity levels, and improve coding/billing processes based on the PDPM. Real Time's solution functions as middleware tying data from various modalities of care together to improve care and reduce cost.

Organizations should consider the following:

The Solution's Long-Term Viability in Healthcare
The ability to manage patient care across various modalities will be essential for improving care quality and driving down costs. Solutions that can integrate care data from disparate care environments for real-time assessments and alerts are well positioned to succeed as the market moves to value-based care. Data interoperability capabilities across disparate EHR environments will determine Real Time's viability.

Impacts and Tradeoffs of the Underlying Technology
The Real Time platform is an AWS cloud native solution. The security and encryption platforms are based on industry standards, and Real Time Medical Systems is pursuing HITRUST certification (expected in January 2022). Improvements such as more flexible analytics and reporting, more robust EHR integration, and more accurate PDPM alerts will advance the solution's competitiveness. The current architecture will accommodate these suggested advancements.

Post–Acute Care Data
As the industry moves to value-based care, provider organizations' ability to capture patient information across care delivery environments becomes critical for success. Post–acute care data is a vital component for managing and measuring episodes of patient care. Enterprise data warehouse solutions should be updated to capture and analyze this data with other enterprise data.

Redesigning Care Workflows Relative to Patient Information
Adding patient care solutions that act as middleware between disparate care systems will require provider organizations to rethink portions of the care delivery workflow. IT governance groups will need to assess how to best implement these solutions within the care delivery process and with associated training. Success will be measured by the level of adoption achieved by the clinical teams.

Real Time Medical Systems: Company Profile at a Glance

Year founded: 2011

Headquarters: Linthicum Heights, MD

Number of employees: 62

Number of customers:
126 post-acute customers
4 health system/ACO/hospital clients

Target healthcare customer:
Real Time PAC: Skilled nursing facilities and long-term and post–acute care organizations

Revenue Model:
Real Time PAC: Subscription based, per facility per month
Real Time HS: Subscription based, based on volume; Shared Savings based

Scott Rifkin, MD
Founder & Executive Chairman

How would customers describe your solution?
Real Time's Interventional Analytics solution improves clinical and financial outcomes by significantly reducing hospital admissions, accurately managing reimbursements, detecting early signs of infectious disease, automating antibiotic and vaccine surveillance, and advancing care coordination through post–acute care data transparency. Real Time's cloud-based solution generates a live sync with key data points within the post–acute care EHR, including keywords found in nursing/narrative notes. Utilizing live data, the platform identifies subtle changes in condition as they occur and prioritizes high-risk patients by clinical need. As facilities are enabled to seamlessly share live clinical data with their partner hospitals, health systems, ACOs, and health plans, care teams can collaboratively improve patient care, reduce unnecessary costs, and achieve a level of post–acute care interoperability *with no additional work or duplicate data entry needed.*

What are Real Time Medical Systems' biggest differentiators?
Unlike MDS or claims data, Real Time's Interventional Analytics solution captures *live* EHR and post–acute care EHR data, providing both clinical and financial value to facilities and healthcare organizations.

- **Data recency:** Capture live structured and unstructured data from 95% of post–acute care EHRs
- **Data transparency:** Access and share live data on patients during the post–acute care stay
- **Early interventions:** Detect "interventional moments," enabling early intervention to decrease hospital admissions
- **Live readmission risk scoring:** Identify and monitor high-risk patients, reducing hospital readmissions by 52% (on average)
- **Length-of-stay management:** Provide live risk stratification at both the patient and facility level to reduce post–acute care length of stay by 43% (on average)
- **Network & enterprise management:** Analyze performance to focus on high-quality, low-cost providers
- **Reimbursement accuracy:** Avoid coding oversight and get paid for all the care you are providing
- **Centralized IPC & vaccination surveillance:** Identify early onset of infectious disease days in advance and monitor vaccination tracking across all facilities
- **Automated antibiotic stewardship:** Reduce antibiotic resistance with live tracking and trending insights
- **Care transitions:** Standardize care pathways across all facilities to improve quality outcomes

REPORT INFORMATION

Reader Responsibility

KLAS data and reports are a compilation of research gathered from websites, healthcare industry reports, interviews with healthcare, payer, and employer organization executives and managers, and interviews with vendor and consultant organizations. Data gathered from these sources includes strong opinions (which should not be interpreted as actual facts) reflecting the emotion of exceptional success and, at times, failure. The information is intended solely as a catalyst for a more meaningful and effective investigation on your organization's part and is not intended, nor should it be used, to replace your organization's due diligence.

KLAS data and reports represent the combined candid opinions of actual people from healthcare, payer, and employer organizations regarding how their vendors, products, and/or services perform against their organization's objectives and expectations. The findings presented are not meant to be conclusive data for an entire client base. Significant variables—including a respondent's role within their organization as well as the organization's type (rural, teaching, specialty, etc.), size, objectives, depth/breadth of software use, software version, and system infrastructure/network—impact opinions and preclude an exact apples-to-apples comparison or a finely tuned statistical analysis.

KLAS makes significant effort to identify all organizations within a vendor's customer base so that KLAS scores are based on a representative random sample. However, since not all vendors share complete customer lists and some customers decline to participate, KLAS cannot claim a random representative sample for each solution. Therefore, while KLAS scores should be interpreted as KLAS's best effort to quantify the customer experience for each solution measured, they may contain both quantifiable and unidentifiable variation.

We encourage our clients, friends, and partners using KLAS research data to take into account these variables as they include KLAS data with their own due diligence. For frequently asked questions about KLAS methodology, please refer to klasresearch.com/faq.

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Note

Performance scores may change significantly when additional organizations are interviewed, especially when the existing sample size is limited, as in an emerging market with a small number of live clients.

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