First Look

COPE Health Solutions Analytics for Risk Contracting (ARC) 2024

Analytics & Visualizations to Enable Value-Based
Payment Performance Improvement

First Look

Note: First Look reports are intended to shed light on the customer experience with solutions not previously rated by KLAS. Note that the data represents early findings.

COPE Health Solutions Analytics for Risk Contracting (ARC):
Analytics & Visualizations to Enable Value-Based Payment Performance Improvement

Why This First Look?

With the rapid rise in value-based care contracts and emphasis on patient population health, healthcare provider organizations are looking for insights into specific populations and metrics to manage outcomes and coordinate care. COPE Health Solutions seeks to meet this need by providing analytics and visualizations of population health data through the Analytics for Risk Contracting (ARC) solution. This report takes a first look at customer satisfaction and key functionality adoption among ARC customers.

What Does COPE Health Solutions ARC Do? (a customer explains)

"ARC allows us to leverage data to optimize our contracts, help physicians manage their patients, and improve patient care, medical costs, and hospitalizations. ARC ingests claims data from the payers, and then we have access to information about who is in the hospital, who is a high-cost patient, who is on expensive medications that we might be able to switch over to generic medications, and that kind of data." —Manager

Bottom Line

All respondents report feeling either satisfied or highly satisfied. Interviewed customers appreciate the out-of-the-box functionality, robust visualization tools, and high-quality customer support. Respondents feel COPE Health Solutions could improve by increasing consistency across module functionality, better communicating the available EHR API integration, and expanding benchmarking options to Medicare and commercial populations. Overall, customers have seen improvements in efficiency of care delivery and appreciate the deeper level of insights the system provides compared to what they had before using ARC.

Key Competitors (as reported by COPE Health Solutions)
Arcadia, Cedar Gate Technologies (payer), Health Catalyst, Innovaccer

Top Reasons Selected
Existing relationships, introduction by partner organizations, ease of use, cost
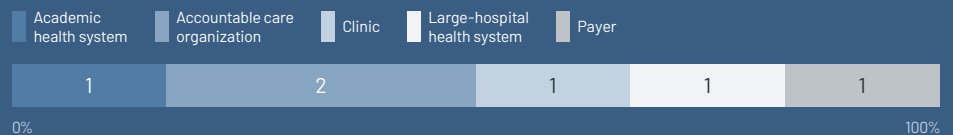
Number of Customers Interviewed by KLAS
6 individuals from 6 organizations (COPE Health Solutions shared a list of 11 unique organizations; the list represents 85% of the customers that are eligible for inclusion in this study)

Survey Respondents—by Organization Type

Academic health system	Accountable care organization	Clinic	Large-hospital health system	Payer
1	2	1	1	1

0%　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　100%

COPE Health Solutions ARC Customer Experience: An Initial Look

Distribution of Overall Performance Score
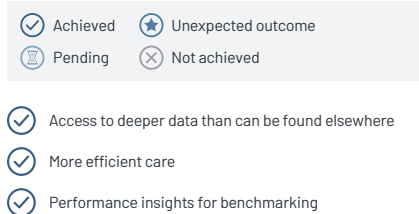Based on individual respondents, not unique organizations

▼ # of individual respondents

Dissatisfied (<70.0)	Satisfied (70.0–89.9)	Highly satisfied (90.0+)
0	3	3

▶ Respondent score (100-point scale)

Key Performance Indicators

*Limited data
**Emerging data
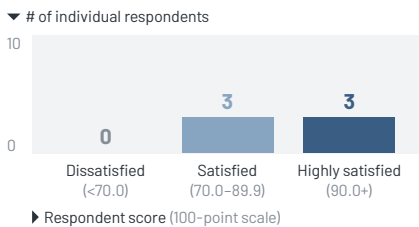
Supports integration goals	Product has needed functionality	Executive involvement	Likely to recommend
A**	B-*	A+*	B+*
(n=5)	(n=6)	(n=6)	(n=6)

Would you buy again? (n=6)
Percentage of respondents who answered yes

100%*

0%　　　　　　　　　　　　　　　　　　　　　　100%

Note: Percentages are calculated based on individual respondent counts, not unique organizations.

Software grading scale (1–9 scale)

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

Outcomes Expected by Customers

⊘ Achieved　　★ Unexpected outcome
⊡ Pending　　⊗ Not achieved

⊘ Access to deeper data than can be found elsewhere
⊘ More efficient care
⊘ Performance insights for benchmarking

Adoption of Key Functionality
Percentage of interviewed organizations using functionality (n=6)

Cost and utilization analytics: Analyze and identify drivers of cost and utilization patterns across all service categories and places of service — 100%

Management report: Transform value-based care financials and operations metrics into a single summary that identifies trends and other clinical and operational findings — 67%

Quality improvements and analytics: Analyze quality performance and create member lists for quality gaps, CDQI/HCC opportunities, and total cost of care — 67%

0%　　　　　　　　　　　　　　　　　　　　　　100%

Time to See Outcomes

■ Immediately　　■ Over 12 months
■ Within 6 months　　■ No outcomes yet
■ 6–12 months

Immediately	Within 6 months	No outcomes yet
3	2	1

0%　　　　　　　　　　　　　　　　　　　　　　100%

Strengths

Versatile analytics tools provide insights and visualization specific to provider needs

"The reports in ARC are easy to filter. As long as we know what we are looking for, we can filter things in a million different ways. The tool is really versatile; we can use it to pull things that are physician facing, or we can do more of an analytical dive in the background." —Manager

Despite some turnover, customer support representatives provide reliably positive experiences

"Even though we have had some different representatives over the course of the relationship, I have found everyone to be very hands on and responsive. I do find that the vendor's staff is very engaged in working with us on whatever our needs are at the time." —Analyst

Without much effort, the out-of-the-box functionality delivers results

"The user doesn't have to be a rocket scientist or a data guru to dare to use the out-of-the-box functionality because there are drop-down menus. ARC is basically another vendor's data visualization solution on steroids. ARC does all the normalization of data, and that is great; we really don't have to scrub much. ARC has out-of-the-box functionality for all the key metrics we may be interested in" —Director

Opportunities

Direct EHR feed integration is an ongoing development goal

"COPE Health Solutions could improve the direct feed from their EHR. That is an evolving process. The disparity of EHRs has complicated that." —CEO/president

Specialist profiling and expanded benchmarking to commercial and Medicaid populations

"COPE Health Solutions has Medicare benchmarks, and if they can expand the benchmarks more for the commercial and Medicaid population, that will be a major improvement. I would also like specialist profiling; then, we would have an all-in-one tool. Right now, there is a PCP performance tool where we can look at different quartiles, but we are also interested in looking at specialties in terms of the efficiency of providers." —Director

Slight differences between module dashboard filter and functionality options

"Even though the product's modules look the same, they don't all have the same filters available. For instance, a filter to identify high hospital re-admitters may be available in the population overview module, which is useful for case management, but the same filter is not present in the cost and use summary module, and that hinders our financial analysis of the impact of high re-admitters. . . . The homogeneity of the modules is an opportunity that the vendor is working on." —Manager

Points to Ponder

What Does a Customer Need to Do to Be Successful with This Solution?

Customers explain

- **Understand your data sources and dashboard needs:** *"For a successful experience with ARC, people should have an idea of what they want in terms of dashboards because the vendor can pretty much build or customize anything. The system ingests so much data, so it would be good to have an idea of what people want."* —Manager

- **Suggest changes and trust COPE Health Solution's ability to develop:** *"The vendor has the capacity to arrange for [things] to be available to us on much shorter order than a lot of the other larger software firms I have worked with. We have relied on the vendor, and they are a little nimbler in terms of adding or adjusting things."* —Analyst

- **Invest in training:** *"I would advise them to put some dollars into training from the vendor because the interface is a little fragmented. . . . Putting some dollars into end-user training or training support for maybe the first year would be really smart. Otherwise, the product will be underutilized."* —Manager

COPE Health Solutions explains

- Have a champion executive with the right role and authority to be able to support a successful implementation from the client side

- Provide open access to all payer contracts, reconciliation and performance reporting, and all available claims and related data, ADT, and EHR data feeds through available API integration

- From the start, include clinical and financial leadership to maximize the effectiveness of actionable outputs to develop workflows, reporting, and financial modeling for value-based payment agreements

- Bring their own ideas about best practices and be clear about business needs so that our team can partner to meet needs

Other Relevant Commentary

"The vendor is easy to work with and so responsive. Our relationship with the vendor as a partner is really good. COPE Health Solutions has done everything we have asked, and they have been adaptable. If things change over time, the vendor is easy to work with. They say that they can do things for us, or they address any concerns we have. The staff, unlike a lot of data people, is very experienced in healthcare, and it shows." —Manager

"The vendor has regular meetings with us. One of the vendor executives is always present. I would tell others who are looking at ARC not to be hesitant to ask for enhancements. I have found that this vendor is really good to work with; they have been very open to suggestions, and they have put into place multiple changes that we have suggested to make the application more useful for case management." —Manager

COPE Health Solutions: Company Profile at a Glance

Founders
Allen Miller

Year founded
2002

Headquarters
Los Angeles, CA

Number of customers
13

Number of employees
110

Estimated revenue
$25M

Funding
March 2022, Series A: $7.5M

Revenue model
SaaS model; price based on data load, configuration, and maintenance

Target customer
IPAs, CINs, ACOs, FQHCs, health systems, payer organizations (health plans, self-insured employers, and third-party administrators)

Healthcare Executive Interview

Allen Miller,
Principal and CEO

What is your background?
Since 1999, COPE Health Solutions has led the planning, implementation, and management of integrated healthcare delivery networks and health plans across the US. Our focus has been on clinical integration and the alignment of business and operational models between healthcare delivery systems and payers to succeed in value-based payments. Our expert team and advisors with decades of experience have developed and continue to evolve technologies and services that improve population health, align financial incentives, create value for payers, and improve patient and provider experience.

Why was COPE Health Solutions started?
In the 1990s, COPE Health Solutions founders recognized that healthcare was really an "unsystem" replete with misaligned financial incentives, a dearth of useful and actionable data, and poor understanding by payers and providers of the other's core business drivers. We committed to align financial incentives, leverage payer and provider data, and optimize population health management in order to drive success long before the ACA launched what is now a national value-based payment trend. Our company was built to help providers and payers collaboratively leverage data, claims dollars, networks, care models, and, of course, engagement with members to achieve success.

What is COPE Health Solutions' biggest differentiator?
COPE Health Solutions' biggest differentiator is our team of deep experts across the content areas required for success in advanced value-based payments. This team is able to collaborate with our payer and provider clients to configure curated solutions that derisk the transition to advanced value-based care. This includes developing expert-driven insights that are integrated into our highly actionable and easy-to-use management reports, physician dashboards and other reports and chase lists—prioritizing initiatives to ensure financial and quality success. Targeted actions and data can be integrated into physician and care team EHR workflows.

Solution Technical Specifications
Information provided by COPE Health Solutions

Cloud environment
Azure

Development platform
Python, Java, React JS

Database environment
SQL, PostgreSQL

Mobile application environment
On development road map

Security platform
Certified ISO 27001/2; Azure platform security best practices

Confidentiality
HIPAA compliant, BAAs, follows secure development lifecycle (SDLC)

Data encryption
At rest: AES-256 server-side encryption; In transit: HTTPS (TSL 1.2) and AES-256 servicer side encryption

Integration approach
Integration engine, flat files, direct database, custom API

HITRUST certification
Expected July 2024

AI
No

Report Information

Sample Sizes

Unless otherwise noted, sample sizes displayed throughout this report (e.g., n=6) represent the total number of *unique customer organizations* that responded to a particular question. Some respondents choose not to answer all questions, meaning the sample size may change from question to question.

Sample sizes of 15+ unique organizations are considered fully rated. When the sample size is 6–14, the data is considered limited and marked with an asterisk (*). If the sample size is 3–5, the data is considered emerging and marked a double asterisk (**); no overall performance score is shown for emerging data. No data of any kind is shown for questions with a sample size of less than 3. Note that data marked as limited or emerging has the potential to change significantly as additional surveys are collected.

COPE Health Solutions ARC Performance Overview
All standard software performance indicators

Overall performance score (100-point scale) (n=6)

Population Health Management average: **83.1**

91.7*

0.0   100.0

Culture		
Keeps all promises Percentage of respondents who answered yes	(n=6)	**100%***
Proactive service (1–9 scale)	(n=6)	**A***
Product works as promoted (1–9 scale)	(n=6)	**A-***

Loyalty		
Forecasted satisfaction (1–9 scale)	(n=6)	**A-***
Likely to recommend (1–9 scale)	(n=6)	**B+***
Overall satisfaction (1–9 scale)	(n=6)	**B+***
Part of long-term plans Percentage of respondents who answered yes	(n=5)	**100%****
Would you buy again Percentage of respondents who answered yes	(n=6)	**100%***

Operations		
Ease of use (1–9 scale)	(n=6)	**B***
Quality of implementation (1–9 scale)	(n=6)	**A***
Quality of training (1–9 scale)	(n=6)	**A***

Product		
Delivery of new technology (1–9 scale)	(n=5)	**B****
Overall product quality (1–9 scale)	(n=6)	**B+***
Product has needed functionality (1–9 scale)	(n=6)	**B-***
Supports integration goals (1–9 scale)	(n=4)	**A-****

Relationship		
Executive involvement (1–9 scale)	(n=6)	**A+***
Quality of phone/web support (1–9 scale)	(n=6)	**A***

Value		
Avoids charging for every little thing Percentage of respondents who answered yes	(n=6)	**100%***
Drives tangible outcomes (1–9 scale)	(n=6)	**B+***
Money's worth (1–9 scale)	(n=5)	**A+****

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**Emerging data

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Our Mission
Improving the world's healthcare through collaboration, insights, and transparency.

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