



## First Look

# TransformativeMed Core Diabetes 2024

Bringing Glycemic Control Management Directly to the EHR



TransformativeMed

## TransformativeMed Core Diabetes 2024 Bringing Glycemic Control Management Directly to the EHR

### Why This First Look?

In a hospital, it is essential that diabetic patients' glucose levels and insulin treatments are carefully reviewed and managed. To avoid mistakes and reduce the need for redundant endocrinology work, healthcare organizations can turn to technology such as TransformativeMed's Core Diabetes solution. This product aims to provide all relevant diabetes-related patient data in a seamless EHR dashboard. This report offers a first look at the experiences of healthcare organizations currently using Core Diabetes.

### What Does TransformativeMed Core Diabetes Do? (a customer explains)

"Core Diabetes has a really nice dashboard or flowsheet-type view of diabetes-related information, whether that is insulin drips, glucose monitoring, or glucose value. The changes in insulin and drip rates are graphically visible, and users can hover for more details. Users can also see pertinent problems and lab values in one place." —Manager

### Bottom Line

Interviewed TransformativeMed clients report a satisfying experience with Core Diabetes, and all would buy the solution again. Organizations like the software's effective, simple-to-use features. They also note that TransformativeMed develops collaborative and productive partnerships with clients. Areas for improvement include refinements in the interface and the addition of new customizable reporting functionality. Customers would also like to see TransformativeMed find ways to help increase physician buy-in.

### # of Customers Interviewed by KLAS

6 individuals from 5 organizations (TransformativeMed shared a list of 7 unique organizations; the list represents 100% of the customers that are eligible for inclusion in this study)

### Top Reasons Selected

Affordable, recommended by a peer, previous positive experiences with TransformativeMed

### Survey Respondents—by Organization Type



### Customer-Validated EHR Integration

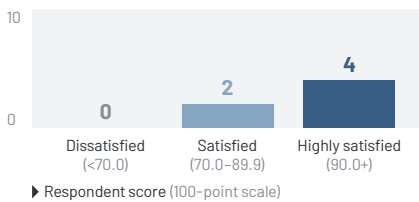


## TransformativeMed Core Diabetes Customer Experience: An Initial Look

### Distribution of Overall Performance Score

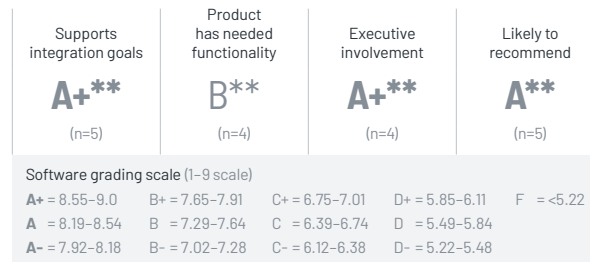
Based on individual respondents, not unique organizations

# of individual respondents



### Key Performance Indicators

\*\*Emerging data



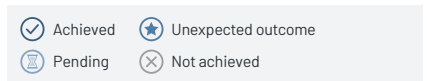
Would you buy again? (n=5)

Percentage of respondents who answered yes



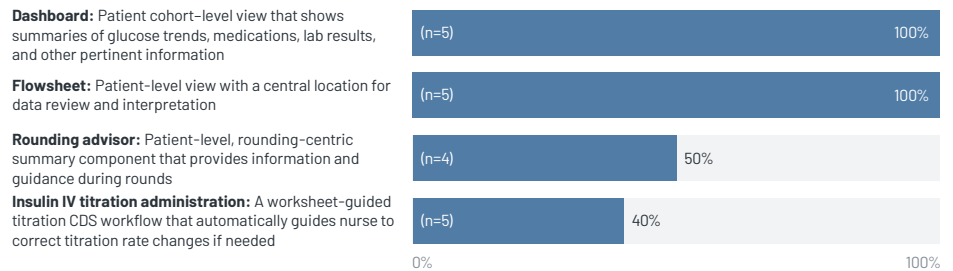
Note: Percentages are calculated based on individual respondent counts, not unique organizations.

### Outcomes Expected by Customers



- ✓ Access to accurate, real-time patient blood glucose data
- ✓ Improved efficiency in endocrinology workflows
- ✓ Tighter control of patient blood glucose

### Adoption of Key Functionality Percentage of interviewed organizations using functionality



### Time to See Outcomes



## Strengths

TransformativeMed's team is very well prepared to help with every aspect of the product

Customer support is responsive and timely about solving issues

Solution is clearly designed with physicians in mind



"[TransformativeMed is] very organized during the meetings with their project manager. They have people on staff who can work within different EHRs and know how to build things. They have a physician assistant on staff, so they have that provider voice. They also have a great relationship with some of the insulin groups that help with the guidelines for IV insulin administration." —Analyst

"We have been working with TransformativeMed for a long time now, and they are pretty responsive and easy to work with. Overall, they have good customer service. When we have had issues and had to update things or make changes, they have been responsive in getting those changes completed in a timely manner." —Nurse

"The key strength of Core Diabetes is that it is designed well and makes sense. The system really puts all of the pertinent information in one place with clear clinical expertise and input." —Manager

## Opportunities

Aspects of software design need refining for improved clarity

Solution demonstrations could boost organizational buy-in

Further improvements needed around reliability and the feature set



"The one piece of feedback that we have for TransformativeMed is that each day in the system needs to be delineated. That is a human-factor thing with how people visualize the system's graph from day to day to see what pertains to each day because there is a lot of information in the system." —Manager

"If TransformativeMed could be available to demonstrate Core Diabetes to our physicians, our physicians would accept the solution more. We would like more physical presence from the vendor to get more buy-in from our endocrinologists." —Analyst

"One issue with the system is that if the current blood sugar is identical to the prior blood sugar, sometimes the system glitches. The other thing is that it is very hard to change the time once we are in the algorithm. If I measured my blood sugar five minutes ago, the system says that I measured it right now; the system doesn't let me alter the time." —Manager

## Points to Ponder

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

#### Customers explain

- **Focus heavily on getting the relevant department deeply involved:** "Get buy-in from the departments that manage diabetic patients and have those departments try to utilize the flowsheet and dashboard to the utmost because the product is very efficient." —Analyst
- **Utilize TransformativeMed fully throughout the implementation:** "Someone implementing Core Diabetes should just reach out to TransformativeMed. The vendor is very responsive and will help customers along the line." —VP/other executive
- **Avoid overcomplicating the product through customizations:** "Customers should try to not over-customize things and should use all the available options if possible." —Nurse

#### TransformativeMed explains

- If multiple insulin protocols exist, collect and bundle them for review during our initial engagement
- Put a change management plan in place (TransformativeMed can assist as needed)
- Be prepared to answer questions about internal standardization of protocols and organization versus facility consistency along with patient population-specific protocols (post-op, OB, general, etc.)

### Other Relevant Commentary



"Part of Core Diabetes is very beautiful, and anyone can use the system regardless of whether they are an endocrinologist. We can use the solution to see how a patient is progressing through diabetes. But some physicians want to challenge the algorithm, and they say that the system is a little bit conservative for what they do. We want the product to be a little more progressive and faster in how it transitions from one algorithm to the next. I would advise someone using the system to have their endocrinologists aligned in their hospital." —Analyst

# TransformativeMed: Company Profile at a Glance

## Founder(s)

David Stone and Erik Van Eaton, MD

## Year founded

2010

## Headquarters

Seattle, WA

## Key competitors

EndoTool, Glytec

## Number of unique Core Diabetes customers

9

## Number of employees

20

## Estimated revenue

\$4.5M

## Funding

\$7M in Series A

## Revenue model

Annual subscription fee on a per-bed basis

## Target customer

Global hospitals and health systems



## Healthcare Executive Interview

**David Stone,**  
Cofounder and CEO

### What is your background?

I spent 10 years as an application architect at University of Washington (UW) Medicine before cofounding TransformativeMed. While at UW Medicine, I co-invented the MPages technology platform (a precursor to SMART and FHIR), which enables the embedding of web apps inside the Cerner (now Oracle Health) EHR. My career has been dedicated to the belief that open API and web-app standards are the key to driving innovation, scale, and value in health technology. I lead TransformativeMed as the CEO and serve as a board member.

### Why was TransformativeMed started?

Dr. Erik Van Eaton, while working as a trauma surgeon at the University of Washington in 2010, had grown deeply frustrated with his hospital's EHR. It was tedious and time consuming to locate information, and the generic workflows and unintuitive UI led to frustration. I was the lead architect for the new EHR project at the time and partnered with Dr. Van Eaton to create Core Work Manager to foster better care team communication and collaboration. We subsequently created Core Diabetes, Core Mobile, and Core Notify.

### What is TransformativeMed's biggest differentiator?

We're built by clinicians, for clinicians. As a company, we have a deep pool of talented healthcare professionals who understand what doctors, nurses, and healthcare systems really need to succeed. One of our early key insights was that embedding in the electronic health record wasn't just nice—it was a necessity. Our system isn't just an add-on solution that lives outside of the EHR or sits on top of it. Instead, it is a natively embedded solution that creates a seamless workflow experience, helping clinicians provide better care without requiring extra work. This makes things easier for IT and better for clinicians.

## Solution Technical Specifications Information provided by TransformativeMed

### Cloud environment

Privately hosted cloud

### Development platform

JavaScript and React on front end; PHP, Node.js, and Golang on back end

### Database environment

PostgreSQL, Oracle Health

### Mobile application environment

Hybrid mobile application available on Google Play and Apple App Store

### Security platform

SOC 2 Type 2

### Confidentiality

HIPAA compliant, BAAs

### Data encryption

TLS 1.2 in transit, LUKS encryption at rest

### Integration approach

Cerner MPages, SMART, HL7 FHIR

### HITRUST certification

No

### 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.

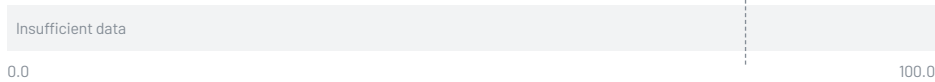
Sample sizes of 15+ unique organizations are considered fully rated. When the sample size is 6–14, the data is considered limited and marked with an asterisk (\*). If the sample size is 3–5, the data is considered emerging and marked a double asterisk (\*\*); no overall performance score is shown for 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.

## TransformativeMed Core Diabetes Performance Overview

All standard software performance indicators

Overall performance score (100-point scale)

2024 Best in KLAS software average: **79.6**



### Culture

Keeps all promises Percentage of respondents who answered yes	(n=4)	100%**
Proactive service (1–9 scale)	(n=4)	A+**
Product works as promoted (1–9 scale)	(n=5)	A**

### Loyalty

Forecasted satisfaction (1–9 scale)	(n=5)	A**
Likely to recommend (1–9 scale)	(n=5)	A**
Overall satisfaction (1–9 scale)	(n=5)	A**
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=5)	100%**

### Operations

Ease of use (1–9 scale)	(n=5)	A+**
Quality of implementation (1–9 scale)	(n=5)	A**
Quality of training (1–9 scale)	(n=5)	A**

### Product

Delivery of new technology (1–9 scale)	(n=3)	A-**
Overall product quality (1–9 scale)	(n=5)	B+**
Product has needed functionality (1–9 scale)	(n=4)	B**
Supports integration goals (1–9 scale)	(n=5)	A+**

### Relationship

Executive involvement (1–9 scale)	(n=4)	A+**
Quality of phone/web support (1–9 scale)	(n=4)	A+**

### Value

Avoids charging for every little thing Percentage of respondents who answered yes	Insufficient data
Drives tangible outcomes (1–9 scale)	(n=4) A+**
Money's worth (1–9 scale)	(n=4) A+**

### 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	

\*\*Emerging data

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



**LEAD AUTHOR**  
**Jackson Tate**  
jackson.tate@KLASresearch.com



**CO-AUTHOR**  
**Jacob Brown**  
jacob.brown@KLASresearch.com



## Our Mission

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

365 S. Garden Grove Lane, Suite 300  
Pleasant Grove, UT 84062

Ph: (800) 920-4109

For more information about KLAS, please visit our website:  
[www.KLASresearch.com](http://www.KLASresearch.com)

Cover image: © LIGHTFIELD STUDIOS / Adobe Stock

## 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' 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](http://klasresearch.com/faq).

## Copyright Infringement Warning

This report and its contents are copyright-protected works and are intended solely for your organization. Any other organization, consultant, investment company, or vendor enabling or obtaining unauthorized access to this report will be liable for all damages associated with copyright infringement, which may include the full price of the report and/or attorney fees. For information regarding your specific obligations, please refer to [klasresearch.com/data-use-policy](http://klasresearch.com/data-use-policy).

## 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.