

# Technology Transfer Tactics™



*The monthly advisor on best practices in technology transfer*

## Apervita seeks to 'democratize' health analytics and data

While there is a broad universe of IP marketed by TTOs on behalf of their universities, Apervita, based in Chicago, has opted to target a very specific area -- health analytics and data -- and to "democratize" them.

"Fundamentally, Apervita is an industry architecture and platform that allows health analytics and data to be portable and exchangeable," says Chief Commerce Officer **Brad Ryan, MD**. "The underlying technology is the special sauce -- any analytic with any data set addresses challenges of rolling out solutions related to the complexities of health data. There is a wide variation of data structures and definitions, so the fundamental problem here is about interoperability."

Ryan recalls that in his previous position he ran a business in the same space. "Implementing for one client was almost like having to build it again," he explains. "You had to Extract, Transform, and Load (ETL). Most solutions today start with a big ETL effort -- six to nine months to build a data warehouse in a certain format before you can do anything with it. A lot of the coding effort is about getting data into the right format and definition to start using it for analytics. Then there is the user interface that sits on top. That stack makes up the silos in healthcare analytics and data space." The underlying Apervita "special sauce," he explains, lets knowledge of the analytic be developed and maintained in one place and executed in many places.

"What we offer is a channel to disseminate IP at scale for TTOs or medical centers seeking to further their IP delivery through a marketplace," Ryan continues. "Their IP is computable in our platform, published in our market place where others can subscribe to it, and most important, execute it. I can subscribe to an analytic, do some simple self-service mapping, and get results in a few days -- as opposed to months after having

gone through RFPs and implementations."

In short, he adds, Apervita is "a channel to exchange and share so projects are adopted and implemented easily, and there's a chance to monetize like none in the past. Mayo Clinic [a client] thinks they have hundreds of IP assets each year they could market, and typically create one startup. That can now be distributed through us."

The goal of the IP owner, he notes, does not necessarily have to be licensing -- it just might be fulfilling a desire to share their knowledge.

"They can publish their IP out to the world and it may get adopted or implemented," he says.

Unlike a licensee, "we never own or re-sell the IP or have secondary rights; it remains the property of the TTO or other owner," says Ryan. "Some choose to price based on a subscription model, some on a per-call basis, some mix and match -- it's published on site."

In short, Apervita "administers" the transaction. "We are the execution engine; in exchange for that service we take a transaction fee, as do most two-sided marketplaces," he explains. While he would not share specific fees, he said that all conversions "are typically substantially lower cost than typical analytics vendor models. We are more efficient both in time and dollars."

### **Two-sided marketplace**

What makes Apervita unique? "I've not heard of true two-sided marketplaces in this space," says Ryan. "We know that analytics are becoming more and more relevant and more sophisticated, and app stores tend to be vendor app stores rather than open marketplaces."

He adds that client IP is well protected. "First and foremost, we have to maintain the highest standards of privacy as a health solution; we're governed by HIPAA," he explains. Another

set of capabilities that clients like, he continues, involves access and permission controls -- a flexible hierarchy they can use in their space. "They control how they want to release their information, when, and who can see it," says Ryan.

How does the relationship between Apervita and its clients unfold and operate? "We think of it as onboarding; we are effectively a capability for them. The first step of engagement is to understand their problems and how they need to employ our platform to solve them."

After the onboarding, clients go through training so they can better understand creating knowledge assets, creating data, how to do mapping, and how to use the Apervita visualization and web services for delivery. "When an organization becomes a member they get web-based space where they can perform the activities of authoring analytics, connecting data, configuring the results they want, how they want them to be delivered, and execute," says Ryan. "They are provided with a tool set. So, for example, they do not have to wait for us to create new measures; they just open the measure editor and create it." Apervita also provides in-person training, he notes.

The primary source of revenue for Apervita is a transaction fee. "There is also a modest platform access fee -- we're not talking big dollars compared to most HIT solutions," Ryan adds, noting that training and tools are all part of that access fee.

What types of clients show the most interest in these services? "What we see in this

space are customers who want decision support," Ryan shares. "Many want [decision support] within EMR work flow, others are in different systems like discharge planning or admissions. Or, it could be a mobile patient engagement solution -- technologies compatible with those emerge in provider and healthcare space as the preferred decision support systems. What they consistently *don't* want is another place to go for information. We do not want to dictate another location but lend a hand towards insights ending up where they want them; that resonates with our customers."

Those customers were first targeted in the U.K. almost three years ago. Apervita has been operating in the U.S. in the years since, just recently attracting the University of Michigan as a member.

"Our researchers are defining more effective ways of delivering health care and we feel our role as a technology transfer team is to help ensure these new approaches help to improve patient care as quickly and broadly as possible," said **Ken Nisbet**, associate vice president, U-M Tech Transfer in a news release announcing the relationship. "Apervita will help us achieve this goal because it allows us to distribute our advanced analytics directly into clinician workflow easily and efficiently, and without having to build any of the software infrastructure ourselves."

Contact Ryan at (312) 257-2967 or E-mail: [info@apervita.com](mailto:info@apervita.com). ►