

Black Book
Research Insights

TOP HEALTHCARE SOFTWARE & SERVICES

2026

END-TO-END INDEPENDENT PATIENT ENGAGEMENT SOLUTIONS

Comparative Performance Result Set of the Highest Client-Rated Satisfaction
EHR Agnostic Platforms and Technologies

Hospitals & Health Systems | Physician Practices & Medical Groups | Community,
Rural & Safety-Net Providers | Specialty, Diagnostic & Post-Acute Providers

SURVEY PERIOD: Q4 2025 - Q1 2026

Black Book Market Research LLC Insights
MARCH 2026



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01

2026 SURVEY RESPONSE RATES BY ORGANIZATION TYPE

Black Book validated 719 provider-side responses for this edition. The mix below is structured to reflect organizations most likely to own, influence, or evaluate patient engagement platform performance in live operational environments.

2026 Survey Respondent Identification	Number of Responses Validated
Corporate Health Systems / Integrated Delivery Networks	138
Community Hospitals	96
Academic Medical Centers / Teaching Hospitals	82
Large Physician Groups / Multispecialty Enterprises	118
Independent Physician Practices	101
Rural & Critical Access Hospitals	54
Federally Qualified Health Centers / Community Clinics	37
Post-Acute / Long Term Care Providers	28
Behavioral Health Providers	24
Specialty Providers (Oncology, Cardiology, Ortho, Womens Health)	25
Diagnostic / Imaging / Laboratory Providers	10
Ambulatory Surgery Centers	6
TOTAL	719



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2026 VALIDATED EVALUATOR MIX BY TITLE / FUNCTION

The evaluator mix is weighted toward roles with direct accountability for digital front door performance, patient access throughput, intake automation, consumer communications, financial engagement, and enterprise technology governance. This placeholder distribution is designed to be operationally plausible for patient engagement solution scoring.

Validated Evaluator Title / Function	Responses
Practice Administrators / Group COOs	102
VP / Director of Patient Access	86
Ambulatory Operations Leaders	82
Front Office / Revenue Operations Managers	74
Patient Access Contact Center Leaders	61
Revenue Cycle / Patient Financial Experience Leaders	48
Care Navigation / Population Health Leaders	43
IT Applications / Integration Leaders	42
Chief Information Officers / HCIT Executives	41
Marketing / Consumer Engagement Leaders	36
Clinical Operations / Nursing Administration	29
CMIO / CNIO / Informatics Leaders	27
Chief Digital / Consumer Officers	24
Quality / Patient Experience Leaders	24
TOTAL	719



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STATISTICAL CONFIDENCE LEVEL

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With n = 719 validated responses, the 2026 dataset supports a strong confidence interval for aggregate provider-experience findings. Using the conservative worst-case variance assumption ($p = 0.5$), the sampling standard error is approximately 1.86 percentage points, corresponding to a margin of error of about $\pm 3.65\%$ at the 95% confidence level and $\pm 4.80\%$ at the 99% confidence level for overall proportion-based estimates. Precision for individual provider-type and vendor subsegments will vary based on subgroup sample size and validated ballot concentration.



04

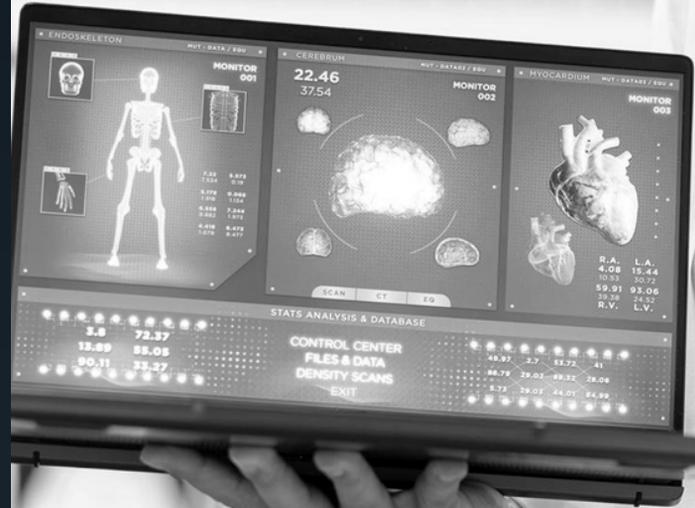
METHODOLOGY

This 2026 Black Book patient engagement study is an independent provider-experience evaluation of non-EHR-native, end-to-end patient engagement platforms used by hospitals, health systems, medical groups, and other provider organizations. The study measures how effectively solutions support digital access, intake, communication, financial readiness, longitudinal engagement, analytics, and operational orchestration in real production settings.

Only respondents confirming direct and current experience with an in-market deployment were eligible to contribute to KPI scoring. Screening logic excluded vendor employees, resellers, implementation contractors with material conflicts, and respondents unable to validate scope of use or organizational role. Participation thresholds were applied to preserve comparative credibility and to avoid outsized influence from isolated deployments.

Data collection was conducted through structured web-based surveying, validated provider outreach, and role-based response controls. Quality checks included duplicate suppression, completion-time review, role validation, use-case confirmation, and consistency screening prior to acceptance into the final comparative dataset. Where needed, response normalization is used to reduce over-representation from any single organization, role group, or provider segment.

Scoring is structured around 18 qualitative KPIs tailored to the patient engagement category, including self-scheduling, digital intake, communications orchestration, financial engagement, interoperability, analytics, AI-enabled workflow support, accessibility, enterprise governance, and deployment pragmatism. Results are presented from the client perspective and emphasize operational performance, implementation practicality, and sustained strategic fit rather than vendor-reported claims.



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SURVEY OVERVIEW

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Black Book collects and validates provider ballots across the 18-KPI framework to rank end-to-end patient engagement platforms on comparative user satisfaction and operational fit. The framework is intended to capture how providers experience these platforms after deployment: whether the solution reduces friction, improves self-service, raises conversion, strengthens follow-up, supports financial readiness, and integrates cleanly with a heterogeneous application environment.

The 2026 edition is deliberately limited to independent, non-EHR-native patient engagement vendors so that the result set remains apples-to-apples. This scope avoids the structural advantage of tethered EHR-owned engagement stacks and instead emphasizes vendors competing on platform breadth, orchestration, interoperability, and execution across mixed provider environments.

Buyer interpretation should focus on strategic shortlisting rather than mechanical score precision. Ranked results are most useful when paired with demos, workflow scenario testing, reference validation, security review, and technical diligence.



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2026 PATIENT ENGAGEMENT MARKET TRENDS, CHALLENGES, AND INNOVATIONS

Patient engagement has moved from a portal-centric category to an orchestration-centric operating layer. Provider buyers increasingly evaluate platforms on their ability to unify self-scheduling, registration, reminders, forms, outreach, estimates, payments, and post-visit follow-up across digital and assisted channels rather than on portal parity alone.

Voice AI, digital intake intelligence, guided scheduling, payment readiness, and closed-loop follow-up automation are now central differentiators. Health systems are also placing greater weight on implementation pragmatism, integration repeatability, multilingual access, and enterprise governance because platform sprawl, access friction, and communication overload remain major operational constraints.

The strongest vendors in 2026 are those that can collapse multiple point solutions into one coherent workflow layer while still working across mixed EHR, PM, CRM, and revenue-cycle environments. That operating flexibility matters as provider organizations balance consumer experience goals with staffing constraints, margin pressure, and cyber-hardening expectations.



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2026 COMPETITIVE SCOPE AND SCORING FRAMEWORK

This report evaluates only independent, non-EHR-native patient engagement platforms with credible breadth across access, intake, communication, financial engagement, follow-up, analytics, and cross-system architecture. Included vendors must demonstrate a meaningful platform story rather than a narrowly bounded point-solution position.

Criterion	Weight	What it means in 2026
Journey breadth	20%	Coverage across access, intake, communication, follow-up, financial engagement, and ongoing engagement.
Interoperability and architecture	20%	Ability to function across mixed EHR / PM / RCM estates without dependence on a native EHR stack.
Access and intake modernization	15%	Self-scheduling, registration, check-in, forms, and visit-readiness workflow depth.
Communication orchestration	15%	Two-way messaging, reminders, waitlists, campaigns, and workflow automation across channels.
Financial engagement	10%	Estimates, payment enablement, balance communications, and patient financial readiness support.
Follow-up and care journeys	10%	Post-visit education, pathways, surveys, and longitudinal patient guidance.
AI and workflow intelligence	5%	Use of operational AI, virtual agents, or automation to remove staff work and improve throughput.
Enterprise fit and governance	5%	Referenceable scale, reporting, deployment flexibility, and suitability for multi-site provider environments.

FIGURE 1: COMPREHENSIVE VENDORS DEFINED

Included vendors are organized below by their most common provider-market fit. Placement reflects primary deployment pattern, not exclusivity of use.

Provider market segment	Independent patient engagement vendors
Enterprise Health Systems	InteliChart; BridgeInteract; Luma Health; Artera; Relatient; Get Well
Ambulatory & Multispecialty Enterprises	Phreesia; Qure4u; Notable; Upfront Healthcare; League; NexHealth
Access Automation & Communications Specialists	Hyro; Klara; Solutionreach; ActiumHealth
Specialty / Transition / Journey-Focused Platforms	Yosi Health; CipherHealth; mPulse; Memora Health

FIGURE 2: KEY TO RAW SCORES

0.00-5.79	5.80-7.32	7.33-8.70	8.71-10.00
Deal-breaking dissatisfaction Does not meet expectations Cannot recommend vendor	Neutral / inconsistent Meets and misses expectations Would not likely recommend vendor	Satisfactory performance Meets expectations Generally recommend vendor	Overwhelming satisfaction Exceeds expectations Highly recommended vendor

OVERALL VENDOR RANKING BY MEAN KPI SCORE

Table 1 summarizes the number of individual KPI leadership positions captured by each vendor. Table 2 provides the overall ranked result set using mean KPI score as the primary published metric. Detailed KPI leader tables and composite totals appear in the appendix.

Total Number-One KPI Ranks	Vendor	Overall Rank
17	InteliChart	1
1	BridgeInteract	2
0	Luma Health	3
0	Artera	4
0	Relatient	5



OVERALL VENDOR RANKING BY MEAN KPI SCORE

Rank	Vendor	Mean score	Market band	Why it is here
1	InteliChart	9.55	Industry Leader	Best combination of breadth, EHR-agnostic architecture, and credible 2025-2026 AI innovation.
2	BridgelInteract	8.90	Strong Performer	Broad cross-EHR digital front door with strong portal, intake, payments, and virtual breadth.
3	Luma Health	8.74	Strong Performer	Operational-AI centered orchestration for scheduling, intake, reminders, and follow-up.
4	Artera	8.60	Performing Contender	Communications plus self-scheduling, intake, billing, and virtual agents in one workflow layer.
5	Relatient	8.47	Performing Contender	Strong patient access, rules-based scheduling, intake, messaging, and voice AI momentum.
6	Get Well	7.95	Performing Contender	Distinctive cross-setting journey management spanning ambulatory, inpatient, discharge, and education.
7	Phreesia	7.84	Performing Contender	Very strong intake, registration, activation, payments, and scale in health-system environments.
8	Qure4u	7.73	Performing Contender	All-in-one access, check-in, payments, and follow-up with explicit revenue-cycle orientation.
9	Notable	7.61	Performing Contender	AI automation across scheduling, intake, navigation, payments, and patient access workflows.
10	Upfront Healthcare	7.49	Performing Contender	Enterprise personalization and activation engine with strong navigation and utilization lift use cases.
11	League	7.35	Needs Improvement	Healthcare CX platform with strong omnichannel experience and personalization depth.
12	Hyro	7.24	Needs Improvement	High-value voice and conversational AI for patient access, scheduling, billing, and outreach automation.
13	Klara	7.12	Needs Improvement	Well-developed communication and workflow automation layer with growing intake and collaboration capability.
14	Yosi Health	7.01	Selective Fit Only	Good fit for pre-arrival intake, scheduling, payments, and office automation.
15	Solutionreach	6.88	Selective Fit Only	Operationally useful reminders, recalls, intake, and payments with broad PM/EHR connectivity.
16	NexHealth	6.76	Selective Fit Only	Consumer-grade booking, forms, communications, and payments with strong SMB/specialty traction.
17	ActiumHealth	6.55	Selective Fit Only	Unified AI communications platform with strong inbound/outbound automation and language support.
18	CipherHealth	6.18	Selective Fit Only	Best fit for hospitals and transitions-focused patient-facing workflows rather than core ambulatory front door.
19	mPulse	5.94	Selective Fit Only	Broader navigation and engagement platform with especially strong payer/population-health overlap.
20	Memora Health	5.71	Risky	Strong automated care journeys and two-way engagement for complex care and service-line workflows.

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CAPABILITY HEAT MAP

This matrix highlights where the competitive set differentiates across the modern patient journey. Independent leaders increasingly compete on orchestration breadth rather than portal functionality alone.

Vendor	Access	Intake	Comms	Follow-up	Financial	Virtual	AI	Architecture
InteliChart	High	High	High	High	High	High	High	High
BridgeInteract	High	High	High	High	High	Medium	Medium	High
Luma Health	High	High	High	High	Medium	Medium	High	Medium
Artera	High	High	High	Medium	Medium	Low	High	High
Relatient	High	High	High	Medium	Medium	Low	High	High
Get Well	Medium	Medium	High	High	Low	Medium	Medium	Medium
Phreesia	High	High	Medium	Medium	High	Low	Medium	High
Qure4u	High	High	High	Medium	High	Medium	High	Medium
Notable	High	High	High	Medium	High	Low	High	High
Upfront	Medium	Low	High	High	Low	Low	High	High
League	Medium	Low	High	Medium	Medium	Low	High	High
Hyro	High	Low	High	Medium	Medium	Low	High	Medium
Klara	Medium	Medium	High	Medium	Low	Low	Medium	Medium
Yosi Health	High	High	Medium	Low	High	Medium	Medium	Medium
Solutionreach	Medium	Medium	High	Low	Medium	Low	Low	Medium
NexHealth	High	High	High	Low	High	Low	Medium	Medium
ActiumHealth	Medium	Low	High	Medium	Medium	Low	High	Medium
CipherHealth	Low	Low	High	High	Low	Low	Medium	Medium
mPulse	Low	Low	High	High	Medium	Low	High	Medium
Memora	Low	Low	High	High	Low	Low	Medium	Medium

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2026-2027 **INNOVATION THEMES**

Theme	What changed	Provider impact	Patient impact	Improvement opportunity
Agentic AI becomes operational, not experimental	Voice and text agents are now handling scheduling, rescheduling, billing questions, and routine navigation tasks.	Providers can reduce call-center burden and expand after-hours capacity without equivalent FTE growth.	Patients get faster answers, fewer transfers, and more self-service options.	Prioritize vendors that show escalation controls, audit trails, and measurable containment rather than generic AI claims.
Orchestration-first buying replaces portal-first buying	Health systems increasingly want one engagement operations layer across access, intake, messaging, payments, and follow-up.	The procurement lens shifts from feature checklists to workflow reduction and tool consolidation.	Patients experience fewer dead ends and less repetitive data entry.	Reward vendors that can retire two or three point tools at once.
Financial engagement moves earlier in the journey	Eligibility, estimates, payment plans, and balance reminders are moving closer to scheduling and pre-visit intake.	Revenue-cycle and access teams need shared workflow logic rather than disconnected systems.	Patients get clearer expectations earlier, reducing surprise and friction.	Tie financial workflows to access and intake, not just post-visit collections.
Accessibility, language, and trust features rise in priority	Multilingual messaging, accessible digital flows, consent controls, and identity assurance are now core buying criteria.	Operational and compliance teams become more involved in engagement platform selection.	Patients receive more understandable and inclusive digital experiences.	Make accessibility, language operations, and communications governance explicit in diligence.
TEFCA and API maturity expand design options	More exchange pathways and API expectations support portable identity, records access, and cross-network workflows.	Providers can think beyond a single portal and design broader journey coordination.	Patients increasingly expect their data and next steps to follow them across settings.	Favor vendors that can prove flexible integration design and data stewardship discipline.
Cyber hardening becomes part of the product story	Security posture, resilience, auditability, and third-party risk expectations continue to rise.	IT and security teams are forcing tighter scrutiny of messaging, identity, and automation controls.	Patients benefit when trust and service continuity improve, but friction can increase if identity design is poor.	Treat security and operational resilience as differentiating product features.

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2026-2027 REGULATIONS AND INDUSTRY CHANGE TO WATCH

Policy or market change	Status / timing	Why it matters for vendors	Provider impact	Patient impact
CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F)	Key payer-facing API and prior-auth requirements now move from planning toward live execution in 2026.	Engagement vendors increasingly need to surface prior-authorization and payer-status signals inside consumer and staff workflows.	Less manual follow-up and fewer disconnected payer workflows where providers operationalize the APIs well.	Greater transparency around prior-auth status and care delays when implementations are mature.
ASTP/ONC HTI-1 final rule and USCDI v3 baseline	USCDI v3 is the ONC certification baseline in 2026, with transparency expectations still shaping vendor roadmaps.	Vendors touching certified-health-IT-adjacent workflows need better data handling, provenance, and explainability discipline.	Providers gain more consistent expectations for data movement and transparency in integrated workflows.	Patients benefit from better data liquidity and clearer expectations around digital interactions.
TEFCA maturation and growing QHIN participation	The exchange framework continues to mature, with the designated-QHIN roster still expanding.	Independent engagement platforms can design for broader exchange patterns rather than one-network assumptions.	Providers get more options for cross-network data exchange and identity-enabled workflow design.	Patients should see fewer information silos across care settings over time.
Section 1557 accessibility and language-access enforcement	Accessibility, disability accommodation, and meaningful language access remain active compliance pressures.	Vendors must support multilingual communications, accessible content patterns, and equitable workflow design.	Providers need operating models for accessible and multilingual digital engagement.	Patients with LEP or disabilities should experience fewer exclusion points when tools are configured well.
CMS hospital price-transparency enforcement for 2026	Transparency requirements and machine-readable expectations continue to tighten.	Engagement and financial-experience vendors are under pressure to connect estimates, education, and payment workflows.	Providers need patient-friendly financial communications earlier in the journey.	Patients gain more visibility into expected costs, though execution quality still varies widely.
HIPAA security modernization pressure	The HHS OCR HIPAA Security Rule update remains proposed rather than final, but expectations for hardening are already rising.	Vendors and providers are behaving as though stronger controls, auditability, and resilience expectations are inevitable.	More scrutiny of third-party risk, identity, encryption, and business-continuity design.	Patients benefit if trust and continuity improve, but organizations must avoid adding unnecessary friction.

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LIKELY CHALLENGES AND IMPROVEMENTS FOR 2026-2027

Dimension	Provider-side view	Patient-side view	Most likely improvement
Operational challenge	Most organizations still have fragmented rules across access centers, clinics, billing, and digital teams.	Patients still repeat information, receive overlapping messages, and hit identity dead ends.	A single orchestration layer with governance can reduce duplication and confusion.
Replacement challenge	Retiring native and non-native point tools requires careful workflow mapping and data stewardship.	Patients notice disruption quickly if reminders, forms, or portal touchpoints break during cutover.	Phased consolidation with side-by-side testing reduces migration risk.
AI governance challenge	Health systems want AI productivity but remain cautious about escalation, hallucination, and accountability.	Patients may appreciate speed but lose trust if automation feels opaque or brittle.	Use explainable automation with human override, tuning, and audit logs.
Channel management challenge	Voice, SMS, email, portal, and app channels often lack clear rules of use and ownership.	Patients can feel spammed or miss the right message at the right time.	A channel strategy tied to journey stage improves relevance and response rates.



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APPENDICES

APPENDIX A. KPI SCORING TABLES AND METHOD DEFINITIONS

Scoring Note

KPI subscores use a 1.00-10.00 scale and are displayed to two decimal places. Mean score is the primary published ranking metric and equals the average of all 18 KPI scores. Composite total score is shown in the appendix for auditability and equals the sum of all 18 KPI scores. Higher values indicate stronger current comparative performance within the independent, non-EHR-native competitive set.

KPI	Expanded definition
K1	Patient access and self-scheduling measures how well the platform lets patients find care, match to the right visit type, and complete scheduling without staff intervention. It evaluates breadth across new and returning patients, specialty rules, provider and location logic, and channel consistency across web, mobile, text, and call-deflection workflows. Higher scores reflect true transactional booking with accurate slot matching, low abandonment, and minimal exception handling. Mid-range scores usually indicate solid online scheduling with narrower specialty support or greater dependence on staff review. Lower scores generally reflect request forms, limited self-service, or narrow use-case deployment. In practical terms, a top score signals enterprise-grade access automation rather than a basic portal booking function.
K2	Referral intake and routing measures the platform's ability to capture, structure, prioritize, and direct inbound referrals to the correct provider, service line, or location. It assesses digital and document intake support, routing logic, status transparency, conversion workflows, and handoff quality for access teams. Higher scores go to vendors that reduce leakage and manual work through closed-loop referral orchestration. Mid-range scores usually indicate referral capture and tracking with heavier staff dependency for triage or exception handling. Lower scores reflect fragmented workflows, weak visibility, or referral management that sits outside the core engagement platform. Strong performance in this KPI shows operational referral control, not just intake receipt.
K3	Digital registration and check-in measures how effectively the solution digitizes pre-visit and arrival workflows before staff touch is required. It includes demographics collection, insurance capture, pre-arrival check-in, mobile readiness, and the reduction of paper or front-desk burden. Higher scores indicate smooth and integrated registration experiences that improve visit readiness and reduce duplicate data entry. Mid-range scores are typical where digital intake is present but less connected to arrival, verification, or downstream workflow steps. Lower scores apply when registration is limited to isolated forms or requires substantial manual reconciliation. A high score therefore reflects a meaningful operational shift in intake efficiency, not merely electronic paperwork.
K4	Forms and consents measure the depth, flexibility, and workflow maturity of digital form completion and consent management. It evaluates conditional logic, specialty-specific templates, signature capture, document persistence, auditability, multilingual presentation, and downstream usability. High scores are assigned to platforms that support reusable templates, pre-visit completion, dynamic branching, and clean movement of completed documents into operational workflows. Mid-range scores generally indicate good digital form capability with weaker governance, routing, or enterprise standardization. Lower scores are associated with static forms, limited consent support, or weak integration into actual care operations. Vendors that score best treat forms as an orchestrated part of digital intake rather than a standalone utility.
K5	Two-way messaging and conversational outreach measure the platform's ability to manage bidirectional patient communication across SMS, email, chat, and related channels. It assesses automation, conversational design, patient-specific triggers, staff handoff, escalation logic, and high-volume outreach management. Higher scores reflect coordinated communication layers that support both efficient operations and responsive patient experience. Mid-range scores are common where outbound messaging is strong but inbound orchestration, continuity, or routing is more limited. Lower scores are typical when communications are mainly one-way, campaign-based, or fragmented across separate tools. A top score indicates a managed engagement layer, not just a reminder engine.
K6	Reminders, waitlists, and cancellation capture measures how well the platform protects schedule integrity and recovers unused capacity. It covers reminder workflows, confirmations, cancellation detection, open-slot backfill, waitlist activation, and automated rescheduling prompts. High scores go to vendors that turn reminder systems into active schedule management tools with measurable impact on no-shows and fill rates. Mid-range scores usually reflect dependable reminders with only partial waitlist or cancellation intelligence. Lower scores apply when reminder features exist but capacity recovery remains mostly manual. Strong performance here signals both patient convenience and real access-center productivity gains.

KPI	Expanded definition
K7	Pathways, education, and longitudinal engagement measure the platform's ability to sustain patient engagement beyond a single appointment. It evaluates care pathways, educational content delivery, milestone-based outreach, follow-up logic, and support for ongoing journeys across episodes or chronic conditions. Higher scores reflect personalized, automated journey management that remains relevant to specialty, condition, and stage of care. Mid-range scores typically indicate useful education and follow-up content but limited personalization or pathway depth. Lower scores are assigned when engagement remains mostly visit-based and not built for multi-step patient relationships. The strongest vendors in this area support longitudinal orchestration rather than one-off communication.
K8	Surveys, feedback, and patient experience measurement measures how well the platform captures sentiment and converts it into actionable operational insight. It includes survey deployment, response workflows, reputation support, segmentation, dashboards, and service-recovery visibility. High scores are awarded when feedback programs are closed-loop, analytically useful, and tied to measurable improvement actions. Mid-range scores often reflect competent survey distribution and reporting but weaker follow-through or limited enterprise benchmarking. Lower scores are associated with basic episodic feedback collection disconnected from improvement workflows. Top performance means the vendor treats patient feedback as an operational signal, not merely a reporting artifact.
K9	Payment readiness and patient payments measure how well the solution prepares patients for financial responsibility and supports payment completion through digital workflows. It evaluates balance presentation, payment links, mobile payment ease, pre-service collection support, and integration into broader engagement journeys. Higher scores reflect payment experiences that are timely, clear, and operationally aligned without undermining patient trust. Mid-range scores indicate capable payment enablement with less coordination around reminders, estimates, or intake events. Lower scores apply when payment functionality is narrow, bolted on, or weakly integrated into the overall platform. Strong vendors in this KPI improve both collections effectiveness and patient financial experience.
K10	Price transparency and estimate support measures how effectively the platform helps patients understand expected out-of-pocket cost before care is delivered. It evaluates estimate presentation, timing, consumer readability, linkage to scheduling or registration, and support for provider transparency workflows. Higher scores go to vendors that make estimates understandable and actionable at the right point in the journey. Mid-range scores usually indicate estimate availability with weaker workflow coordination or inconsistent usability. Lower scores are assigned when support is minimal, externalized, or poorly surfaced to patients and staff. In the current market, strong scoring reflects practical financial navigation rather than the simple presence of estimate data.
K11	Virtual visit or remote workflow support measures how well the platform supports telehealth-adjacent and remote engagement workflows within the broader patient journey. It covers pre-visit readiness, remote instructions, digital handoffs, virtual follow-up, and workflow coordination surrounding non-physical encounters. Higher scores indicate that remote workflows are embedded naturally into scheduling, intake, communication, and post-visit processes. Mid-range scores generally reflect useful virtual support with narrower use cases or more dependency on third-party tools. Lower scores apply when remote workflow support is minimal or outside the vendor's core engagement architecture. A top score reflects orchestration of digital encounters, not just video connectivity.
K12	Analytics, reporting, and operational visibility measures the platform's ability to show actionable performance insight across utilization, conversion, bottlenecks, and program outcomes. It assesses dashboard maturity, segmentation, drill-down capability, administrative visibility, and the practical usefulness of reporting for access, revenue, and engagement leaders. Higher scores are reserved for vendors that give clients timely operational intelligence tied to measurable workflow results. Mid-range scores often represent standard reporting with some strong metrics but less flexibility or weaker decision support. Lower scores are used when analytics are shallow, static, or difficult to operationalize. The best vendors make the platform measurable in production, not just functional in demonstration.
K14	EHR, PM, and RCM ecosystem breadth measures the range and maturity of the vendor's working relationships across electronic health records, practice management systems, and revenue cycle platforms. It looks not only at the number of supported systems, but also at the depth, repeatability, and production readiness of those integrations. Higher scores go to vendors that can support multi-site and multi-platform environments with limited custom configuration. Mid-range scores usually indicate compatibility with several common systems but less consistency across customer segments or modules. Lower scores reflect narrow ecosystem reach or overdependence on a small set of deployment contexts. Strong performance here signals real-world go-to-market practicality for providers with diverse application footprints.
K15	AI, virtual agents, or workflow intelligence measures the maturity and usefulness of automation capabilities that go beyond static rules. It includes conversational AI, intelligent routing, agentic scheduling support, predictive engagement, and workflow guidance features that improve efficiency or experience. Higher scores are reserved for vendors with credible production-oriented intelligence tied directly to operational workflows. Mid-range scores typically reflect promising AI features or useful automation that remains limited in scope, governance, or measurable value. Lower scores are assigned when AI is minimal, experimental, or largely marketing-led. In this report, a strong score means practical workflow intelligence, not just branded AI language.

KPI	Expanded definition
K16	<p>Accessibility, multilingual support, and trust features measure how well the platform supports inclusive, trustworthy patient interactions across diverse populations. It evaluates multilingual delivery, accessibility-aware design, communication preferences, identity confidence features, and tools that improve usability and reach. Higher scores go to vendors that operationalize inclusive engagement rather than treating it as an optional overlay. Mid-range scores usually indicate useful language and accessibility support with gaps in workflow consistency or enterprise control. Lower scores reflect limited accommodation of diverse patient needs or weaker trust-building features. Strong performance in this KPI improves both regulatory readiness and real-world adoption.</p>
K17	<p>Enterprise scalability and governance fit measures whether the solution can be deployed and governed across complex health systems with appropriate operational control. It assesses multi-site administration, role-based permissions, workflow governance, segmentation, auditability, brand management, and fit for centralized or federated operating models. Higher scores indicate platforms built for enterprise discipline rather than isolated departmental success. Mid-range scores often reflect strong product capability with weaker governance tooling or less flexibility for large organizations. Lower scores suggest the solution may work in smaller settings but strain under broad enterprise requirements. This KPI distinguishes scalable platforms from products that are functionally capable yet organizationally narrow.</p>
K18	<p>Implementation speed and deployment pragmatism measures how quickly and realistically the solution can be deployed, adopted, and expanded in live provider environments. It evaluates onboarding burden, configuration complexity, dependence on scarce internal resources, implementation methodology, and time to useful production value. Higher scores are associated with vendors that combine rollout speed with disciplined and repeatable delivery practices. Mid-range scores generally indicate reasonable implementations with more custom effort, longer timelines, or heavier client dependency. Lower scores apply when deployments are difficult to operationalize, require rework, or delay measurable impact. The strongest vendors are not simply fast to contract; they are fast to stable operational value.</p>

APPENDIX A1. KPI SCORES BY VENDOR (K1-K9)

Rank	Vendor	K1	K2	K3	K4	K5	K6	K7	K8	K9	Total
1	InteliChart	9.51	9.65	9.52	9.50	9.39	9.52	9.76	9.64	9.75	171.84
2	BridgeInteract	8.61	8.73	8.95	8.85	9.45	8.68	8.95	8.97	8.67	160.25
3	Luma Health	8.68	8.54	8.66	9.15	8.58	8.88	8.93	8.39	8.82	157.32
4	Artera	8.81	8.88	9.02	8.72	8.65	8.26	8.79	8.45	8.49	154.89
5	Relatient	7.92	7.74	8.55	8.24	8.14	8.72	8.76	8.49	8.52	152.51
6	Get Well	7.40	7.77	8.19	7.44	7.90	8.24	7.58	8.40	8.10	143.14
7	Phreesia	7.56	8.08	8.22	7.69	7.42	7.77	7.77	7.73	8.20	141.09
8	Qure4u	7.70	7.82	7.61	7.74	7.82	7.66	7.87	7.82	8.22	139.14
9	Notable	7.33	7.71	7.75	7.71	7.52	7.82	7.72	7.49	8.32	137.01
10	Upfront Healthcare	7.47	7.76	7.73	7.91	7.01	7.39	7.39	7.66	7.80	134.83
11	League	7.51	7.33	7.27	7.72	7.58	7.21	8.06	6.97	7.55	132.27
12	Hyro	6.93	6.81	7.57	7.43	7.63	6.96	7.22	6.90	7.43	130.37
13	Klara	7.18	7.18	7.49	6.78	7.39	7.49	7.48	7.02	6.86	128.14
14	Yosi Health	7.08	6.82	6.99	7.22	7.01	7.36	6.97	7.28	7.41	126.14
15	Solutionreach	6.80	6.84	6.68	6.92	7.35	6.86	7.00	7.13	6.79	123.91
16	NexHealth	6.98	6.60	6.49	6.75	7.19	6.77	6.68	6.71	6.50	121.61
17	ActiumHealth	5.91	6.28	6.61	6.40	6.75	6.74	6.72	6.62	6.90	117.89
18	CipherHealth	6.22	6.78	5.83	6.29	6.62	6.07	6.25	6.34	5.84	111.22
19	mPulse	5.61	5.61	6.60	6.17	6.03	5.24	6.02	5.98	6.32	107.00
20	Memora Health	5.32	5.52	5.79	5.76	5.60	5.44	6.30	6.00	5.38	102.77

APPENDIX A2. KPI SCORES BY VENDOR (K10-K18)

Rank	Vendor	K10	K11	K12	K13	K14	K15	K16	K17	K18	Total
1	InteliChart	9.60	9.63	9.59	9.26	9.71	9.65	9.65	9.26	9.25	171.84
2	BridgeInteract	9.27	9.02	9.20	8.69	8.65	8.76	8.83	9.04	8.93	159.81
3	Luma Health	9.18	8.25	8.72	8.78	8.58	8.95	8.79	8.40	9.04	157.32
4	Artera	8.27	8.35	8.47	8.98	8.05	8.21	8.69	9.02	8.78	154.89
5	Relatient	8.57	8.90	8.62	8.60	8.60	8.01	8.81	8.72	8.60	152.51
6	Get Well	7.91	8.04	8.13	7.98	8.27	7.76	7.83	8.24	7.96	143.14
7	Phreesia	7.52	8.16	7.45	7.59	7.99	8.13	8.05	7.91	7.85	141.09
8	Qure4u	7.75	7.54	7.56	7.66	7.92	7.57	7.77	8.17	6.94	139.14
9	Notable	7.74	7.48	7.61	7.58	7.62	6.88	7.50	7.92	7.31	137.01
10	Upfront Healthcare	6.74	7.79	7.08	7.68	7.07	7.54	7.82	7.45	7.54	134.83
11	League	7.22	7.33	7.49	7.35	7.47	6.86	6.87	7.46	7.02	132.27
12	Hyro	7.67	6.97	7.66	7.50	7.17	6.67	7.61	7.19	7.05	130.37
13	Klara	7.36	7.10	7.10	7.47	7.00	6.43	6.96	6.55	7.30	128.14
14	Yosi Health	7.44	6.80	7.24	6.46	6.69	6.44	7.29	6.65	6.99	126.14
15	Solutionreach	6.50	6.69	7.15	6.39	6.68	7.13	7.07	6.85	7.08	123.91
16	NexHealth	6.90	6.60	7.03	6.27	7.02	6.75	6.39	7.13	6.85	121.61
17	ActiumHealth	6.71	6.66	5.95	6.78	6.90	6.45	6.40	7.07	6.04	117.89
18	CipherHealth	6.08	6.17	6.33	6.08	6.04	5.82	6.00	6.34	6.12	111.22
19	mPulse	5.97	5.83	6.00	5.31	6.14	5.94	5.65	6.22	6.36	107.00
20	Memora Health	5.33	6.19	5.99	6.22	5.94	5.47	5.78	5.24	5.50	102.77

**APPENDIX A3.
MEAN SCORE SUMMARY BY VENDOR
(DESCENDING) MEAN SCORE = TOTAL SCORE/18**

Rank	Vendor	Mean score	Total score
1	InteliChart	9.55	171.84
2	BridgelInteract	8.90	160.25
3	Luma Health	8.74	157.32
4	Artera	8.60	154.89
5	Relatient	8.47	152.51
6	Get Well	7.95	143.14
7	Phreesia	7.84	141.09
8	Qure4u	7.73	139.14
9	Notable	7.61	137.01
10	Upfront Healthcare	7.49	134.83
11	League	7.35	132.27
12	Hyro	7.24	130.37
13	Klara	7.12	128.14
14	Yosi Health	7.01	126.14
15	Solutionreach	6.88	123.91
16	NexHealth	6.76	121.61
17	ActiumHealth	6.55	117.89
18	CipherHealth	6.18	111.22
19	mPulse	5.94	107.00
20	Memora Health	5.71	102.77

APPENDIX A4. BEST-SCORING VENDOR BY KPI

KPI	Measure	Best-scoring vendor	Total score
K1	Patient access and self-scheduling	InteliChart	9.51
K2	Referral intake and routing	InteliChart	9.65
K3	Digital registration / check-in	InteliChart	9.52
K4	Forms and consents	InteliChart	9.50
K5	Two-way messaging and conversational outreach	BridgeInteract	9.45
K6	Reminders, waitlists, and cancellation capture	InteliChart	9.52
K7	Pathways, education, and longitudinal engagement	InteliChart	9.76
K8	Surveys, feedback, and patient experience measurement	InteliChart	9.64
K9	Payment readiness and patient payments	InteliChart	9.75
K10	Price transparency / estimate support	InteliChart	9.60
K11	Virtual visit or remote workflow support	InteliChart	9.63
K12	Analytics, reporting, and operational visibility	InteliChart	9.59
K13	Interoperability and integration flexibility	InteliChart	9.26
K14	EHR / PM / RCM ecosystem breadth	InteliChart	9.71
K15	AI, virtual agents, or workflow intelligence	InteliChart	9.65
K16	Accessibility, multilingual support, and trust features	InteliChart	9.65
K17	Enterprise scalability and governance fit	InteliChart	9.26
K18	Implementation speed / deployment pragmatism	InteliChart	9.25

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Black Book conducts annual evaluations of healthcare software and services providers using an independent survey methodology focused on client-reported performance, adoption, operational utility, and strategic fit. This 2026 report evaluates end-to-end patient engagement solutions through an 18-KPI framework designed to reflect contemporary provider priorities across access, intake, communications, financial engagement, analytics, interoperability, and enterprise governance.

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