

## HIStalk Interviews Kamal Patel, CIO, Ellkay

Posted By *Mr. HIStalk* On February 21, 2018 @ 9:58 am In Interviews | [No Comments](#)

*Kamal Patel is co-founder and CIO of [Ellkay](#) of Elmwood Park, NJ.*

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### **Tell me about yourself and the company.**

I am one of the co-founders of Ellkay, along with Lior Hod. We started the business in 2002 in his basement. Both of us are developers. We learned about business along the way.

We are now close to 200 people. When we started the business, our first client happened to be Quest Diagnostics, which was fantastic. We started with New York and New Jersey and then we expanded across the whole country with demographic connectivity.

We are known as the healthcare data plumbers in the industry. We solve key problems around all kinds of interoperability. Any data, any system. We assist in migrating data from all the legacy systems within a healthcare environment and ambulatory environment.

### **How would you describe the current and future state of interoperability from a technology perspective?**

When you look at the lab environment, that is where you run into a lot of point-to-point interfaces, where you are connecting the ambulatory locations or reference lab locations for sharing lab orders and results back and forth. There's a great need for interoperability in technology to streamline this process.

When we started the business, we started doing demographic interfaces. We were doing it across the country, most of them with point-to-point interfaces across all the various systems. We focused on building a platform that allows for all kinds of interoperability.

The way the industry is headed, some form of normalization or structure is required. But in the current state, the problems that everyone is having around interoperability is that it's not necessarily standard, which is what everybody seems to focus on. There is no single platform that offers speed of deployment, cost effectiveness, and full monitoring of everything that is happening. Whether the data is going to APIs, HL7, FHIR, or sharing CCDs, any of those forms.

**Do you see a lot of problems related more to the non-technical aspects of exchanging information related to individual system rules of how data is edited and stored?**

When these systems were designed, they used the best available way to store that data. When you have two different systems, they are obviously going to have different ways of storing that data.

There are two parts to normalizing that data. One is the ability to take data from one system — it could be a database or CCD share — and standardize the data in a simple form. This is what everybody is talking about. Standardization will allow for easy viewing of data at the point of care.

The second part within standardization takes it to a different level with cross-reference mappings. Medications might be stored in one system using the RxNorm format, while another system uses some other format. These mappings need to occur around medications, problems, allergies, immunizations, and document types for analytics engines to work and to build machine learning pieces and so on.

These are some of the challenges the industry is solving. We are doing our part, but there is still a lot of work to be done.

**What advice would you give a practice that is considering migrating to another EHR and wondering what data can be moved over?**

Don't be afraid. Today, when you ask a practice which data they want to move, they're scared. Our approach has been that we'll take everything you have and migrate it over. Whatever went into the old EHR, we will put it into the new EHR. We will map each destination in the EHR, medication to medication, and so forth. When they start using the system on Day 1, all the pieces are there.

Anything that can't be migrated, we will move it into an archive, a repository where we are managing it. We will link those patients back to the existing EHR via a single sign-on. When they open a patient's chart in the new EHR, they can simply click on the archive link and it will pull in all the historical data.

It's a completely different world in health systems. They have all these legacy systems where we get the data, but we also get the same patient records from their ambulatory locations that they may want to archive. We consolidate these patients and link them to their primary EHR, whether it is Epic, Cerner, or others. We get the patient IDs from the primary EHR and then match it with the legacy systems, then we match it with the ambulatory patient IDs. When they open the patient record in their health system EHR, they see a consolidated, longitudinal view. Not only from the legacy system, but also from all the ambulatory practices that the health system may have acquired over time.

**The company is of significant size with 200 employees. What created the growth and where will the company go in the future?**

We've been growing on both sides because of the problems in the market that we can solve. We've been growing our connectivity and interoperability sites with labs, clinical data feeds,

and scheduling interfaces. In solving all these different challenges, we have tremendous growth opportunities.

On the archiving side, when Meaningful Use Stage 2 was going on, we were doing a lot of data migrations for newly purchased EHRs. Now we're doing a lot of health system migrations on really large scales. If a health system has 200 practices and 20 legacy systems that they're constantly paying maintenance on, our goal is to help them reduce that maintenance and streamline all the data in a central, secure repository. We keep all that data discrete and still have it available at the point of care.

On the interoperability side, there are a lot of different types of challenges. We don't believe that any form of standardization is going to solve all these things. We partner with a lot of EHR vendors. We partner with a lot of labs. We partner with ACOs. Everybody has different needs.

We recently moved from 13,000 square feet to a 74,000-square-foot building that we purchased. We are on a significant hiring spree. We are super excited about the growth and the direction of the company.

#### **How would you describe the company's culture?**

The company is awesome. We focus on culture. We very rarely have people leave us.

In our office, the environment is amazing. We have had free lunch every single day since we started in 2002 — we even wrote a software program for handling the lunch orders and processes around it. We have bees on the roof and we make our own honey. All the beekeeping is done by Ellkay employees and our president even goes on the roof.

We are involved in two specific charities that we are tied to as an organization. One is for kids on the autism spectrum, Alpine Learning Group, where we assist them in fundraising and bike events. Our next event is rappelling from our building for this charity. We are also involved with Embrace Kids Foundation that helps families that have kids with cancer. They can use the money to take the kids to Disney or use it for whatever expenses they may have.

When we hire people, we're looking at, are you going to be a lifer at this company? The interview process is intense, but once they come through, it's an amazing family environment. As we grow, we may struggle to maintain that, but so far, it's been fantastic.

#### **Do you have any final thoughts?**

Our strengths are customer service, speed, reduced cost, and our platform.

We put great emphasis on the fact that it all starts with the customer and the service we provide. Even though we like to think about delivering products, platforms, and speed, the fact that our customers are extremely satisfied with what we do is critical. Everything we do is transparent. Our customers can see, through our online portal, every single phone call that our service reps have made and the amount of time they spend working on their projects.

We believe our interface interoperability platform, LKTransfer, is a completely new way of thinking about interfaces. In traditional thinking, health systems purchased an interface engine and scaled by hiring more resources. Our thought process is that interfaces in a health system should be done by just one person, and instead of taking weeks and months, it should be done in hours and minutes.

We are extremely focused on innovation and we have a dedicated R&D team that is focused on solving the new challenges in the healthcare industry. We are super excited about what we have been doing and where we are headed.