RabbleHealth



PARTNER GUIDE · FOR HEALTH SYSTEMS

Become an Implementation Hub.

Close a gap. Publish what you learn.

connect@rabblehealth.com · rabblehealth.com · Q4 2026

THE OPPORTUNITY

Proven care is waiting. *Your patients shouldn't.*

The science is moving faster than ever. Getting it to the right patient, at the right time, is where care still falls short. That gap is closed one health system at a time, by the clinicians who see it every day.

1 in 5

evidence-based interventions make it into practice[1]

5.7 years

from FDA authorization to a Medicare coverage milestone[2]

An Implementation Hub is where that changes: a health system that takes on one gap in care, for its own patients, and shows what works.

1. Bhatt S, et al. Integrating cardiovascular implementation science research within healthcare systems. Prog Cardiovasc Dis. 2025;90:97-108. 2. Sexton ZA, et al. Time From Authorization by the US FDA to Medicare Coverage for Novel Technologies. JAMA Health Forum. 2023;4(8):e232260.

WHAT YOU GET

Your patients. *Your priorities.*

Four reasons health systems become Implementation Hubs.

01 Publication opportunities.

Your clinicians can lead the work and present or publish it, if they choose. Results are made publicly available, whatever they show.

02 Close a gap your patients feel.

One gap in care, chosen with you: screening, time to diagnosis, follow-up. Measured from day one, against a baseline set before launch.

03 You don't have to fund it.

Sponsors fund programs across the network, under written agreements. The technology is already built and runs inside your workflows. Live in as little as four weeks once agreements are signed.

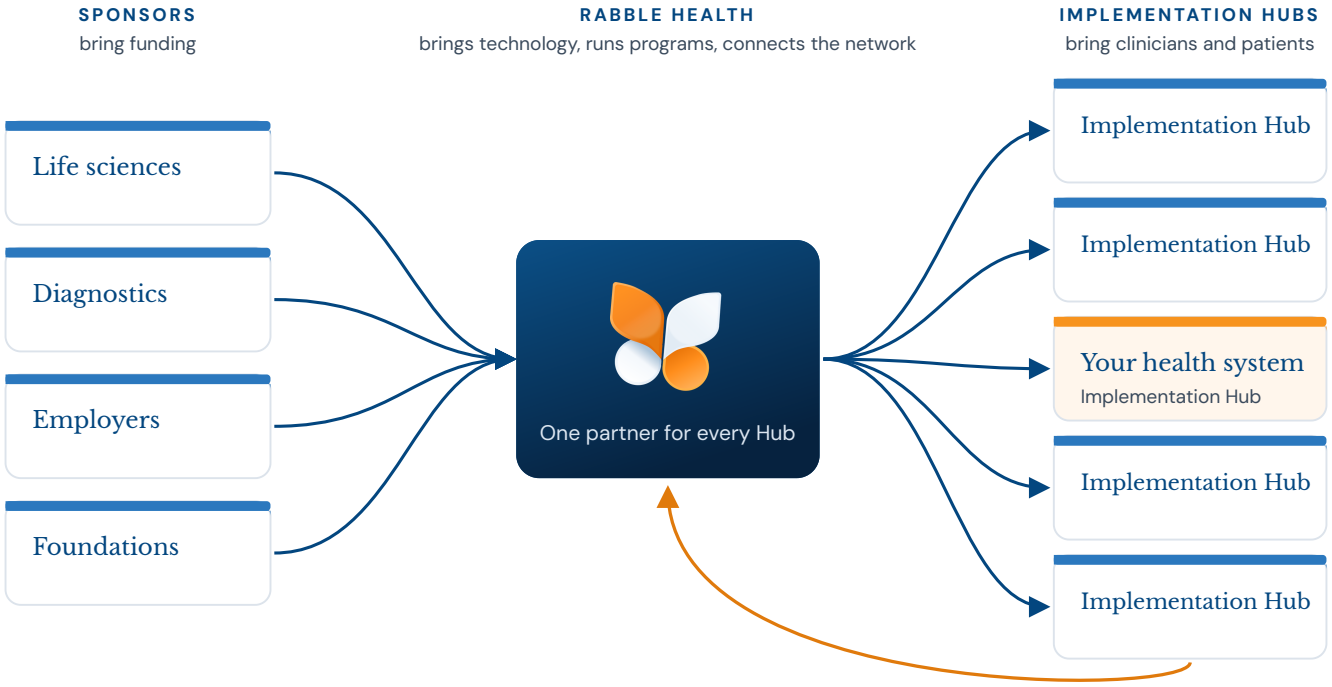
04 Your clinicians stay in charge.

Care decisions stay with patients and their clinicians. Sponsors fund programs. They never see or shape what clinicians see.

HOW IT WORKS FOR YOU

Fewer financial hurdles. *Faster care for more patients.*

Sponsors fund programs across a network of Implementation Hubs, so cost doesn't decide which patients benefit, or when. If you'd rather fund your own program, you can.



Two ways in

1 · Join a program already running

The plan and funding are in place. You review the plan, confirm the IRB determination with your own IRB office, and sign on.

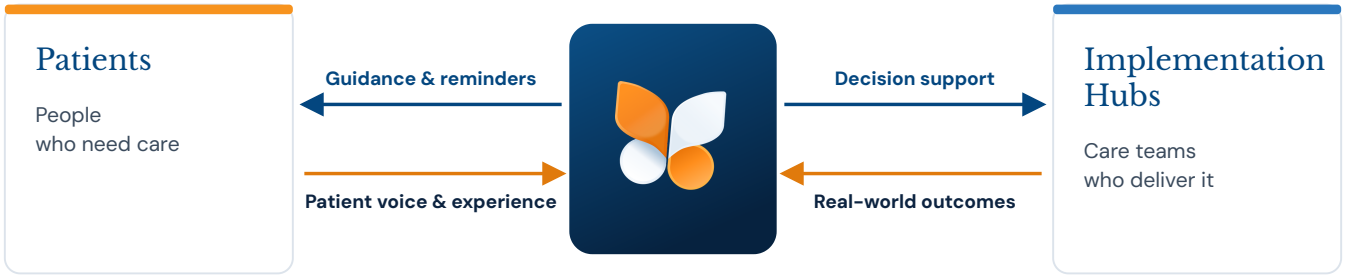
2 · Bring a question you want to explore

Your clinicians bring a gap they see. We build the plan with you and bring it to sponsors across the network.

ONCE IT'S LIVE

Care moves forward. *Everyone learns.*

Every program runs on the same loop. Patients and care teams get what they need in the moment, and what they share comes back as real-world results.



Delivered through technology — Returned as real-world insights

For patients

Plain-language guidance, reminders and next steps, so fewer people fall out of care.

For your care teams

Guidelines and the patient's own input at the moment of decision. The decision stays theirs.

For your health system

Real-world results, measured from day one against a baseline set before launch.

PROOF

This is what publishing *looks like.*

Work with health system and community partners, presented where the field gathers.

SAN ANTONIO BREAST CANCER SYMPOSIUM · 2023

Addressing Breast Cancer Disparities: Co-Creating Digital Interventions with Patients, Navigators, and the Community

With West Cancer Center and Research Institute, and Urban Health Education and Support Services

---

ACADEMY OF ONCOLOGY NURSE & PATIENT NAVIGATORS · 2023

Co-Creating Digital Solutions with Navigators, Patients, and Survivors to Address Breast Cancer Disparities in Memphis

With Urban Health Education and Support Services and the Shelby County Health Department

---

AMERICAN THORACIC SOCIETY RESPIRATORY INNOVATION SUMMIT · 2025

Patient Self-Management Through Digital Innovation

Asthma and respiratory health

Opportunities to present and publish. *Your institution named only if you choose.*

HOW IT WORKS

From one call *to results.*

Three steps, with everything scoped up front, in writing.

1

A call

30 minutes on one gap in care and your patients.

2

A plan, built with you

Who it's for, what patients and clinicians see, and what's measured. Built from scratch or from a program already running.

3

Live, then results

Live with your care teams in as little as four weeks once agreements are signed. Results made publicly available, whatever they show.

What it asks of you

WHAT	WHO ON YOUR SIDE
A named program lead	Service line, quality or population health leader
Agreement review	Counsel and compliance
IRB confirmation	Your IRB or research office
Staff time and roles	The teams the written plan names, scoped with you
Data access	IT, analytics and privacy

Timing varies by program and site.

FOR YOUR COUNSEL AND COMPLIANCE TEAM

Every gate, *explained.*

What is shared, what is signed and where patient data go, at every step. Nothing moves before it should.

THE FOUR GATES

Four gates. *Nothing moves early.*

Each gate opens only after the one before it closes, and each sets out exactly what is shared and what is signed.

1

Public

SHARED
Everything on rabblehealth.com, including this guide

SIGNED
Nothing

PATIENT DATA
None

2

Under MNDA

SHARED
The draft written plan, budget and program details

SIGNED
Mutual nondisclosure agreement (MNDA)

PATIENT DATA
None

3

Under agreement

SHARED
The IRB determination, the final written plan, publication terms, staff time and roles, and funding

SIGNED
The program agreement

PATIENT DATA
None

4

Under BAA

SHARED
Only the data elements the written plan names, for the program's duration

SIGNED
Business associate agreement (BAA), plus a data use agreement if needed

PATIENT DATA
Yes, as the BAA allows

If a program isn't funded, it stops at Gate 3. It doesn't go live, and no patient data move.

In a sponsor's clinical program, the sponsor's agreements and publication plan also apply. When AHIS governs a program, AHIS is your counterparty, and its Implementation Hub Guide at ahis.org applies.

PUBLICATION

Results, publicly available. *Whatever they show.*

Every program makes its results publicly available, including results that show no change. In a sponsor's clinical program, results follow the sponsor's publication plan.

01 **Publish and present**
Your clinicians can publish in journals and present at conferences, under the written plan.

02 **Naming is your choice**
Your institution is named only with your approval; otherwise, for example, “a community health system in Tennessee.”

03 **You review first**
You see results before anything goes public, within the review window in your program agreement.

04 **Aggregate only**
Public results never include patient-level data.

05 **Set before launch**
Sponsors can't change whether results are made available.

06 **Shared with partners**
Results go back to the care teams and communities who made them possible.

What the written plan sets out

The gap in care, the eligible population and the baseline

What the program does, step by step, and who does each step

The measures, set before launch, and how they're reported

The data elements needed, and nothing beyond them

Staff time, roles and the budget

How results are made available

How the IRB determination works

Each written plan goes to an institutional review board (IRB) for a determination before launch.

Implementation work is often found to be quality improvement rather than human-subjects research, but the IRB decides, not Rabble Health.

Changes to a plan, including changes made as a program learns, follow the same path: governance review, IRB review where required, and your agreement.

YOUR DATA

Your data *stays yours.*

Patient data move only under a BAA, and sponsors receive aggregate, de-identified results only.

WHO	WHAT THEY SEE	UNDER WHAT
Your institution	Everything about your program, including your own patient-level data	Your own systems and policies
Rabble Health	The minimum data elements the written plan and BAA allow, to run and measure the program	BAA with Rabble Health
Sponsors	Aggregate, de-identified results only; never protected health information or patient-level data	Sponsor agreement
The public	Results made publicly available; your institution's name only if you choose	Publication terms in your program agreement

It stays yours

Rabble Health doesn't own your patient records. Your BAA, the written plan and the law control how they're used.

Consent routes every record

Each participant's consent decides which program can use each record. Programs never see each other's data unless consent and agreements allow it.

Sponsors see results, not records

Funding a program never gives a sponsor patient-level data. Anything else is set out in that program's agreements.

Guardrails

Never tied to product selection or volume. Funding doesn't depend on what is prescribed, ordered or used.

Non-promotional. Before approval, programs work on the disease and the care pathway, never a product.

Set before launch. Sponsors don't set the plan or decide whether results are made available.

A firewall for clinicians. Sponsors never see or shape what clinicians see.

Care decisions stay with clinicians. Programs support finding, navigating and following up.

Built for privacy. De-identified or limited data wherever a program allows.

AGREEMENTS YOU WILL SEE

Up to four agreements. *In order.*

Each is finalized with your counsel. You also receive the written plan and its IRB determination at Gate 3.

GATE	AGREEMENT	WHAT IT COVERS
2	**Mutual nondisclosure agreement (MNDA)**	Confidentiality for draft plans, budgets and program details. Our form or yours.
3	**Program agreement**	The written plan, staff time and roles, publication terms, naming and termination
4	**Business associate agreement (BAA)**	How protected health information is used and protected, and what happens to it at the end
4	**Data use agreement, if needed**	Data uses that need terms beyond the BAA and program agreement

Ending participation. Termination rights for both sides are set in the program agreement.

Data at the end. Your BAA sets how data is returned or destroyed when the program ends.

This guide explains how the process works. It is not an agreement. Your institution's specific terms are set in agreements finalized with your counsel.

Rabble Health, myRabble, ClinEx and Focus on the Patient are registered trademarks, and MONARCH is a trademark, of Rabble Health, Inc. Rabble Health, Inc. · Based in California, serving people across the US.

OUR NEXT STEP

An MNDA. *Then the details.*

A mutual nondisclosure agreement opens Gate 2, so we can share draft plans, budgets and program details. No patient data are involved.

connect@rabblehealth.com · rabblehealth.com