

Value-based Care – State of the Market Report 2022

September 2022: Complimentary Abstract / Table of Contents



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Background and scope for research

Value-based care is a healthcare reimbursement methodology, which ties care delivery payments to the quality of care provided to patients. This reimbursement model is an alternative for traditional fee-for-service or volume-based reimbursement model, which pays providers based on the volume of services provided to patients. Owing to rising healthcare costs and evolving customer expectations, there has been an increase in demand to transition from volume-based care to value-based care.

Healthcare enterprises are realizing the need for building coordinated, integrated, and preventive care as they move toward value-based care and invest in bringing costs down while improving the quality of care. Enterprises have realized this need and are increasingly building strategies to implement new care delivery models, strengthen population health initiatives, and build better coordination between different forms of care.

This report provides perspective on some of the key drivers and challenges in enabling value-based care and how healthcare enterprises are addressing and implementing value-based care through increased collaboration, implementation of reimbursement models, and leveraging solutions in the market.

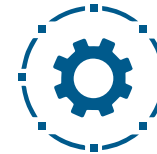
Scope of this report



Geography
Global



Industry
Healthcare



Services
Value-based care

Overview and abbreviated summary of key messages

This report examines the global Value-Based Care (VBC) market. It focuses on the key drivers and challenges in enabling value-based care and the ways in which healthcare enterprises are implementing value-based care.

Some of the findings in this report, among others, are:

Market drivers and challenges

- Increasing demand for adoption of the value-based care model has been primarily driven by rising healthcare costs, evolving customer expectations, and the need for enhancing clinical outcomes for patients
- While enterprises are taking strides to implement value-based care to enhance business and clinical outcomes, challenges such as fragmented patient information and regulatory mandates that restrict data sharing hinder its adoption

Key enterprise imperatives

- Enterprises would need to streamline their technology infrastructure to enable data sharing and processing to generate actionable insights for enhanced care delivery
- Besides modernizing the technology estate, enterprises must also implement a robust change management process to smoothen the transition to value-based care

Value-based care approaches

- Payers are engaging with providers in more value-driven outcome models where different payment models have varying degrees of financial risks involved
- Payers and providers are exploring innovative ways of enabling bi-directional data sharing that will help in generating a 360-degree view of patient and enhancing the care delivery process
- Enterprises are leveraging multiple solutions to enable use cases such as telehealth and population health, which will help in implementing value-based care

This study offers distinct chapters providing a deep dive into key aspects of VBC market; below are four charts to illustrate the depth of the report

Key drivers of VBC

Improving clinical outcomes

Sharing of data between payers and providers will help in generating a 360-degree view of the patient, which will help in creating customized treatment plans for patients.

Rising medical costs

The traditional volume-based payment models drive high costs as providers do not have any risks. VBC contracts would tie the reimbursements based on performance and outcomes

Evolving care delivery

The increasing demand for hyper-personalization in healthcare has enabled healthcare enterprises to engage with clients remotely and provide proactive care interventions.



Enterprise adoption challenges in enabling VBC



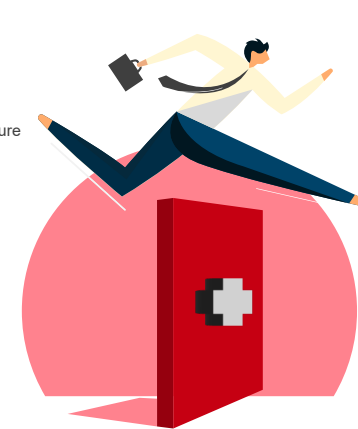
Lack of internal infrastructure

While sharing of data is imperative to enable VBC, most enterprises do not have the necessary infrastructure in place to process and analyze huge amounts of data to generate actionable insights and identify proactive interventions.



Fragmented patient information

Fragmented patient information makes it difficult for payers and providers to share, collect, and analyze data, which makes effective care coordination and preventative medicine incredibly challenging.



Regulatory mandates on information sharing

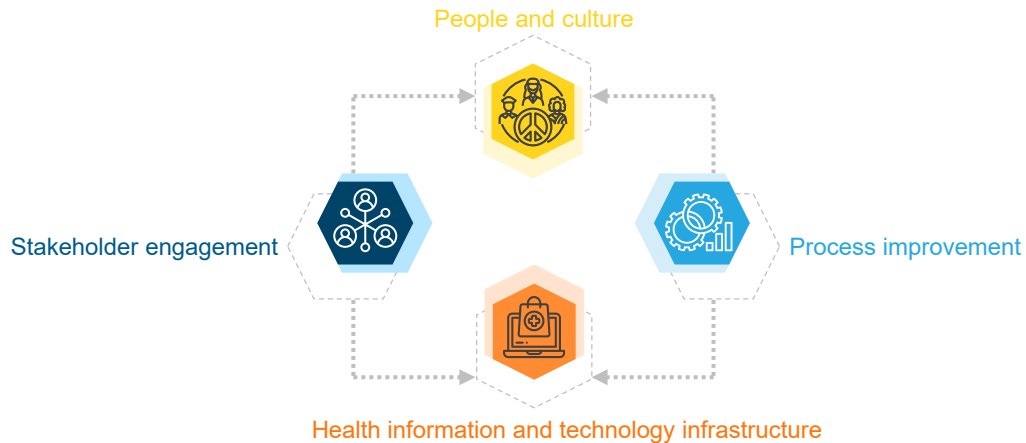
With the healthcare industry being highly regulated, enterprises have trouble dealing with evolving regulatory mandates and laws; this hinders seamless exchange and sharing of information.



Payment structure and risks

Owing to payments being tied to clinical outcomes in value-based payment models, providers would have to assume some payment risks and, therefore, could push back on transitioning from fee-for-service-based reimbursements to value-based payment models.

Key organization tenets for implementing VBC



VBC approaches



Research calendar

Healthcare Information Technology

■ Published
 ■ Planned
 ■ Current release

Reports title	Release date
Healthcare Provider Enterprise Insights – Q4 2020 & Q1 2021	August 2021
Interoperability in Healthcare	September 2021
Healthcare Payer Enterprise Insights – H1 2021	September 2021
Effective Claims Operations Through Scaled Digital Adoption	November 2021
Cloud for Healthcare – Data Platforms Peak Matrix® Assessment 2022	December 2021
Healthcare Payer Digital Services PEAK Matrix® Assessment 2022	May 2021
Healthcare Payer Digital Services – Service Provider Compendium 2022	August 2021
Value-based Care – State of the Market Report 2022	September 2022
Cloud-based Core Administration Platform – Service Provider Compendium 2022	Q4 2022
Healthcare Provider Digital Services PEAK Matrix® Assessment 2022	Q4 2022
RCM Platforms PEAK Matrix® Assessment 2022	Q4 2022
Healthcare Customer Experience Platforms PEAK Matrix® Assessment 2022	Q4 2022
Healthcare Provider Digital Services – Service Provider Compendium 2022	Q4 2022

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