

Strategic Positioning for Healthcare Transformation



How fast should you transition to value-based payments?

04

Key Considerations

Government Policy

Local Market

Organizational Profile

Strategic Intent

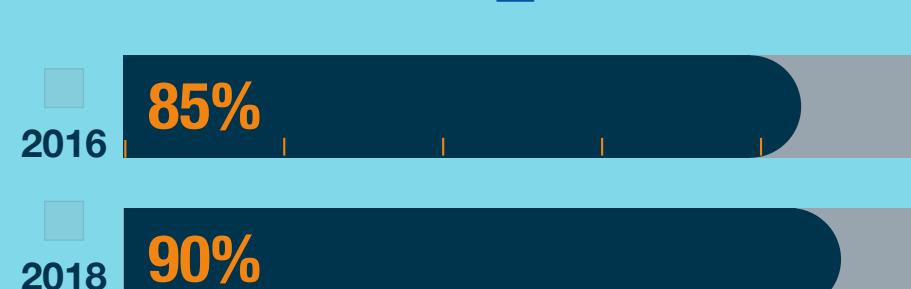
1

Recognize Government Policy

which sets the floor for change

Federal

CMS goals
to tie traditional
Medicare payments
to alternative
payment models



CMS goals
to tie traditional
Medicare payments
to metric-based
programs



2

2

Identify forces in the Local Market



Population Size/Density

Large urban populations can often better support expensive population health infrastructure



Market Cost/Use Rates

Outliers for high costs and utilization attract attention and spur change



Commercial Payer Activity

How fast are commercial payers adopting new models?



Employers

Large, self-insured employers seek partnerships to regulate costs



Competitors

If competitors develop population health networks, the urgency for change increases

3

Determine your Organizational Profile



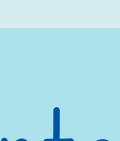
Watching and Waiting

Not proactively seeking changes



Beginning the Course

Developing low-cost components and entering low-risk models



Mid-Course/Into the Corner

Balancing FFS and value-based reimbursement



In the Final Lap

Transitioned to an operating framework with a substantial value-based revenue stream

4

Determine your Strategic Intent

Protect and Defend Current Status



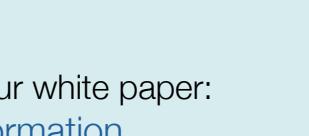
Catch Up to the Market



Steadily Advance with the Market



Disrupt the System and the Market



For an in-depth look at each key driver, view our white paper:

[Strategic Positioning for Healthcare Transformation](#)

(800) 270-9629 | www.pyapc.com