

Strategic Positioning for Healthcare Transformation



How fast should you transition to value-based payments?

04 Key Considerations

Government Policy

Local Market

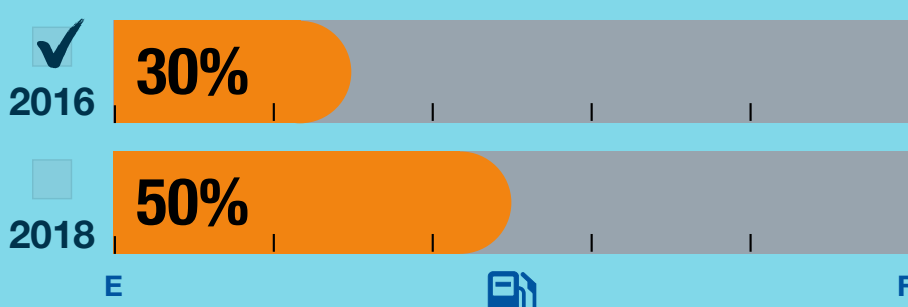
Organizational Profile

Strategic Intent

1 Recognize Government Policy which sets the floor for change

Federal

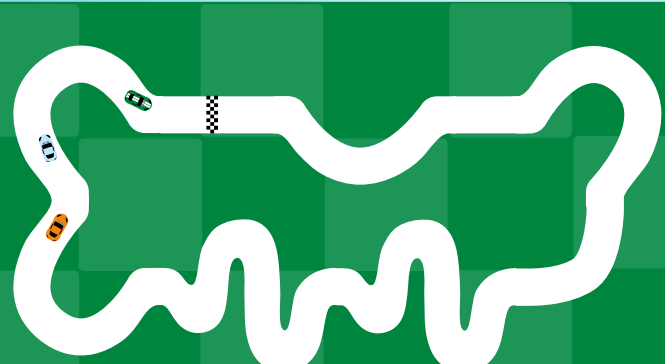
CMS goals
to tie traditional Medicare payments to alternative payment models



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



State



Same payer goals as CMS
lower per-capita cost, consistent quality

Each state has unique Medicaid programs that drive initiatives

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

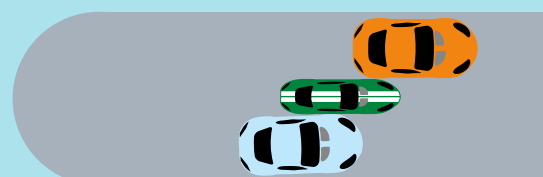


Catch Up to the Market

Steadily Advance with the Market



Disrupt the System and the Market



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

For an in-depth look at each key driver, view our white paper:
[Strategic Positioning for Healthcare Transformation](#).



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