



# PLANNING YOUR TRANSITION FROM VOLUME TO VALUE

Four suggestions to help provider organizations align with the needs of the market to benefit from value-based reimbursement



**Competition:**

The speed at which the market players will transform



**Population:**

Changes in both numbers and demographics



**Payers:**

Payment models of insurers and their reimbursement impact



**Disease prevalence:**

Care needs by market and market segment



**Bottom line:**

How will converting to risk affect revenue?



**Contracts:**

How should contract conversion be staged?



**Managed lives:**

How many lives need to be managed?



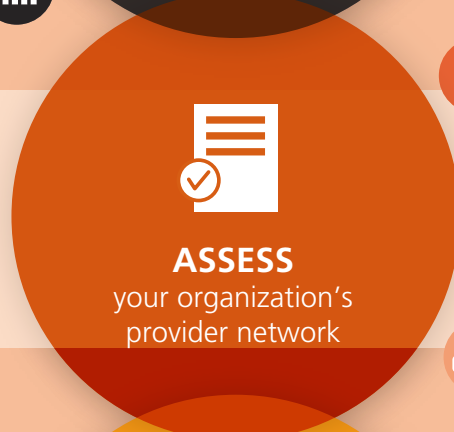
**Timing:**

When should care management for cost reduction and quality improvement be implemented?



**Investment:**

What capabilities are required to manage risk?



**New structures:**

Including clinically integrated networks, independent practice associations, etc.



**Provider mix:**

The optimal percentage of primary care and specialty



**Post-acute needs:**

Determine skilled nursing, home health, long-term care partnerships



**Performance:**

Establish criteria for high- and low-performing physicians



**Care coordination:**

Develop strategies based on market need



**Advanced analytics:**

Define population segments by risk



**Clinical resources:**

Determine staff and technology needs



**Clinical effectiveness:**

Implement real-time, holistic approaches to manage patient illness, injury or disease

