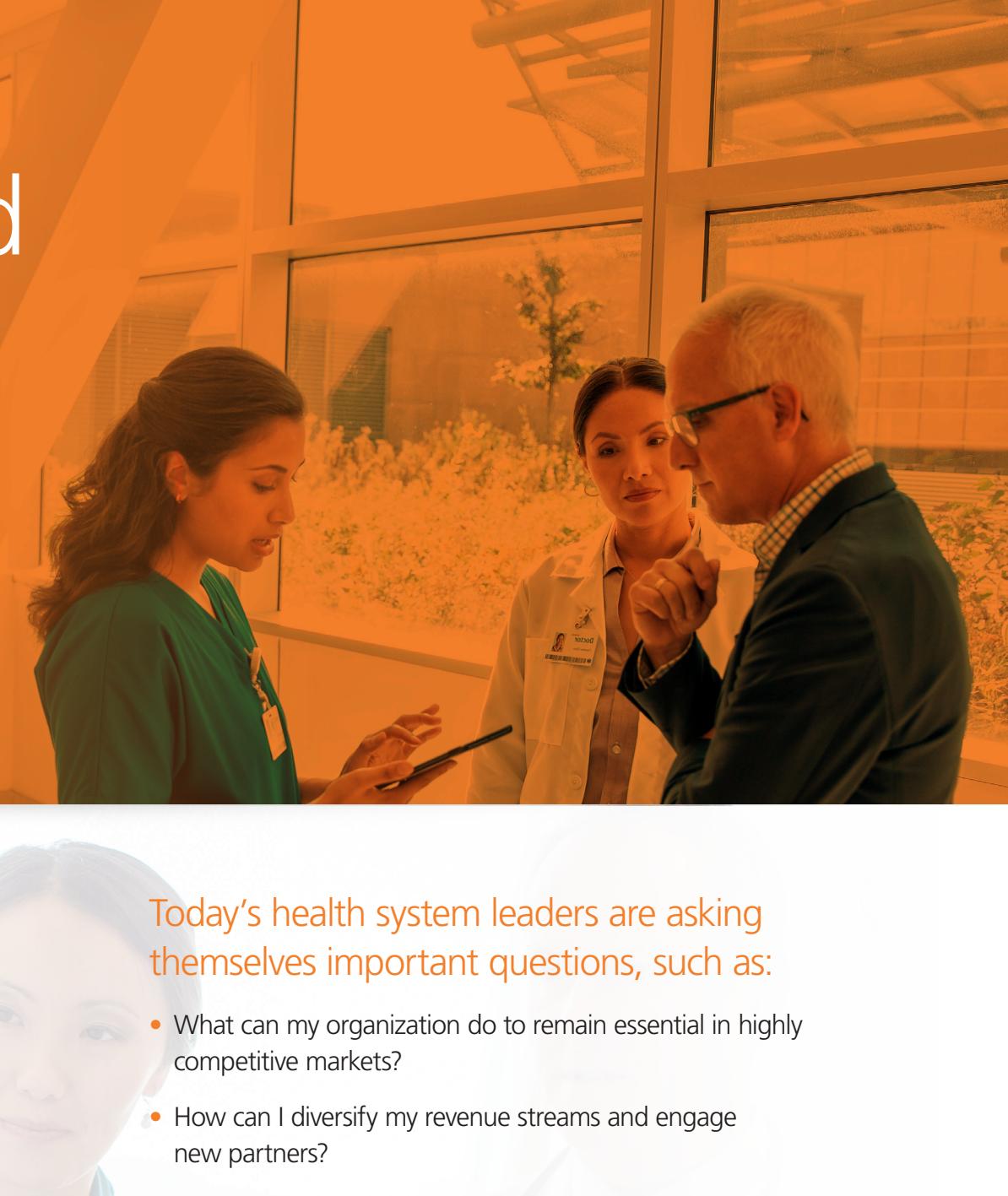


Are you going far enough and fast enough toward risk?

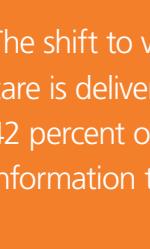
If you aren't moving forward, you may be left behind



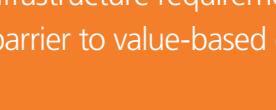
Provider organizations are increasingly moving to value-based models

The reasons underlying the shift are as diverse as the value paths organizations can take.

As many organizations continue to deliberate, health care in the U.S. is undergoing a paradigm shift



34% of total U.S. health care payments were tied to alternative payment models (APMs) in 2017.¹



Pure fee-for-service is fading faster than predicted in past studies, now accounting for only 37.2% of reimbursement, and projected to dip below 26% by 2021.²

↑ 129%

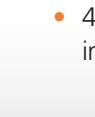
As of Q1 2018, there are 1,011 ACOs representing 1,477 distinct active accountable care payment contracts with public and private payers, a **129 percent increase** in just the past 5 years.³

90 M&A deals

90 announced M&A deals in 2018, with focus on strategic partnership. Growth of mega-mergers and converging strategies of for-profit and not-for-profit systems are reshaping health care.⁴

Today's health system leaders are asking themselves important questions, such as:

- What can my organization do to remain essential in highly competitive markets?
- How can I diversify my revenue streams and engage new partners?
- How can we provide appropriate care for aging, polychronic populations while still operating profitably?
- How do we lower the total cost of care while improving clinical quality?
- Which populations should we take on risk for?
- How can we finance the activities that create value?



Where are you today?

Where will you be in five years?



The benefits to moving to value

- Almost half of providers believe value-based contracts significantly improve quality of care.⁵
- 48 percent of providers believe providers and payers can collaborate to improve health care through value-based contracts.⁶

Mastering the transition

The shift to value-based models requires a fundamental change in how care is delivered, measured and financed. Among the varied challenges, 42 percent of providers cite infrastructure requirements, including information technology as a barrier to value-based care.⁷

42%

of providers cite infrastructure requirements as a barrier to value-based care.



Organizations that successfully make the transition to value must manage networks, populations and data; engage consumers; and enable technology. But most critical are the following aspects.

Value-based care strategy

A blueprint to achieve value-based objectives and ensure alignment to an organization's overall goals. We can help:

- Engage payer, provider and downstream stakeholders early
- Develop value definitions, financial models, care paths, contracts and performance measurements using shared data and expertise

Enterprise risk and financial management

Actuarial, analytics and performance support to identify actionable improvement opportunities and strategies for reimbursement, quality, utilization, efficiency and cost. We can help:

- Provide more transparency to develop win-win value-based contracts, results and refinement opportunities

Organizational change and talent acceleration

Resources and development programs equipping leaders to embrace change and thrive in shifting business, payment and risk models environments. We can help:

- Develop change management programs together and identify champions across functional areas

- Leverage talent between organizations to fill expertise gaps

- Reward flexible, creative and collaborative team members

