

U.S. Value-based Healthcare Service Market Size, Share & Trends Analysis Report By Models (Pay For Performance, Patient-centered Medical Home), By Payer, By Providers Utilization Category, And Segment Forecasts, 2022 - 2030

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Abstracts

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U.S. Value-based Healthcare Service Market Growth & Trends

The U.S. value-based healthcare service market size is anticipated to reach USD 6.16 trillion by 2030, according to a new report by Grand View Research, Inc. The market is expected to expand at a CAGR of 7.5% from 2022 to 2030. Increased adoption of value-based care beyond primary care, increase in healthcare spending as a percentage of GDP, and continued growth in home and virtual-based models are the major growth drivers for the industry.

The Centers for Medicare & Medicaid Services' objective is to transition all Medicare providers to two-sided risk arrangements and half of its commercial and Medicaid contracts to value-based models by 2025; currently, fewer than 20% of Medicare expenditure is value-based. The increase of consumerism in health care, the development of new technology, the need to fulfilling the Quadruple Aim, and prioritizing preventative care while decreasing unsustainable healthcare expenditures are the primary drivers of the shift to value-based care.

Healthcare reforms in recent years have highlighted the need for electronic health information, which has raised interest in digital solutions. Furthermore, the COVID-19 pandemic has accelerated business expansion by highlighting the benefits of using

electronic health information to help improve patient care and scheduling. Several countries are implementing value-based care systems. This increases the demand for high-acuity IT solutions that boost clinical efficacy and workflow, thus supporting market growth.

The rapid evolution of value-based healthcare services is one of the factors driving this market's rapid growth. Due to value-based healthcare services, the healthcare cost curve and excessive health spending have decreased. According to 'UnitedHealth Group,' a US-based health insurance firm that delivers value-based payments to healthcare providers, this industry's development increased by more than 15% in 2019. It supports the delivery of high-quality treatment while improving the efficient use of healthcare resources.

Furthermore, 'Cigna' acquired Bright Health in December 2021, bringing additional skills and resources to continue their development toward a value-based healthcare setting. Collaborations in value-based care are becoming increasingly popular among providers because they enable partners such as medical device makers, payers, and provider groups to build programs, solutions, and initiatives that benefit both patients and healthcare systems. For instance, in June 2021, "Humana" acquired League, a digital health company, to create a new digital platform for Humana employer group and specialty insurance members.

To take advantage of the various types of services and technology capabilities required for future success, forward-thinking payers are broadening their options and moving beyond traditional providers. These firms have employed several techniques to improve their position in the value-based healthcare services industry in the U.S., including partnerships, collaborations, joint ventures, and mergers and acquisitions. For instance, in February 2021, Optum, a healthcare provider, completed the acquisition of Leadmark Health, a home healthcare company. It will create the first of its home-based care health system and would accelerate home health care's move toward value-based care.

U.S. Value-based Healthcare Service Market Report Highlights

Pay for performance accounted for the largest revenue share of 28.35% in 2021 due to the growing shift away from traditional fee-for-service toward payment for value-based healthcare programs

The medicare and medicare advantage segment was the largest revenue-generating segment in 2021. Medicare is gradually shifting away from fee-for-

service compensation toward value-based models that promote cost-cutting and quality improvement

The industry is competitive as major players are focusing on investment, partnership, collaboration, mergers & acquisitions, and expansion strategies to improve their market penetration

In October 2021, Walgreens Boots Alliance, a holding company, made an investment of USD 5.2 billion in VillageMD, a primary care platform and value-based primary care service provider. The partnership between Walgreens and VillageMD will significantly enhance primary care access in underserved rural and urban regions; more than 75% of Americans reside within 5 miles of Walgreens. The investment increases WBA's ownership stake in VillageMD to 63% from 30%

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