

Care Management Solutions Market by Component (Software and Services), Delivery Mode (On-Premise and Cloud-Based), End User (Payers, Providers), Application (Disease Management, Case Management, Utilization Management) - Global Forecast to 2026

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Abstracts

The global care management solutions market is projected to reach USD 21.6 billion by 2026 from USD 12.6 billion in 2021, at a CAGR of 11.4% during the forecast period. The growth of this market is driven by the implementation of initiatives to shift the burden of risk from healthcare payers to providers, government initiatives and regulations promoting patient-centric care, initiatives to promote healthcare IT, rising geriatric population, and need to reduce healthcare costs are driving the growth of the care management solutions market.

Software segment is expected to grow at the highest CAGR

On the basis of component, the care management solutions market is segmented into software and services. The software segment accounted for a larger market share of 75.1% in 2020. The large share of this segment can be attributed to the increased adoption of software solutions by payers and providers to reduce readmissions, increase cost-effectiveness, improve operational efficiency, enhance patient engagement, and aid data integration and analysis.

Cloud-based segment to register the highest CAGR

Care management solutions are delivered to end users through the on-premise and cloud-based modes of delivery. The on-premise solutions segment accounted for a larger market share of 64.8% in 2020. The advantages offered by the on-premise mode

of delivery, such as customization of solutions, reduction in the risk of data breaches, and the ability to reuse existing servers and storage hardware, are supporting its increased adoption in the care management solutions market.

North America To Witness Significant Growth From 2021 To 2026

In 2020, North America accounted for the largest share of the care management solutions market. The large share of North America can be attributed to the increased adoption of care management solutions by healthcare providers and payers to meet the healthcare goals of better quality care and lower healthcare costs. Also, several major global players are based in the US, owing to which the US has become a center for innovation in the care management solutions market.

Breakdown of supply-side primary interviews:

By Company Type: Tier 1 – 34%, Tier 2 – 54%, and Tier 3 – 12%

By Designation: C-level – 31%, Director-level – 19%, and Others – 50%

By Region: North America - 46%, Europe – 25%, APAC –18%, Rest of the World –11%

Some of the prominent players operating in the care management solutions market are EXL Service Holdings, Inc. (US), Casenet, LLC (US), Medecision Inc. (US), ZeOmega Inc. (US), Cognizant Technology Solutions (US), Cerner Corporation (US), Allscripts Healthcare Solutions, Inc. (US), and Epic Systems Corporation (US).

Research Coverage

This report studies the care management solutions market based on component, delivery mode, application, end user and region. The report also studies factors (such as drivers, restraints, opportunities, and challenges) affecting market growth. It analyzes the opportunities and challenges in the market and provides details of the competitive landscape for market leaders. Furthermore, the report analyzes micro markets with respect to their individual growth trends and forecasts the revenue of the market segments with respect to four main regions and respective countries.

Key Benefits of Buying the Report

This report focuses on various levels of analysis—industry trends, market share of top players, and company profiles, which together form basic views and analyze the competitive landscape, and high-growth regions and their drivers, restraints, challenges, and opportunities. The report will help both established firms as well as new entrants/smaller firms to gauge the pulse of the market and garner greater market shares.

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About

The Affordable Care Act (ACA) (signed by U.S. President Barack Obama in March 2010) has resulted in an increase in the number of stakeholders subscribing to care management solutions in the U.S. The Act stresses on value-based reimbursement and quality treatment rather than the traditional volume-based fee for reimbursement. The ACA aims to lower the number of uninsured people, in order to reduce healthcare costs for the government and individuals. Besides this, new Medicare initiatives intend to penalize hospitals for unnecessary readmissions and correlate their reimbursements to the quality of care provided. Payers and healthcare systems are rapidly adopting care management solutions to remain maintain their leadership in the field and cope with new demands.

The U.S. government defines Accountable Care Organizations (ACOs) as a group of healthcare providers offering coordinated care and chronic disease management, thereby improving the quality of care. Payments for these organizations are tied to the number of healthcare quality goals and outcomes achieved, as per an ACO provision included in the Affordable Care Act (ACA). Under this Act, incentives are provided by the government to physicians who use IT solutions such as care management. Care management solutions enable healthcare stakeholders to coordinate better and also help enhance patient engagement. Healthcare stakeholders are most likely to adopt these solutions in order to transform a traditional organization into an ACO. The healthcare providers segment is the most lucrative end-user segment for care management solutions vendors. This market is slated to grow at a very high CAGR of approximately XX% between 2013 and 2018.

Also, the providers market is untapped to a great extent. Almost XX% of the providers are yet to adopt any significant care management solution. Self-insured employer groups are the other lucrative end users, expected to grow at a high CAGR of XX% between 2013 and 2018 and almost XX% of this market was yet to be tapped, as of 2013.

The government bodies end-user segment also promises a significant growth between 2013 and 2018, at a CAGR of XX%. This segment was also virtually untapped, with around XX% of the market waiting to be tapped. Growing at a CAGR of XX%, the healthcare payers end-user segment is expected to be the slowest growing segment between 2013 and 2018. Along with the low CAGR, saturation of around XX% of the payers market is a major reason for this segment being the least lucrative in the coming

years.

Care management solutions improve the efficiency, cost-effectiveness, quality, and safety of the medical care delivery system. Software and services are the two main components of the care management solutions market. All care management applications utilized by the hospitals, government agencies, and healthcare payers involve the use of one or both of these components, depending on the purpose of use.

Thus, both these components are expected to witness a high growth due to the periodic software upgradation and the recurring nature of services.

The software segment accounted for the largest share of global care management solutions market, by component, at an estimated \$XX million in 2013. This segment is expected to reach \$XX million by 2018, at a CAGR of XX% from 2013 to 2018.

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