## Current research agenda for physician leaders

Торіс	What we're researching	Why it matters
State of the industry	<ul> <li>What are the shifts shaping the policy environment, utilization patterns, and coverage mix? Which of these are temporary and which are structural?</li> <li>How will increased competition and changing power dynamics impact the hospital business model, care delivery networks, specialty pharmacy, and data as a strategic asset?</li> </ul>	<ul> <li>The healthcare industry is in a period of recalibration. Organizations are revisiting how they prioritize topline growth relative to their ability to secure sustainable margins, pivoting their business strategies accordingly – and altering the traditional power dynamics and relationships within our industry.</li> </ul>
Ambulatory network design	What are the capabilities that health systems need to make the best use of ambulatory networks for the sustainability of their businesses?	<ul> <li>Many health systems skip straight from assessing their market opportunity to operating ambulatory sites of care. They don't consider overall design or purpose of an ambulatory network because of a disproportionate focus on inpatient care, urgent market forces, or a lack of internal readiness and systems.</li> </ul>
Service line management/state of service lines	<ul> <li>What is going on with service lines as a model of organization today?</li> <li>What are common org structures for service lines? What's working/not working?</li> <li>What service lines do health systems have, and which ones are they prioritizing? Is this changing? Should it be changing?</li> <li>How can service lines collaborate to better care for multi-morbid patients and/or appeal to consumer preferences? What creative ways are orgs restructuring their service lines to better deliver care and achieve strategic goals?</li> </ul>	Physician leaders need to understand service line trends to effectively manage physicians through a period of transformation.
Care variation reduction	<ul> <li>What is fundamentally new in how systems are approaching CVR?</li> <li>What is the end goal of CVR? What is the pathway to get there?</li> <li>Where are the biggest cost and ALOS reduction opportunities when looking across the system?</li> </ul>	<ul> <li>Rising costs, tighter margins, and mergers and acquisitions have changed the landscape for CVR</li> <li>Care shifts from inpatient to outpatient and ambulatory, and from treating DRGs to disease clusters, have changed the opportunities for CVR</li> </ul>

\* If you are interested in participating in any of these active research studies, contact your account manager.

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Board

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Value-based care	<ul> <li>How are providers and plans effectively engaging specialists in VBC?</li> <li>What are the keys to successful plan-provider VBC contracts?</li> </ul>	<ul> <li>Specialists drive the majority of healthcare costs but are often not engaged in current VBC efforts. This has inhibited industry movement toward value and complicated the work both plans and providers do in VBC.</li> <li>Physician leaders need to understand trends in value-based care to effectively manage physicians through a period of transformation</li> </ul>
Physician and medical group benchmarks	<ul> <li>How can health systems benchmark their margin management performance to the larger market?</li> <li>How can medical groups compare operational and financial performance to the larger market?</li> </ul>	Physician leaders need to compare their performance indicators to their peers for financial analysis.
Al for clinical and coverage decision- making	How will AI alter how clinical decisions are made and how coverage of clinical care is determined?	• Stakeholders are taking different approaches to investments in AI and must understand the barriers, implications, and inflection points along the way.

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