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## Webinar Key Takeaways: Strategic Pathways to Value-Based Care and Risk-Bearing Entities

### Value-based care is accelerating across all payor types

- Momentum toward value-based care continues to build as Medicare Advantage, Medicaid, and commercial payors expand alternative payment models. By 2030, nearly 60 percent of U.S. healthcare payments are expected to flow through value-based arrangements.
- The upcoming CMS TEAM model and new state-level mandates for value-based adoption underscore a regulatory environment that increasingly favors providers capable of managing financial and clinical risk.

### Physician-led models have delivered stronger outcomes in the CMS ACO Program

- CMS data show that physician-led ACOs outperform hospital-led models on shared savings and quality metrics—particularly those grounded in strong primary care. This underscores the importance of clinical leadership and care model design in value-based arrangements.
- The next evolution of these arrangements will depend on extending value-based principles into specialty care, enabling more comprehensive management of high-cost conditions and long-term outcomes.

### Joint ventures offer strategic alignment and shared risk

- Joint venture risk-bearing entities are gaining traction as payers and providers seek structures that balance control, investment, and accountability. These collaborations allow participants to jointly manage premium dollars or capitation payments and share in both financial upside and downside.
- Well-designed ventures clarify capital requirements, decision-making authority, data-sharing obligations, and dispute-resolution processes from the outset—key elements for operational success and partnership durability.

### Enablement partners are creating new on-ramps to risk

- Value-based enablement companies now play a pivotal role in helping providers transition from fee-for-service models. These partners supply technology infrastructure, analytics, and care management services—and often provide capital or reinsurance to mitigate downside exposure.
- Their value lies not only in operational support but also in aggregating scale across independent groups, allowing providers to participate in risk-based contracts without building payor-like infrastructure from scratch.
- Select enablers for cultural fit, proven outcomes, and balance-sheet durability to withstand multi-year volatility.

### Providers must assess readiness across multiple dimensions

- For providers contemplating deeper risk, success depends as much on internal culture as on financial or operational capacity. Leadership teams must assess their readiness across four dimensions—clinical engagement, governance, analytics, and capital.
- “Cultural fitness” among clinicians remains the most reliable predictor of success, with strong physician champions and alignment around performance feedback loops serving as essential building blocks.

### Calibrated pacing is essential to long-term success

- Moving too quickly into multiple lines of risk can strain capital and operational systems; moving too slowly can mean falling behind in payor negotiations and market relevance.
- The optimal path is a measured glide path that matches readiness with opportunity—sequencing expansion across Medicare Advantage, commercial, and Medicaid lines to sustain momentum without compromising stability.

#### For more information:

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