



Connecting the Dots: HCEG Top 10, Industry Pulse & COVID-19

**HealthCare Executive Group
May 2020**

Connecting the Dots: HCEG Top 10, Industry Pulse & COVID-19



Introduction

For over 30 years, the HealthCare Executive Group's (HCEG) mission has been *"Guiding Healthcare Executives through Innovation, Change and Growth."*

In addition to promoting healthcare innovation, action-oriented thought leadership, professional growth, and the development of life-long relationships, each year HCEG creates the [HCEG Top 10 list](#) of challenges, issues, and opportunities. The HCEG Top 10 serves as the basis for the annual Industry Pulse research, developed in partnership with [Change Healthcare](#).

This year's Industry Pulse research, in particular, presented deeper insight on HCEG's Top 10 topics from a wider range of healthcare industry leaders and participants, 455 respondents in total and more than previous years surveys.

A major and timely conclusion is that the current COVID-19 challenges facing healthcare are not new to HCEG member organizations. In fact, with minor changes in the words used to define individual HCEG Top 10 items, this year's HCEG Top 10 list is a comprehensive summary of the HCEG Top 10 items shared over the last 10 years. See HCEG's Top 10 List at the end of this eBook.

Connecting the Dots: HCEG Top 10, Industry Pulse & COVID-19



The healthcare industry has been transforming, but in incremental ways and not as fast as futurists and pundits, or even industry responders, might have hoped or expected. But with today's pandemic, the flaws of a fragmented and siloed healthcare system have been laid bare and all stakeholders from providers to consumers to payers to vendors are disappointed. Very recent industry responses have been impressive – innovation and transformation have accelerated at lighting speed - with the world-wide and national crisis of Coronavirus (COVID-19).

Broad macro goals like lowering costs, increasing transparency, and improving quality are easy to agree on in theory but harder to execute, especially in the middle of a crisis like COVID-19. And other critical issues like the Consumer Experience, Holistic Individual Health, Accessible Points of Care and Digital Health have now capitulated at actionable levels to the top of our healthcare priorities as we experience dramatic healthcare change. What will remain after the crisis remains to be seen, but for sure, the core challenges of healthcare will have changed forever.

Health Plan Payer & Provider Organizations Differ Significantly

The 2020 Industry Pulse Report suggests one reason holding healthcare back, even before the pandemic, may be that payers and providers have significantly different understandings and perspectives of what is happening in the industry and why the industry is not better prepared to collaborate and address the many unique demands on today's healthcare system.

Connecting the Dots: HCEG Top 10, Industry Pulse & COVID-19

eBook Series Presenting Industry Pulse Research

This first part of a two-part eBook series offers insight and commentary from health plan payers, providers, and other healthcare industry stakeholders who completed the 2020 Industry Pulse research survey.

Specifically:

1. Similarities and Differences on Payer and Provider Adoption of Consumer-Centric Strategies are reported prior to COVID-19
2. Where Payers and Providers See Themselves on a Consumer-Centric Maturity Continuum
3. Different Strengths Payers and Providers Bring to Consumer-Driven Care
4. Who Should Lead on Providing Cost and Quality Data; and who should lead the Healthcare Consumer Journey?
5. Needed Types of Information Provided to Healthcare Consumers
6. Progress on Next-Generation Payment Models like Value-Based Care

Part Two Information, Insight, & Commentary: Coming Soon

The second part of the eBook series will share insight and commentary on the following:

1. Clinical and Non-Clinical Impacts to Better Serve Healthcare Consumers
2. Reducing Barriers to Healthcare by Using Social Determinants of Health
3. Where Payers and Providers are at along the Value-Based Care Continuum
4. Adoption of Alternative Payment Models
5. Value-Based Care: What Are the Barriers?
6. Steps Toward Advancing Value-Based Care
7. Methods and Practices for Improving Healthcare Finance and Billing
8. Privacy and Security of Healthcare Information

Insight and commentary on how the current COVID-19 pandemic has impacted or may soon impact healthcare stakeholders – relative to many of the above topics - is also included.

Connecting the Dots: HCEG Top 10, Industry Pulse & COVID-19

Impact of COVID-19 Pandemic of Industry Pulse Survey Results

As is often said, “necessity is the mother of invention,” and the last few months have accelerated healthcare change, out of world-wide necessity, then has happened in the last century.

All healthcare stakeholders would be wise to look at the last 10 years of core challenges, issues, and opportunities noted in the HCEG Top 10, analyze how the 2020 Industry Pulse research identified the underlying factors and connect them to what is happening in healthcare in the middle of the current crisis.

As we share and summarize the 2020 Industry Pulse research in this eBook, make special note in your mind throughout of the underlying lack of trust across major healthcare stakeholders – specifically health plan payers and providers.

Pandemic Emphasizes Need for Increased Trust & Collaboration

National research for years has highlighted the mistrust consumers have of their health plans. Pharmaceuticals have been in the news for several years with their pricing tactics. Payers have often negotiated much too for the lowest price without consideration of consumer access or provider performance on quality outcomes. The issue of mistrust maybe a major stumbling block for continuation of healthcare transformation leading up to and after COVID-19.

There are many dots to connect and we’re glad to share in this eBook how some relate to the issues and challenges in dealing with COVID-19.

RELATED: [Building Trust is Essential to Transforming the Healthcare System](#)

Connecting the Dots: HCEG Top 10, Industry Pulse & COVID-19

Differences in Perspectives Between Payers & Providers

Among the places where the prevalent disconnect among healthcare stakeholders is most evident in the Industry Pulse Research was with respect to Cost & Transparency, Consumerism, and Value-Based Care – ranked #1, #2, & #3 on the 2020 HCEG Top 10 list

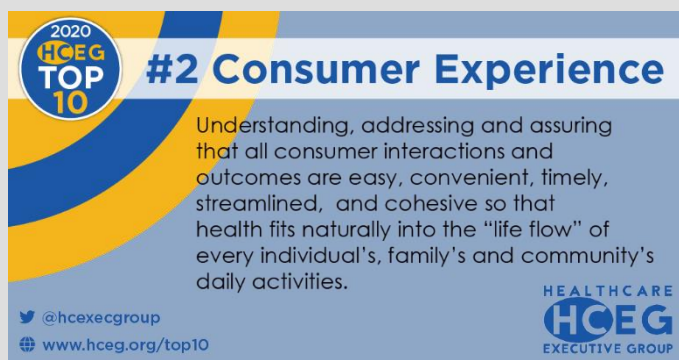
COST & QUALITY

Payers and providers do not agree on who is best positioned to provide cost and quality data to consumers. Each thinks its own perspective is more valuable. The COVID-19 crisis has mandated no consumer cost for testing or care.



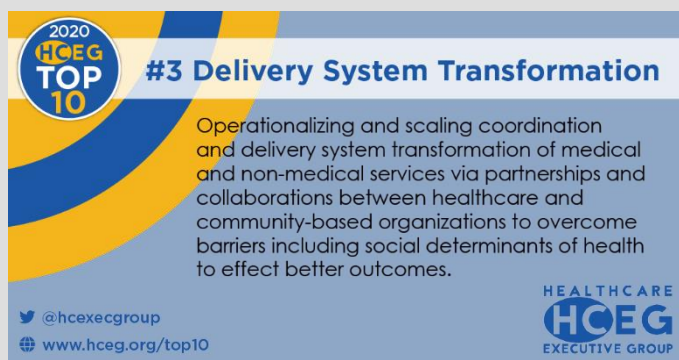
CONSUMERISM

Payers are much more likely to have robust consumer-centric perspectives and strategies. Providers are much more likely to have no consumer-centric strategy at all, as measured before the COVID-19 pandemic.



VALUE-BASED CARE

Payers are much more likely to report that they have migrated to value-based care models where providers are still predominantly fee-for-service (FFS). Unfortunately, COVID-19 may have complicated the transition to value-based care.



Connecting the Dots: HCEG Top 10, Industry Pulse & COVID-19

Building Upon HCEG's Top 10

The 2020 Industry Pulse Survey is the 10th annual study, based upon HCEG's Top 10 list, examining the theory and practice of healthcare consumerism as it moves toward a value-based care model and away from traditional Fee-For-Service (FFS) relationships.

Technology and regulatory change have accelerated dramatically since the start of 2020, while obstacles such as a lack of data, infrastructure integration and political/judicial pushback on the Affordable Care Act and the phases of economic stimulus have added a great deal of uncertainty about the future.

COVID-19 Impact to Healthcare

The current COVID-19 challenges facing healthcare are not new to HCEG member organizations. In fact, with minor changes in the words used to describe items on the list, the following comprehensive summary of the HCEG Top 10 issues over the last 10 years shows how core and consistent some of these challenges have been.

HCEG Top 10 Rankings - 2011 to 2020											
Category	Area	20	'19	'18	'17	'16	'15	'14	'13	'12	'11
1-Payment	Transparency	1		4	5	5	3	3			
3-Consumer	Consumer Experience	2	2	5	2	2	6	5			
3-Consumer	Consumerism ²	2	5	10			8	6	3		8
6-Miscellaneous	External Market Disruption	3	7								
4-Analytics	Big Data/Analytics	4	1	1	3	8	7	8		6	2
6-Miscellaneous	Health Information Exchanges	5								5	7
3-Consumer	Personal Health Monitoring	6					10	9			
1-Payment	Payment Reform ¹	7	4	3	1	1	1	2	6	3	4
3-Consumer	Retail Health Care	8			9	6					
2-Reform/Regs	Reform, Regulations	9		7					2	8	1
6-Miscellaneous	Cybersecurity	10	10	6	4	9				10	
2-Reform/Regs	ACA Implementation						2	4			
1-Payment	Administrative Expenses ³		8				4	10	7	1	5
6-Miscellaneous	Genomics					10					
2-Reform/Regs	Health Insurance Exchanges								1	9	3
5-Collaboration	Innovation/ Collaboration								9		
2-Reform/Regs	Medicare/Medicaid Expansion						5	7	5	4	6
6-Miscellaneous	Mobile/Digital Devices/Social		5	8	6		9	1	8		
6-Miscellaneous	Opioid Management		9								
1-Payment	Pharmacy Costs		6	9	7	7					
6-Miscellaneous	Population Health Service Organizations		3	2							
4-Analytics	Population Health/Analytics				8	3			4	2	
5-Collaboration	Provider-Payer Integration				10	4				7	10
6-Miscellaneous	Staffing								10		

As will be shared in the remainder of this two-part report, many of these issues are directly connected to longer term solutions coming as a result of the current COVID-19 pandemic and potential future healthcare crises.

Connecting the Dots: HCEG Top 10, Industry Pulse & COVID-19

Lending Clarity to Increasing Uncertainty in the Healthcare System

The HCEG Top 10 topics helped focus and shape the year-around discussions for HCEG. For 2020, our members and partners had already sensed that the demand for change and the pace of innovation is accelerating, as healthcare had moved to center stage in the national debate - long before COVID-19. This demand for more rapid change via innovation could not be more evident than in the endless reports and media coverage during the current pandemic.

“Trying to disrupt ourselves from ‘traditional healthcare’ will be a topic for years to come” – Payer Respondent

It's not surprising that, even before COVID-19, cost and transparency was top of mind for healthcare organizations and consumers!

Cost, Experience, & Transformation – Highlighted by COVID-19

Addressing cost has been and now remains an underlying and growing challenge in the United States, especially in comparison to other developed countries, as it accounts for 18% of our GDP and more than \$3.8 Trillion in expenditures.

And an additional almost \$3 Trillion in healthcare financial support and economic recovery from COVID-19 has been expended in just the last few weeks.



Connecting the Dots: HCEG Top 10, Industry Pulse & COVID-19

COVID-19 Impact to Consumer Perspectives on Health

Consumerism (prioritizing easy, convenient, timely and effective interactions along the consumer journey) is difficult in healthcare for many reasons, some of which are further highlighted in our Industry Pulse research.



Today, consumer perspectives on health and well-being have now dramatically shifted. Gone is the thinking that a consumer can do whatever they want and if they get sick, the doctor will make them better. Many now recognize in a crisis that doctors are almost helpless with those that have underlying medical conditions. And these are the individuals that are most impacted by COVID-19 and represent the majority of those who have died.



Delivery System Transformation and Next-Generation Payment Models like value-based care are more desperately needed than ever as the obvious lack of preparation for pandemics and continuing reports that up to 25% of our healthcare spend is waste and duplication.

Almost every healthcare stakeholder is seeing flaws in their preparations and ability to respond appropriately day-to-day at the moment. These deficiencies are further exacerbated by disconnects between how health plan payers and providers view various risk factors.

Quotes from Industry Pulse survey respondents:

"Not enough proven upside for providers to change habits and take on new tracking"

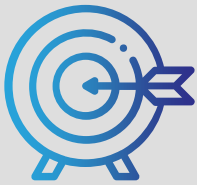
"Rewards for accepting risk are not commensurate with expense and risk to implement value-based care"



Disconnects Between Health Plan Payers & Providers

Disconnects Between Payers & Providers

Before diving into the Industry Pulse statistics, an obvious question about the disparity in responses between payers and providers should be addressed. How can the answers about basic questions of industry structure be so different, given that payers and providers operate within the same industry?



Move to Alternative Payment Models

For example, how can it be that 62% of payers say they have moved to alternative payment models, while only 43% of providers say they are operating in that world? And what is happening today with those APM's in the face of the surge in demand for hospitalizations.



Full Capitation Not Widely Accepted

Or that 9% of payers say they have moved to full capitation, while only 2% of providers agree? And what has happened to full capitation the last few months? Is it withstanding the stress test?

Payers and providers conduct business with each other for healthcare reimbursement, so shouldn't we see more alignment of the survey results?

Without getting too deep into speculation, one interpretation for the disconnect between healthcare industry participants is that payers have been pushing toward value-based payments much longer and are more optimistic about the success of new business models for healthcare reimbursement, while providers are more skeptical.

"It is not just one thing. It is a collaboration of quality initiatives, evidence-based outcomes and financial rewards to develop a "win/win" strategy for all stake holders: patients to providers to health plans" – Industry Pulse Survey Respondent

Connecting the Dots: HCEG Top 10, Industry Pulse & COVID-19

Health Plan Payers on Adopting Next-Generation Payment Models

Another perspective might be that payers have value-based relationships in place with their highest volume providers, but in the face of a nation-wide pandemic, all providers are being impacted, urban and rural, high volume and low volume.

“As a payer, [we’re] trying to get closer to the end of the healthcare value chain: members and patients. [We’re] trying to disrupt ourselves from the traditional health insurance carrier role.”

- Payer Respondent

Delivery of Care vs. Payment for Care

Another possibility is that healthcare providers are simply more focused on the delivery of care, as opposed to contract terms with the payer of each individual patient, whereas payers are financial organizations for whom the business model and network contract details are paramount. Suddenly, the contracts are less important than being able to provide care for the surge of COVID-19 patients.

These disparities in perspectives and others are quite prominent in the recent responses to COVID-19.



Connecting the Dots: HCEG Top 10, Industry Pulse & COVID-19

Survey Reach, Authority, And Precision

The fact that we ask the identical questions of a variety of healthcare stakeholders and can differentiate participant perspectives represents a major accomplishment over previous years surveys, especially where the perspectives we gathered came before the current COVID-19 pandemic and healthcare crisis. For the 10th annual survey, research firm [InsightDynamo](#) was enlisted to help improve the survey's reach, authority, and precision. As a result, 445 individuals, more than double the number reached last year, were surveyed.

More than 80% of respondents are at the director level or above, and a quarter of them hold C-Suite titles. Therefore, we can separate C-Suite perspectives from other responders and find added insights on how the core HCEG Top 10 issues are viewed by the rest of healthcare.



Greater Provider Participation

The larger sample size and improved tracking of categories of survey responders revealed the differences between responses between payers and providers to the identical questions that are at the heart of this year's report.



Election Year Considerations

Because 2020 is a presidential election year, respondents were also asked what they expect to change in healthcare after November's presidential election (whether there is one or not!).

Prior to COVID-19, the answer to whether the presidential election would bring significant change was "not as much as the political messaging on all sides might have suggested." It seems that COVID-19 may have dramatically changed consumers and voters' perspectives on the ability of our fragmented healthcare system to meet their needs in a pandemic.

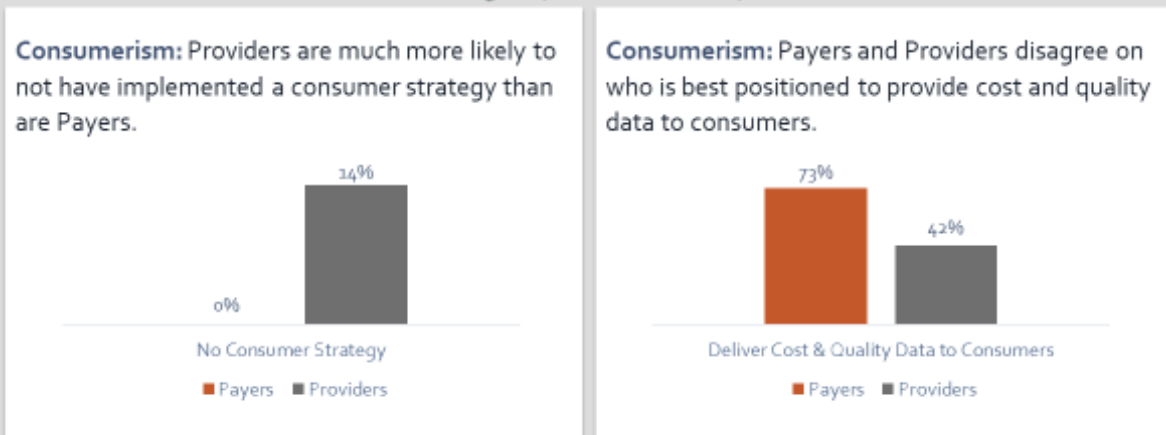
Will the pandemic change perspectives on Medicare For All or more nationally administered healthcare? It probably depends on how long and how severe the COVID-19 crisis continues, especially going into November.

Connecting the Dots: HCEG Top 10, Industry Pulse & COVID-19

Payers and Providers Differ on Consumer-Centric Strategy

KEY HIGHLIGHTS - CONSUMERISM

Payer and Provider organizations show significant differences of opinion among key consumer topics.



Improving Health, Understanding Cost and Quality of Care

Healthcare Organizations Must Adopt a Consumer-Centric Strategy

Not a single payer indicated the lack of consumer-centric strategy

Every survey respondent associated with a payer organization said they had a consumer-centric strategy of some sort, although how far they have progressed varies.

Among providers, 14% said they have no consumer-centric healthcare strategy and many of the rest are at an early stage of developing a consumer-centric strategy.

It's somewhat surprising that 14% of Provider organizations reported they had no consumer-centric strategy. You have heard the term "one click expectations" - that consumers want service "right now." Amazon doesn't make its customers wait – neither should healthcare providers.

Connecting the Dots: HCEG Top 10, Industry Pulse & COVID-19

And Google puts information one click away for the consumer. Why does the patient have to gather and consolidate their medical information across providers, especially in the middle of a crisis? Our research and other research support the importance for both Payers and Providers to be moving to the right on this continuum.

89% of the responders to a [North Highland Beacon survey](#) indicated that creating a better customer experience for members and patients is the most essential strategic priority... and 95% of those said it could have an extremely high impact on overall competitive advantage.



We fully expect the current perspective on fully integrated and accessible healthcare information will be even more revealing. Going forward the consumer will demand a more consumer-centric healthcare system.

As one payer commented in the Industry Pulse:

“Our challenge for 2020 and beyond is to continue to move toward patient-centered care, while not going bankrupt doing so.”

This statement is probably even more pertinent today than when shared in the Industry Pulse survey last December!

Who's Best Positioned to Provide Consumers with Data

Another important survey question concerned providing consumers with the data they need to make better healthcare access and buying decisions and helping them understand that data. Who should handle that, payers or providers?

Payers best at sharing data

73% of payers say payers are best at sharing cost and quality data

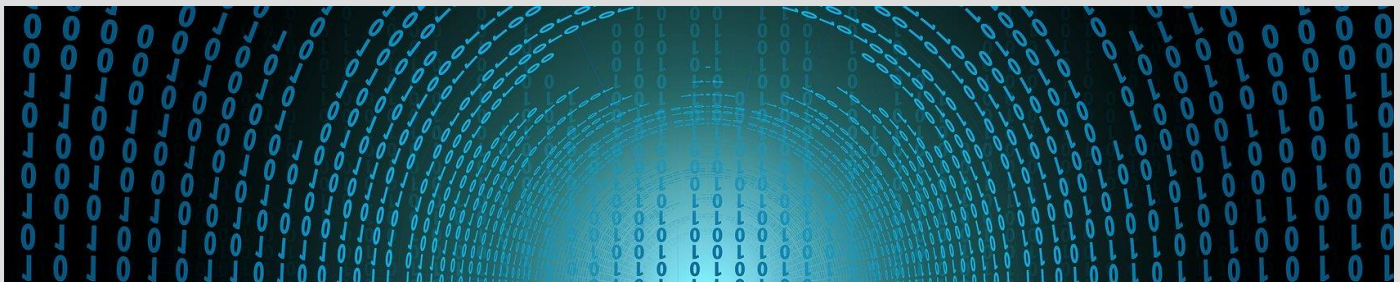
Providers best positioned to share data

43% of providers say providers are best positioned for this task.

While that's not a majority, providers were more likely to say that other parties, such as the government or industry consortiums, might be better equipped to take on the responsibility than payers.

Independent Consortiums & Government Entities should share data

Only 14% of providers thought payers should be providing cost and quality data. Another 17% thought it was a job for independent consortiums, and the rest pointed to government or other 3rd parties.



Connecting the Dots: HCEG Top 10, Industry Pulse & COVID-19

Possible Reasons for Payer and Provider Disagreement

We were not surprised by the payer perspective, given that health plans generally and historically have had a more 360-degree view of overall cost and quality. Given the breadth of claims data they collect, payers know what services and drugs a member received and how much they cost.

Payers Have Broad View into All Member/Patient Data

Health plan payers also have visibility into diagnoses and procedures across providers, so it is easier for payers to compare cost, utilization, and outcomes for patients with similar conditions.

Providers on the other hand, usually only have the data on the services they provide to their own patients and providers won't have comparison information about other providers they are not affiliated with. Given this, it is interesting that so many providers feel they are better positioned to provide holistic cost and quality information to members/patients.

Trust Between Payers and Providers Can Be Challenging to Overcome

One hypothesis is providers may have “trust issues” with payers providing accurate and complete cost and quality information. This is something every healthcare stakeholder should keep in mind as we rebuild, integrate and transition healthcare post COVID-19.

More detailed breakdowns on the above and relevance to the current concerns in healthcare capacity and response are described in the remainder of this report.





Framing the Question:

Consumer-Centric Strategy in Healthcare

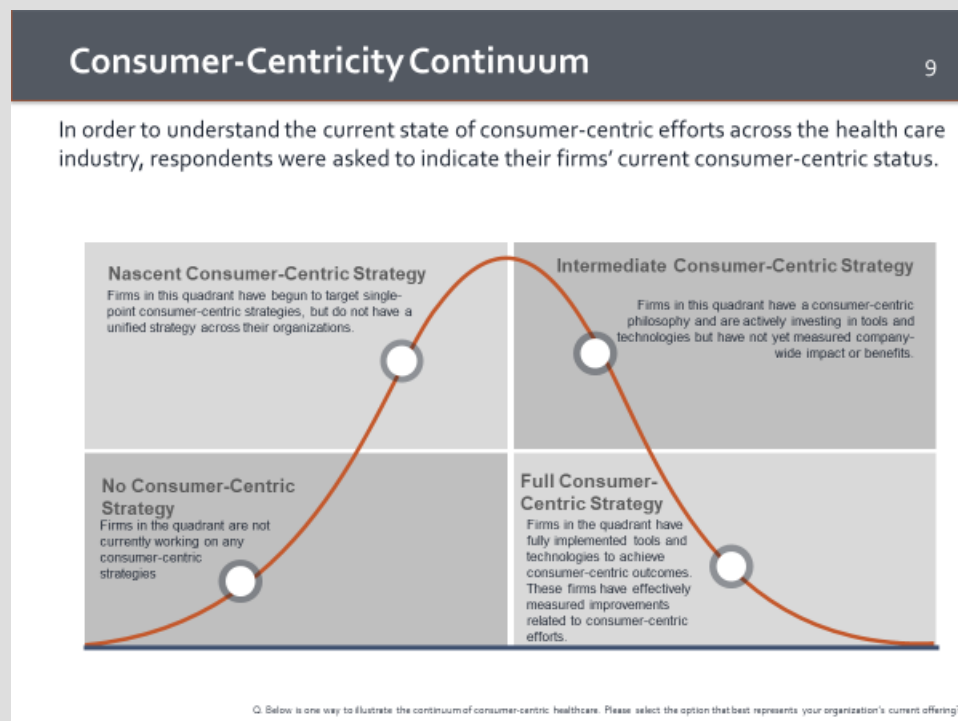
Connecting the Dots: HCEG Top 10, Industry Pulse & COVID-19

Controlling Costs & Improving Outcomes

One of our research goals for the 2020 Industry Pulse research survey was to understand the healthcare industry's progress toward consumer engagement and involvement in controlling costs, enhancing transparency, and improving outcomes.

As a framework for analysis and discussion, we defined a *maturity continuum* spanning four stages of progress being made by health plan/payers and providers toward their organization's consumer-centric strategy:

- No consumer-centric strategy
- A nascent consumer-centric strategy (just getting started within business units, no organization-wide strategy)
- Intermediate consumer-centric strategy (making significant progress, but not yet able to measure organization-wide benefits)
- Full consumer-centric strategy (fully implemented, seeing concrete benefits)



Connecting the Dots: HCEG Top 10, Industry Pulse & COVID-19 Potentially Significant Changes Over Just a Few Months

At the present time, in midst of the COVID-19 pandemic, we expect that what was likely an accurate assessment not many months ago might now be assessed quite differently.

And our research can now serve as a baseline for future research, surveys, and insight we're planning over the next months and throughout 2020. You may likely see an Industry Pulse "update survey" in the coming weeks as we plan to ask what has increased in priority since COVID-19 and what has become significantly less important.

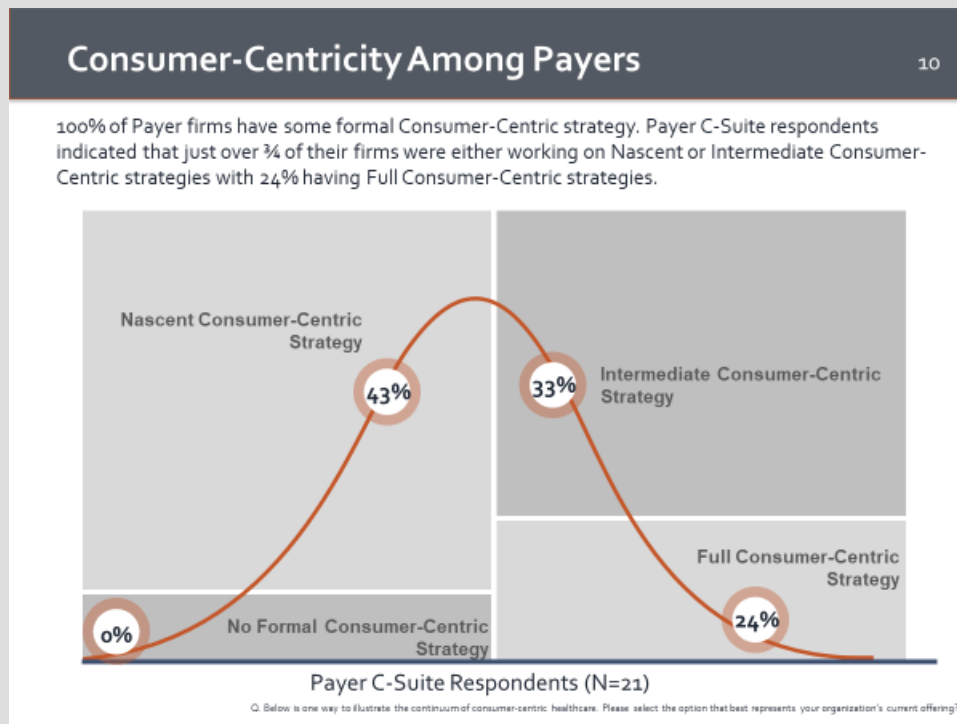


Connect with HCEG

To participate in future surveys, research initiatives, and to receive additional information, insight, and commentary on the challenges, issues, and opportunities facing healthcare leadership – post COVID-19 and beyond – [become a subscriber to our newsletter](#).



Payers See Themselves on the High End of the Consumer-Centric Maturity Continuum



Controlling Costs & Improving Outcomes

Note: The above chart is not a statistician's traditional bell curve, with a continuous distribution of responses at every point along the way, but proportionately where payers fall along the spectrum. The size of the quadrants visually approximates the percentage of responses.

While no payers place themselves at the extreme far left side (lacking any strategy), 43% of health plan payers say they are still at a nascent stage of developing a consumer-centric program.

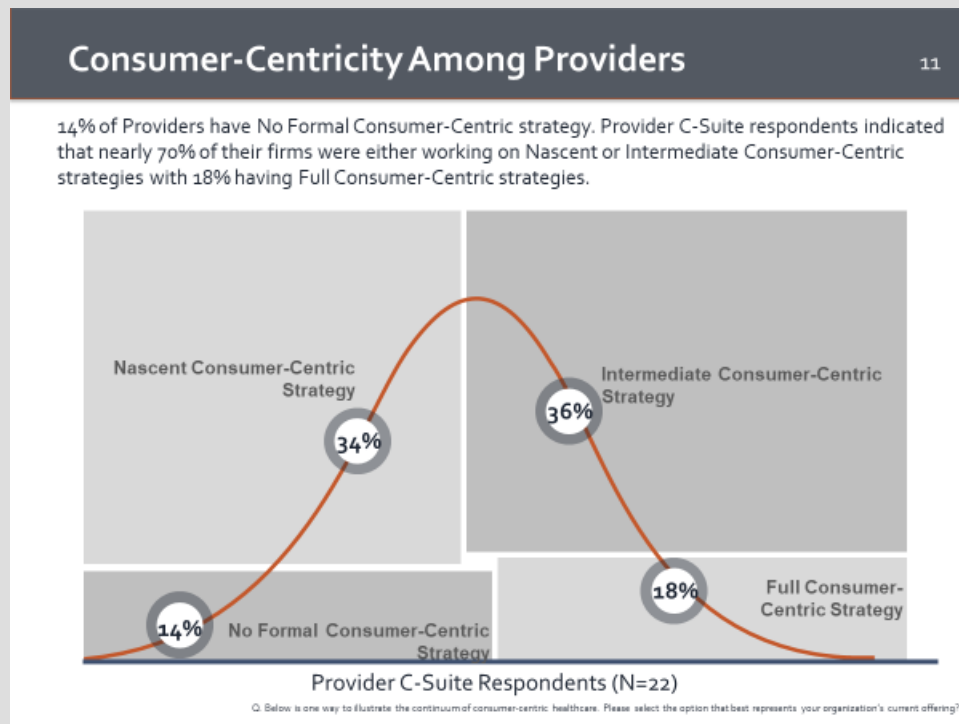
Another 33% see themselves at an intermediate stage but still struggling to identify organization-wide benefits.

Nearly a quarter (24%) say that their organization has a full consumer-centric strategy in place.

Survey responders in this part of the study were all C-Suite payer representatives. So, we can feel confident that their response reflects what's going on within those firms.

Connecting the Dots: HCEG Top 10, Industry Pulse & COVID-19

Providers Pursuing Consumer-Centric Strategy More Cautiously



Leaders of provider organizations are more likely to say they have no consumer-centric strategy or are just getting started

Nearly half of providers (48%) placed themselves on the left half of the continuum with 34% of providers still at the nascent stage of implementing a consumer-centric strategy.

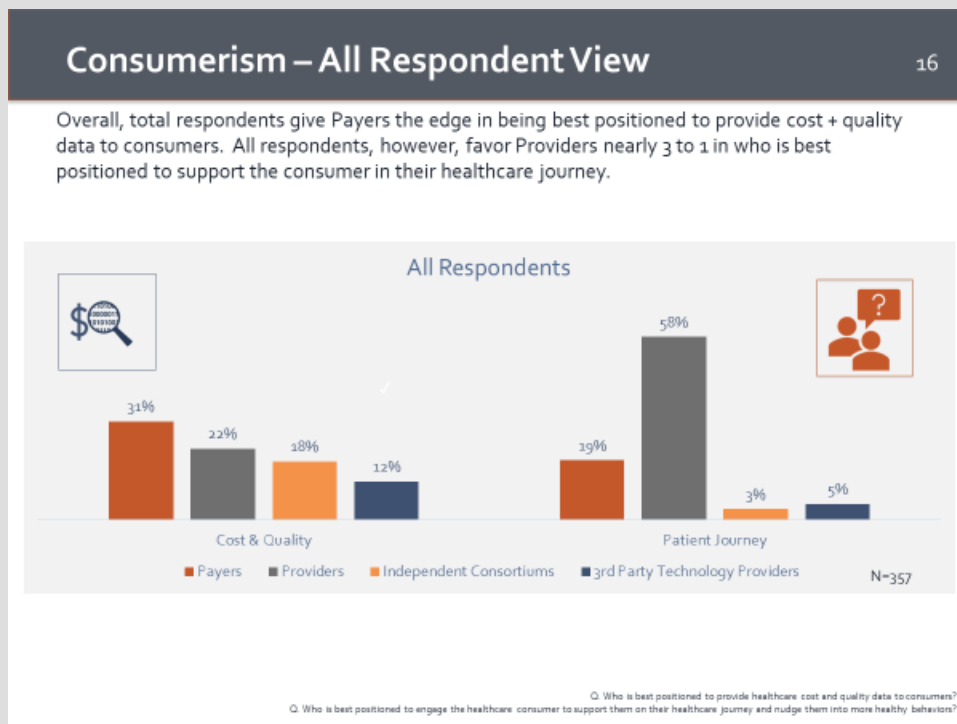
Among providers, 14% said they have no consumer-centric healthcare strategy and many of the rest are at an early stage of developing a consumer-centric strategy.

On the other hand, if we combine the intermediate to full consumer-centric strategy categories, 54% of provider organizations claim to be making significant progress on implementing a strategy to address a consumer-centric focus; not so far behind the 57% of the categories on the right side of the continuum.

Keep in mind this is not a traditional bell curve and the size of the quadrants reflect the relative size of each category for visualization of proportions.

Connecting the Dots: HCEG Top 10, Industry Pulse & COVID-19

Payers and Providers Bring Different Strengths to Consumer-Driven Care



The broader survey population, including healthcare industry consultants and technology providers as well as payers and providers, reveals broad agreement that payers are indeed best positioned to provide healthcare cost and quality data.

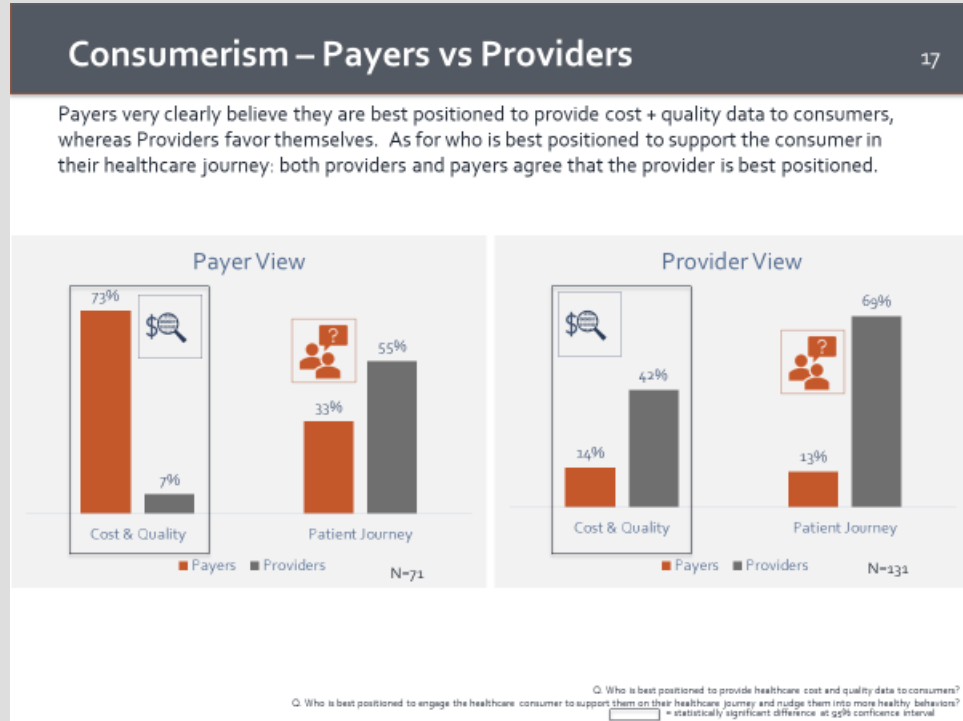
Providers Best Equipped to Guide Patient Journey's

On the other hand, the survey also shows a clear consensus that providers are best equipped to guide patients through their healthcare journey. That perspective has been more reinforced with COVID-19 than anything we might have anticipated.

As we are experiencing during COVID-19, achieving the goals of individual consumer-centric healthcare and populations health and well-being will require both payers and providers to cooperate, collaborate and contribute according to their strengths.

Connecting the Dots: HCEG Top 10, Industry Pulse & COVID-19

Who Should Lead on Cost and Quality?



The consensus on who is best positioned to provide cost data, quality data and lead the healthcare journey breaks down when we look at payer respondents versus provider respondents separately.



Payer Respondents Not in Agreement with Provider Respondents on Providing Cost & Quality Data

73% of payer respondents believe payers are best positioned while only 14% of provider respondents believe payers are best positioned.

Conversely, 42% of provider respondents believe providers are best capable while only 7% of payer respondents believe providers are best capable.



Providers Best Positioned to Lead Healthcare Journey

69% of provider respondents and 55% of payer respondents agree that providers are the best healthcare journey guides.

Only 13% of provider respondents and 33% of payer respondents think that payers are best healthcare journey guides.

Trust Between Health Plan Payers & Providers

One concern about the disagreement over control of cost and quality data is that it could be an obstacle to providing consumers with good, clean data on the cost and quality of health services. Two reasons for this might be that:

Payers are required to address quality reporting in order to receive health plan accreditation.

Providers often express “trust issues” with payers providing cost and quality information.

This was recognized in a payer’s comment in Industry Pulse – again prior to the COVID-19 pandemic:

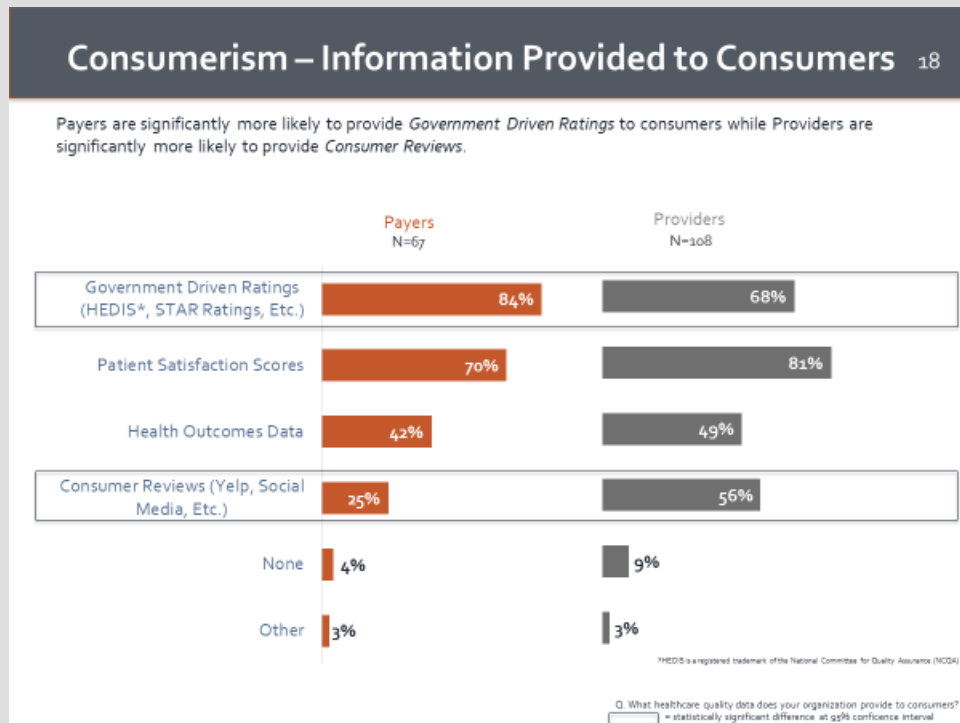
“Integrating with our members’ primary care provider to present a unified service to the consumer/patient is an important focus for us in 2020.” – Payer Respondent



Connecting the Dots: HCEG Top 10, Industry Pulse & COVID-19

Differences on Information Provided to Consumers

The survey revealed differences in how frequently payers and providers mentioned providing different types of information to guide consumer choices.



Government Data vs. Private Party Data

Government-driven scores for healthcare quality, such as HEDIS and STAR ratings, are significantly more likely to come from payers (84%) vs providers (64%).

Providers More Likely to Share Patient Satisfaction Scores

Offering patient satisfaction scores were cited by 81% of providers as compared with 70% of payers.

Connecting the Dots: HCEG Top 10, Industry Pulse & COVID-19

Conclusion

We've covered some rich highlights of the HCEG Top 10 leading up to 2020 and some details from the Industry Pulse survey collected prior to the COVID-19 pandemic. Today the headline for the 2020 Industry Pulse might well be "Payers and Provider differ on the current state and future of healthcare".

As David Gallegos at Change Healthcare said on a [recent interview](#) with [Beckers Hospital Review](#), *"where one stands is often dependent on where they sit."*

But as we analyzed the survey responses and evaluate the last few month's experience with COVID-19, the differences are striking and point to critical opportunities to significantly improve healthcare going forward.

Payers have been more likely to have robust consumer-centric strategies than providers. Providers have been much more likely to have limited or no consumer-centric strategy at all, so all stakeholders have quite a ways to go on making the consumer and the patient the center and the focus of everything we do in healthcare.

Payers and providers disagree on who is best positioned to provide cost and quality data to consumers, requiring us to come together to address issues like standards and measures. More importantly, to collaborate with each other to support and protect the overall health of our entire population.

Payers have been more likely to have migrated, at least on paper, to value-based reimbursement, while providers are still relying on fee-for-service. But Payers can support providers in the transition to value-based care and will have to collaborate on a much different level after we come out of the current crisis.

In closing, we acknowledge that no research is complete nor perfect, and in many cases, surveys can open as many questions as they answer. But based on this year's Industry Pulse survey results and our

Connecting the Dots: HCEG Top 10, Industry Pulse & COVID-19

experience in the healthcare crisis of the last 100 years, there is no denying the dichotomy that exists between payers and providers. 2020 and beyond is the time to make substantial progress in bridging some of these differences. Without change for both payers and providers, the healthcare innovation and dramatic changes we are currently seeing, will not last.

Part Two Coming Soon

The second part of 'Connecting the Dots: HCEG Top 10, Industry Pulse & COVID-19' will be available in the next couple weeks. In the meantime, consider:

- Subscribing to our newsletter [here](#)
- Read our blog [here](#)
- Follow us on Twitter at [@HCEGExecGroup](#)
- Connect with us on [LinkedIn](#)
- And reach out to us at info@hceg.org if you're interested in participating in developing the 2021 HCEG Top 10 list



Connecting the Dots: HCEG Top 10, Industry Pulse & COVID-19

HCEG's Top 10 List - Challenges, Issues, & Opportunities Facing Healthcare Leaders

Each year, the [HealthCare Executive Group](#), works with its members, industry advisor partners and a select set of sponsor technology partners to create the next year's [HCEG Top 10 issues](#) for healthcare leaders.

The following describes how the HCEG Top 10 list is created and provides some additional resources for those interested in learning more – including how to participate in creating the 2010 HCEG Top 10 list.

Creating HCEG's Top 10 List

From an annual list of 30 or so issues initially compiled from the previous year's Industry Pulse Research, monthly webinar discussions, networking receptions, roundtables and our annual forum, payer, provider, industry thought leaders, and technology partner executives.

Attendees of our Annual Forum then vote and rank HCEG's Top 10 critical challenges, issues and opportunities they expect to face in the coming year.

HealthCare Executive Group

2020 HCEG Top 10 Worksheet

Table #: _____ Moderator: _____

Instructions: Allocate 100 points across any of the following challenges, issues, and opportunities that your table thinks should be on the 2020 HCEG Top 10. No fewer than 5 points (whole numbers) and no more than 50 points should be allocated to any one issue. Total points not to exceed 100.

#	Points	2020 HCEG Top 10 Issue	Comments/Additional
1		Accessible Points of Care: Telehealth, mHealth, wearables, digital devices, retail clinics, home-based care, micro-hospitals, and acceptance of these and other initiatives moving care closer to home and office.	
2		Brand Marketing: Providing highly personalized and contextualized member/patient experiences via new partnerships, integration of customization and real-time delivery via next generation marketing tools and techniques powered by data-enabled emerging technologies.	
3		Caregiver Support: Integrating and supporting third party caregivers (family, friends, community-based organizations and neighbors) with assistance to improve outcomes, decrease burdens, and improve quality of health outcomes and life at lower costs.	
4		Consumer Health & Well-Being: Identifying, addressing and improving the member/patient's overall medical, lifestyle/behavioral, socioeconomic, cultural, financial, educational, geographic and environmental (SDOH) well-being for a frictionless and connected healthcare experience.	
5		Costs and Transparency: Implementing strategies and tactics to address growth of medical and pharmaceutical costs and impacts to access and quality of care.	
6		Data & Analytics: Leveraging advanced analytics and new sources of disparate, non-standard, unstructured, highly variable data (history, labs, Rx, sensors, mHealth, IoT, Socioeconomic, geographic, genomic, demographics, lifestyle behaviors) to improve health outcomes, reduce administrative burdens and support transition from volume to value and facilitate individual/provider/payer effectiveness.	
7		Dominance by Healthcare Giants: Ongoing expansion and consolidation of local, state, and regional market dominance by the major national health insurers and health systems via M&A, partnerships, and collaborations to provide real change for members and patients making care more efficient, accessible and affordable.	
8		Emerging Technologies: Researching, prioritizing, implementing and realizing the value of AI/ML, Blockchain, IoT, augmented/virtual reality, 3D printing, etc. to enhance and enable better payer/member/provider/patient relationships and outcomes.	
9		External Market Disruption: Empowering healthcare change, creating new care-delivery channels and accelerating broader innovation and consumer adoption triggered by non-traditional payers and providers such as Amazon, Chase, Apple, Walmart, Google, Facebook, Microsoft and others.	
10		Government Healthcare Policy: Dealing with repetitive/modification of current healthcare policy, regulations, political uncertainty/paradoxism and lack of a disciplined regulatory process. Medicare for All, single payer, Medicaid/Medicaid buy-in, block grants, surprise billing, provider directories.	

Proprietary and Confidential Healthcare Executive Group Page 1 of 4

Figure 1-Click on Above for Complete List

