IDC Health Insights: United States Healthcare Payer IT Strategies

IDC Health Insights: United States Healthcare Payer IT Strategies research service offers healthcare payers with leading business and technology innovation strategies to address legislated and health reform–related cost-efficiency mandates and accommodate value-based reimbursement, provider collaboration, cost reduction, operational compliance, and potential innovative opportunities such as AI, blockchain, robotics, and emerging individual and government and market strategies. Leading business strategies include consumer/member engagement, business and clinical analytics, value-based and other emerging reimbursement models, patient-centered medical homes, and accountable care. Leading technology innovation strategies include cross-industry and provider partnerships, platform-related information technology administrative and clinical applications, integrated analytics, and managed services outsourcing and service bureaus.

Approach

This service develops comprehensive data and unique analysis through focused topical surveys, primary research, secondary research, and insights from industry experts, practitioners, and vendors. Uniquely among analyst firms, IDC Health Insights is an integrated research model that includes the new and emerging intersections and changing relationships among all healthcare stakeholders, both in the United States and worldwide.

Topics Addressed

Throughout the year, this service will address the following topics:

- Member, patient, and consumer engagement strategies, including best practices
- Value-based reimbursement
- Payer disintermediation
- AI
- Blockchain
- Strategies to improve operational efficiency and costs
- Robotics in the front, middle, and back office
- Provider, contract, network, and product management
- New markets, including the individual market, Medicare, Medicaid, dual eligibles, and value-based product strategies

- Information and "actionable advice" integration and evolution across the healthcare and reimbursement ecosystem
- Technology deployment strategies, including outsourcing, BPO/BPaaS, and cloud computing models
- Care, disease, and health management and related integration of wellness programs
- Technology and business implications for accountable care, risk, quality-based payment, and incentive programs
- Vendor market evolution, vendor product assessment, and comparisons
- Technology market dynamics, including consolidation, mergers and acquisitions, start-up investments, and key partnerships

Key Questions Answered

Our research addresses the following issues that are critical to your success:

1. What are the key market drivers and priorities for business and technology transformation in the reforming U.S. healthcare payer market?
2. How will health plans use technology to improve overall efficiency and automation and business flexibility?
3. What are the most innovative cost management technology strategies, including cloud, acquisitions, investments, and partnerships?

4. What are the emerging business and technology best practices solutions and strategies?
5. How can payers best plan strategies and solutions to identify and leverage new market product sales and delivery, consumer and other constituent group, changing provider reimbursement and risk models, and overall member health management?
6. What are the top 10 technologies and vendors to watch?
7. What are the top 10 emerging business strategies and technologies to watch?

Who Should Subscribe

This service is ideally suited to support the needs of chief information officers (CIOs), chief marketing officers (CMOs), chief operations officers (COOs), enterprise architects, and line-of-business executives at payer organizations.