Population Health and Care Management

Excerpt for Accenture

*Business Services For U.S. Healthcare Providers and Payers*

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Barbra Sheridan McGann
Managing Director, Research
Barbra.Mcgann@hfsresearch.com
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Executive Summary
This is the first application of HfS Blueprint methodology on Population Health and Care Management Business Services for U.S. healthcare providers, health plans, and emerging entities like Accountable Care Organizations. It looks at a slice of the Healthcare business services market, on how established service providers with scale in Healthcare services are aligning, packaging, building, partnering, and acquiring capabilities to help Healthcare organizations deliver consumer centric, individualized value based care.

Unlike other quadrants and matrices, the HfS Blueprint identifies relevant differentials between service providers across numerous facets in two main categories: innovation and execution.

HfS Blueprint Report ratings depend on a broad range of stakeholders with specific weightings based on 1,1109 crowd-sourced responses from the 2014 State of Outsourcing Survey, and interviews. Stakeholders include:

- BPO Enterprise Buyers
- BPO Service Providers
- BPO Industry Influencers (sourcing advisors)
- HfS Sourcing Council members in the Healthcare and Life Sciences industries
- HfS Analysts
State of the Market: Population Health and Care Management in the U.S.

- Population Health and Care Management terms are used in many ways, and are often looked at separately. HfS has observed how, over time, the definitions of disease management, care management, and medical management have evolved to cover a more proactive approach to engaging consumers, as well as managing a patient’s care, and extending across the care continuum to cover health and wellness, as well as those “at-risk,” and patients.

- As the U.S. Healthcare industry shifts to focus on the individual and deliver on the Triple Aim of healthcare through better health, better care, and lower cost per capita, it becomes increasingly critical to also manage these initiatives in a parallel or integrated approach, to eliminate overlap and redundancies that cause consumer confusion, conflicts in care, and higher costs all around.

- Service providers are in a unique position of working with healthcare providers and health plans, supporting programs and initiatives with consulting and outsourcing. They have access to data, processes, and tools, as well as subject matter expertise in the form of clinicians from healthcare, and often, experts from other industries with similar challenges, like financial services and retail.

- To serve the best interests of the individual is to manage health and care across the care continuum, which in many cases for healthcare providers and health plans means new challenges in understanding populations, engaging and empowering them in health and care, and doing it in an economically viable way, while addressing compliance with increasing federal regulations.
State of the Market: Population Health and Care Management in the U.S. (Continued)

- This is a time of significant turmoil and change in the industry. This report is a look at where service providers are focused today and how they are using their capabilities, experience, relationships, and investments to help healthcare organizations move into the next iteration of healthcare.

- There are 8 service providers that participated in this market research: Accenture, Cognizant, Dell, EXL, HCL, Hinduja Global Services (HGS), Sutherland Global Services, and Wipro. What separates the Winners from the High Performers is clarity of vision for population health and care management in the healthcare industry, and collaboration with clients to date. Each of these service providers have capabilities that can match a business need or challenge of a service buyer. The key is to make the right match.
  - Winners Circle: Accenture, Cognizant, and EXL
  - High Performers: Dell, HCL, HGS, Sutherland, and Wipro
State of the Market: Managing Health and Care In the Digital Age

The healthcare industry is sparking a whole new relationship heat-map centered on the Individual as Consumer, Member or Patient.

Organizations in this ecosystem are targeting the Triple Aim of Healthcare:
• Improve the health of populations
• Enhance the experience of care
• Lower health, medical, and administrative cost

To be successful, services buyers need to address a number of challenges, including:
• Individualized experience and engagement
• Compliance and risk management
• New revenue streams and business models
• Networks and interoperability
• Enabling technologies

Engaging the Clinicians will also be critical to changing the healthcare system.

Source: HfS Research
State of the Market: Managing Health and Care In the Digital Age (Continued)

A comprehensive view of engaging and managing consumers and patients in a proactive and more personalized way across the care continuum – where health and wellness management meets care and disease management – is the intersection of Population Health and Care Management.

For purposes of this study, HfS uses the following definitions:

• Population Health Management: targeting and engaging people who are currently free from illness or injury, with the intent to keep people healthy or intervene early

• Care Management: coordinating care for helping people manage chronic conditions and achieve better health, with the goal of reducing expensive acute care episodes

Population Health and Care Management Overlap On the Care Continuum

Note: Based on Population Health Alliance (http://populationhealthalliance.org)
Compliance and Consumerism Driving Complexity and Change

**COMPLIANCE**
- Patient Protection and Affordable Care Act
  - New Payment Models
  - Health Insurance Exchanges
  - 5-Star Quality Ratings
- HIPAA
- ICD-10
- Meaningful Use

**CONSUMERISM**
- Commoditization of products and services
- Competition from new players
- Digital technologies
  - Electronic health records
  - Telemedicine
  - Social media (e.g., ratings)

**Regulation & Reform**

**Market Pressures**

**U.S. Healthcare Payers and Providers & New Entities**

**Payers want:**
- New members; renewing members
- Reduced medical and administrative costs
- Healthy or healthier clientele

**Providers want:**
- Healthier clientele
- To be paid accurately and timely
- Maximize revenues through new payment models and incentive programs

**Desired Outcomes:**
- Profitability
- Compliance
- Consumer / patient / member engagement
- Better health and medical outcomes
- Interoperability and insight

**Measured by:**
- Reduced hospital readmissions
- Increased medical adherence
- Higher patient satisfaction scores
- Increased self-care
- Quality ratings (e.g., Star, HEDIS)

Representative
Challenges and Opportunities in Population Health and Care Management

**Consumer / Patient / Member**
- Increasingly responsible for financing healthcare
- Buying and managing health insurance outside of the employer
- Understanding and choosing the right option from multiple products and plans, and then following the policies and rules of the networks
- Managing care from multiple sources (e.g., primary care, specialists, wellness coaches, etc)
- Use of remote and mobile technology for self-care, self health management

**Healthcare Provider**
- Transition from managing episodes of care to proactively identifying who and when to target for intervention
- Assuming financial accountability for medical risk
- Increasing numbers of patients and decreasing numbers of primary care physicians
- Payment models and reimbursements based on medical outcomes; ratings like STAR, HEDIS
- Competition from new market entrants, such as retail outlets
- Use of digital technology as an integral part of communication and care (electronic records, telemonitoring, etc)

**Health Plan / Payer**
- Commoditization of health plan products
- Needing to extend from B2B to B2C model – attract and retain the “right” members
- Increase in members leading to increases in demands on customer support, processing, etc.
- Use of digital technology to create effective care management channels and communities
- Analytics for fraud, waste and abuse
## Population Health and Care Management Business Services Value Chain

<table>
<thead>
<tr>
<th>CONSUMER ENGAGEMENT and INTERACTION</th>
<th>UTILIZATION MANAGEMENT</th>
<th>CARE COORDINATION</th>
<th>PERFORMANCE MANAGEMENT &amp; OPERATIONAL ANALYTICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Aggregate population data</td>
<td>• Prior authorization</td>
<td>• Program enrollment and referral</td>
<td>• Care management program evaluation and assessment</td>
</tr>
<tr>
<td>• Stratify population and assess risk</td>
<td>• Prospective review</td>
<td>• Patient navigation</td>
<td>• Utilization management fraud, waste and abuse</td>
</tr>
<tr>
<td>• Identify interventions</td>
<td>• Concurrent review / In-stay review</td>
<td>• Discharge planning</td>
<td>• Quality and compliance (e.g., care gap reporting and analysis, STARS, CAHPS, HEDIS)</td>
</tr>
<tr>
<td>• Outreach and educate</td>
<td>• Retrospective review</td>
<td>• Discharge admin / documentation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Manage appeals and grievances</td>
<td>• Remote patient monitoring</td>
<td></td>
</tr>
</tbody>
</table>

Identifying whom to target with what intervention, reaching out, engaging.

Processing authorizations, reviews, appeals, and grievances.

Coordinating care with and for the patient/member.

Measuring outcomes, analyzing, reporting.

**HfS Value Chain Definition:**

Value chain refers to the series of departments which carry out value-creating activities to design, produce, market, deliver, and support a company’s product or service. In this usage, we refer to the range of primary processes and support services that providers offer to their clients.
Research Methodology
Research Methodology

Data Summary

- Data was collected in Q4 2014-Q1 2015, covering buyers, providers, and advisors/influencers of enterprise business services.

This Report is Based On:

- **Tales from the Trenches:** Interviews were conducted with buyers who have evaluated service providers and experienced their services. Some were supplied by service providers, but many interviews were conducted by HfS Executive Council members and participants in our extensive market research.

- **Sell-Side Executive Briefings:** Structured discussions with service providers were intended to collect data necessary to evaluate their innovation, execution and market share, and deal counts.

- **HfS “State of Outsourcing” Survey:** The industry’s largest quantitative survey, conducted with the support of KPMG, covering the views, intentions, and dynamics of 1,100+ buyers, providers, and influencers of outsourcing.

- **Publicly Available Information:** Financial data, website information, presentations given by senior executives, and other marketing collateral were evaluated.

Participating Service Providers

- Accenture
- Cognizant
- Dell
- EXL
- HCL
- HGS
- Wipro
Key Factors Driving the HfS Blueprint

EVALUATION CRITERIA

Two major factors:

- **Execution** represents service providers’ ability to deliver services. It includes:
  - Solutions in the Real World
  - Quality of Customer Relationships
  - Flexibility

- **Innovation** represents service providers’ ability to improve services. It includes:
  - Vision for End-to-End Process Lifecycle
  - Concrete Plans to Deliver Value Beyond Cost
  - Leveraging External Drivers

CRITERIA WEIGHTING

Criteria are weighed by crowdsourcing weightings from the four groups that matter most:

- Enterprise Buyers (revenues >$5B) (20%)
- Buyers (20%)
- Service Providers (30%)
- HfS Research Analysts Team (20%)
- Advisors, Consultants, and Industry Stakeholders (10%)

Weightings from this report come from HfS’s July 2014 State of Outsourcing Study
After service providers respond to HfS’s Blueprint RFI and client references and fact checking have been completed, HfS analysts conduct a paired comparisons survey of service providers in each category of evaluation. This can be as many as 1,100+ unique service provider comparisons.

The data/rankings are compiled and compared across all provider comparisons to identify inconsistencies within the scores. After a further data refinement, the criteria weightings are used to give each service provider a score in each evaluation criteria component.

Once aggregation and scoring are complete, the service providers’ scores are plotted, producing the HfS Blueprint.
## HfS Blueprint Scoring Percentage Breakdown

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXECUTION</strong></td>
<td>52.69%</td>
</tr>
<tr>
<td>Quality of Customer Relationships</td>
<td>22.70%</td>
</tr>
<tr>
<td>Quality of Account Management Team</td>
<td>11.30%</td>
</tr>
<tr>
<td>How Service Providers Engage Customers and Develop Communities</td>
<td>4.67%</td>
</tr>
<tr>
<td>How Service Providers Incorporate Customer Feedback</td>
<td>6.73%</td>
</tr>
<tr>
<td>Real-World Delivery Solutions</td>
<td>21.45%</td>
</tr>
<tr>
<td>Actual Delivery of Services for Each Sub-Process</td>
<td>10.8%</td>
</tr>
<tr>
<td>Consumer/Patient Engagement and Interaction</td>
<td>2.52%</td>
</tr>
<tr>
<td>Utilization Management</td>
<td>2.52%</td>
</tr>
<tr>
<td>Care Coordination</td>
<td>2.52%</td>
</tr>
<tr>
<td>Performance Management and Operational Analytics</td>
<td>2.52%</td>
</tr>
<tr>
<td>Geographic Footprint and Scale</td>
<td>3.0%</td>
</tr>
<tr>
<td>Usefulness of Services to Specific Client Needs of All Sizes</td>
<td>7.65%</td>
</tr>
<tr>
<td>Flexibility to Deliver End-to-End Solutions and Point Solutions</td>
<td>4.20%</td>
</tr>
<tr>
<td>Talent Acquisition and Management Strategy</td>
<td>3.45%</td>
</tr>
<tr>
<td>Flexible Pricing Models To Meet Customer Needs</td>
<td>8.54%</td>
</tr>
<tr>
<td><strong>INNOVATION</strong></td>
<td>47.31%</td>
</tr>
<tr>
<td>Vision for End-to-End Process Lifecycle</td>
<td>15.10%</td>
</tr>
<tr>
<td>Concrete Plans to Deliver Value Beyond Cost and Investment in Future Capabilities</td>
<td>5.06%</td>
</tr>
<tr>
<td>Integration of Technology Capabilities Into Outsourcing</td>
<td>5.93%</td>
</tr>
<tr>
<td>Continuous Improvement Methodology and Capability</td>
<td>4.11%</td>
</tr>
<tr>
<td>Vision for The Evolution of Population Health and Care Management business services</td>
<td>16.86%</td>
</tr>
<tr>
<td>Ability to Leverage External Value Drivers</td>
<td>15.35%</td>
</tr>
<tr>
<td>Integration of Technology into Process</td>
<td>8.58%</td>
</tr>
<tr>
<td>Use of Partnerships, Alliances, Joint Ventures, Acquisitions</td>
<td>6.77%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>100.00%</td>
</tr>
</tbody>
</table>
## Blueprint Scoring Definitions: Execution

<table>
<thead>
<tr>
<th>EXECUTION</th>
<th>How well does the provider execute on its contractual agreement and how well does the provider manage the client/provider relationship?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Customer Relationships</td>
<td>How engaged are providers in managing the client relationship based on the following metrics: quality of account management, service provider / client engagement, and incorporation of feedback?</td>
</tr>
<tr>
<td>Quality of Account Management Team</td>
<td>What is the quality level of professional skills in the account management team?</td>
</tr>
<tr>
<td>How Service Providers Engage Customers and Develop Communities</td>
<td>How well does the service provider engage clients and develop client communities?</td>
</tr>
<tr>
<td>How Service Providers Incorporate Customer Feedback</td>
<td>How have service providers taken feedback and incorporated that feedback into their product / solution / delivery capability?</td>
</tr>
<tr>
<td>Real-World Delivery Solutions</td>
<td>Does the solution provided compare favorably to the service agreed upon when taking into account delivery of services for each sub-process and geographic footprint and scale?</td>
</tr>
<tr>
<td>Actual Delivery of Services for Each Sub-Process</td>
<td>Taking into account each sub process and the entire macro process, does each sub-process sum to successful delivery of the service being provided? For example, in the Finance and Accounting macro process of Order to Cash, are all sub-processes being delivered upon successfully?</td>
</tr>
<tr>
<td>Geographic Footprint and Scale</td>
<td>Specific to the category, to what degree do service providers have geographic locations that offer strategic value and do they have scale?</td>
</tr>
<tr>
<td>Usefulness of Services to Specific Client Needs of All Sizes</td>
<td>How well does the provider deliver a defined end-to-end process / solution? How well do they attract and retain staff and leaders with the skills and capabilities to deliver?</td>
</tr>
<tr>
<td>Flexible Pricing Models to Meet Customer Needs</td>
<td>How flexible are providers when determining pricing of contracts? Are they willing to make investments into the client’s firm for long term growth?</td>
</tr>
</tbody>
</table>
## Blueprint Scoring Definitions: Innovation

<table>
<thead>
<tr>
<th><strong>INNOVATION</strong></th>
<th>Innovation is on the strategy, approach, and examples that address the combination of improving services, relationships/contracting, and business outcomes.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vision for End-to-End Process Lifecycle</strong></td>
<td>The strategy for delivery services to each part of the business process &quot;value chain,&quot; as well as across it. For example, in Finance and Accounting, the components of the value chain may include order to cash, record to report, and procure to pay.</td>
</tr>
<tr>
<td><strong>Vision for the Evolution of Population Health and Care Management business services</strong></td>
<td>Does the provider have a vision for services that realize the HfS view of the emerging As-a-Service economy? (Examples include: agility / flexibility to scale the workforce up and down “on demand,” collaboration, focus on business outcomes of the service buyer, ‘plug and play’ services, workforce development targeting emerging technology)</td>
</tr>
</tbody>
</table>
| **Ability to Leverage External Value Drivers**                | How well have providers integrated external value drivers into their services? Examples include:  
| • Use of technology such as cloud solutions, security enhancements  
• Use of new collaborative tools  
• Use of third parties through partnerships / alliances, joint ventures, acquisitions specific to this industry/process area |
Definitions of Types of Innovation Used By Service Providers

Innovation Value Chain

Operational
New to function or division, but achieved elsewhere in client’s company

Incremental
New to client, but achieved elsewhere in client’s industry

Radical
New to client’s industry, but achieved in other industries

Breakthrough
New to client’s industry and fundamentally new to any industry
Winner’s Circle and High Performers Methodology

To distinguish providers that have gone above and beyond within a particular line of delivery, HfS awards these providers a “Winner’s Circle” or “High Performer” designation. The below provides a brief description of the general characteristics of each designation:

**WINNER’S CIRCLE:**
Organizations that demonstrate excellence in both execution and innovation.

- From an *execution* perspective, providers have developed strong relationships with clients, execute services beyond the scope of hitting green lights, and are highly flexible when meeting clients’ needs.
- From an *innovation* perspective, providers have a strong vision, concrete plans to invest in future capabilities, a healthy cross-section of vertical capabilities, and have illustrated a strong ability to leverage external drivers to increase value for their clients.

**HIGH PERFORMERS:**
Organizations that demonstrate strong capabilities in both execution and innovation but are lacking in an innovative vision or execution against their vision.

- From an *execution* perspective, providers execute some of the following areas with excellence, but not all areas: high performers have developed worthwhile relationships with clients, execute their services and hit all of the green lights, and are very flexible when meeting clients’ needs.
- From an *innovation* perspective, providers typically execute some of the following areas with excellence, but not all areas: have a vision and demonstrated plans to invest in future capabilities, have experience delivering services over multiple vertical capabilities, and have illustrated a good ability to leverage external drivers to increase value for their clients.
Service Provider Capabilities
HfS Blueprint 2015
Population Health and Care Management Business Services

INNOVATION

EXECUTION

Winner’s Circle
Cognizant
Accenture
EXL

High Performers
HCL
Wipro
Sutherland
HGS

Dell

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EXECUTION

• Accenture Has a Strong Balance of One Foot in Today and One Foot in Tomorrow (Winner’s Circle). Accenture’s account and delivery teams received equal kudos for quality and commitment to excellence. While the offering portfolio is not fully built out for design, build, run across payers and healthcare providers, Accenture has the broadest experience and offering, the deepest in strategy.

• Cognizant Considered a Trusted Ally (Winner’s Circle) Cognizant brings a balance of high touch and reduced cost, and willingness to invest and pilot in new capabilities.

• HGS Shines in Execution (High Performer) HGS has a unique relationship with Hinduja Hospital in which BPO staff rotate from service delivery through hospital shifts and back. Also, RNs are trained on benefits.

• EXL Connects the Dots to Deliver (Winner’s Circle) EXL taps into resources from across the service provider effectively and partners well for analytics and clinical support according to clients.

• Sutherland and Dell (High Performers) are more recent entrants into this market,
  - Sutherland’s focus is on patient registry and smartHealthConnect for data aggregation and reporting with ACOs. High praise for quality dialogue and delivery.
  - Dell is actively incorporating analytics for patient care and integrating tools that facilitate information sharing and interoperability with current clients. Strong IT ecosystem.

INNOVATION

• Cognizant is Willing to Step Boldly into Unchartered Territory (Winner’s Circle). Initially in BPO with Medicall acquisition; then developed WellServ (health analytics), Onvida (customer care), HealthActivate (patient engagement) and made a bet on a technology platform with TriZetto; entered into unique engagement with Health Net (subject to regulatory approval). Ultimate goal is to provide a suite of BPaaS, and already have clients for Onvida-based BPaaS.

• Accenture Selectively Invests in Community and Clients, (Winner’s Circle) pursuing opportunities to break new ground based on relationships, e.g. targeted hospitals for patient navigation, and Radiant with Anthem (WellPoint) for care management.

• EXL Envisions a Thorough Understanding of the Consumer and Patient for Targeted, Measurable Engagement (Winner’s Circle), leveraging its expertise from Financial Service, Healthcare experience, and acquisitions in platform (Landacorp), and analytics and consulting (Blue Slate).

• Wipro’s Partnership and Shared Vision with ZeOmega is Unique, and builds off its IT service capability, wrapping business process services for a BPaaS offering.

• HCL Has a Suite of Proprietary Tools for Care Management, developed in a client engagement and available for reuse; philosophy is to leverage it with client technology.
Population Health and Care Management Business Services
Service Provider Maturity

The service providers in this study all provide BPO and IT services for the Healthcare market. They have added to these services with capabilities focused on addressing Population Health and Care Management primarily through Utilization Management or Consumer Engagement, and are extending into complementary services through internal development, partnerships, and acquisitions.

<table>
<thead>
<tr>
<th>CONSUMER ENGAGEMENT and INTERACTION</th>
<th>UTILIZATION MANAGEMENT</th>
<th>CARE COORDINATION</th>
<th>PERFORMANCE MGMT. &amp; OPERATIONAL ANALYTICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accenture</td>
<td></td>
<td>2011 (Date and point of entry)</td>
<td></td>
</tr>
<tr>
<td>Cognizant</td>
<td></td>
<td>2009</td>
<td></td>
</tr>
<tr>
<td>Dell</td>
<td>2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXL</td>
<td></td>
<td>2012</td>
<td></td>
</tr>
<tr>
<td>HCL</td>
<td></td>
<td>2010</td>
<td></td>
</tr>
<tr>
<td>Hinduja Global Solutions</td>
<td></td>
<td>2009</td>
<td></td>
</tr>
<tr>
<td>Sutherland Global Services</td>
<td>2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wipro</td>
<td></td>
<td>2013</td>
<td></td>
</tr>
</tbody>
</table>

Key to Services Maturity on the Service Provider Profile Pages

<table>
<thead>
<tr>
<th>Less Mature Services</th>
<th>More Mature Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maturity is based off the full set of weighting criteria for business process services/BPO, and the four boxes are the four areas of the value chain</td>
<td></td>
</tr>
</tbody>
</table>
Themes in the Population Health and Care Management Business Services in the U.S. Market

- **Understanding the individual is critical to engaging them and impacting medical outcomes.** Healthcare organizations are challenged to create a 360 degree view of members and patients – to proactively identify and intervene before people are diagnosed, or if they are under a doctor’s care, before they have a relapse or complications. Service providers are investing in people and tools to help in various ways, including new roles like patient navigators (Accenture), additional steps in existing processes such as health risk assessments during enrollment, algorithms that determine propensity to follow treatment that triggers outreach (Cognizant), and models that analyze data to predict in-patient admissions (EXL).

- **“Integrated healthcare” is the ultimate goal to truly serve the individual as consumer, member, patient.** There is a massive amount of data in electronic health records, claims systems, and even retail systems that can all be aggregated and analyzed to better understand and help members and patients manage their health and care. Service providers are coming at this in various ways. EXL is looking to capture data sources outside healthcare to bring in and create a more complete picture of the consumer, not just patient, for profiling and engagement. Sutherland focuses on patient registries and the use of smartHealthConnect to aggregate data and for dashboards and reports for participants in ACOs, for example. Dell is working to better coordinate and find opportunities to eliminate overlap across payer and provider where they provide services on “both sides of the fence,” both on engagements and through client advisory councils. Cognizant is leveraging its payer experience into providers that are entering into new risk based business models.

- **Technology abounds, but effective use of it with BPO eludes most organizations.** Service providers are investing in platforms through acquisitions (EXL / Landacorp, Cognizant / TriZetto, HGS / Colibrium), proprietary development (Accenture / Clinical Health Platform, HCL / Care Suite, Sutherland / smartHealthConnect), and partnerships (Wipro / ZeOmega, Dell / Ensocare, Health Net Connect) but for the most part, healthcare organizations have yet to use these platforms broadly for platform + BPO. There needs to be a compelling cost + value proposition and more education that the security and compliance is in place.
Themes in the Population Health and Care Management Business Services in the U.S. Market (Continued)

- **Digital enabling technology is changing the way healthcare providers and payers can effectively engage.** To go beyond identifying the population that needs monitoring, intervention, or support and into engaging and empowering them to manage their own care, organizations are experimenting with tools that integrate into their environments. Service providers are creating offerings like the Cognizant Chronic and Wellness Engagement Solution that enables patient self management with mobile phones and gaming technology, partnering with third parties like Dell’s package of BPO clinical support with Health Net Connect Inc. for remote patient monitoring, and acquiring capability such as HGS’s recent majority stake in Colibrium, which has a member acquisition and management platform.

- **Significant opportunity to realize with analytics.** With all the change happening in the healthcare industry, needing to better understand constituents, looking for ways to maximize reimbursements, meeting federal regulations, etc., organizations need to be able to better aggregate and analyze data. Service providers are both embedding analytics capability into their operations – like Accenture using its Clinical Review Analytics Model; bringing resources on site to work alongside clients, like EXL; or Cognizant working with patient data “halos” to find ways to change the utilization management process.

- **Innovative industry specific talent programs differentiate service providers.** As the demand for healthcare talent increases, employee engagement and training programs will become more critical to competitiveness. HGS has a particularly innovative program in this area, in which BPO staff do rotations through Hinduja Hospital. At Accenture, nursing staff attend Clinical Case Rounds, participate in monthly medical seminars conducted by the Medical Director, and have access to Continuing Education courses. EXL’s Healthcare Academy covers not just clinical topics but also cultural and communications, including interviewing and assessments.
Use of sourcing is becoming more strategic and innovative. The first care management engagements with Cognizant and Accenture 5–6 years ago were primarily lift and shift utilization management services. In these long-standing engagements, the service providers are now looking to become more outcome focused, such as Accenture’s “Joint Value Targeting” program. A recent example of a more strategic engagement for sourcing is between Health Catalyst and Allina Health, a $100 million, 10-year analytics services agreement that brings together people, process, technology, metrics, and shared governance in a model that holds both organizations jointly accountable to drive results in health and medical outcomes. The key here is to find the right partnership, in which the service buyer and the service provider can reach the right levels of collaboration, transparency, and trust to be effective.

Population Health services serve as a good anchor for longer term engagement, especially with BPaaS. Service providers tend to have 1-2 anchor accounts, a payer or a provider or a pharma company, where the relationship is strong and there is a willingness to pilot new activity that addresses population health from a starting point of care management or customer care. There is no end to end program yet, it’s mostly project or point work like setting up patient registries and patient navigator programs, or supplementing current engagements with outreach or reporting for Stars or HEDIS. Because it often involves setting up a new program, and redeploying or hiring resources, it’s a good opportunity for longer term engagement, particularly as service providers’ business process as a service offerings mature (eg., Cognizant, Wipro).

Off-shore staffing can provide high-touch services. Part of the mission in healthcare is to provide warm, high touch services, so finding the right balance of automation and staffing is critical, along with respect for the individual. One client remarked that the Philippines has proven to be a successful location for the delivery of high-touch care management services. There is a recent expansion into Colombia by EXL for Spanish-speaking support as well. Other services will need to be provided on-shore because of unions, regulations around data, and context for the work.
Hybrid operating models for addressing population health and care management will continue to develop. With all the change going on in the industry, no one organization has all the factors to be a success on its own. The key for service buyers is to find that critical balance of internal and external sourcing, and keep an open mind to on-site, on-shore, and offshore, as long as regulatory and unions drivers are addressed. Service providers need to continue to develop ecosystems of partners to address depth in healthcare and bring together people, process and technology. Enterprise buyers will be best served in also understanding and appreciating what their partners can bring to the table, and collaborating towards a shared vision that is focused on a business outcome versus a set of services. We expect to see more engagements that establish shared services centers of excellence, networks, and BPaaS offerings that address population health in particular, among both healthcare providers and payers.

Interoperability will be a critical factor for effective information systems and for analytics business services. As the merger trend in hospitals continues and healthcare providers create new entities like Accountable Care Organizations, services buyers will need systems that exchange and aggregate data about patients for care and financial reasons, and best practices for using the data. A few service providers are already developing turnkey solutions along these lines, such as for patient registries (Sutherland), and leveraging interoperability tools (Dell / Boomi). Service providers that also have experience with both payer and provider are in a good position to look across healthcare processes and look for ways to use data and drive efficiencies in processes that have overlapping or relevant data between population health and care management and health administration processes like member management, claims processing, and provider data management.
Direction of the Business Services for Population Health and Care Management in the U.S. (Continued)

- **Increase in technology tools and solutions that use automation and leverage existing platforms.** There are a lot of possibilities for leveraging automation software in the rules-based work for utilization management, and even ways to cut out steps by changing the processes. “Bundles” of care, for example, in packaging a pre-determined set of procedures and associated costs for surgery and recovery are taking root, and this type of plan will change the utilization management process. We should see enterprise buyers open up more to business process as a service – service providers managing the technology platform as well as the business processes, and packaged with data analysis as well.

- **The focus on patient-centric care will drive increase in demand for analytics services.** There are massive amounts of data in healthcare. IBM estimates that in our lifetime, each person will generate a gigabyte of data about their health and care. Service buyers with the context and data can partner with the service providers that have been developing tools and capability both in healthcare and other industries to harness and apply this data for engaging and managing consumers and patients and also for regulatory reporting. A number of service providers are willing to engage in pilots and proofs of concept to show what they can do with their staff and IP.

- **The competitive landscape will continue to expand.** This initial report covers BPO service providers that have been providing services for care management and extending into population health services. Newer entrants are focusing on the challenges of population health, and a few additional BPO providers have indicated they are building strategies to address this market as well. With all the specialty players, both for analytics and a few for care management, this expansion will likely be a combination of acquisitions and organic growth. Health plans and healthcare providers experimenting with new revenue models could complement their depth and credibility in healthcare with service provider expertise in leveraging insights from other industries and skilled resources to create new collaborative efforts.
Service Provider Profile
# Population Health and Care Management Business Services Value Chain

<table>
<thead>
<tr>
<th>CONSUMER ENGAGEMENT and INTERACTION</th>
<th>UTILIZATION MANAGEMENT</th>
<th>CARE COORDINATION</th>
<th>PERFORMANCE MANAGEMENT &amp; OPERATIONAL ANALYTICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggregate population data</td>
<td>Prior authorization</td>
<td>Program enrollment and referral</td>
<td>Care management program evaluation and assessment</td>
</tr>
<tr>
<td>Stratify population and assess risk</td>
<td>Prospective review</td>
<td>Patient navigation</td>
<td>Utilization management fraud, waste and abuse</td>
</tr>
<tr>
<td>Identify interventions</td>
<td>Concurrent review / In-stay review</td>
<td>Discharge planning</td>
<td>Quality and compliance (e.g., care gap reporting and analysis, STARS, CAHPS, HEDIS)</td>
</tr>
<tr>
<td>Outreach and educate</td>
<td>Retrospective review</td>
<td>Discharge admin / documentation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Manage appeals and grievances</td>
<td>Remote patient monitoring</td>
<td></td>
</tr>
</tbody>
</table>

Identifying whom to target with what intervention, reaching out, engaging.  
Processing authorizations, reviews, appeals, and grievances.  
Coordinating care with and for the patient/member.  
Measuring outcomes, analyzing, reporting.

## Key to Services Maturity on the Service Provider Profile Pages

<table>
<thead>
<tr>
<th>Less Mature Services</th>
<th>More Mature Services</th>
</tr>
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</table>

Maturity is based off the full set of weighting criteria for business process services/BPO, and the four boxes are the four areas of the value chain.
## Accenture

### Business Process Service Maturity:

<table>
<thead>
<tr>
<th>Blueprint Leading Highlights</th>
<th>Strengths</th>
<th>Challenges</th>
</tr>
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<tbody>
<tr>
<td>• Quality of Account Management</td>
<td>• Depth and breadth in scope of services and capability with global credentials. One of the more experienced service providers in this market, particularly in consulting for population health, and services for care management. Able to lead with strategy and tap into depth in technology and outsourcing. Proof points on embedded analytical capability in delivery.</td>
<td>• Value proposition with on-going “run” services options. Accenture was one of the first to market with population health and care management solutions and has completed many projects. However, the service provider has yet to play out the value proposition for on-going services in population health or care management more broadly beyond utilization management. Messaging the end-to-end value proposition is critical here.</td>
</tr>
<tr>
<td>• Innovation and Vision</td>
<td>• Thought leadership pervasive in broad scope of population health / care management services. Market recognition in this area - strong credentials and credibility. Won award for population health management program using remote monitoring in Spain from U.S. Population Health Alliance. Rolling out “Joint Value Targeting” with clients to integrate innovation.</td>
<td>• Healthcare provider capability is not as broad as in payer. Accenture has breadth and depth across consulting, technology, and outsourcing for health plans and is in the earlier stages of building the same presence in the healthcare provider market segment.</td>
</tr>
<tr>
<td>• Scale + Breadth of Services</td>
<td>• Community connection. Through the Accenture Foundation, Accenture has connected with the community, for example funding patient navigation programs with the Harold P. Freeman Patient Navigation Institute.</td>
<td>• Thought leadership slow to convert to longer term business services. Clients feel it can take a long time to move from what is theoretically possible to what is commercially possible as Accenture takes time to align all the internal organizational units.</td>
</tr>
<tr>
<td>• Delivery Performance</td>
<td>• Responsive and engaging. Clients commended Accenture’s commitment to excellence, willingness as an organization to address operational challenges, and ability to tap into the global network, all critical to breaking ground with new concepts for patient-centric services like patient navigation that disrupt the status quo in hospitals and health plans.</td>
<td>• Active listening to client feedback. Clients mentioned that while Accenture looks for improvements, brings ideas forward, and drives the program, sometimes it seems as if the team is not consistently employing active listening on feedback.</td>
</tr>
<tr>
<td>• Investing in Future Talent</td>
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</tbody>
</table>

### Strategic Approach

Improve health quality and cost effectiveness for the population by helping patients, providers, and risk bearers coordinate and manage health and wellness across care settings.

### Relevant Acquisitions / Partnerships

- **February 2014**, acquired Radiant (URAC accreditation and assets) from Anthem. Radiant operates as a wholly owned subsidiary.
- **2011**, launched Radiant with Anthem (as WellPoint).
- **June 2005**, acquired Capgemini's health practice, including its payer and provider population health management practice.

### Consumer / Patient Engagement

- **Population Health and Care Management Business Process Services Clients: <10**
  - 73 population health clients worldwide in various stages of the continuum, from early consulting engagements to large-scale BPO engagements, including 42 U.S. clients, 21 EALA clients and 10 in Asia Pacific.

### Utilization Management

- **Population Health and Care Management offerings started with consulting in 1995; application outsourcing, 2001; BPO in 2011.**
- **Accreditation: URAC, through Radiant, for Health Utilization Management – 4 sites in Philippines; 27 state Utilization Review licenses; 41 state TPA licenses.**
- **Healthcare Headcount: 18,000; ~13,000 in BPO; 1,200 health-licensed practitioners; 1,100 data scientists in healthcare**
- **Specialties: Doctors, Nurses, Pharmacists, Physiotherapists, Dentists, Certified Medical Coders**
- **Center locations: Philippines (70%), India (25%), USA (CO, TX); 4%), Europe (1%)**

### Care Coordination

### Performance Mgmt. & Analytics

- **Clinical Review Analytics Model to assess the cost-effectiveness of authorization at individual code level**
- **Accenture Clinical Health Platform (beta): clinical data exchange and workflow**
- **Accenture Risk Score Accuracy analytics platform**
- **Accenture Digital Workforce platform for performance management**
- **TeKi remote monitoring tool using Microsoft gaming technology**
- **More than 50 tools, including: STARS Optimization Tool, Utilization Management Clinical Call Flow, Automated Workload Distribution Tool, Prior Authorization Data Automation Tool**

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About the Author
Barbra Sheridan McGann is a Managing Director, Research, at HfS. This role encapsulates her passion for research, analysis, and strategy, which has been 20 years in the making. Barbra’s scope of work covers the business process outsourcing and emerging ‘as a service’ market broadly, as well diving into industry and functional areas of Healthcare, Life Sciences, and Public Service.

As the business process outsourcing market has matured, Barbra has tracked, analyzed, and advised on market and competitive moves and meaning for Accenture for over 7 years. She worked with Accenture leadership globally to develop organic and inorganic strategies that drove growth of new and mature offerings. Prior to that, Barbra helped launch and build the unique partnership between Accenture and Microsoft that created Avanade, an IT services company, focusing on the Public Sector and Financial Services markets. Barbra’s career at Accenture started with reviews and events on software selection in the enterprise resource planning software market.

Barbra earned a Bachelor of Arts degree in English with Honors, and was recognized for outstanding leadership in Volunteerism with the Chet Pagni Service Award, from the University of San Diego. She’s also completed post-graduate executive leadership work at Northwestern University and Smith College.

You can contact Barbra at barbra.mcgann@hfsresearch.com and follow her on Twitter @sheridanmcgann
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In 2010 and 2011, HfS Research's Founder and CEO, Phil Fersht, was named “Analyst of the Year” by the International Institute of Analyst Relations (IIAR), the premier body of analyst-facing professionals, and achieved the distinctive award of being voted the research analyst industry’s Most Innovative Analyst Firm in 2012.

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