

U.S. Value-based Healthcare Service Market, Opportunity, Growth Drivers, Industry Trend Analysis and Forecast, 2024-2032

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Report description:

The U.S. value-based healthcare service market was valued at USD 3.6 trillion in 2023 and is projected to grow at 6.2% CAGR during 2024-2032. This growth is largely fuelled by a nationwide shift towards enhancing patient outcomes while simultaneously curbing healthcare costs. A notable trend is the embrace of cutting-edge healthcare technologies, including telemedicine, electronic health records (EHRs), and data analytics, all of which bolster patient management and care coordination. Another significant trend is the heightened emphasis on patient-centred care models. Tools like patient-reported outcomes measures (PROMs) are becoming increasingly popular, enabling healthcare providers to customize treatments based on direct patient feedback and preferences. For example, the U.S. Centers for Medicare and Medicaid Services (CMS) has been a strong advocate for value-based care, championing initiatives like the Medicare Shared Savings Program (MSSP) and the Hospital Readmissions Reduction Program (HRRP). These initiatives motivate healthcare providers to minimize readmissions and elevate care quality.

The U.S. value-based healthcare service market is classified based on models, deployment mode, end-use and region.

The accountable care organization segment raked in approximately USD 1.3 trillion in 2023, bolstered by federal programs like the Medicare Shared Savings Program (MSSP). The MSSP's 2023 report highlighted ACOs' substantial contribution, generating \$1.9 billion in net savings for Medicare. Furthermore, there's a pronounced focus on harnessing advanced data analytics and health IT systems to elevate care coordination and patient outcomes. Techniques like predictive analytics and artificial intelligence (AI) are being utilized to pinpoint high-risk patients and customize interventions, leading to more tailored and efficient care.

The deployment modes are categorized into cloud and on-premises solutions. The cloud segment led the market with revenues nearing USD 2 trillion in 2023, driven by the growing preference for cloud-based solutions, lauded for their cost-effectiveness and adaptability. By leveraging cloud platforms, healthcare providers can sidestep the hefty investments in on-premises infrastructure, thereby slashing capital expenditures and dynamically scaling resources as needed. Moreover, there's a trend towards embedding advanced analytics and artificial intelligence (AI) within these cloud platforms, enhancing data management and clinical decision-making. For instance, cloud-driven analytics can sift through vast patient data volumes, spotting trends, forecasting outcomes, and tailoring treatment strategies.

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The East South-Central region generated USD 877.3 billion in revenue in 2023 from value-based healthcare services and is poised for significant growth in the coming years. This region's dominance in the U.S. value-based healthcare landscape can be attributed to several pivotal trends and initiatives. A standout trend is the region's proactive embrace of value-based care models, spurred by both state-level policies and federal incentives. A case in point is Kentucky's Medicaid program, which has made notable strides towards value-based payment frameworks. The state's Medicaid Managed Care Organizations (MCOs) are actively adopting value-based contracts, aiming to enhance care coordination and patient outcomes.

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