# Methodology

- A three-question survey on reimbursement for value-based care was sent to members of the HealthLeaders Media Council in October 2015

- The HealthLeaders Media Council comprises executives from healthcare provider organizations who collectively deliver the most unbiased industry intelligence available

- A total of 149 completed surveys are included in the analysis

- The margin of error for a base of 149 is +/-8.0% at the 95% confidence interval

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Respondent Profile

Respondent Profile – Title
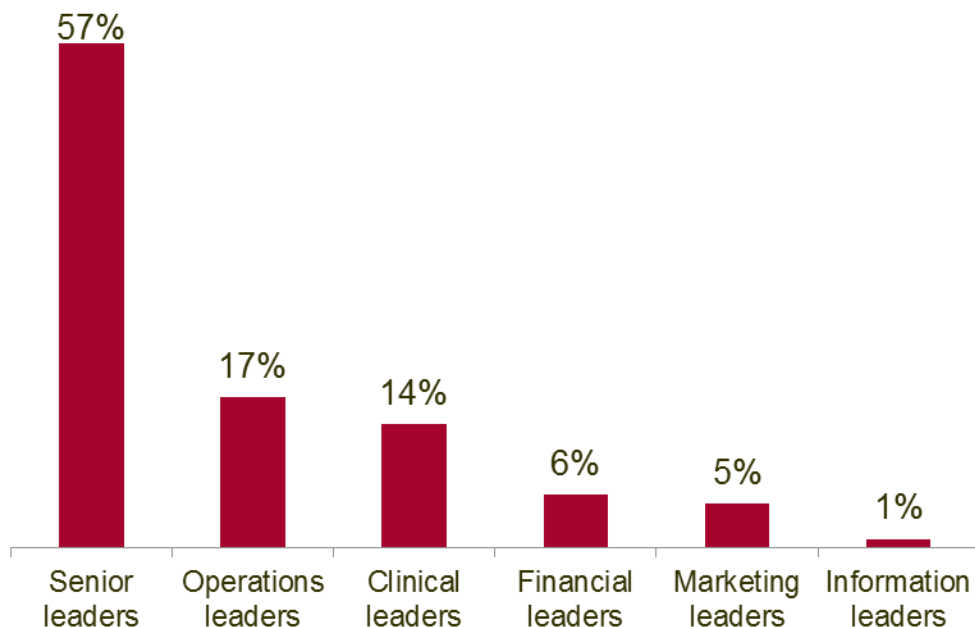
Base = 149

Senior leaders
CEO, Administrator, Chief Operations Officer, Chief Medical Officer, Chief Financial Officer, Executive Dir., Partner, Board Member, Principal Owner, President, Chief of Staff, Chief Information Officer, Chief Nursing Officer, Chief Medical Information Officer

Clinical leaders
Chief of Cardiology, Chief of Neurology, Chief of Oncology, Chief of Orthopedics, Chief of Radiology, Dir. of Ambulatory Services, Dir. of Clinical Services, Dir. of Emergency Services, Dir. of Inpatient Services, Dir. of Intensive Care Services, Dir. of Nursing, Dir. of Rehabilitation Services, Service Line Director, Dir. of Surgical/Perioperative Services, Medical Director, VP Clinical Informatics, VP Clinical Quality, VP Clinical Services, VP Medical Affairs (Physician Mgmt/MD), VP Nursing

Operations leaders
Chief Compliance Officer, Chief Purchasing Officer, Asst. Administrator, Chief Counsel, Dir. of Patient Safety, Dir. of Purchasing, Dir. of Quality, Dir. of Safety, VP/Dir. Compliance, VP/Dir. Human Resources, VP/Dir. Operations/Administration, Other VP

Financial leaders
VP/Dir. Finance, HIM Director, Director of Case Management, Director of Patient Financial Services, Director of RAC, Director of Reimbursement, Director of Revenue Cycle

Marketing leaders
VP/Dir. Marketing/Sales, VP/Dir. Media Relations

Information leaders
Chief Technology Officer, VP/Dir. Technology/MIS/IT

Respondent Profile – Employment

Which of the following best describes your place of employment?

	Percent
Health system	36%
Hospital	34%
Physician org	16%
Long-term care/SNF	5%
Health plan/insurer	4%
Ancillary, allied provider	4%
Government, education/academic	1%

Base = 149

Respondent Profile – Size of Organization

Number of beds

	Percent
1–199	52%
200–499	28%
500+	20%
Base = 50 (hospitals)	

Number of sites

	Percent
1–5	13%
6–20	28%
21–49	58%
Base = 53 (health systems)	

Number of physicians

	Percent
1–9	17%
10–49	29%
50+	54%
Base = 24 (physician orgs)	

Respondent Profile – Type of Organization

Which best describes your type of organization?
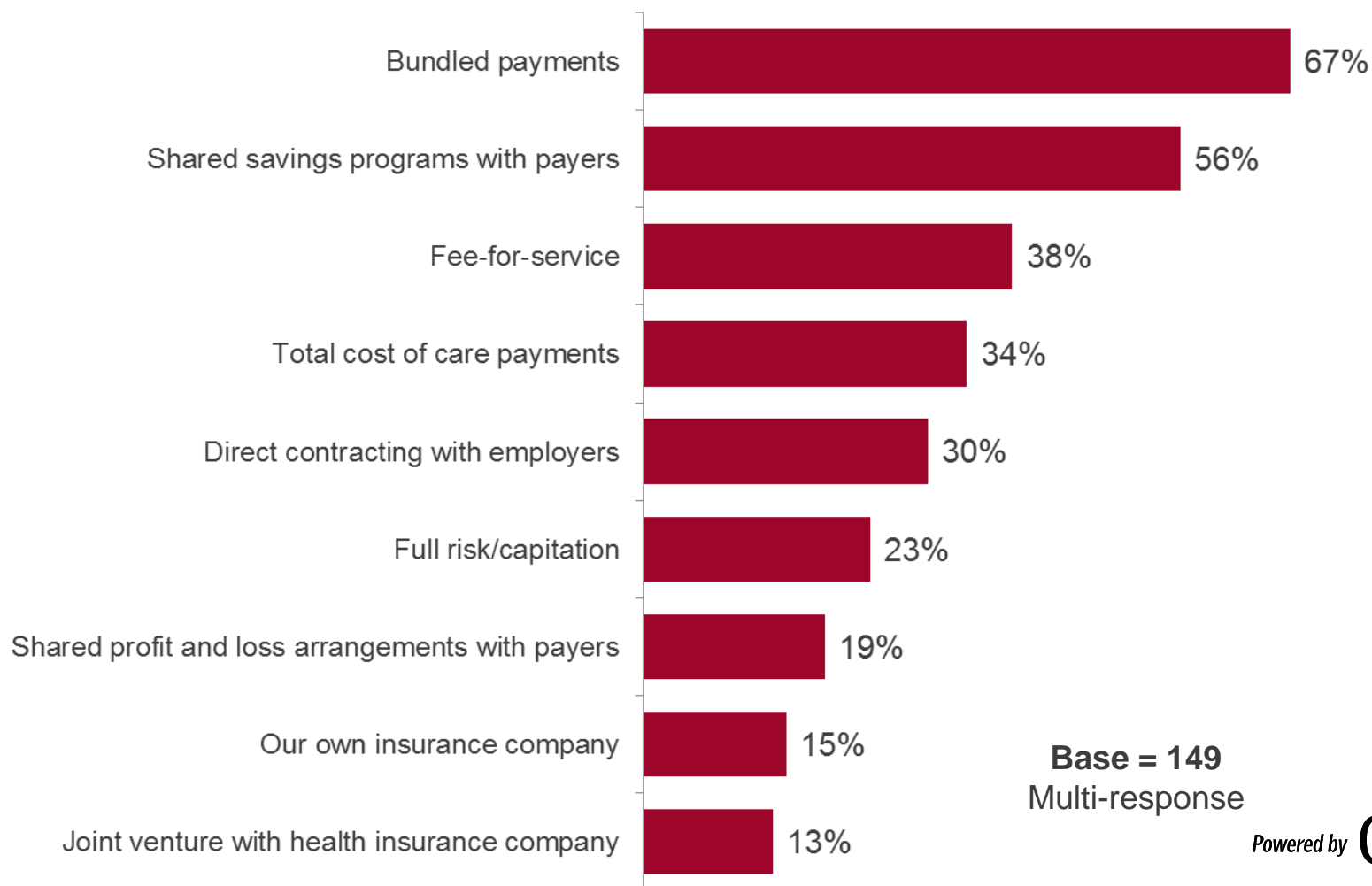

22%

Profit

Nonprofit

78%
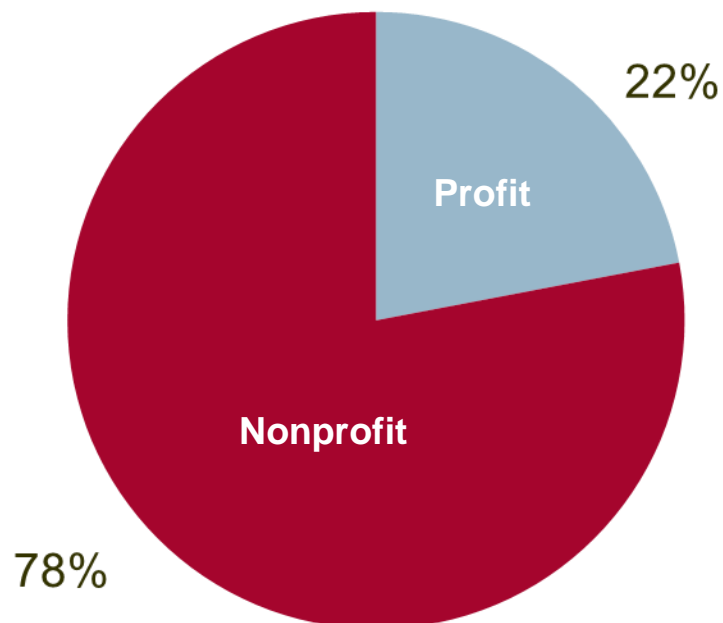
Base = 149

Survey Results

IT Investments for Reimbursement Management

In which specific payment models is your organization planning to make IT solutions investments over the next three years that are focused on improving its ability to manage reimbursement?

Payment Model	Percentage
Bundled payments	67%
Shared savings programs with payers	56%
Fee-for-service	38%
Total cost of care payments	34%
Direct contracting with employers	30%
Full risk/capitation	23%
Shared profit and loss arrangements with payers	19%
Our own insurance company	15%
Joint venture with health insurance company	13%

Base = 149
Multi-response

Unique Contracts Across Payment Models

How many unique contracts does your organization have across all of its risk- or value-based payment models?

9%	52%	12%	11%	15%
0	1–10	11–20	More than 20	Don't know
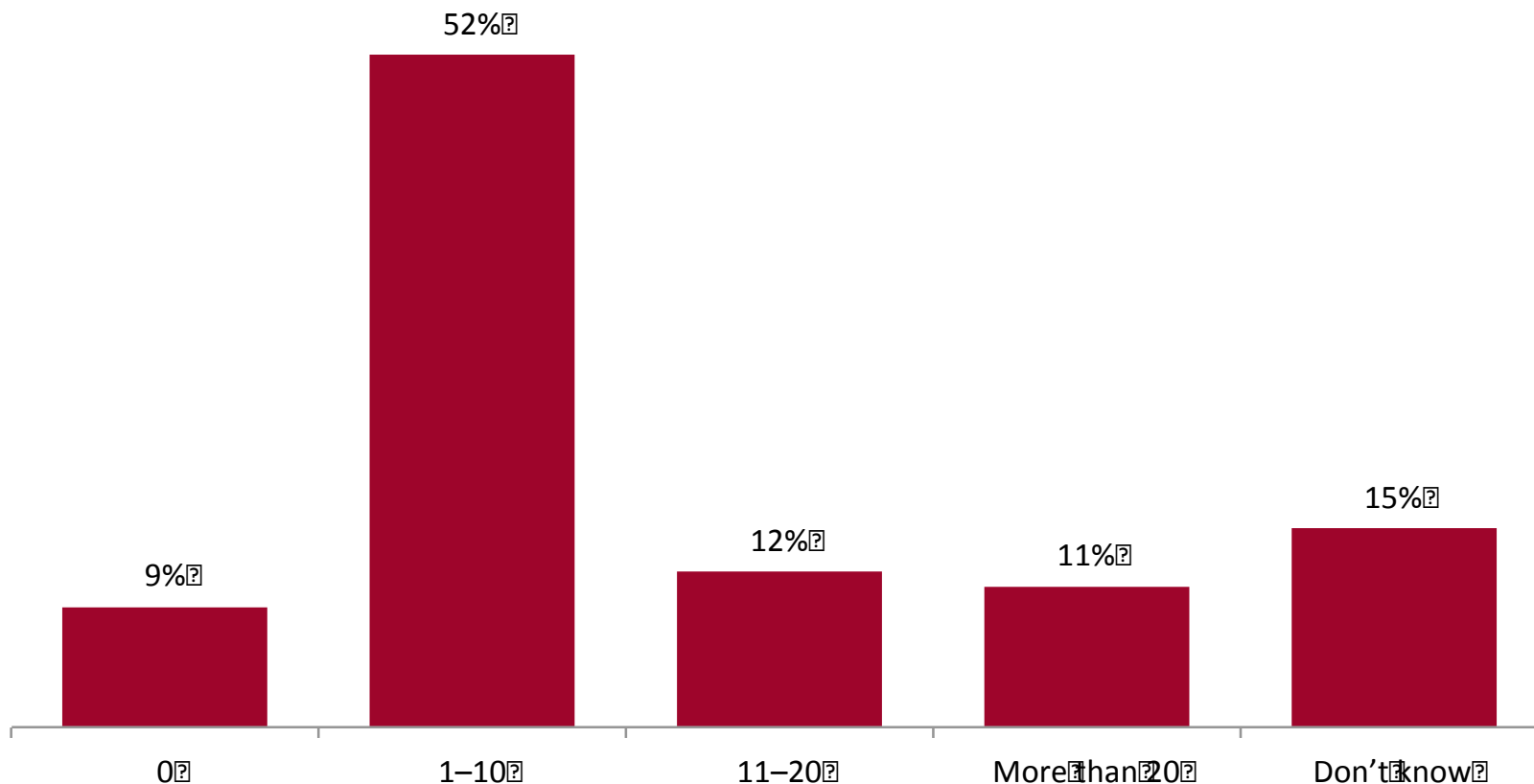
Base = 149

Ability to Model Patient Costs and Revenues

Does your organization have the ability to model its patient costs and revenues across all payment models and care settings?

	Percent
Yes	15%
Somewhat; we have some ability in place	42%
No, but this information would be valuable	38%
No, and I don't see this information as valuable	5%

Base = 149