ISG Provider Lens™

Healthcare
Digital Services

Value-based Care Services and Solutions

A research report comparing provider strengths, challenges and competitive differentiators

Customized report courtesy of:

NTT DaTa

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Table of Contents ⌂

Executive Summary

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Digital services improve health outcomes and business results

The COVID-19 pandemic has caused 1.6 million deaths in the U.S. as of this writing. While death rates are falling, the physical and mental consequences for individual health outcomes will continue for decades. Long COVID-19 symptoms might last a lifetime, while much remains unknown about longer- term health effects. As was the rest of the society, the U.S. healthcare system was unprepared for the rapid change in demand for care, hospital beds, equipment and personal protective equipment (PPE). The industry is making changes to respond to the disease and to accommodate the increasing demand for healthcare services. Digital transformation and IT services are helping stakeholders in all parts of the healthcare ecosystem deal with the present and be future ready.

Among the service providers we communicated with, we repeatedly heard they are meeting clients where they are, rather than pushing specific agendas. Where they are, from a technology perspective, is reflected in recent ISG research that shows relatively low levels of adoption for many technologies (Figure 1).

Where the healthcare organizations are headed is reflected in the industry trends that emerge from this research:

- Increasing focus on health equity
- Industry convergence and interconnection
- Better stakeholder experiences
- IT modernization to reach desired outcomes
- Evolving economics of healthcare

U.S. healthcare industry is slowly *evolving* to **face complex challenges.**
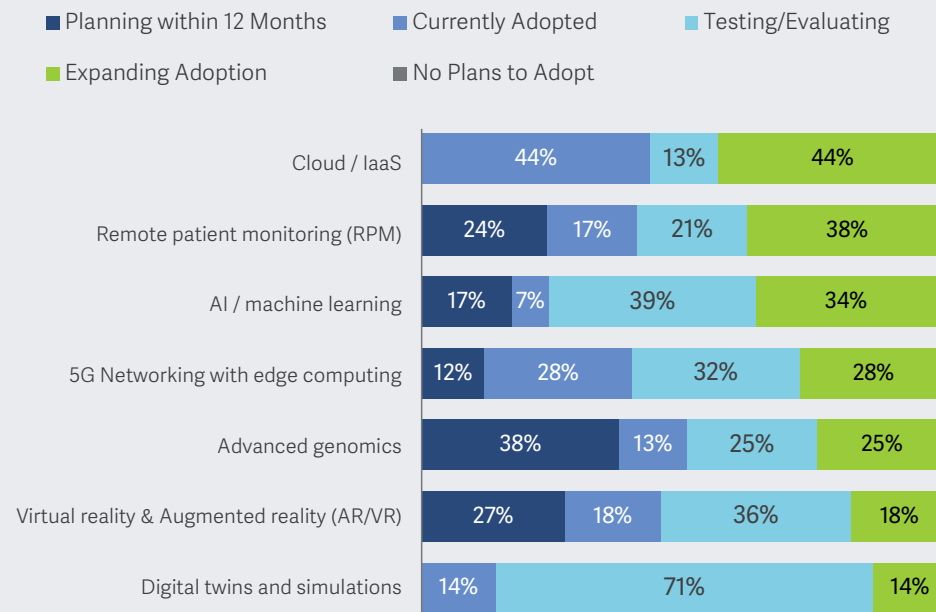
Increasing focus on health equity

People and institutions in the U.S. are driving the healthcare industry to focus on equity and recognition of the social determinants of health (SDOH). Traditional company roles are no longer relevant. Payers are moving beyond benefits administration to sharing the responsibility of overall health with their members. Favorable health outcomes start with behavior change. Providers see how health is affected by everything that people do. They are also challenged to proactively identify people who are the most vulnerable. Thus, they seek ways to engage and interact at homes, workplaces and in the broader community, leading to an increased focus on using electronic medical records (EMRs) and SDOH through descriptive and predictive analytics, machine learning and NLP. Public health promotion programs and self-care awareness are critical to improving individual and population health outcomes.

At the same time, there is a desire to treat individuals as unique. Awareness of behavioral and mental health is higher now, leading to a recognition of the need for proactive care. An increased focus on treating people as individuals drives uses of advanced data models and algorithms for early diagnosis and prevention. Integrated health uses a whole-patient approach while incorporating knowledge from SDOH.

Payers use a growing number of value-based care (VBC) agreements because Medicaid and Medicare programs provide incentives and rewards for positive health outcomes. Reluctant providers are slowly accepting both upside and downside risks. The transition from fee-for-service to VBC increases the focus on wellness, prevention, early detection and

Figure 1: Technology Adoption Status

- ■ Planning within 12 Months
- ■ Currently Adopted
- ■ Testing/Evaluating
- ■ Expanding Adoption
- ■ No Plans to Adopt

Technology	Planning within 12 Months	Currently Adopted	Testing/Evaluating	Expanding Adoption	No Plans to Adopt
Cloud / IaaS	44%		13%	44%	
Remote patient monitoring (RPM)	24%	17%	21%	38%	
AI / machine learning	17%	7%	39%	34%	
5G Networking with edge computing	12%	28%	32%	28%	
Advanced genomics	38%	13%	25%	25%	
Virtual reality & Augmented reality (AR/VR)	27%	18%	36%	18%	
Digital twins and simulations	14%		71%	14%	

Source: ISG Research 2022 Healthcare and Life Sciences Survey

the management of chronic and acute diseases. VBC remains a small but growing portion of the healthcare business.

Industry convergence and interconnection

Payers and providers are crossing into each other's traditional businesses. The value proposition of health plans is eroding while providers consolidate to face threats from new entrants. Large healthcare players, such as Anthem, CVS and UnitedHealth Group, invest more in acquisitions and models such as "payviders." Some payers are diversifying by acquiring their hospitals, while providers are adopting insurance models. Consumers of healthcare services seek unified consumer experiences. Payers want to connect to patient EMRs, usually for use cases such as prior authorization and complex case management. Providers use APIs to exchange data with online portals and mobile apps that help them have a complete view of their patient health data.

The need to better connect with the healthcare ecosystem is leading to a focus on improving data management and governance; integrating payer and provider systems is one of the most dynamic aspects of the healthcare market today. Integration and cooperation between payers and providers are essential to improve disease prevention and to have a better focus on therapies that deliver better health outcomes.

To enable this convergence, along with compliance with government mandates, a seamless flow of clinical and non-clinical information must occur across the healthcare ecosystem. When health information systems are better integrated, payers can develop an enhanced understanding of their utilization rates and better demand for services.

Better stakeholder experiences

Healthcare in the U.S. continues to receive low customer satisfaction ratings, according to research from the American Customer Satisfaction Index. Healthcare consumers and employees seek:

- Improved assess to doctors and hospitals

- Better call center services

- More insurance plans with price transparency

- Easier claims submission
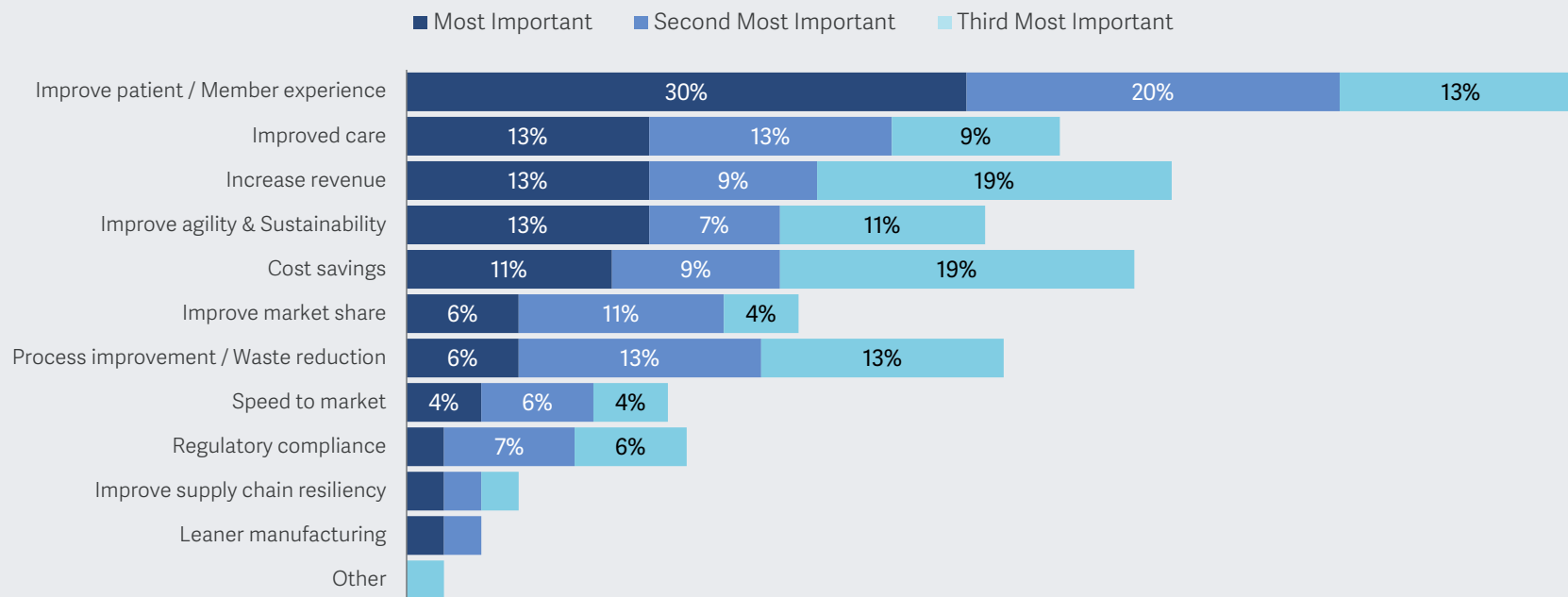
- Timelier claims processing

People want to be active participants in their healthcare and coordination. They expect a multi-touch, digitally enabled healthcare experience that demands the payer segment to aggressively move toward a technologically advanced service model. For example, people contacting member services expect their representatives to have access to all their information and historical data from past inquiries. They also expect online access or access via a mobile app.

To meet consumer expectations, there is an increase in the number of digital engagement initiatives enabling virtual care and personalization of care (Figure 2). A shifting population mix, along with unprecedented consumer acceptance and desire for digital engagement during the pandemic, boosted the demand for modern experiences in the healthcare sector. Changing care delivery is also driven by the entry of big technology and retail companies into the market. Legacy providers are changing their business models to compete better.

Another driver of experience change is the trend of care moving from hospital walls into ambulatory and home settings. Virtual

Figure 2: Top 3 Transformation Motivations

■ Most Important   ■ Second Most Important   ■ Third Most Important

Motivation	Most Important	Second Most Important	Third Most Important
Improve patient / Member experience	30%	20%	13%
Improved care	13%	13%	9%
Increase revenue	13%	9%	19%
Improve agility & Sustainability	13%	7%	11%
Cost savings	11%	9%	19%
Improve market share	6%	11%	4%
Process improvement / Waste reduction	6%	13%	13%
Speed to market	4%	6%	4%
Regulatory compliance		7%	6%
Improve supply chain resiliency			
Leaner manufacturing			
Other			

Source: ISG Research 2022 Healthcare and Life Sciences Survey

care gained significant traction during the pandemic, and the momentum continues with telemedicine, remote patient monitoring, digital therapeutics and home care services. Payers and providers are revamping their online portals to become self-service digital front doors, implementing chatbots and mobile apps for improved engagement. Physicians and patients continue to embrace virtual solutions and resulting benefits in terms of access, cost and health outcomes.

IT modernization to reach desired outcomes

Digital transformation requirements are driving IT modernization spending in healthcare. Improving healthcare enterprises' legacy architecture or decreasing technical debt through modernization is helping enterprises address interoperability challenges, poor data quality and lower operational costs (Figure 3).

Meanwhile, part of modernizing involves using the cloud for data sharing and protection. In healthcare, there is a preference for hybrid or private clouds over the public cloud, especially because of the anticipated cost savings and ease of use associated with the hybrid or private cloud. As a result, there is increased demand for multicloud adoption and monitoring tools for management. There are differences within the industry in the adoption of and proficiency with cloud technology for managing healthcare data. Due to legacy investments, several firms in the healthcare sector have stayed digitally inactive. These old infrastructure systems may not have the scalability and flexibility needed to handle the data explosion occurring across client ecosystems, even though they appear to be tied to earlier investments.

AI and analytics speed up digital transformation, which results in better patient care and experiences. Automation improvements using AI, machine learning and RPA affect core process optimization as well as automatic approvals and related initiatives for prior authorization and claims processing. The adoption of advanced analytics is also spurring innovations in:
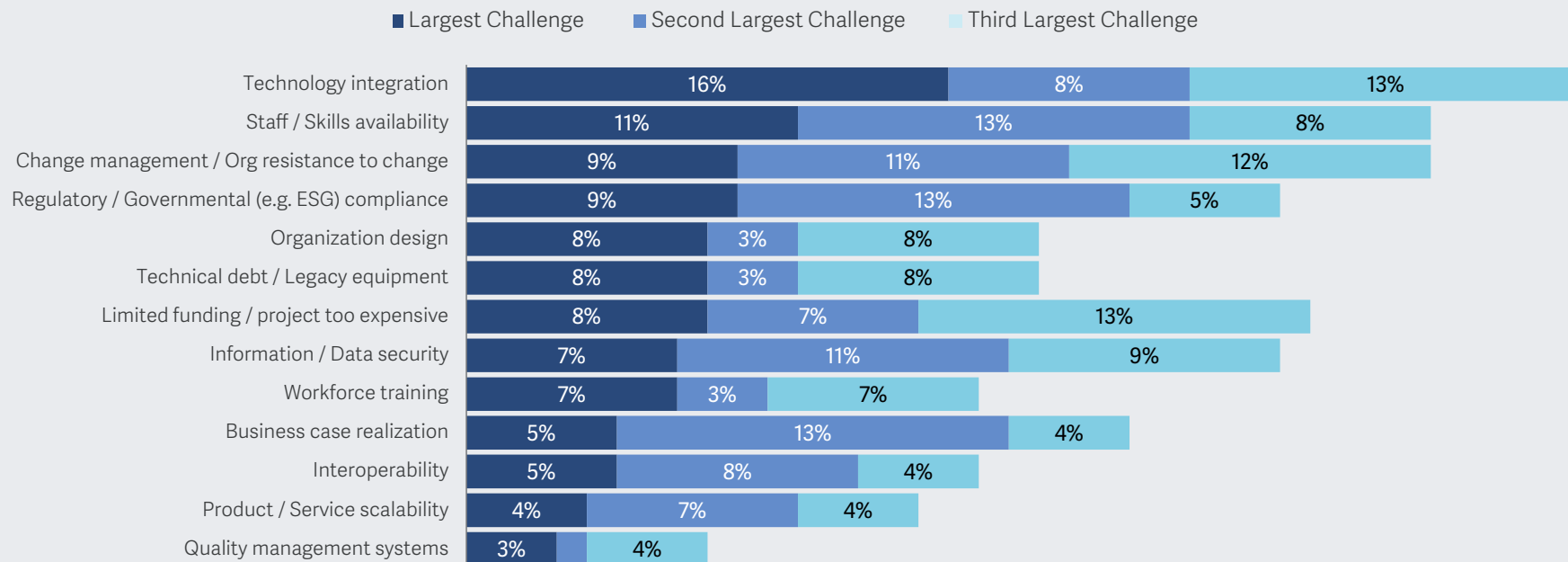
- Population health

- Revenue cycle management (RCM)

- Payment integrity

- Member and patient engagement

- Application of human genomic data

Furthermore, AI and analytics enable new mobile capabilities in healthcare, including consumer engagement via mobile devices such as wearables. However, these need proper data management foundations as well as clinical and operational business intelligence competencies to enable data-driven decision-making.

Another trend in the healthcare sector in the U.S. is the integration of AI and machine learning into legacy-rule-based workflows to ease administrative functions. Workflow automation helps ensure staff well-being, task quality and cost management efficiency and lessens challenges such as staffing shortages and an aging workforce. Precision medicine uses digitally enabled prescriptions supplemented with analytics and virtual platforms to improve diagnostics and prognostics.

Cybersecurity remains a top focus because of the nature and value of medical records and other personal data, including digital health data, interoperable data and customer engagement data. The WannaCry ransomware reportedly hit 40 percent of healthcare organizations. Furthermore, Internet of medical things (IoMT) wearable and implantable devices constantly feed sensitive patient data. The U.S. FDA recently directed stricter cybersecurity guidelines for device makers.

Figure 3: Top 3 Transformation Challenges

■ Largest Challenge ■ Second Largest Challenge ■ Third Largest Challenge

Challenge	Largest Challenge	Second Largest Challenge	Third Largest Challenge
Technology integration	16%	8%	13%
Staff / Skills availability	11%	13%	8%
Change management / Org resistance to change	9%	11%	12%
Regulatory / Governmental (e.g. ESG) compliance	9%	13%	5%
Organization design	8%	3%	8%
Technical debt / Legacy equipment	8%	3%	8%
Limited funding / project too expensive	8%	7%	13%
Information / Data security	7%	11%	9%
Workforce training	7%	3%	7%
Business case realization	5%	13%	4%
Interoperability	5%	8%	4%
Product / Service scalability	4%	7%	4%
Quality management systems	3%		4%

Source: ISG Research 2022 Healthcare and Life Sciences Survey

A HIMMS survey shows that 59 percent of healthcare organizations increased their cybersecurity budgets this year, compared to last year.

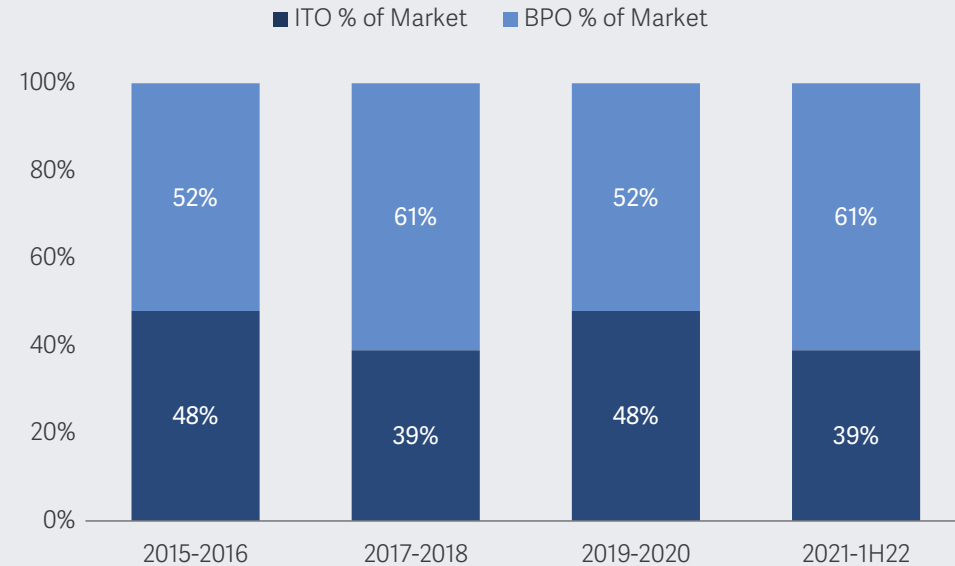### Evolving economics of healthcare

Demographic shifts and lifestyle changes, inflation and the pandemic continue to add cost pressure to healthcare ecosystems. Rising costs are leading to the need for cost optimization and workforce transformation. There is a growing focus on operational efficiencies, which encourages the adoption of cloud, process automation and application modernization initiatives, including mobility and remote workforce management.

The current adverse economic environment means modest to flat growth for commercial plans. Payers look to increase the member lifetime value, and government plans are expected to grow,

including both Medicare Advantage, due to an aging U.S. population, and Medicaid, with factors such as a rise in unemployment. Moreover, healthcare organizations are giving higher priority to environmental, social and governance (ESG) goals and measures. To deal with these economic changes, the healthcare delivery model is seeking operational improvements enabled by digital transformation.

Meanwhile, government mandates and regulations are driving digital projects. In the U.S., the Office of the National Coordinator for Health Information Technology (ONC) and the Centers for Medicare & Medicaid Services (CMS) have created structured data standards and other mandates that electronic health records (EHRs) must adhere to. CMS and ONC guidelines require that patients have access to their healthcare data and provider directories via APIs. The No Surprises Act is meant to prevent

Figure 4: Healthcare Market Split: ITO vs. BPO

Source: ISG, 2022; Awards with > $5M Annual Contract Value

Executive Summary

surprise medical bills. There are also new regulations on interoperability address security; payer-to-payer data exchange; and admission, discharge and transfer event notifications.

Foreseeing the potential for a recession, healthcare leaders are aggressively pursuing effective cost optimization strategies, which reflects:

- A continual drive for better patient experiences and engagements

- Judicious cost increases

- Restructuring cost for effective allocation

- Applying agile methodologies

- Some strategic cost takeout measures

- Leveraging industry cloud platforms

This study evaluates the service providers working with U.S. healthcare payers and providers. Over time, as ISG Index data illustrates below, there has been a shift to a higher percentage of business process outsourcing (BPO) deals than IT outsourcing (ITO).

Healthcare expertise and tools are essential to digital services.

Provider Positioning

Page 1 of 4

	Payer Digital Transformation Services	Provider Digital Transformation Services	Healthcare Interoperability Services and Solutions	Value-based Care Services and Solutions
Accenture	Leader	Leader	Not In	Leader
Atos	Product Challenger	Leader	Product Challenger	Contender
Capgemini	Product Challenger	Market Challenger	Leader	Market Challenger
CitiusTech	Product Challenger	Product Challenger	Leader	Rising Star ★
Coforge	Product Challenger	Not In	Product Challenger	Contender
Cognizant	Leader	Leader	Leader	Leader
Conduent	Product Challenger	Not In	Product Challenger	Not In
Deloitte	Rising Star ★	Product Challenger	Leader	Leader
emids	Product Challenger	Product Challenger	Not In	Not In
EXL	Leader	Product Challenger	Product Challenger	Not In

Provider Positioning   **Page 2 of 4**

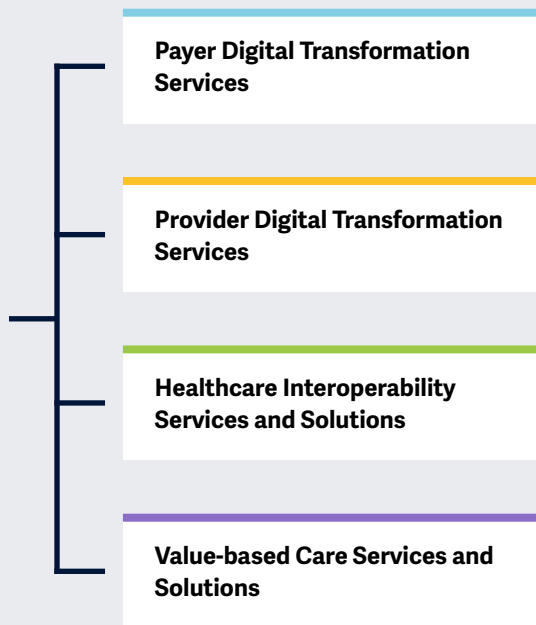|	Payer Digital Transformation Services	Provider Digital Transformation Services	Healthcare Interoperability Services and Solutions	Value-based Care Services and Solutions
Firstsource	Leader	Not In	Not In	Not In
GAVS	Not In	Product Challenger	Contender	Not In
Genpact	Product Challenger	Product Challenger	Market Challenger	Market Challenger
HARMAN	Not In	Contender	Product Challenger	Contender
HCLTech	Leader	Leader	Leader	Market Challenger
Hexaware	Product Challenger	Rising Star ★	Not In	Not In
Hitachi Vantara	Not In	Product Challenger	Not In	Not In
HTC Global	Contender	Contender	Contender	Market Challenger
IBM	Market Challenger	Leader	Not In	Not In
Infinite	Product Challenger	Product Challenger	Product Challenger	Product Challenger

Provider Positioning

Page 3 of 4

	Payer Digital Transformation Services	Provider Digital Transformation Services	Healthcare Interoperability Services and Solutions	Value-based Care Services and Solutions
Infosys	Leader	Leader	Leader	Leader
LTIMindtree	Leader	Product Challenger	Rising Star ★	Leader
Mphasis	Product Challenger	Product Challenger	Product Challenger	Product Challenger
NTT DATA	Leader	Leader	Leader	Leader
Optum	Leader	Leader	Not In	Leader
Persistent Systems	Product Challenger	Product Challenger	Product Challenger	Product Challenger
PWC	Market Challenger	Market Challenger	Market Challenger	Not In
Quantiphi	Not In	Not In	Not In	Contender
Rackspace	Not In	Product Challenger	Not In	Not In
Sutherland	Contender	Contender	Not In	Not In

Provider Positioning

Page 4 of 4

	Payer Digital Transformation Services	Provider Digital Transformation Services	Healthcare Interoperability Services and Solutions	Value-based Care Services and Solutions
TCS	Leader	Leader	Leader	Leader
Tech Mahindra	Product Challenger	Leader	Leader	Product Challenger
UST	Leader	Product Challenger	Product Challenger	Not In
Virtusa	Not In	Not In	Contender	Market Challenger
Wipro	Leader	Leader	Leader	Leader
WNS	Contender	Not In	Not In	Not In

This study focuses on significant **Digital Services in Healthcare.**

Simplified Illustration Source: ISG 2022

Payer Digital Transformation Services

Provider Digital Transformation Services

Healthcare Interoperability Services and Solutions

Value-based Care Services and Solutions

Definition

The healthcare industry continues to be under pressure from customers, governments and other stakeholders to increase investments. The pandemic continues to affect industry practices. The public seeks better healthcare outcomes at lower costs, price transparency, appropriate data sharing and access to their own records. The U.S. healthcare industry must comply with new regulations and engage in mergers and acquisitions while adapting to the needs of an aging population. Furthermore, consumers expect advanced and convenient digital service delivery across the care continuum. Many companies and government agencies struggle to stay apace with the growing demand for their services, and in the private sector, they struggle to deal with the mounting competitive pressures.

Scope of the Report

In this ISG Provider Lens™ quadrant study, ISG includes the following four quadrants: Payer Digital Transformation Services, Provider Digital Transformation Services, Healthcare Interoperability Services and Solutions, and Value-based Care Services and Solutions.

This ISG Provider Lens™ study offers IT-decision makers:

- Transparency on the strengths and weaknesses of relevant providers

- A differentiated positioning of providers by segments

- Focus on regional market

Our study serves as the basis for important decision-making in terms of positioning, key relationships and go-to-market considerations. ISG advisors and enterprise clients also use information from these reports to evaluate their existing vendor relationships and potential engagements.

Provider Classifications

The provider position reflects the suitability of providers for a defined market segment (quadrant). Without further additions, the position always applies to all company sizes classes and industries. In case the IT service requirements from enterprise customers differ and the spectrum of IT providers operating in the local market is sufficiently wide, a further differentiation of the IT providers by performance is made according to the target group for products and services. In doing so, ISG either considers the industry requirements or the number of employees, as well as the corporate structures of customers and positions IT providers according to their focus area. As a result, ISG differentiates them, if necessary, into two client target groups that are defined as follows:

- **Midmarket:** Companies with 100 to 4,999 employees or revenues between $20 million and $999 million with central headquarters in the respective country, usually privately owned.

- **Large Accounts:** Multinational companies with more than 5,000 employees or revenue above $1 billion, with activities worldwide and globally distributed decision-making structures.

The ISG Provider Lens™ quadrants are created using an evaluation matrix containing four segments (Leader, Product Challenger, Market Challenger and Contender), and the providers are positioned accordingly. Each ISG Provider Lens quadrant may include service providers that ISG believes have strong potential to move into the Leader quadrant. This type of provider can be classified as a Rising Star.

Number of providers in each quadrant: ISG rates and positions the most relevant providers according to the scope of the report for each quadrant and limits the maximum of providers per quadrant to 25 (exceptions are possible).

Provider Classifications: Quadrant Key

Product Challengers offer a product and service portfolio that reflect excellent service and technology stacks. These providers and vendors deliver an unmatched broad and deep range of capabilities. They show evidence of investing to enhance their market presence and competitive strengths.

Leaders have a comprehensive product and service offering, a strong market presence and established competitive position. The product portfolios and competitive strategies of Leaders are strongly positioned to win business in the markets covered by the study. The Leaders also represent innovative strength and competitive stability.

★ **Rising Stars** have promising portfolios or the market experience to become a Leader, including the required roadmap and adequate focus on key market trends and customer requirements. Rising Stars also have excellent management and understanding of the local market in the studied region. These vendors and service providers give evidence of significant progress toward their goals in the last 12 months. ISG expects Rising Stars to reach the Leader quadrant within the next 12 to 24 months if they continue their delivery of above-average market impact and strength of innovation.

Not in means the service provider or vendor was not included in this quadrant. Among the possible reasons for this designation: ISG could not obtain enough information to position the company; the company does not provide the relevant service or solution as defined for each quadrant of a study; or the company did not meet the eligibility criteria for the study quadrant. Omission from the quadrant does not imply that the service provider or vendor does not offer or plan to offer this service or solution.

Contenders offer services and products meeting the evaluation criteria that qualifies them to be included in the IPL quadrant. These promising service providers or vendors show evidence of rapidly investing in products/services and a follow sensible market approach with a goal of becoming a Product or Market Challenger within 12 to 18 months.

Market Challengers have a strong presence in the market and offer a significant edge over other vendors and providers based on competitive strength. Often, Market Challengers are the established and well-known vendors in the regions or vertical markets covered in the study.

Value-based Care Services and Solutions

Value-based Care Services and Solutions

Who Should Read This

This quadrant report is relevant to healthcare payer and provider enterprises in the U.S. for evaluating providers of healthcare value-based care services and solutions.

In this quadrant, ISG highlights the current market positioning of providers that offer value-based services and solutions to healthcare payers and providers in the U.S. and shows how each service provider addresses the key challenges faced in the country.

The objective of value-based care is to focus on better outcomes and reduced costs, while amplifying the overall experience of a patient. Payers can align values with reimbursement, and providers can deliver high-quality care to patients. The objective is to ensure high-quality treatment is delivered and fees are paid for the value of treatment rather than volume.

Healthcare organizations face numerous challenges when they adopt value-based care systems, including changes in policies and regulations, coordinating care across departments, reliance on legacy systems, a lack of resources, low data interoperability and financial risks. Service providers need to address these challenges and offer a continuum of care, enhance patient experience, align cost and value, analyze outcomes and reduce readmissions. At the same time, healthcare payers and providers seek trustworthy and committed partners that can address challenges and provide a roadmap for value-based care services and solutions.

Business professionals should read this report to understand the relative positioning and capabilities of providers and thus effectively plan and select appropriate digital services and solutions. The report also shows how the technical and integration capabilities of a service provider are compared to the rest of the market.

Digital professionals should read this report to develop a better understanding of the current landscape of service providers' digital transformation offerings and understand how each of the providers have leveraged the latest technologies to meet healthcare providers' needs in the U.S market.

Technology professionals should read this report to understand how providers of healthcare digital transformation services fit in their digital transformation initiatives and how they are compared with one another.
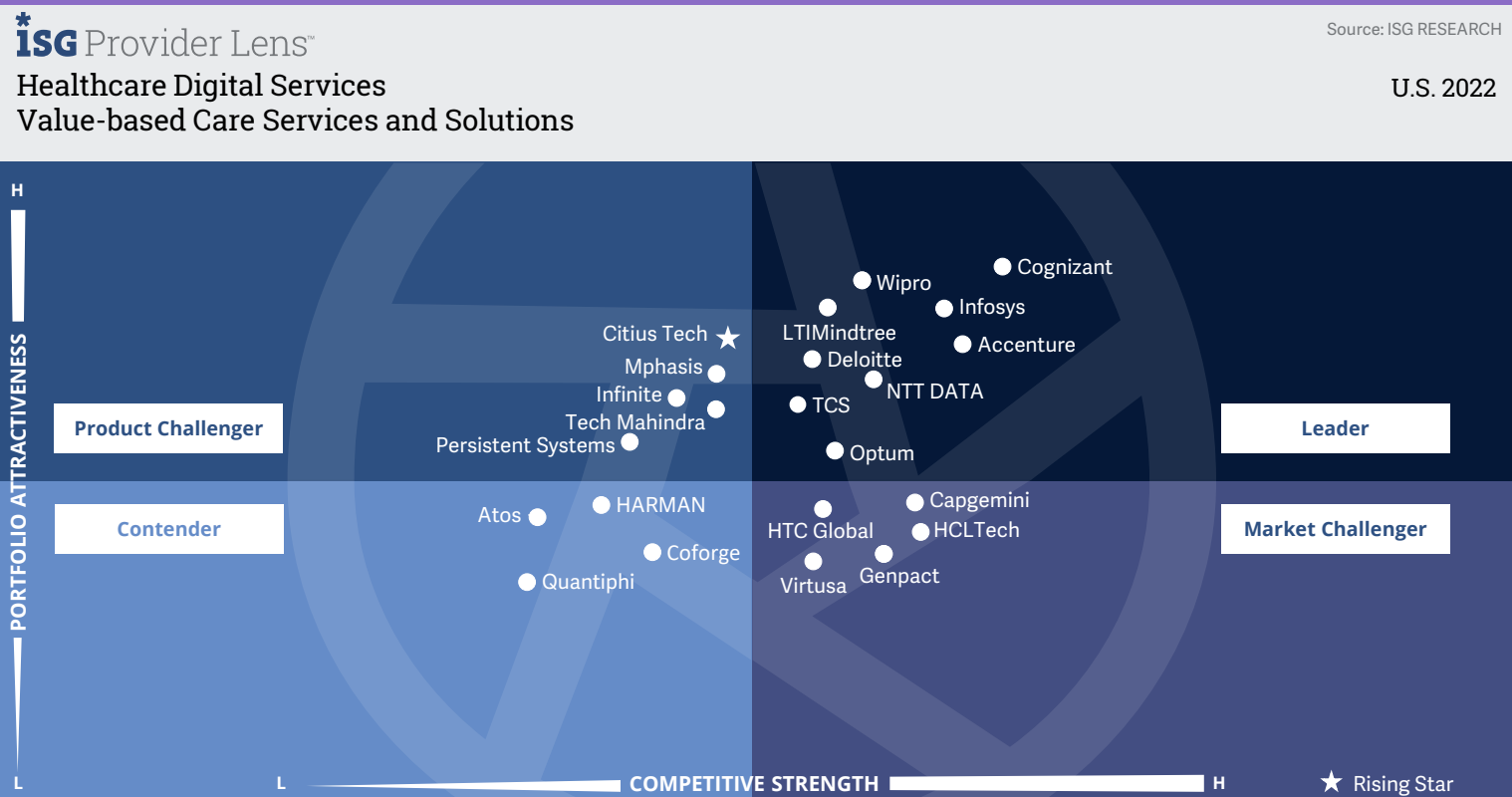
Cybersecurity professionals should read this report to understand how service providers address the significant challenges of compliance and security, without compromising on patient privacy and experience.

ISG Provider Lens™

Healthcare Digital Services
Value-based Care Services and Solutions

U.S. 2022

Leader

Product Challenger

Contender

Market Challenger

PORTFOLIO ATTRACTIVENESS

COMPETITIVE STRENGTH

★ Rising Star

Cognizant
Wipro
Infosys
Citius Tech ★
LTIMindtree
Accenture
Mphasis
Deloitte
Infinite
NTT DATA
Tech Mahindra
TCS
Persistent Systems
Optum
Capgemini
HARMAN
Atos
HCLTech
HTC Global
Coforge
Virtusa   Genpact
Quantiphi

This quadrant assesses **service providers that offer value-based care (VBC)** services and solutions to payers and providers in the U.S. market. Value-based healthcare **improves quality and outcomes** of the healthcare system, for both payers and providers.

Ron Exler

Value-based Care Services and Solutions

Definition

The rapid changes in healthcare, propelled by the pandemic, highlight the need for healthcare providers to focus more on value-based care. During the pandemic, many payers transformed their associations with providers into more economically balanced, value-based care contracts. For patients, exposure to telemedicine prompted a shift in the way they chose to interact with their healthcare providers and the way they evaluated the value of in-person visits. Consequently, patients are adapting the way they relate with their healthcare providers. Telehealth and in-person care are not the same, but the latter is increasingly being swapped with the former, compared to the time before the pandemic.

This category includes service providers that offer a range of services to support payers or providers seeking to build or extend value-based care (VBC) services. VBC is a healthcare model focused on patient outcomes, in contrast to the more common fee-for-service models. In the U.S., Medicare and other plans are starting to use VBC. Because this model is different, processes and systems must be changed to accommodate the new model. Service providers that participate in this quadrant help healthcare companies measure patient outcomes, share appropriate data between payers/providers and patients, and create new contract models. They also need to advise clients on how to reduce the downsides of VBC and potential unintended consequences so that all involved can experience the benefits.

Eligibility Criteria

1. Ability to **guide clients in contract modifications** that address financial incentives and payment reconciliation

2. Knowledge of **outcome measurements and systems** to manage and communicate them

3. Ability to **define and manage the necessary data** needed to achieve VBC objectives

4. Experience in setting up **performance management benchmarks** and continuous improvements

5. Ability to understand how to apply **population health analytics and social determinants of health** to inform care plans

6. Ability to advise on and support needed **modifications of utilization and case management** processes and systems

7. Experience in **setting up and managing digital infrastructure** and processes

Observations

With the growing demand for quality-based services, backed by regulatory pressure and an evolving technological landscape, there will be a shift in the healthcare service landscape. The objective of VBC services is to reduce the spending on healthcare and improve the quality of outcomes by reforming the care model and reshaping payment systems.

VBC providers include a variety of features in their solutions to ensure quality care around a variety of medical conditions. They also measure outcomes for every patient, aligning reimbursements with value; integrating systems; and infusing them with intelligence, allowing payer and provider convergence and using IT systems designed to support the entire ecosystem. Providers are investing heavily in VBC solutions, through partnerships, mergers and acquisitions. Furthermore,

they heavily focus on integrated platforms, data-driven intelligence, talent upskilling and retention, and personalized solutions and services.

As the U.S. healthcare system increasingly focuses on VBC and the demand for personalized engagement rises, service providers will invest more heavily in VBC solutions.

From the 28 companies assessed for this study, 23 have qualified for this quadrant, with 9 being Leaders and one Rising Star.

accenture

Accenture continues to focus on VBC services and solutions. The company focuses on how intelligent insights can improve the outcomes of payers, providers and clinicians in healthcare. Accenture is also investing in partnerships to expand its expertise in digital health.

cognizant

Cognizant's VBC solution offers payers and providers key insights into the patient journey to drive overall quality improvements and reduce costs. The solution enables faster care gap closure, increased operational efficiencies, better patient outcomes and improved quality of care.

Deloitte

Deloitte has extensive experience in delivering holistic VBC solutions for providers, payers and the government sector. Deloitte serves all the largest U.S. healthcare systems, over 500 of the country's health systems, and 75 percent of the largest managed care organizations. Deloitte offers a broad set of capabilities required to be successful in VBC transformation, supported by several tools and accelerators.

Infosys

Infosys focuses on integrated care, leveraging its data integration platform. The platform tracks patients' journeys and ensures proper care is delivered. A special payer service ensures that payment systems are reformed and reimbursement is aligned with value.

LTIMindtree

LTIMindtree will establish a comprehensive portfolio of VBC services. The company offers a complete ecosystem of talent, infrastructure and services to enhance payer, provider and clinician experiences.

NTT DaTa

NTT DATA incorporates core technologies into its value-added services such as AI, analytics, data integration and automation. Adapting these technologies reduces the complexity of decision-making and care delivery.

Optum

Optum focuses on data-driven decision-making. Optum provides a scalable and sustainable VBC solution that addresses challenges.

TCS

TCS invests in innovative solutions to keep up with evolving market demands and clients' expectations. TCS focuses on midsize and large companies and delivers services that elevate user experiences.

wipro

Wipro focuses on providing a personalized experience for customers. The company is investing in partnerships to reduce technical and operational challenges to deliver outcome-based services.

CitiusTech

CitiusTech (Rising Star) deeply understands the evolving demands and trends in the VBC spectrum. The company continues to invest in technologies and partnerships to enhance VBC delivery.

NTT DATA

Leader

"NTT DATA's data analytics and skilled workforce create value and drive actionable insights."

Ron Exler

Overview

NTT DATA is headquartered in Tokyo and operates in more than 55 countries. It has over 140,000 employees across 208 global offices. In FY22, NTT DATA was combined with NTT Ltd., under the name NTT DATA Inc.,with total revenue exceeding $30 billion. NTT DATA reduces non-value activities of payers and providers and integrates value-based care transformation levers for better outcomes across the healthcare ecosystem.

Strengths

Data-driven intelligence: NTT DATA helps businesses grow beyond traditional business models by leveraging data and intelligent insights. Its advanced intelligence and analytics solutions enable clients to build a comprehensive strategy to manage the evolving healthcare business needs. The company also helps reduce the complexities of the decision-making process and deliver quality outcomes to users. It continues to develop and enhance its proprietary solutions, Medical Cost Management/Payment Integrity and Care Pro.

Upskilling: NTT DATA focuses on bridging the gap between growing employee skillsets and post-pandemic technology disruption in the healthcare industry. It automates the learning process, accelerates the scope of learning and builds rewarding and productive workforces.

Conversational AI: An enterprise-level conversational AI solution eliminates manual tasks and improves quality. It can reduce operational costs, gather analytical information and offer best-in-class user experiences. The objective is to support healthcare organizations in improving performance and managing outcomes.

Caution

It is imperative for NTT DATA to pay more attention to client retention and competitive strengths in the VBC market, which is growing exponentially, as the demand for quality healthcare increases.

Appendix

Methodology & Team

The ISG Provider Lens™ 2022 – Healthcare Digital Services analyzes the relevant software vendors/service providers in the U.S. market, based on a multi-phased research and analysis process, and positions these providers based on the ISG Research methodology.

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The research and analysis presented in this report includes research from the ISG Provider Lens program, ongoing ISG Research programs, interviews with ISG advisors, briefings with services providers and analysis of publicly available market information from multiple sources. The data collected for this report represents information that ISG believes to be current as of November 2022, for providers who actively participated as well as for providers who did not. ISG recognizes that many mergers and acquisitions have taken place since that time, but those changes are not reflected in this report.

All revenue references are in U.S. dollars ($US) unless noted.

The study was divided into the following steps:

1. Definition of Healthcare Digital Services market

2. Use of questionnaire-based surveys of service providers/vendor across all trend topics

3. Interactive discussions with service providers/vendors on capabilities & use cases

4. Leverage ISG's internal databases & advisor knowledge & experience (wherever applicable)

5. Use of Star of Excellence CX-Data

6. Detailed analysis & evaluation of services & service documentation based on the facts & figures received from providers & other sources.

7. Use of the following key evaluation criteria:

   * Strategy & vision

   * Tech Innovation

   * Brand awareness and presence in the market

   * Sales and partner landscape

   * Breadth and depth of portfolio of services offered

   * CX and Recommendation

Author & Editor Biographies

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Mr. Aase brings extensive experience in the implementation and research of service integration and management of both IT and business processes. With over 35 years of experience, he is highly skilled at analyzing vendor governance trends and methodologies, identifying inefficiencies in current processes, and advising the industry. Jan Erik has experience on all four sides of the sourcing and vendor governance lifecycle - as a client, an industry analyst, a service provider and an advisor.

Now as a research director, principal analyst and global head of ISG Provider Lens™, he is very well positioned to assess and report on the state of the industry and make recommendations for both enterprises and service provider clients.

About Our Company & Research

*ISG Provider Lens™

The ISG Provider Lens™ Quadrant research series is the only service provider evaluation of its kind to combine empirical, data-driven research and market analysis with the real-world experience and observations of ISG's global advisory team. Enterprises will find a wealth of detailed data and market analysis to help guide their selection of appropriate sourcing partners, while ISG advisors use the reports to validate their own market knowledge and make recommendations to ISG's enterprise clients. The research currently covers providers offering their services across multiple geographies globally.

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*ISG

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