

REPORT

The Top 50 Value-Based Care Thinkers of 2024

May 2024



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“I'm deeply honored to join Pearl Health's Top 50 Value-Based Care Thinkers. Embracing and growing value-based care is our best opportunity to deliver optimal care for our patients and for positioning physician networks to act as health information fiduciaries on their behalf.”



Aneesh Chopra
President, CareJourney

“CMS intends to have 100% of their beneficiaries enrolled in a VBC payment model by 2030. Pearl Health is the perfect partner to help ensure our providers succeed in transitioning towards maximizing value and thriving in this new era of healthcare.”



Michael Synn
Chief Medical Officer
Santé Physicians Group

“Driven by CMS and Medicare, Fee-For-Service payment structures continue transitioning towards Value-Based Contracting, Alternative Payment Models, Pay-for-Performance, Shared Savings / Losses, and Capitation (Commercial, Medicare, and Medicaid). This evolution poses both financial and operational challenges for providers. Success requires seamless collaboration across multiple facets of healthcare delivery and financial management. We are excited to engage in this intricate, performance-driven landscape alongside valued partners like Pearl.”



Vince Micucci
SVP, National Director,
Alliant Insurance Services

Introduction

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Now in its 3rd year, Pearl Health's annual Top 50 Value-Based Care Thinkers celebrates the healthcare providers, policy makers, academics, and leaders across disciplines who are driving the healthcare system's transition to value-based care.

It's a critical moment for healthcare sustainability and access in the US, and new payment models, risk-sharing partnerships, and emerging technologies are coming together in ways that have real potential to transform how healthcare is delivered and reimbursed.

Included in this report are quotes from 30 of our 2024 honorees. We're humbled and honored that so many of these healthcare leaders shared their insights with us, and we're proud to elevate their voices as they ask hard questions, challenge outmoded assumptions, and share their ideas for how to deliver better outcomes for patients, providers,

and the healthcare system at a lower cost.

The leaders in this report are from 50 different organizations, representing a broad cross-section of US healthcare and offering diverse perspectives on the challenges we face in our system and the opportunities presented by the transition from volume to value.

As we gathered insights from the Top 50 Value-Based Care Thinkers for this report, several major themes emerged. This report draws upon these insights to identify and explain key news, trends, and themes driving innovation in healthcare in 2024 and beyond.

It's another big year for value-based care — we're excited to build a more efficient, equitable, and patient-centric future together.



The Pearl Health Team

“Addressing the physical, emotional and social drivers of health can be best done with payment and delivery models that incentivize equitable outcomes and team based care approaches.”



Karen DeSalvo
Chief Health Officer, Google

“We have a leadership crisis in American healthcare that prevents us from moving more aggressively to pursue value-based care. First, we have to accept that the goal of value-based care is better health and lower costs. Second, we have to acknowledge that lower costs should translate into lower costs for society and lower revenues for our organizations. And then we have to accept that this is a good thing!”



Sachin H. Jain
President & CEO, SCAN
Group & Health Plan

“What matters most is health. Value-based care has proven to produce better and more equitable health outcomes while driving affordability and helping care providers thrive financially. It is not only the future, but the present.”



Bryony Winn
President, Health Solutions,
Elevance Health

“Value Based Care (VBC) is the right approach for managing all of the complex variables tied to the healthcare delivery system and population health. From an Economist view, VBC helps distribute limited resources in the most cost effective manner. We are currently experiencing the further integration of VBC with health equity, social determinants, and other interventional work. Combining these factors with the clinical side of the equation leaves providers with more control to positively impact the quality and cost issues that matter most to patients, families and has the greatest impact on bending the cost curve.”



Leonard Lindenmuth
Vice President, Strategy and Population
Health, Bassett Healthcare

“It seems we’re still collectively grappling with whether the term “value-based care” is referring primarily to a payment model or a clinical model. It’s typically discussed as a payment model. But in order to really recognize the theoretical benefits of VBC, we need to recognize that it’s fundamentally a clinical model change. The payment model follows.”



Kevin O’Leary
Co-Founder, Health Tech Nerds

#1 Provider-Led Risk is the future of the US healthcare system

“Rather than coating a fee-for-service cake with value-based care icing, we need to re-bake the care delivery system. The ingredients that drive physicians will become more dominant and the chemical additives and preservatives introduced elsewhere can be avoided.”



S. Claiborne “Clay” Johnston
Chief Medical Officer &
Co-Founder, Harbor Health

“The strong participation in our accountable care models in 2024 will help more people access high-quality, coordinated health care that will improve their quality of life. The ACO REACH and KCC models are a cornerstone of our strategy to transform the health care system, focus on equity in everything we do, and deliver person-centered care that meets people where they are.”²



Liz Fowler
CMS Deputy Administrator
Director of the CMS Innovation Center

In 2023, the Centers for Medicare and Medicaid Services (CMS) officially launched the Accountable Care Organization (ACO) Realizing Equity, Access, and Community Health (REACH) Model — an innovative value-based care model to improve the quality of care for people with Traditional Medicare through better care coordination and by increasing access to accountable care in underserved communities.¹

Now in its second year, the ACO REACH Model has 122 ACOs with 173,004 health care providers and organizations providing care to an estimated 2.6 million people with Traditional Medicare.²

For primary care providers and organizations, ACO REACH presents an opportunity to embrace a more proactive care model, align incentives with keeping patients healthy, and increase revenue for effectively managing care.

In ACO REACH, providers have the opportunity, but not the obligation to, assume responsibility for coordinating the care of Traditional Medicare members in a full-risk arrangement with the

¹ CMS, “[Accountable Care Organization](#)

(ACO) Realizing Equity, Access, and Community Health (REACH) Model,” February 24, 2022.

² CMS, “[Participation Continues to Grow in CMS’ Accountable Care Organization Initiatives in 2024](#),” January 29, 2024.

government. Over time, models like this will create incentives to deliver efficient, low-cost, and preventative care and facilitate more reliable and sustainable budgeting.

More importantly, these models will create incentives that are better aligned with outcomes and help to ensure that vulnerable beneficiaries do not slip through the cracks that often appear during otherwise non-reimbursable moments.

CMS has made clear that innovative value-based care models, like ACO REACH, are a key part of their long-term strategy to transform the health care system: provider-led risk is here to stay.

At Pearl, we believe that innovative value-based care models, like ACO REACH, have the potential to improve patient experiences and outcomes while also presenting opportunities for PCPs to enhance revenue with improved outcomes.

“While value-based contracts proliferate, fee-for-service remains the shaky foundation of US health care: we pay for amputations, not for preventing them. It is time to complete the transition to global payment. Rather than complex, conflicting contracts, we need a simple, single payment model to primary care focused *Population Health Organizations*.”



Elliott Fisher

Professor of Health Policy and Medicine
The Dartmouth Institute

“Value based care is the effector arm for population health. My view is *no outcome, no income!!!*”



David B. Nash

Founding Dean Emeritus
Jefferson College of Population Health

“If well designed, value-based payment models can harness the power of providers to improve the quality and efficiency of the health care system.”



Michael Chernew

Professor of Healthcare Policy
Harvard Medical School

ON-DEMAND WEBINAR

Navigating ACO REACH

Interested in learning more about ACO REACH before the August enrollment deadline?

[Stream Now](#)

A banner for a webinar titled "Navigating ACO REACH". It features a background image of a man in a white lab coat and glasses looking at a laptop. The text is in white and purple. There is a "Stream Now" button.

#2 Patient Centricity is the north star for providers to succeed in VBC

“Providing quality patient care is at the heart of value-based health care. The VBC model allows physicians to care for their patients in a holistic manner by coordinating their care and helping them successfully manage their complex health conditions. As our health care landscape continues evolving, what is best for patients must always serve as our north star.”



Valinda Rutledge

Executive Vice President, Advocacy and Education, America's Physician Group

The Centers for Medicare and Medicaid Services (CMS) — the largest healthcare payer in the US — has set a goal to have all patients with Traditional Medicare in an accountable care relationship by 2030.³ The CMS Innovation Center (CMMI) continues to release new value-based care models to expand access to healthcare resources and enable providers to focus on high-impact opportunities to provide higher quality, more efficient care.

This push for participation in value-based care through accountable care organizations (ACOs) is essential for the future of our healthcare system. Physicians participating in value-based care programs with ACOs have been shown to have superior quality performance compared to other physician groups, and they have generated consistent year-over-year savings for the Medicare Trust Fund.⁴

To succeed in the transition from volume to value, providers must take an increasingly central role in both care delivery and coordination, broadening the scope of their mandate from treating the patients who are already in their waiting rooms to proactively identifying high-risk patients who may be slipping through the cracks — from caring for individual patients to considering the well-being of larger patient panels.

This shift could have profound implications for patients — particularly for those who face challenges in accessing healthcare resources and navigating the healthcare system.

³ Centers for Medicare & Medicaid Services, “[CMS Announces Increase in 2023 in Organizations and Beneficiaries Benefiting from Coordinated Care in Accountable Care](#),” January 17, 2023.

⁴ CMS, “[Participation Continues to Grow in CMS’ Accountable Care Organization Initiatives in 2024](#),” January 29, 2024.

“Value-based care needs to first start with delivering real value to individual patients. The current market is too focused on payer-centric and clinician-centric ROI when designing value-based care agreements. Our patients are much more than “attributed lives”. What if we built value-based care arrangements with a lot more empathy?”



Ryan Grant
Founder & CEO, Vori Health

“In rural America where access is scarce and needs are great, Homeward’s value-based care approach – aligning incentives, leveraging technology, and partnering with community providers – allows us to reach members at every step of their care journey and ensure members receive the quality care they deserve, regardless of where they live.”



Jennifer Schneider
CEO, Homeward

“Value-Based Care provides patient-focused care coordination—providing true value to both patients and providers with innovative approaches.”



Julia Andrieni
Senior Vice President, Population Health and Primary Care, Houston Methodist

COMPLEMENTARY EBOOK

The Value-Based Care Playbook

Learn how to develop tactics to succeed in helping PCPs transition from volume to value

[Learn More](#)



Most provider practices are not oriented around the routine engagement that is required to ensure commitment to preventative care protocols across their patient panels, and many have difficulty maintaining longitudinal contact with patients. Annual checkups with minimal intra-year contact between practitioners and patients are not conducive with building strong relationships and influencing ongoing behavior adjustments that may be necessary to sustain healthier lifestyles.

When paired with technology that can track patient engagement preferences, surface reminders to practice staff, and automate actions on behalf of practitioners when clinically appropriate, innovative value-based payment models can facilitate more consistent patient interactions that drive increased patient engagement and better outcomes.

Many would argue that innovative payment models and clinical models are enabling providers to focus on holistic wellness, preventive care, care management, and social determinants of health (SDOH) like never before. Yet, others still feel we have a long way to go to put patients first.

#3 New VBC Models are proliferating and expanding across specialties

“Value-based care stands at an exciting crossroads. The momentum that spurred innovation in primary care now extends into specialty care. We must innovate to deploy scalable models and technologies to implement value-based care beyond PCPs. Success will optimize the specialist's time and expertise, ensuring patients receive timely and impactful care.”



Olaoluwa “Láolú” Fayanju
Chief Medical Officer, RubiconMD

The CMS Innovation Center (CMMI) continues to develop and implement new payment and service delivery models to support healthcare transformation and increase access to high-quality care.⁵ In 2023 and 2024 alone, the CMMI has announced several new accountable care models, disease-specific and episode-based models, prescription drug models, health plan models, and state- and community-based models (see right sidebar for examples).⁶

Accountable Care Models

- + ACO Primary Care Flex
- + Making Care Primary (MCP)

Disease-Specific & Episode-Based Models

- + Guiding an Improved Dementia Experience (GUIDE)
- + Radiation Oncology
- + Increasing Organ Transplant Access (IOTA)
- + Transforming Episode Accountability (TEAM)

Prescription Drug Models

- + Cell and Gene Therapy (CGT) Access

Health Plan Models

- + Medicare Advantage Value-Based Insurance Design

State & Community Based Models

- + Innovation in Behavioral Health (IBH)
- + Transforming Maternal Health (TMaH)
- + States Advancing All-Payer Health Equity Approaches and Development (AHEAD)

⁵ Centers for Medicare & Medicaid Services, “[About the CMS Innovation Center](#),” January 2024.

⁶ CMS, [Innovation Models](#). Accessed April 24, 2024..

The proliferation of value-based care models across specialties signals the deep commitment from the CMS Innovation Center to incentivize stronger care coordination across primary care providers and specialists, which will equip them to provide better, more efficient care for patients with some of the most challenging conditions.

EXAMPLE 1

Guiding an Improved Dementia Experience (GUIDE)

We have long recognized the widespread impact of dementia and the hurdles faced by both patients and their caregivers in accessing and navigating care. The new Guiding an Improved Dementia Experience (GUIDE) Model promises a more comprehensive approach, providing much-needed care coordination and crucial support services for patients and caregivers. We believe in the transformative potential of this model to significantly enhance the lives of those dementia patients under the care of our provider partners.

[Read our blog post](#) to learn more about GUIDE ahead of its launch in July.



While primary care providers are central to care coordination for their patients, many patients have specific, complex disease burdens that often go beyond the traditional scope and responsibilities of primary care. For many primary care providers and groups participating in value-based care, referring to specialists who are contracted into value-based care arrangements has historically been a pain point, especially for small and mid-sized organizations operating outside of integrated health systems. This has led to a slower, piecemeal, stepwise expansion of value-based initiatives — and, most importantly, less coordinated care for some of the patients in greatest need of team-based approaches across specialties.

EXAMPLE 2

Innovation in Behavioral Health (IBH)

In response to ongoing challenges with worsening mental health conditions, substance use disorder (SUD), and general wellbeing, CMS announced the Innovation in Behavioral Health (IBH) Model earlier this year. Launching in the fall of 2024, IBH will focus on improving both behavioral and physical health outcomes for Medicare and Medicaid populations. The model aims to do so by driving closer collaboration between behavioral health practices, primary care providers, and other physical health specialists.

In conjunction with the recent proliferation of value-based care models, we are seeing the rise of mission-driven companies founded to manage distinct cohorts of patients based on the clinical disease burdens they exhibit, bringing to bear novel care models and eschewing traditional healthcare network constructs. With aligned incentives and coordination across primary care and specialists, there is enormous potential to deliver higher quality care more efficiently via the most appropriate care models for specific populations.

“Value-based care is clearly at a tipping point with evidence of effectiveness of addressing SDOH, care navigation, and increased payments for underserved populations. New models from CMMI and other insurers should help health systems embrace VBC.”



Lee Fleisher
Principal & Founder,
Rubrum Advising

“VBC can only be effective when it addresses the full spectrum of patient care. For VBC to succeed meaningfully, we need to find ways to connect primary and specialty care providers with each other and with the resources they need to deliver high quality care. When we successfully do this, all stakeholders win.”



George M. Aloth
Co-Founder & CEO
Chamber Cardio

“We are in the early innings of determining which VBC models will be successful at scale — and I deeply believe that PACE, an integrated and capitated care model, will be part of a national solution for drastically improving health outcomes, quality, experience, and equity for vulnerable older adults.”



Robbie Pottharst
CEO, myPlace Health

#4 Medicare Advantage faces serious headwinds

“It's an exciting but apprehensive time in value-based care. As CMS incentivizes accountable care arrangements and pressures mount on Medicare Advantage, payors and other risk-bearing organizations are working to leverage data, partner with physicians, drive down cost of care, and understand what quality and value really means.”



Blake Madden
Founder & Creator, Hospitology

Following years of unchallenged growth for Medicare Advantage, most health plans are seeing signs that the tide has begun to turn. Plans continue to dominate headlines with razor thin margins, underwater bids, and hospitals exiting their networks. Several quiet rounds of layoffs have also occurred, with a general perception across the industry that there may be more to come.

As plans, health systems, and others across the industry navigate through increasingly choppy waters for Medicare Advantage, they

are asking themselves what changes are on the horizon and how to chart their paths forward. Here, we highlight two major shifts.

Transition to V28: CMS is sunsetting the V24 Hierarchical Condition Category (HCC) model and transitioning to V28. This shift is expected to save an estimated \$11B to the Medicare trust fund, which is beneficial for taxpayers and the long-term financial solvency of Medicare. It also creates significant headwinds for plans and delegated risk organizations and is expected to decrease revenue for plans by an estimated 3.12%.⁷

Evolving Part D: CMS has made major changes to Part D as it issued both its Final Calendar Year (CY) 2025 Part D Redesign Program Instructions as well as its Final Rule. A summary of some of the notable updates are broken down below:

- 1. Part D Drug Benefit:** Improvements to the structure of the Medicare Part D drug benefit will result in lower drug costs for millions of people with Medicare; The overall revenue impact from these changes remains to be seen; however, the

⁷ CMS, “[2024 Medicare Advantage and Part D Advance Notice Fact Sheet](#),” February 1, 2023.

White House has estimated a financial impact of ~\$400/patient per year.⁸

2. Medication Therapy Management (MTM) Program: MTM Eligibility rates will increase from 7% of Part D enrollees in 2022 to 13% in 2025, increasing eligibility from 3.6M to 7.1M beneficiaries. This expansion will ensure more consistent and equitable access to MTM services while also improving the targeting criteria for Part D.⁹

Change presents opportunity, and while difficult to navigate in the short term, the changing tides in Medicare Advantage present some practical focus areas that could help set payers and risk-bearing providers up for success.

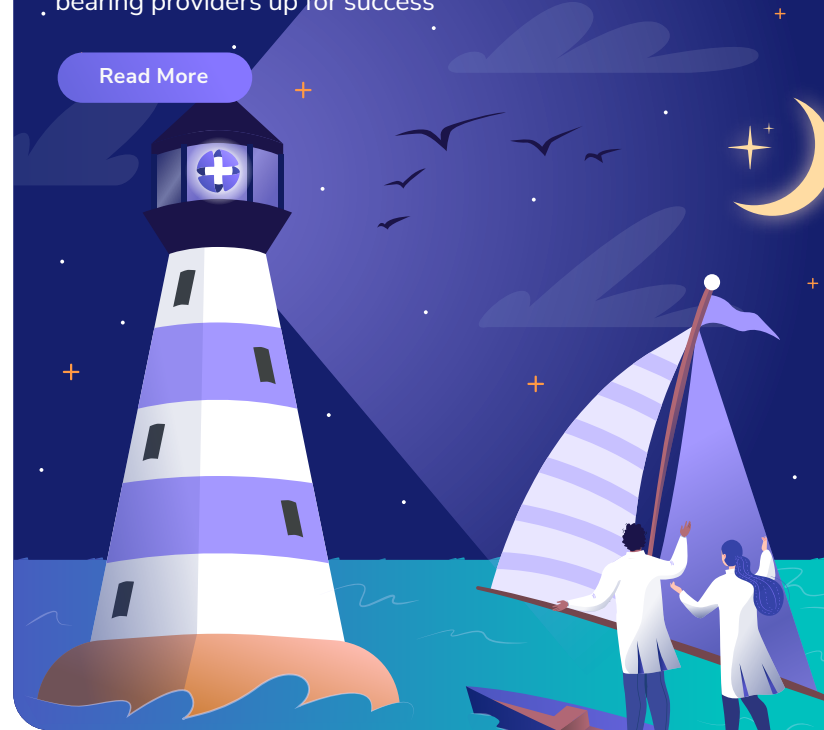
For a deeper dive into these shifts, their practical implications, and key considerations as organizations evolve their Medicare Advantage strategies to adapt to these changes, read: [Navigating Uncharted Waters in Medicare Advantage](#).

BLOG POST

Navigating Uncharted Waters in Medicare Advantage

The changing tides in Medicare Advantage present a few practical focus areas that set payers and risk-bearing providers up for success

Read More



8 Bisma A. Sayed et al., "[Inflation Reduction Act Research Series: Medicare Part D Enrollee Out-of-Pocket Spending: Recent Trends and Projected Impacts of the Inflation Reduction Act](#)," Office of the Assistant Secretary for Planning and Evaluation, July 6, 2023 (revised January 30, 2024).

9 United States, Department of Health and Human Services. "[Medicare Program; Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Program for Contract Year 2024](#)," Federal Register, Vol. 89, No. 79. April 23, 2024

#5 Insights & Technology are essential for VBC performance at scale

“What is so exciting — and challenging — about value-based care is that it requires leaders to think independently about what is possible, and then work collaboratively to make that vision a reality. It is critical to have the right data, the right insights and the right partners to tell that story.”



Lacy Heiberger
Chief of Practice Innovation,
UVA Health

The rise of value-based care models across the healthcare ecosystem brought about new service offerings from managed services organizations (MSOs) to help boost performance in these models. Many early leaders in this burgeoning value-based care enablement industry grew quickly by offering staffing resources and other capital-intensive wrap-around services. Others acquired practices outright or established partnerships that had heavy process requirements and administrative burdens.

While MSOs and enablement companies with capital-intensive operations remain

dominant in the market, and while vertical integration has been one of the most consistent market forces in healthcare in recent years, there remains a massive opportunity for disruptive technology to deliver value-based care enablement services in a much more efficient and scalable way.

As value-based care models are growing and providers are becoming central to care coordination, it is becoming increasingly apparent that data and insights are key to managing total cost of care across patient panels — this has given rise to a new class of technology-first physician enablement companies that are accelerating innovation in healthcare risk management and care delivery.

Evidence supporting the effectiveness of risk-based models, public policy momentum, growing participation among health plans, and increased interest from public market investors have also generated a recent surge in attention on physician enablement technology,¹⁰ which has maintained momentum even as many sectors within the macro-environment have cooled.

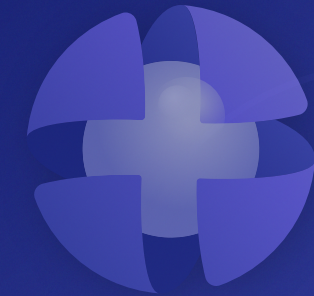
10 Jacob Effron, Vital Signs, “[Taking On Risk: The Present and Future of Risk-Based Businesses in Healthcare](#),” April 26, 2022.

At Pearl Health, we believe the future of healthcare will be powered by technology that surfaces actionable information in easily consumable ways, makes practice prioritization decisions easier, reduces friction and administrative burdens through smarter workflows and automation, and increases visibility into how well providers are doing against performance objectives.

Our Technology

Platform and services that empower providers to deliver better quality care at a lower cost

[Learn More](#)



Risk of ED Visit

Lawal, Cecilia
Female (73 yo)

Suggested Action and More Info:

- Chronic Conditions: Diabetes and asthma
- Suggested review chronic conditions and contact patient within 14 days; schedule a PCP follow-up if needed.

Transition of Care Needed

Sanchez, Rick
Male (78 yo)

Suggested Action and More Info:

- Principal Diagnosis: Sepsis
- Patient discharged and qualified for Transitional Care Management. Recommend contact within 2 days to begin TCM process to reduce potential risk for readmission.

Code Recapture Opportunity

Beckbauer, Matthew
Male (86 yo)

Suggested Action and More Info:

- Patient due for annual wellness visit (AWV) and has previously diagnosed chronic conditions that have not been identified this year.

“Let’s stop talking about VBC as an economic alternative to FFS and start framing it as a model that prioritizes care team empowerment. Our workforce is our most vital and precious resource so let’s make it about giving our care teams the tools, resources, data, and permission to do what’s best for patients they care for, and the outcomes we seek in VBC will follow.”



Eric Gallagher
CEO, Ochsner Health

“Value-based care addresses the shortcomings of the modern healthcare system, which often fails to nurture personalized, proactive care and relationships crucial for improved experiences and outcomes. Empowering physicians with data and incentives fosters patient-focused care, enhancing accessibility and reducing costs.”



Faris Ghawi
Co-Founder & Chief Executive Officer, Vytalize Health

#6 Actuarial, Medical Economics, & Analytics are primed for innovation

“One of the most overlooked aspects of value-based care is the stress it puts on actuarial, med econ, and analytics functions, not just for providers and enablement companies embracing risk and alternative payment models for the first time, but also for established health plans. Just as technology continues to drive improved and innovative care delivery models, I'm excited to see how technology can also address this demand.”



Frank Cheung
Co-Founder & CEO, Accorded

Once providers and organizations are participating in risk-bearing value-based care arrangements, physician enablement technology can help them proactively manage patient panels with less work, deliver higher quality care at a lower cost, and drive continuous improvement.

However, in this rapidly shifting value-based care landscape, with new risk-bearing paradigms, policy changes, and

the emergence of new models, it can be daunting for many organizations to understand the potential opportunities and financial implications of participating in different models. Many providers and organizations are understandably reluctant to enter into new risk-bearing arrangements without knowing the full financial implications of their decisions or understanding whether there may be alternatives that could be higher yield.

Even large, well-resourced health systems with in-house actuarial, medical economics, and analytics functions, often find it difficult to understand the potential costs and opportunities in value-based care. Many work with external actuarial consulting firms to help conduct analyses and make recommendations; yet, it remains a challenge to align on and implement cohesive value-based care strategies across their organizations.

Smaller health systems and provider groups may face less complexity in driving alignment on value-based care strategies across behemoth organizations; yet, they are still challenged to understand the tradeoffs between different value-based care models

“Now more than ever, it's crucial for value-based care to be guided by solid data on economics and exposure that connects all stakeholders throughout the continuum.”



Isaac Edrah

Managing Principal & Founder
Paramean Solutions

“Value-based care is now firmly established, but expansion has been slower than expected. The biggest barrier is lack of financial visibility, undermining providers' confidence in their success. With standardized data, advanced financial modeling, and a dose of AI this problem can be solved.”



Daniel Shenfeld

Founder and Principal, Manganese Health Data Solutions, Adjunct Professor of Health Policy, University of Pennsylvania

and often lack the expertise, capabilities, and resources needed to make informed decisions.

This lack of information means that many organizations have been slow to adopt new value-based care models despite general acknowledgment of the potential to improve patient experiences and increase revenue.

With increasing data interoperability and advancements in technology and computing, many believe that actuarial, medical economics, and analytics capabilities are primed for technology-driven innovation and democratization.

In the meantime, it's critical of organizations large and small to either develop these critical capabilities in-house and/or establish partnerships to access the expertise and insights needed to inform decisions about value-based care participation. Organizations that do not avail themselves of these capabilities will fall behind their peers in the years to come, as value-based care becomes more widely adopted across the healthcare system.

Empower your providers — *and your organization* — to succeed in value-based care with the right capital, technology, and expert support

Let's Chat



#7 Artificial Intelligence looms large with untapped potential



How is AI driving innovation in value-based care in 2024?



AI is playing a significant role in driving innovation in value-based care in 2024. Here are some ways it's making an impact:

- 1. Predictive Analytics:** AI algorithms can analyze vast amounts of patient data to predict health outcomes and identify individuals at higher risk of developing certain conditions. This allows healthcare providers to intervene earlier, potentially preventing costly complications and improving patient outcomes.
- 2. Personalized Medicine:** AI enables the customization of treatment plans based on individual patient characteristics, including genetic makeup, lifestyle factors, and medical history. By tailoring interventions to each patient's unique needs, healthcare providers can optimize

treatment effectiveness and minimize adverse effects.

- 3. Remote Monitoring:** AI-powered devices and sensors enable continuous monitoring of patients outside of traditional healthcare settings. These technologies can detect changes in health status in real-time, allowing for timely interventions and reducing the need for costly hospitalizations.
- 4. Clinical Decision Support:** AI systems can analyze clinical data and provide evidence-based recommendations to healthcare providers at the point of care. By offering insights into the most effective treatment options and alerting providers to potential errors or omissions, AI helps improve the quality and safety of patient care.

5. Resource Optimization:

AI algorithms can analyze healthcare operations data to identify inefficiencies and optimize resource allocation. By streamlining processes such as appointment scheduling, resource utilization, and inventory management, healthcare organizations can reduce costs and improve the delivery of care.

Overall, AI is revolutionizing value-based care by enhancing patient outcomes, increasing efficiency, and reducing costs. As the technology continues to advance, its impact on healthcare delivery and management will only grow stronger.

“The recent advancement of AI will finally lower VBC's biggest barrier, the heavy administrative burden, for the next few years.”



Yubin Park

Chief Builder & Moderator, MimiLabs

“It’s an exciting time to be a part of healthcare right now. We are literally watching the formation of a new way of providing services that provides a better patient experience, better provider experience, and savings to our healthcare system. As a healthcare executive, and a former primary care operations leader, I am passionate about ensuring the continued success and thriving world of primary care.”



Katila Farley

Host, Moderator, Facilitator, Author
Business of Primary Care



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— TOP —
50
2024 VBC
THINKERS



At Pearl Health, we see the wide adoption of value-based care models as a way to both make our healthcare system more sustainable and to provide better, more proactive patient care. We're proud of the part we play in empowering providers to drive the transition from volume to value, and we're excited to recognize the leaders who are shaping the future of value-based healthcare.



George M. Aloth
Co-Founder & CEO,
Chamber Cardio



Julia Andrieni
Senior Vice President,
Population Health and
Primary Care, Houston Methodist



Andy Bindman
CMO,
Kaiser Permanente



Jonathan Blum
Principal Deputy Administratory &
Chief Operating Officer, CMS



Adam Boehler
Managing Partner,
Rubicon Founders



Michael Carson
CEO,
Wellcare



Michael Chernew
Professor of Healthcare Policy,
Harvard Medical School



Frank Cheung
Co-Founder & CEO,
Accorded



Aneesh Chopra
President,
Care Journey



Mark Cuban
Co-Founder,
Cost Plus Drugs



Brent Davis
CFO/COO, Primary Care Division,
AdventHealth



Karen DeSalvo
Chief Health Officer,
Google



Isaac Edrah
Managing Principal & Founder,
Paramean Solutions



Katila Farley
Host, Moderator, Facilitator, Author,
Business of Primary Care



Olaoluwa "Láolú" Fayanju
Chief Medical Officer,
RubiconMD



Elliott Fisher
Professor of Health Policy and
Medicine, The Dartmouth Institute



Lee Fleisher
Principal and Founder,
Rubrum Advising



Liz Fowler
CMS Deputy Administrator,
Director of the
CMS Innovation Center



Susannah Fox
Former CTO, HHS; Board Member,
Smartt Check In PBC; Board
Member, Cambia Health Solutions



Eric Gallagher
CEO,
Ochsner Health



Faris Ghawi
Co-Founder &
Chief Executive Officer,
Vytalize Health



Ryan Grant
Founder & CEO,
Vori Health



Lacy Heiberger
Chief of Practice Innovation,
UVA Health



Sachin H. Jain
President & CEO,
SCAN Group & Health Plan



**S. Claiborne
"Clay" Johnston**
Chief Medical Officer &
Co-Founder, Harbor Health



Sarah Kachur
Executive Director,
Population Analytics, Strategy
and Solutions, Johns Hopkins
Population Health Analytics



Curtis Lane
Founding Partner,
MTS Health Partners



Leonard Lindenmuth
Vice President,
Strategy and Population Health,
Bassett Healthcare



Blake Madden
Founder and Creator,
Hospitalogy



James McDonald
Health Commissioner,
New York State Department
of Health



Vince Micucci
SVP, National Director,
Alliant Insurance Services



Sashi Moodley
Chief Clinical Officer & Interim
Chief Product/Experience Officer,
Walgreens



Matthew Moore
President Southeast Region,
Humana



Jessica Morgan
Medical Director,
Praxis Health



David B. Nash
Founding Dean Emeritus,
Jefferson College of
Population Health



Kevin O'Leary
Co-Founder,
Health Tech Nerds



Dan O'Neill
Chief Commercial Officer,
Pine Park Health



Yubin Park
Chief Builder and Moderator,
Mimilabs



Mitch Perry
CFO, BCBS North Carolina



Michael Porter
Professor and Director,
Institute for Strategy &
Competitiveness at
Harvard Business School



Robbie Pottharst
CEO, myPlace Health



Fay Rotenberg
CEO, Firefly Health



Valinda Rutledge
Executive Vice President,
Advocacy and Education,
America's Physician Group



Jennifer Schneider
CEO, Homeward



Daniel Shenfeld
Founder and Principal,
Manganese Health Data Solutions,
Adjunct Professor of Health Policy,
University of Pennsylvania



David Shulkin
President, Shulkin Solutions;
Former Secretary,
US Department of
Veterans Affairs



Michael Synn
Chief Medical Officer,
Santé Physicians Group



Elizabeth Teisberg
Executive Director of
Value Institute for
Health & Care, UT Austin



Michael Tutty
Group Vice President,
Professional Satisfaction and
Practice Sustainability,
American Medical Association (AMA)



Bryony Winn
President, Health Solutions,
Elevance Health

Nominations Are Open for 2025!

We're excited to have officially opened nominations for the Top 50 Value-Based Care Thinkers of 2025! If you or someone you know is making a real difference in our healthcare system and offering a vision for how to deliver efficient, high quality, whole-person healthcare, we encourage you to submit a nomination.

Top 50 VBC Thinkers 2025

Submit Your Nomination for Pearl Health's Top 50 Value-Based Care Thinkers of 2025

Nominate



As readership of the Top 50 Value-Based Care Thinkers Report has grown, selection for the honor has become increasingly competitive. We are committed to promoting a fair and inclusive process that represents diverse voices from across the healthcare industry.

The Pearl Health team works hard to make the nomination process as easy and accessible as possible. To submit a nomination, fill out the nomination form linked above. **The deadline for 2025 submissions is Friday, February 28, 2025.**

Who Should You Nominate?

We encourage nomination for leaders across disciplines who are contributing meaningfully to the way we think about and deliver value-based healthcare. The Top 50 Value-Based Care Thinkers list is intentionally broad and inclusive. To offer some guidelines, below is an illustrative, non-exhaustive list with examples of previous honorees:

- + Leaders of Forward-Thinking Physician Groups
- + Providers with Innovative Delivery Models
- + Heads of Healthcare Non-Profits & Organizations
- + Policy Makers Focused on Better, More Efficient Healthcare
- + Professors, Researchers, & Academics
- + Insurance Leaders & Payors Accelerating Value-Based Care
- + Mission-Driven Startup Founders & Leaders
- + Technology Innovators within Companies of All Sizes
- + Economists, & Data Scientists
- + Journalists & Healthcare Industry Analysts

Additional Information

For more information on Pearl Health's Top 50 Value-Based Care Thinkers of 2024, the nomination process, or timeline, please visit pearlhealth.com/top-50-vbc-thinkers-nomination/.

For any other questions, please contact our team at top50vbc@pearlhealth.com.

About Pearl Health

We help primary care organizations succeed in value-based care

We're a team of doctors, technologists, and health plan specialists with a passion for enabling our provider partners to deliver better care and reduce health system costs. Our executive team has deep experience in payor and provider technology, in addition to diverse industry backgrounds offering fresh perspectives.

At Pearl Health, our mission is to democratize access to value in healthcare. We seek to empower primary care practices to deliver better

quality care for their patients at a lower cost via a physician enablement technology platform and a value-based payment model — starting with Medicare's ACO REACH Model.

Our platform and services are designed to make it easy for providers to continue delivering quality care for their patients while maximizing revenue for their practices. We do this by providing simple financial reporting, visibility into patient panel health, and recommendations to allocate time and resources to deliver care to patients who need it most.

Learn more at [pearlhealth.com](https://www.pearlhealth.com)

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