HFS Top 10: HCP Service Providers, 2022

An assessment of healthcare providers (HCP) service providers by execution, innovation, OneOffice™ alignment, and voice of the customer

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The expanding position of self-insured employers bracketed by rising costs of benefits and price transparency rules is likely to disrupt the traditional care delivery mechanism. This will have a material impact on the triple aim of care; this inflection point has been some time in the making and is likely to be realized in the next couple of years.

Rohan Kulkarni, Practice Leader, Healthcare and Life Sciences Research

With the advent of emerging technology, firms have been working on the transformation and digitalization of healthcare solutions with the mindset of optimizing systems and processes, improving patient outcomes, reducing error, lowering costs, and improving patient experience. This will probably help with the achievement of the triple aim in the long term, but it can give an accelerated realization of the triple aim if providers decide to focus more on healthcare impact rather than financial impact.

Mayank Madhur, Associate Practice Leader
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Introduction and the HFS value chain
Introduction

- The COVID-19 pandemic disrupted hospital care as hospitals came under pressure to meet the community’s ongoing healthcare service needs while responding to the additional COVID-19 caseload and readjusting their care priorities. In that context, this Top 10 report reflects on how the industry and its ecosystem reacted.

- The HFS Top 10: HCP Service Providers, 2022 report examines service providers’ role in the dynamic care delivery industry. We assessed and rated the HCP service capabilities of 17 HCP service providers across a defined series of innovation, execution, OneOffice™ alignment, and voice of the customer criteria.

- The assessment in the report is based on services for healthcare provider enterprises worldwide.

- This report also includes detailed profiles of each service provider, outlining their overall and subcategory rankings, provider facts, and detailed strength and development opportunities.

- The report specifically focuses on industry-specific capabilities for healthcare providers as defined in our value chain. It does not focus on horizontal IT or BPS services such as application management or finance and accounting outsourcing, which may be delivered to healthcare providers.
21st century value chains must adapt to multi-dimensional challenges

- **Digital manifestation**: Typical linear value chains reflect analog business paradigms vs. representing a multi-dimensional digital delivery mechanism fit for the 21st century.

- **OneOffice™**: The multi-dimensional value chain makes the OneOffice intrinsic to its delivery capability while setting the stage to help build effective ecosystems.

- **Iterative transformation**: Digital transformation can be effectively driven through industry value chains by making iterative and sustainable changes across multiple dimensions over time.
The HFS healthcare provider value chain spans three dimensions of care aligned to three market segments

The healthcare provider value chain covers the entire spectrum of care delivery across multiple modalities or channels. The value chain transcends the different healthcare provider market segments, including primary care, acute care, specialty care, and post-acute care, including rehabilitation. The value chain is represented in three-dimensional settings to reflect real-world intersections of different functions across different departments delivered through various channels. The value chain is not meant to comprehensively list all functions. Instead, it provides a construct to help in the evaluation, recognizing that the caregiving continuum can conflict with operational silos. As such, the value chain encapsulates three areas, which, when decomposed, will yield key functions across clinical, operational, and financial responsibilities.

Pre-care includes referrals, pre-authorizations, and admissions. Key functions under pre-care include patient education, appointments, benefits and eligibility, and medical records management. We also consider primary care under this dimension.

Care aligns with clinical care delivery, including acute and specialty care. Key functions supporting care include labs and tests, surgical and ambulatory services, case management, and discharge.

Post-care supports clinical needs for rehabilitation and post-acute care and admin functions like claims management, patient services, and compliance management, reflected by key functions including revenue cycle management (RCM), post-acute care transitions, and audits. IT, facilities, contracts, and vendor management are also in this category.
The HFS OneOffice™—digital transformation in action

The HFS OneOffice™ is our vision for actionable digital transformation. At its heart is the core concept that emerging technologies combined with people, process, and data innovation can break down the silos that limit our success, dissolving barriers between the front and back office to create the only office that matters—OneOffice. It represents a mindset shift to collaborative cross-functional enterprise operations powered by an integrated stack of emerging tech that complements your core, natively automates your processes, enables your employees and customers, and powers your decisions—breaking down your legacy silos in the process.

Source: HFS Research, 2022
The OneOffice Emerging Tech Platform—powering the journey to the OneOffice

Native automation
Design processes in the cloud; learn from human interaction to keep improving

People and process change
Assist and complement human expertise; continually learn from interactions and feedback

Data and decisions
Identify new opportunities from data and interactions; provide anticipatory insights and forecasts

Enterprise operations
- Engagement AI
  - Workflow
  - Process orchestration
- Security
  - RPA
  - AIOps
  - Intelligent document processing
- OneOffice applications
- Process intelligence
- Integration/iPaaS (APIs)
  - Data optimization
- DevOps/Agile

Domain and industry expertise
- Information model
  - IoT
  - Blockchain
  - Containers
- Digital fluency skills

Change management
- Design thinking

Source: HFS Research, 2022, examples are representative

Excerpt for EY
2

Research and methodology
This Top 10 research report relies on myriad data sources to support our methodology and help HFS obtain a well-rounded perspective on the service capabilities of the participating organizations covered in our study. Sources are as follows:

**Sources of data**

- **RFIs and briefings**
  - We ask each participating organization to complete a detailed RFI.
  - HFS conducts vendor briefings with senior executives from each organization.

- **Reference checks**
  - HFS conducts reference checks with active clients of the study participants via survey and phone-based interviews.

- **HFS vendor ratings**
  - Each year, HFS fields multiple demand-side surveys in which we include detailed vendor rating questions. For this study, we leverage the HFS Pulse data featuring 400+ vendor ratings from Global 2000 enterprises.

- **Other data sources**
  - Public information such as press releases, web sites, etc.
  - Additional sources such as ongoing interactions, briefings, virtual events, etc., with in-scope vendors and their clients and partners.
Our assessment approach for this study

The study evaluates the capabilities of providers across the healthcare provider value chain based on execution, innovation, voice of the customer (VOC), and alignment with the HFS OneOffice model—our vision for digital transformation. Details include:

**Execution**
- **Breadth and depth:** Includes healthcare provider revenue, client portfolio, global delivery footprint, and delivery spread
- **Scale of healthcare provider business:** Industry-specific resources, industry talent cultivation, geographical coverage, subsectors covered, number of clients, revenue, and revenue contribution
- **Growth of healthcare provider business:** Year-on-year revenue growth, client growth—new logo and organic, resource growth, offering expansion
- **Outcomes realized:** Contribution to the triple aim (cost of care, health outcomes, and experience of care)

**Innovation**
- **Strategy and vision:** Including an integrated digital and IoT vision and credibility of strategy, strong understanding of the trends, and refinement of capabilities to address the challenges, go-to-market strategy, competition strategy
- **Healthcare provider technology innovation:** In-house tools, patents, platforms, frameworks, lab infrastructure, process integration, and R&D outcomes
- **Co-innovation and collaboration:** Co-innovation with clients, creative commercial models including pricing, and innovative engagement models aligning with market trends
- **Outcomes realized:** Contribution to the triple aim (cost of care, health outcomes, and experience of care)

**OneOffice alignment**
- **OneOffice scope:** End-to-end offering that connects the front, middle, and back offices
- **OneOffice skills:** Cultivation of OneOffice skills such as digital fluency and problem solving, internally and with clients
- **OneOffice competencies:** Formalized approaches to data and change management
- **OneOffice technology platform:** Enabling capabilities that support "straight-to-digital," anything related to deployment of intelligent automation, IT-OT convergence, 5G, and other emerging technologies that weave into the OneOffice concept

**Voice of the customer**
- **References and interviews:** Sourced from study participants
- **Referenceability:** Provision of references and responsiveness
- **HFS survey data:** Feedback from non-reference clients sourced from HFS' network

25% 25% 25% 25%
Market dynamics
All the attributes of the triple aim of care are heading in the wrong direction in the US…

Source: CDC

Source: OECD
…making it harder on healthcare providers to get their financials in order, given the difficult impact of the pandemic

The single-most important strategic goal for your organization for the next 12-18 months

Sample: HFS Research Pulse – May 2022; 42 healthcare providers
Source: HFS Research, 2022
Executive summary

1. **Convergence**
   Healthcare challenges attract participants from four broad heritages: IT services, consulting, BPO, and healthcare. While the participants are transforming their playbooks to adapt to evolving market conditions (combining technology enablement with consulting, etc.), they are reconfiguring their value proposition in the healthcare market.

2. **Workforce**
   The great resignation has been an equal opportunity spoiler as the world pivots slowly away from the pandemic. Primary care, health systems, hospitals, and rehabilitation centers have not been immune. Hospital turnover was estimated to be between 25% and 30% in 2021, and the current RN vacancy stands close to 20%. By all accounts, turnover and vacancies are not expected to improve materially, requiring solutions that need lower clinician touches.

3. **Outcomes**
   Despite the forever-growing interest in value-based care (VBC), healthcare providers and service providers do not appear to cross the chasms of operational and financial outcomes. While tracking and measuring biological outcomes is not easy, ignoring it will continue to cause deterioration of the triple aim of care, manifesting into poorer operational and financial outcomes.

4. **Segmentation**
   The market is clearly segmented by the severity of care needs, from primary to tertiary to rehabilitation. The needs of each of these markets are different, yet service providers appear to address the market in an unsegmented manner. There is an overweighted focus on acute care and underweighted focus on primary and rehabilitation for a variety of reasons, including financials and solution relevancy.

5. **Shifting market**
   Healthcare provider choices are driven by the funding mechanism, i.e., health insurance. In 2020, enrollment in self-insured employers surpassed enrollment in plans underwritten by health insurers. It is likely that self-insured employers will seek direct to provider contracts both for primary (digital health enable virtual care) and acute care (VBC, center of excellence) to drive improved employee productivity instead of just reactive care. The shift in this market dynamic could make a positive change in aligning HCPs to health vs. just volume driven sick care.

6. **Regulations**
   Price transparency for HCPs means chargemaster on Google: Perhaps not immediately, but most certainly in the next three years, HCPs will continue to be under pressure to manage their financials and will be on the look out for creative contracting (direct to employer), elimination of middle-parties (forget claims processing by health plans), and expanding their value proposition (think community orientation and health). Service providers need to invest in blue-sky thinking to direct and meet HCPs there instead of just addressing today’s problem.
Healthcare challenges are attracting participants across multiple heritages that will inspire the most effective solutions.

**IT services led**
- Augmenting core with consulting
- Underwriting risk
- Constrained to tactical KPIs

**Consulting led**
- Augmenting core with platforms
- Leveraging C-suite connections
- Willing to go beyond tactical KPIs

**Healthcare focus led**
- Consulting, platforms, services
- Leveraging domain depth and expertise
- Creative contracts

**BPO services led**
- Transactional services
- Limited platforms or technologies
- Tactical KPIs
Healthcare providers are embracing convergence of non-native tools, technologies, processes, and ecosystems to address their challenges

<table>
<thead>
<tr>
<th>Level 1: Starting gate</th>
<th>Level 2: Piecemeal</th>
<th>Level 3: On the fence</th>
<th>Level 4: Optimized</th>
<th>Level 5: Transformative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creating touchless, frictionless, digital experiences and connecting the front-, middle-, and back-office silos</td>
<td>29%</td>
<td>21%</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Skills and culture around digital fluency, initiative, problem solving, initiative, embracing change, and values</td>
<td>26%</td>
<td>24%</td>
<td>24%</td>
<td>10%</td>
</tr>
<tr>
<td>Employee experience driven by a plug-and-play, work-from-anywhere environment</td>
<td>31%</td>
<td>29%</td>
<td>26%</td>
<td>10%</td>
</tr>
<tr>
<td>Strong IT-business collaboration and partnership</td>
<td>40%</td>
<td>26%</td>
<td>26%</td>
<td>10%</td>
</tr>
<tr>
<td>AI-powered, cloud-enabled technology architecture that focuses on customer, employee, and partner experience</td>
<td>31%</td>
<td>28%</td>
<td>26%</td>
<td>9%</td>
</tr>
<tr>
<td>Re-imagined processes that eliminate wasteful activities</td>
<td>36%</td>
<td>31%</td>
<td>36%</td>
<td>9%</td>
</tr>
<tr>
<td>Data-driven strategy and decision making with different sources of data, open data marketplaces, and the ability to discover new datasets that reside beyond organizational silos</td>
<td>31%</td>
<td>31%</td>
<td>22%</td>
<td>7%</td>
</tr>
<tr>
<td>Ecosystem approach driven by collaboration, both internally and externally</td>
<td>29%</td>
<td>21%</td>
<td>24%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Sample: 58 healthcare providers
Source: HFS Research H12021 Pulse
Clinical workforce challenges under pressure, irrespective of projections due to pandemic impact, aging, and disease prevalence

- Projections of clinical (nurses and doctors) job growth reflects the growth of the US population, aging and disease prevalence.
- The typical strategies to bridge the gap may be insufficient; the US graduates about 22,000 physicians and 155,000 nurses annually. However, demand drivers suggest that the graduate count will not meet the need.
- Clinical workforce shortages in the US will be dire by 2034:
  - Primary care physicians—18,000 to 48,000
  - Specialty physicians—21,000 to 77,000
  - More than a million nurses to exit by 2030
- Options that are ahead of us are a combination of policy and technology enablement:
  - Policy: Allow for greater clinical immigration; develop clinical catchments globally to meet US standards
  - Technology enablement: Uber-reengineering of clinical processes combined with uber-automation of processes that do not require clinical intervention
- Service providers with their global footprint and technology capabilities are ideally placed to help solve the workforce challenges.

Source: HFS Research, 2022

Nurse opening projections

- Certified Nursing Assistant
- Licensed Practical/Licensed Vocational Nurse
- Registered Nurse
- Nurse Educator
- Nurse Midwife
- Nurse Practitioner
- Certified Registered Nurse
- Nurse Anesthetist

9% nurse jobs growth projection

2020
2030 (Projected)
Tech enablement for virtual monitoring, care, and automation of nonclinical functions can mitigate workforce challenges

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Rank 1</th>
<th>Rank 2</th>
<th>Rank 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adopt emerging technologies (e.g., automation, AI, analytics)</td>
<td>17%</td>
<td>12%</td>
<td>10%</td>
</tr>
<tr>
<td>Improve supply chain resiliency and transparency</td>
<td>17%</td>
<td>7%</td>
<td>10%</td>
</tr>
<tr>
<td>Modernize IT Information technology to get fully into the cloud</td>
<td>14%</td>
<td>17%</td>
<td>10%</td>
</tr>
<tr>
<td>Allow our employees work-at-home or work-from anywhere</td>
<td>12%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Improve environmental sustainability</td>
<td>10%</td>
<td>10%</td>
<td>12%</td>
</tr>
<tr>
<td>Respond to the crisis created by COVID-19</td>
<td>10%</td>
<td>21%</td>
<td>5%</td>
</tr>
<tr>
<td>Outsource more business functions</td>
<td>7%</td>
<td>2%</td>
<td>10%</td>
</tr>
<tr>
<td>Embrace diversity and inclusion as part of our ethics and values</td>
<td>7%</td>
<td>12%</td>
<td>7%</td>
</tr>
<tr>
<td>Increase staff development to improve digital fluency of workforce (e.g., more training on using technology to augment or enhance roles across the organization)</td>
<td>5%</td>
<td>5%</td>
<td>19%</td>
</tr>
<tr>
<td>Optimize end-to-end processes</td>
<td>2%</td>
<td>5%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Sample: HFS Research Pulse – May 2022; 42 healthcare providers
Source: HFS Research, 2022
Demand for sourcing is increasing across the HCP services value chain

- We asked the service providers profiled in this report to assess the change in demand for their services across the healthcare provider value chain over the past 12 months from +2 (a significant increase) to -2 (a significant decline).
- Demand is increasing across the whole value chain. The fastest growth in demand is for patient monitoring and adherence.

### Services demand is increasing across the Healthcare provider (HCP) value chain

<table>
<thead>
<tr>
<th>Pre-care</th>
<th>Care</th>
<th>Post-care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral</td>
<td>Intervention and treatment</td>
<td>Compliance and reporting</td>
</tr>
<tr>
<td>Referral management</td>
<td>Ambulatory</td>
<td>Quality management</td>
</tr>
<tr>
<td>Medical records</td>
<td>Labs and test data management</td>
<td>Audits</td>
</tr>
<tr>
<td>management</td>
<td></td>
<td>Post-acute care transition</td>
</tr>
<tr>
<td>Consultations</td>
<td>Acute care</td>
<td>Patient services</td>
</tr>
<tr>
<td>Patient education</td>
<td>Surgical</td>
<td>Post-acute care transition</td>
</tr>
<tr>
<td>Diagnosis and treatment</td>
<td>Patient monitoring and</td>
<td>network management</td>
</tr>
<tr>
<td>options</td>
<td>adherence</td>
<td>Claims management</td>
</tr>
<tr>
<td>Pre-authorization</td>
<td>Post-acute care</td>
<td>revenue cycle management</td>
</tr>
<tr>
<td>Benefits and eligibility</td>
<td>Rehabilitation</td>
<td>Billing and collections</td>
</tr>
<tr>
<td>Admissions</td>
<td>Discharge management</td>
<td>Average</td>
</tr>
<tr>
<td>Appointment and pricing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>1.2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sample: 15 of 17 service providers covered in this report
Source: HFS Research, 2022
The lack of digital operations continues to impact patient experiences and provider financials

### Primary method for checking in patients at time of service

<table>
<thead>
<tr>
<th>Method</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paper forms completed during the encounter</td>
<td>48%</td>
</tr>
<tr>
<td>Electronic forms completed online by the patient</td>
<td>22%</td>
</tr>
<tr>
<td>Electronic forms completed with staff direction</td>
<td>16%</td>
</tr>
<tr>
<td>Electronic forms completed on a shared tablet</td>
<td>5%</td>
</tr>
<tr>
<td>Electronic forms completed on a patient's</td>
<td>3%</td>
</tr>
<tr>
<td>smartphone or tablet during the encounter</td>
<td></td>
</tr>
</tbody>
</table>

### Impact to patient experience due to billing and collection efforts

<table>
<thead>
<tr>
<th>Impact</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No impact on the patient experience</td>
<td>39%</td>
</tr>
<tr>
<td>Somewhat improve the patient experience</td>
<td>27%</td>
</tr>
<tr>
<td>Significantly improve the patient experience</td>
<td>21%</td>
</tr>
<tr>
<td>Somewhat hurt the patient experience</td>
<td>12%</td>
</tr>
<tr>
<td>Significantly hurt the patient experience</td>
<td>1%</td>
</tr>
</tbody>
</table>

### Frequency of refunds issues to patients for overpayment of medical bills

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sometimes</td>
<td>72%</td>
</tr>
<tr>
<td>Never</td>
<td>12%</td>
</tr>
<tr>
<td>Often</td>
<td>11%</td>
</tr>
<tr>
<td>Very often</td>
<td>5%</td>
</tr>
</tbody>
</table>

### Organizational adaptation due to challenges from 2021

<table>
<thead>
<tr>
<th>Adaptation</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adding and improving telehealth options</td>
<td>50%</td>
</tr>
<tr>
<td>Increasing electronic connections with payers, e.g., ERA, EFT</td>
<td>49%</td>
</tr>
<tr>
<td>Adding or increasing self-service payment options, including online payments</td>
<td>36%</td>
</tr>
<tr>
<td>Adding or increasing self-service check-in options, including online forms</td>
<td>27%</td>
</tr>
<tr>
<td>Reducing or changing business hours to accommodate staffing shortages</td>
<td>17%</td>
</tr>
<tr>
<td>Automating more postings and reconciliation processes due to staffing challenges</td>
<td>14%</td>
</tr>
<tr>
<td>Other</td>
<td>8%</td>
</tr>
</tbody>
</table>

Data source: Trends in healthcare payments – 12th annual report Instamed (2021)
Source: HFS Research
There is a correlation between healthy behaviors and life expectancy across the states in the US.

Source: HFS Research
Data: CDC (2019), Gallup (2019)
Despite poor health outcomes, healthcare provider strategies over the next 18 months are focused on financial hardening.

### What are the major business strategies that your organization is pursuing to meet your organizational goal for the next 12-18 months?

<table>
<thead>
<tr>
<th>Business Strategy</th>
<th>Rank 1</th>
<th>Rank 2</th>
<th>Rank 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus on virtual customer experiences for the new digital world</td>
<td>17%</td>
<td>17%</td>
<td>21%</td>
</tr>
<tr>
<td>Find new markets or customer segments for our products or services</td>
<td>17%</td>
<td>10%</td>
<td>12%</td>
</tr>
<tr>
<td>Accelerate our digital modernization initiative(s)</td>
<td>14%</td>
<td>17%</td>
<td>5%</td>
</tr>
<tr>
<td>Use data as a business asset</td>
<td>14%</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>De-risk our supply chain to ensure that it is far more resilient</td>
<td>12%</td>
<td>2%</td>
<td>14%</td>
</tr>
<tr>
<td>Compete against &quot;digital native&quot; disruptors</td>
<td>10%</td>
<td>21%</td>
<td>5%</td>
</tr>
<tr>
<td>Overhaul our products or services to become more relevant in the post-COVID-19 market</td>
<td>7%</td>
<td>2%</td>
<td>14%</td>
</tr>
<tr>
<td>Divest or exit parts of our underperforming businesses</td>
<td>5%</td>
<td>2%</td>
<td>12%</td>
</tr>
<tr>
<td>Make strategic acquisitions to ensure we are relevant for the future</td>
<td>5%</td>
<td>21%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Sample: HFS Research Pulse, May 2022, 42 healthcare providers
Source: HFS Research, 2022
But it won’t be smoothing sailing, given the raft of challenges providers will have to address.

What are your company’s challenges to meet your strategic objectives?

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Rank 1</th>
<th>Rank 2</th>
<th>Rank 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data security issues</td>
<td>21%</td>
<td>5%</td>
<td>17%</td>
</tr>
<tr>
<td>Fragmented systems landscape</td>
<td>17%</td>
<td>19%</td>
<td>10%</td>
</tr>
<tr>
<td>Lack of organizational alignment</td>
<td>17%</td>
<td>12%</td>
<td>5%</td>
</tr>
<tr>
<td>Risk and compliance concerns</td>
<td>14%</td>
<td>24%</td>
<td>21%</td>
</tr>
<tr>
<td>Challenges in developing business case</td>
<td>10%</td>
<td>7%</td>
<td>10%</td>
</tr>
<tr>
<td>Lack of C-level leadership commitment</td>
<td>10%</td>
<td>7%</td>
<td>10%</td>
</tr>
<tr>
<td>Lack of data quality</td>
<td>7%</td>
<td>5%</td>
<td>12%</td>
</tr>
<tr>
<td>Lack of digitally fluent talent</td>
<td>2%</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Lack of centralized data governance within the org.</td>
<td>2%</td>
<td>17%</td>
<td>17%</td>
</tr>
</tbody>
</table>

Sample: HFS Research Pulse, May 2022, 42 healthcare providers
Source: HFS Research, 2022
Horizon 1 is in the rear-view mirror, and Horizon 3 is unfolding right now, driving the urgency to act on critical use cases.

**Horizon 1: Digital**
Digitally optimized processes to drive improved business outcomes

- Efficiency and effectiveness mindset
- Internal collaboration
- Medicare expansion
- Integrated PHI app for consumers
- Cloud native
- Industry cloud

**Horizon 2: OneOffice**
End-to-end organizational alignment across front, middle, and back to drive unmatched stakeholder experience

- Internal collaboration
- Data-led decision making
- Direct-to-consumer services expansion
- Integrated PHIs for consumers
- Cloud computing

**Horizon 3: OneEcosystem**
Collaboration across the healthcare ecosystem to deliver against the Triple Aim (cost, health outcomes and experiences)

- Infinite mindset
- External collaboration
- Universal healthcare
- Integrated wearables

**The HFS Enterprise Innovation Framework**
Lends clarity to the noise of emerging technologies driving digital health.

**VALUE ASPIRATION**

**LINEAR**

**EXPERIENTIAL**

**EXPONENTIAL**

**FUNCTIONAL**

**ENTERPRISE INNOVATION SCOPE**

**ECOSYSTEM**

- Unified data reporting
- Patient-centric
- Process workflow
- Internal collaboration
- Data-led decision making
- Digitally fluent talent
- Human + machine processes
- Medicare expansion
- Direct-to-consumer services expansion
- Employer as a health plan
- Integrated PHI app for consumers
- AR and VR to extend virtual care
- Cloud native
- Artificial intelligence/ NLP
- Prescriptive analytics
- AR/VR
- Internet of things (IoT)

- Siloed eco-system (legacy)
- Neo-health and big tech participation
- Global pandemic
- Virtual care (telehealth) expansion
- Health and care apps proliferation
- Cloudification
- Cybersecurity
- Automation
- Machine learning
- Predictive analytics
- Mobility

- Industry cloud
- 5G
- Edge computing
- Blockchain
- Web3/ Metaverse
- Quantum computing

- Infinite mindset
- External collaboration
- Universal healthcare
- Universal healthcare
- Autonomy driven healthcare
- Super app
- Wearables
- Super app
- Industry cloud
- 5G
- Edge computing

- Organization characteristics
- Market dynamics
- Digital health manifestation
- Emerging technology adopted at scale

Excerpt for EY
HCP provider services are mostly competitive or under-penetrated, with many greenfield opportunities.

Relative maturity of RCPG-specific services

- **Pre-care**
  - Benefits and eligibility: 2.8
  - Appointment and pricing: 2.7
  - Referral management: 2.0
  - Patient education: 1.9
  - Medical records management: 1.9
  - Diagnosis and treatment options: 1.7

- **Care**
  - Discharge management: 2.6
  - Case management: 2.6
  - Ambulatory: 2.4
  - Patient monitoring and adherence: 2.3
  - Labs and test data management: 1.9
  - Surgical: 1.5

- **Post-care**
  - Revenue cycle management: 3.0
  - Billing and collections: 2.7
  - Quality management: 2.7
  - Audits: 2.5
  - Contracts management: 2.3
  - Post acute care transition support: 2.3

Sample: 15 out of 17 service providers covered in this report
Source: HFS Research, 2022

Excerpt for EY
HCP services providers going to market by solution categories instead of market segments is holding back value

58% of HCP service providers have offerings aligned to acute care

Sample: 15 out of 17 service providers covered in this report
Source: HFS Research, 2022
Primary care will become more subscription-based, disrupting traditional health plan–provider contracting

- **Subscription based**
  - Health plans
  - Government
  - Employer
  - Consumer

- **Traditional insurance**
  - Fast running out of fashion!
  - Experimentation and support to continue as CMS saved ~$2 billion in 2020

- **ACOs**
  - Government programs will continue to expand
  - Kaiser-level HMOs could be a way forward, but few can execute

- **Integrated health system or PSHP**
  - Attractive to self-insured employers
  - Attracted to younger and savvy cohorts
  - Millennials likely 1st generation to begin try alternative models
  - Employers could make an allocation vs. delivery benefits
  - Self-insured employers will increase direct to provider

Sample: 15 out of 17 service providers covered in this report
Source: HFS Research, 2022
Subscription-based digital-health-enabled primary care can disrupt health insurance for primary care

<table>
<thead>
<tr>
<th></th>
<th>Individual insurance plans</th>
<th>Subscriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Typical</td>
<td>High deductible (HDHP)</td>
</tr>
<tr>
<td>Average annual premiums</td>
<td>$5,256</td>
<td>$1,632</td>
</tr>
<tr>
<td>Average deductibles</td>
<td>$1,945</td>
<td>$1,700</td>
</tr>
<tr>
<td>Average subscription</td>
<td></td>
<td>$900</td>
</tr>
<tr>
<td>Total cost to consumer</td>
<td>$7,201</td>
<td>$3,332</td>
</tr>
</tbody>
</table>

• According to the Kaiser Family Foundation, the average health insurance benchmark premium (silver plan) on the US exchange marketplace is $438 per month in 2022; the average deductible is $1,945.

• Health consumers can choose the combination of subscription-based primary care and a high deductible health plan (HDHP) that could translate into a savings of about $3,000, or 40% lower than the benchmark plan for an individual.

Digital health primary care is about to disrupt health plans

Data: Kaiser Family Foundation, Government Employees Health Association (GEHA)
Source: HFS Research, 2022
Self-insured employer enrollments surpassed fully-insured enrollments in 2020, opening new care delivery paradigms
The opportunity is strengthened by health plans morphing into a services business and competing with you!

**At-risk vs. administrative services at six largest publicly traded health plans**
Average percentage of membership 2019–2021

- **Commercial risk based**
  - United: 15.4%
  - Anthem: 13.9%
  - Centene: 7.2%
  - Humana: 13.3%
  - Cigna: 11.3%
  - Aetna: 20.7%

- **Commercial service**
  - United: 63.1%
  - Anthem: 76.7%
  - Centene: 4.7%
  - Humana: 63.4%
  - Cigna: 0.9%
  - Aetna: 150%

- **Medicare Advantage**
  - United: 81.4%
  - Anthem: 9.4%
  - Centene: 12.3%
  - Humana: 3.6%
  - Cigna: 19.7%
  - Aetna: 14.7%

- **Medicaid**
  - United: 66.1%
  - Anthem: 6.7%
  - Centene: 8.9%
  - Humana: 21.9%
  - Cigna: 17.1%
  - Aetna: 150%

Source: HFS Research
Data: Company 10K
Excerpt for EY
Chargemaster on Google driven by price transparency rules is about to append healthcare from funding to care delivery

<table>
<thead>
<tr>
<th>Consumer</th>
<th>Self-insured employer</th>
<th>Health plans</th>
<th>Health systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health plans</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short term (less than 3 years)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No impact given the low awareness of price-transparency rules</td>
<td></td>
<td>Slow but improved adoption of price transparency tools leading to better care choices clinically and financially</td>
<td>Better usage of price transparency tools will increase health IQ to make informed decisions</td>
</tr>
<tr>
<td>Consider the groundwork being laid to go direct to provider</td>
<td></td>
<td>Augment direct-to-provider contracts with holistic health by incorporating social determinants of health through primary care</td>
<td>Continued experimentation with a focus on prevention and wellness; direct to provider for acute care needs</td>
</tr>
<tr>
<td>Expect plans to win this first as they renegotiate prices down and further slow-walk value-based care (VBC)</td>
<td></td>
<td>Health plans will resort to reducing premiums and crafting attractive VBC to remain relevant</td>
<td>Will predominantly be a service provider for Medicare, Medicaid, and CHIP</td>
</tr>
<tr>
<td>Inconsistent impacts between large urban hospitals to rural hospital</td>
<td></td>
<td>Strong adoption of VBC and a pivot away from transactional (FFS) pricing to combat severe price negotiation challenges</td>
<td>Continued financial battles that could be eased with predominantly VBC with FFS the exception</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time horizon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short term (less than 3 years)</td>
</tr>
<tr>
<td>Mid term (~5 years)</td>
</tr>
<tr>
<td>Long term (~10 years)</td>
</tr>
</tbody>
</table>
Hospital price transparency compliance is very low across different dimensions suggesting that they need help quickly.

- **85.7%** Did not post a complete machine-readable file of standard charges.
- **84.9%** Failure to provide the national drug codes (NDC) and associated prices for each of the drugs and pharmacy items offered.
- **62.1%** Did not publish a sufficient amount of negotiated rates.
- **58.6%** Did not publish all payer-specific negotiated charges.
- **26.2%** Did not publish any discounted cash prices.
- **4.1%** Did not post any standard charges file.

Source: HFS Research
Data: patientrightsadvocate.org, Feb 2022
### FTE Landscape

<table>
<thead>
<tr>
<th>Minimum</th>
<th>Average</th>
<th>Median</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>11,000</td>
<td>4650</td>
<td>80,000</td>
</tr>
</tbody>
</table>

### Revenue Landscape

<table>
<thead>
<tr>
<th>Minimum</th>
<th>Average</th>
<th>Median</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10 million</td>
<td>$850 million</td>
<td>$498 million</td>
<td>$4,514 million</td>
</tr>
</tbody>
</table>

### Client Landscape

<table>
<thead>
<tr>
<th>Minimum</th>
<th>Average</th>
<th>Median</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>~10</td>
<td>8,127</td>
<td>190</td>
<td>90,000</td>
</tr>
</tbody>
</table>

### IT/BPS Breakup

- **IT**: 81%
- **BPS**: 19%

### Client by Size Breakup

- **< $1 billion**: 26%
- **$1-10 billion**: 43%
- **> $10 billion**: 31%

### Project-based versus Annuity-based

- **Annuity-based**: 45%
- **Project-based**: 55%

---

Based on assessment of HCP provider offerings of 15 of 17 service providers

Source: HFS Research, 2022

Excerpt for EY
Top 10 profiles: HCP service providers
Service providers covered in this report

Deloitte and PwC did not actively participate. We built their profiles based on publicly available information and inputs from their clients.
Heritage sets the orientation as service providers reinvent themselves to position toward success in the HCP market

Ability to influence the triple aim of care is reflect by being closest to the center
# HCP service providers—a summary of the providers assessed in this report

<table>
<thead>
<tr>
<th>Providers (alphabetical order)</th>
<th>HFS point of view</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accenture</td>
<td>Clinical leadership with deep expertise and a global footprint is further strengthened by an expansive ecosystem</td>
</tr>
<tr>
<td>Atos</td>
<td>Global footprint aided by inorganic levers will continue to be positive</td>
</tr>
<tr>
<td>Capgemini</td>
<td>“Good to Great” paradigm powers the go-to-market on the backs of solid offerings</td>
</tr>
<tr>
<td>Cognizant</td>
<td>Translating the power of ecosystems and a well-rounded solutions portfolio into successful delivery</td>
</tr>
<tr>
<td>Deloitte</td>
<td>Recognizing and enabling the shift from illness to prevention and wellbeing</td>
</tr>
<tr>
<td>EMIDS</td>
<td>Healthcare centricity, thought leadership and platform capabilities will drive growth</td>
</tr>
<tr>
<td>EXL</td>
<td>Clinical leadership, segmented go-to-market and analytics power EXL health’s growth in its infancy</td>
</tr>
<tr>
<td>EY</td>
<td>Deep expertise across the globe powered by advisory and platform signals strong value proposition</td>
</tr>
<tr>
<td>FirstSource</td>
<td>BPO-led offerings drive financial value to healthcare providers while setting the stage for next level of growth</td>
</tr>
<tr>
<td>HCL</td>
<td>Broad solution portfolio augmented with a strategic ecosystem provides significant upside</td>
</tr>
<tr>
<td>Mphasis</td>
<td>Optimizing investments to power the growth in the provider space will bear dividends over time</td>
</tr>
<tr>
<td>NTT DATA</td>
<td>Investments in co-innovation capabilities as advisory gets energized are part of a recipe for the next level of growth</td>
</tr>
<tr>
<td>Optum</td>
<td>Deep expertise and a solution portfolio that is not wanting for anything empowers a very strong value proposition</td>
</tr>
<tr>
<td>Omega Healthcare</td>
<td>Delivering to a predominant healthcare provider focus on the strength of people power and emerging technology capabilities</td>
</tr>
<tr>
<td>PWC</td>
<td>Strategy advisory-led offerings are strong but limitations in technology solutions</td>
</tr>
<tr>
<td>TCS</td>
<td>A whole of the enterprise approach with deep domain experience and courage to innovate defines TCS HCP play</td>
</tr>
<tr>
<td>Wipro</td>
<td>A willingness to focus on health outcomes will help differentiate its value proposition</td>
</tr>
</tbody>
</table>
HFS Top 10 HCP service providers—2022 notable performances

**HFS Winners Circle**
Top five providers overall across execution, innovation, OneOffice alignment, and voice of the customer criteria

<table>
<thead>
<tr>
<th>#1</th>
<th>#2</th>
<th>#3</th>
<th>#4</th>
<th>#5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optum</td>
<td>cognizant</td>
<td>accenture</td>
<td>EY</td>
<td>HCL</td>
</tr>
</tbody>
</table>

**Execution powerhouses**
Top three providers on execution criteria

<table>
<thead>
<tr>
<th>#1</th>
<th>#2</th>
<th>#3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optum</td>
<td>EY</td>
<td>Deloitte</td>
</tr>
</tbody>
</table>

**Innovation champions**
Top three providers on innovation criteria

<table>
<thead>
<tr>
<th>#1</th>
<th>#2</th>
<th>#3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optum</td>
<td>cognizant</td>
<td>accenture</td>
</tr>
</tbody>
</table>

**OneOffice alignment**
Top three providers aligned to OneOffice

<table>
<thead>
<tr>
<th>#1</th>
<th>#2</th>
<th>#3</th>
</tr>
</thead>
<tbody>
<tr>
<td>optum</td>
<td>tcs</td>
<td>wipro</td>
</tr>
</tbody>
</table>

**Outstanding voice of the customer**
Top three providers on voice of the customer criteria

<table>
<thead>
<tr>
<th>#1</th>
<th>#2</th>
<th>#3</th>
</tr>
</thead>
<tbody>
<tr>
<td>EY</td>
<td>HCL</td>
<td>EXL</td>
</tr>
</tbody>
</table>

**Other notable performances**
- Atos ranked #4 in OneOffice alignment
- EMIDS ranked #4 in Strategy and vision, as well as Growth of Healthcare provider’s business
- EXL ranked #5 in Co-innovation and collaboration and OneOffice alignment, ranked #3 in VoC
- Firstsource ranked #2 in Growth of Healthcare providers’ business
- NTT DATA ranked #3 in Co-innovation and collaboration
- Wipro ranked #1 in Outcome realized for Innovation
- Omega Healthcare ranked #2 in Scale of Healthcare providers business and ranked #4 in strategy and vision
<table>
<thead>
<tr>
<th>Rank</th>
<th>Overall HFS Top 10 position</th>
<th>Execution</th>
<th>Innovation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Breadth and depth</td>
<td>Scale of HCP services business</td>
<td>Growth of HCP services business</td>
</tr>
<tr>
<td>#1</td>
<td>Optum</td>
<td>EY</td>
<td>Optum</td>
</tr>
<tr>
<td>#2</td>
<td>cognizant</td>
<td>cognizant</td>
<td>Omega Healthcare</td>
</tr>
<tr>
<td>#3</td>
<td>accenture</td>
<td>HCL</td>
<td>EY</td>
</tr>
<tr>
<td>#4</td>
<td>EY</td>
<td>pwc</td>
<td>cognizant</td>
</tr>
<tr>
<td>#5</td>
<td>HCL</td>
<td>Deloitte</td>
<td>accenture</td>
</tr>
<tr>
<td>#6</td>
<td>TCS</td>
<td>TCS</td>
<td>Deloitte</td>
</tr>
<tr>
<td>#7</td>
<td>accenture</td>
<td>NTT DATA</td>
<td>Tapped Talent Invo</td>
</tr>
<tr>
<td>#8</td>
<td>Deloitte</td>
<td>Optum</td>
<td>pwc</td>
</tr>
<tr>
<td>#9</td>
<td>EMIDS</td>
<td>Wiipro</td>
<td>HCL</td>
</tr>
<tr>
<td>#10</td>
<td>Omega Healthcare</td>
<td>NTT DATA</td>
<td>firstsource</td>
</tr>
</tbody>
</table>
EY profile: HCP service provider
Deep expertise worldwide powered by advisory and platform signals strong value proposition

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>HFS Top 10 position</td>
<td>4</td>
</tr>
<tr>
<td>Ability to execute</td>
<td>2</td>
</tr>
<tr>
<td>Breadth and depth</td>
<td>1</td>
</tr>
<tr>
<td>Scale of Healthcare Provider business</td>
<td>3</td>
</tr>
<tr>
<td>Growth of Healthcare Provider business</td>
<td>5</td>
</tr>
<tr>
<td>Outcomes realized</td>
<td>9</td>
</tr>
<tr>
<td>Innovation capability</td>
<td>8</td>
</tr>
<tr>
<td>Strategy and vision</td>
<td>15</td>
</tr>
<tr>
<td>Healthcare Provider technology innovation</td>
<td>8</td>
</tr>
<tr>
<td>Co-innovation and collaboration</td>
<td>1</td>
</tr>
<tr>
<td>Outcomes realized</td>
<td>8</td>
</tr>
<tr>
<td>OneOffice alignment</td>
<td>7</td>
</tr>
<tr>
<td>Voice of the customer</td>
<td>1</td>
</tr>
</tbody>
</table>

### Strengths
- **Organizations:** HCP services is part of health sciences and wellness, which covers healthcare payers and providers, and the life sciences (biopharma, medtech, and biotech) industry, which is one of the eight industry markets. EY covers. HS&W contributes 9% of overall EY revenue.
- **Growth:** A strong presence and leadership on sustainability includes a focus on the nuances of health systems and hospitals. A global presence gives EY both credibility and insights into different care paths and technologies, allowing them to be a catalyst of innovative ideas. EY has a strong and consistent construct to drive both original thought leadership and collaboration on great ideas.
- **Go-to-market:** OneEY reflects the OneOffice go-to-market approach connecting the front, middle, and back offices seamlessly. There is a strong bias toward building ecosystems that widen reach and enhances value.
- **Talent management:** While the combination of training and healthcare-experienced hires has become a default approach, EY’s execution of this approach stands out. The global scale, accredited MBA, and industry-specific programs keep it fresh and give them an edge in managing talent.
- **Outcomes:** NextWave strategy takes a long-term view of value across client, people, social, financial, and brand, which is a powerful construct. The Health Outcomes platform connects all stakeholders and can help better define value.
- **Voice of the customer:** Clients appreciate EY’s innovative solutions and strong partnership ecosystem. They also noted EY’s pandemic response.

### Development opportunities
- **Growth:** Inconsistent revenue growth over the last three years suggests opportunities to expand offerings and continued development of creative financial models.
- **Talent management:** There is a risk that the legacy approach of augmenting training with industry hires could face headwinds in this great resignation environment as the evolving needs of a global workforce is going to need something extra to attract and retain.
- **Outcomes:** While NextWave is a powerful construct, the KPIs do not address health outcomes, which is a critical metric as value-based care proliferates on the backs of price transparency.
- **Voice of the customer:** Clients expect EY to better understand the local industry landscape and incorporate it into its offering, creating alternate solution options instead of custom solutions.

### Relevant acquisitions and partnerships
- **Recent acquisitions:**
  - Q2 (Quantitative Data Analytics Solutions), technical consulting and data analytics firm (2022)
  - T-Plus, South Korean consulting firm (2022)
  - Christensen Advisory, India-based investor and media relations consultancy (2022)
  - PeakEPM, Scotland-based financial services consulting firm (2021)
  - Doberman: A design and innovation firm; technology consulting firms (2020)

### Key clients
- **Number of HCP services clients:** 4,312
- **Of the top HCP services companies, EY serves:**
  - Hospital network with more than 70,000 employees and 40 hospitals,
  - Large Midwest health system,
  - Large safety-net hospital,
  - European, National Department of Health,

### Global operations and resources
- **HCP services headcount:** 11,529
- **Delivery locations:**
  - 700+ office locations in 150 countries worldwide.
  - The 22 regions are grouped under three geographic areas: Americas; Europe, Middle East, India, and Africa (EMEIA); and Asia-Pacific. The network of locations includes onshore, near-shore, and offshore delivery models, in addition to a multitude of Centers of Excellence (CoEs) and innovation centers.
- **In-house platforms and tools:**
  - **Smart Health Analytics Digital Patient Twin:** EY’s Smart Health Analytics solution aims to aggregate specific patient, clinical and non-clinical data (clinically-generated data, commercial real-world health data, health-suggestive data, consumer digital health device-generated data, consumer online behavior) into one platform providing a 360-degree view of an individual.
  - **Healthchain:** A blockchain-enabled workflow solution.
  - **Health Market Navigator (HMM):** Analytic platform that leverages a variety of datasets to answer critical healthcare questions in user-defined geographies.
  - **EY Connected Health Cloud:** EY teams are working with health organizations to create open, connected technology ecosystems that help enable better patient experiences and better health outcomes.
  - **Health Outcomes Platform (HOP):** The EY Health Outcomes Platform is an industry-wide utility to enable "triple wins" (for pharmaceutical companies, providers/ payers, and patients).

### In-brief for EY

### Maturity of capabilities across the HCP services value chain

<table>
<thead>
<tr>
<th>Maturity of capabilities</th>
<th>Project-based</th>
<th>Annuity-based</th>
<th>Pre-care</th>
<th>Care</th>
<th>Post-care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-care</td>
<td>2.0</td>
<td>3.0</td>
<td></td>
<td>3.0</td>
<td>3.0</td>
</tr>
<tr>
<td>Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Spread of delivery locations

- **IT vs. BPS revenue**
  - IT: 63%
  - BPS: 37%

### Spread of clients

- **Pre-disclosure**
  - Americas: 40%
  - EMEIA: 30%
  - APAC: 30%

### Example for EY

Excerpt for EY
HFS Research authors
HFS Research authors

Rohan Kulkarni
Practice Leader – Healthcare and Life Sciences Research
rohan.kulkarni@hfsresearch.com

Rohan leads the Healthcare practice at HFS, bringing to bear his vast experience across the healthcare ecosystem. His experience includes being the Head of Healthcare Strategy at multiple Fortune 500 companies, Product Management leader, and CIO at two health plans. He is passionate about the Triple Aim (improving health outcomes, reducing the cost of care, and enhancing the care experience) and believes that health and healthcare is a polymathic opportunity that intersects with every industry and facet of our lives. His well-rounded experience and passion bring a practical approach to his analyst role at HFS.

Rohan has an engineering degree from the University of Mysore, India, an MBA from the University of Dundee & the London School of Economics in the UK, and Product Management diploma from the Harvard Business School.

Mayank Madhur
Associate Practice Leader
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Mayank Madhur is an Associate Practice Leader at HFS Research, supporting different practice leads with a horizontal focus on IoT, Industry4.0, and Engineering. He also works with practice leads with a focus on industry verticals (mainly across healthcare; life sciences; manufacturing; retail and CPG; and travel, hospitality, and logistics).

He holds a certificate in Strategic Management from IIM Kashipur. Mayank holds a Master’s in Business Administration from Birla Institute of Technology and Science College, Pilani (BITS, Pilani University) and a Bachelor’s in Engineering in Electrical and Electronics from Jawaharlal Nehru National College of Engineering (Visvesvaraya Technological University), Karnataka.
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