

IDC MarketScape: U.S. Value-Based Care Strategic Consulting Services 2025-2026 Vendor Assessment

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THIS EXCERPT FEATURES NAVVIS AS A LEADER

IDC MARKETSCOPE FIGURE

FIGURE 1

IDC MarketScape U.S. Value-Based Care Strategic Consulting Services Vendor Assessment



Source: IDC, 2025

See the Appendix for detailed methodology, market definition, and scoring criteria.

ABOUT THIS EXCERPT

The content for this excerpt was taken directly from IDC MarketScape U.S. Value-Based Care Strategic Consulting Services 2025-2026 Vendor Assessment (Doc # US53010025).

IDC OPINION

Value-based care (VBC) continues to reshape how providers, payers, and systems align care quality with financial performance. While technology such as advanced analytics, artificial intelligence (AI), and automation drives data-driven decision-making, advisory and consulting services remain critical to translating technology investments into measurable outcomes.

Technology alone cannot deliver the transformation VBC demands. Advisory partners guide organizations through strategic planning, governance design, and operational change to ensure that new tools align with clinical and business objectives. They help define outcome-based performance models, structure value-based contracts, and embed analytics into workflows that advance quality, efficiency, and equity.

AI and machine learning (ML) have expanded the scope of insights available to healthcare organizations, from predicting adverse events to improving patient adherence. However, applying these insights effectively requires context and oversight. Consulting partners provide frameworks for ethical deployment, workflow optimization, and staff training to ensure insights lead to action.

Advisory services also help organizations harness data on social determinants of health (SDOH), bridging insights with community-based solutions that address the root causes of health disparities. By integrating strategy, analytics, and execution, consulting firms support scalable value creation across the healthcare ecosystem. Ultimately, value-based care succeeds when technology enablement is coupled with strategic guidance. Consulting services provide the alignment, governance, and transformation expertise necessary to convert digital capabilities into sustainable health and financial outcomes.

IDC MARKETSCAPE VENDOR INCLUSION CRITERIA

Most vendors considered for inclusion in this IDC MarketScape for U.S. value-based care strategic consulting services offer outsourced and/or advisory services aimed at VBC excellence. IDC Health Insights' vendor inclusion criteria for this 2025-2026 IDC MarketScape for U.S. value-based care consulting services include the following:

- **Readiness and risk assessment:** Ability to systematically evaluate organizations' capacity for value-based care, including risk exposure analysis, process mapping, and actionable transition plans
- **Clinical workflow redesign:** Proven capabilities in reengineering clinical workflows to support value-based objectives such as care coordination and real-time data capture at the point of care
- **Population health management:** Demonstrated experience in population segmentation, risk stratification, and intervention deployment focused on coding/documentation accuracy, quality measures, cost control, and health equity
- **Data analytics interpretation:** Guidance on analytic infrastructure and outcomes for performance measurement, predictive modeling, and outcomes analysis to drive decisions within value-based frameworks
- **Technology enablement:** Support of technology tools that enable real-time outcome measurement, reporting, and continuous quality improvement in care delivery
- **Care model design and transformation:** Expertise in redesigning care delivery models to achieve value-based outcomes, including bundled payments and risk-based arrangements
- **Regulatory compliance and advisory:** Ability to guide clients through regulatory changes, compliance requirements, and industry standards relevant to value-based contracting
- **Change management and training:** Track record of enabling sustainable adoption of new practices and technologies through structured change management and staff training programs
- **Payer-provider contracting:** Experience in facilitating payer-provider negotiations, contract design, and incentive alignment in value-based arrangements
- **Use of VBC services:** Vendors that have U.S. clients that are using or have used the vendor's VBC services within the past six months
- **Provision of VBC services:** Vendors that have provided VBC services to a minimum of five U.S. customers for at least six months
- **Commitment and agree to IDC project timelines:** Vendors that should commit to making the required resources available to the IDC analyst and agree to maintain IDC project timelines

ADVICE FOR TECHNOLOGY BUYERS

VBC service buyers should:

- **Align advisory strategy with enterprise outcomes:** Engage consulting partners that tailor strategies to your organization's clinical, financial, and patient experience priorities. The right advisor should help define performance measures that directly support your value-based contracts, network performance goals, and operational readiness.
- **Pair technology investments with delivery transformation:** Do not view analytics, AI, or workflow platforms as standalone solutions. Seek advisory firms that combine digital enablement with process redesign, staffing models, and governance structures to embed technology into daily care delivery and value realization.
- **Turn data into insight-driven operations:** Prioritize consultants with the expertise to operationalize data from claims, electronic health records (EHRs), and social determinants of health. Successful advisors help design predictive workflows, care coordination triggers, and performance dashboards that drive timely interventions and measurable outcomes.
- **Facilitate stakeholder and contract alignment:** Choose partners skilled at aligning payer-provider relationships, incentive structures, and clinical practices under shared accountability. Effective advisory support ensures all stakeholders, from finance to frontline clinicians, coalesce around consistent value objectives and risk-sharing frameworks.
- **Institutionalize continuous improvement and health equity:** Work with advisors who champion iterative value-based model refinement, supported by data transparency and equity-driven design. The ideal partner helps your organization sustain improvement cycles, address disparities, and evolve programs in response to policy, market, and population shifts.

VENDOR SUMMARY PROFILES

This section briefly explains IDC's key observations resulting in a vendor's position in the IDC MarketScape. While every vendor is evaluated against each of the criteria outlined in the Appendix, the description here provides a summary of each vendor's strengths and challenges.

Navvis

Navvis is positioned in the Leaders category in this 2025-2026 IDC MarketScape for U.S. value-based care strategic consulting services.

Navvis is a privately held value-based care transformation company headquartered in St. Louis, Missouri. It was founded in 2015 and is serving as both an advisory and operating partner for health systems, physician organizations, payers, clinically integrated networks, and payer-aligned provider groups. Navvis' VBC solutions span strategy, operational enablement, financial advisory, practice transformation, technology optimization, and ongoing care model management. Navvis supports over 3.1 million managed lives, working in 13 U.S. markets with roughly 4,600 affiliated physicians.

Navvis' core offering is built around a flexible, technology-agnostic approach, integrating with client platforms like Epic, Cerner, Health Catalyst, Arcadia, Allscripts, athenahealth, and Lightbeam, as well as its proprietary Coreo platform for population health management and analytics. Coreo transforms fragmented health data into unified, actionable insights to drive at risk contract performance, risk stratification, care management, and quality domain improvements, but Navvis emphasizes maximizing clients' existing investments over pushing new tech deployments.

Key Features

- **Comprehensive VBC enablement:** Services span readiness and risk assessment, clinical workflow redesign, population health analytics, care model transformation, value-based contract support, performance management, financial modeling, and multiyear scenario planning, all paced and sequenced to client maturity and market realities.
- **Physician-led, operational partnership:** Navvis combines physician governance, peer accountability, and compensation redesign with embedded activation teams, delivering not just advisory solutions but also full operational partnership and hands-on care transformation across care settings.
- **Technology-agnostic, integration-first approach:** Navvis works nimbly within clients' existing EHR, analytics, and population health platforms (Epic, Cerner, Arcadia, Health Catalyst, etc.), providing proprietary tools like Coreo only where strategic gaps exist. This yields rapid value and minimizes disruption for diverse enterprise IT environments.
- **Practice optimization and change management:** Navvis empowers provider organizations through practice optimization teams, on-the-ground workflow redesign, ongoing education including early disease recognition and documentation via the Surround Care Academy, change management, and multidisciplinary training for both leaders and frontline teams.
- **Contract-aligned, flexible business models:** Navvis drives financial accountability and trust by supporting all payer contracts and payment models (e.g., FFS, shared savings, full risk, bundles) with value-based, performance-linked

fees. Furthermore, Navvis only shares in the incremental performance gains above historical baselines.

- **All payer, all population scalability:** Navvis creates a unified, contract-agnostic performance architecture across all lines of business and populations, allowing rapid contract expansion, standardized interventions, and local customization for each site, cohort, and geography.
- **Data, predictive analytics and SDOH:** It combines multisource data (e.g., EHR, claims, SDOH, ADT), best practice risk stratification (including Johns Hopkins ACGs, HCG, and proprietary models), and contract-aware dashboards for actionable pop health, rising-risk identification, and intervention targeting.
- **End-to-end care model and throughput redesign:** It embeds redesign from ambulatory to post acute, including patient flow optimization, SNF/home health management, real-time ADT notification, and complex episode management.
- **Performance accountability:** Suite of outcome and ROI metrics (e.g., quality, utilization, cost, engagement, throughput) are tracked in real time with transparent reporting for both clinical and financial contract targets, including Star rating improvements, AWV completion rate lifts, and sustained medical loss ratio performance.
- **Human-centric engagement:** Navvis focuses on the "people side" of change, investing in clinician and care team engagement, education, and data literacy while ensuring technology, analytics, workflow, and compensation are all aligned with the client's strategic business goals and local culture.

Strengths

- **Physician-led transformation:** Engagement and leadership development through the Surround Care Academy and peer-to-peer training, coupled with physician-aligned compensation, embedded support teams, and clinical governance
- **True operational partnership:** Not just advisory, Navvis committing teams onsite, running practice optimization, care management, throughput, analytics, and activation models, standing up/operating solutions as a managed service if required
- **Technology-agnostic integration:** Able to optimize and unify existing investments rather than push "rip and replace" and also offers a comprehensive proprietary platform (Coreo) for gaps
- **Flexible engagement and shared risk:** Navvis offering performance-based, risk-sharing business models tied strictly to client results, with no fees above existing performance baselines unless material improvements delivered

- **Comprehensive scope:** Combines readiness, analytics, data infrastructure, workflow, care model, care management, practice optimization, operational throughput, post-acute network, financial/contractual, SDOH, and change management capabilities in a unified and sequenced road map

Challenges

- **Breadth may seem complex:** The integrated model (e.g., operational, strategic, financial, with analytics underpinning all) can be complex to describe and requires active partnership, making it better suited to organizations looking for deep, multifaceted support.
- **Culture and leadership alignment needed:** Physician and care team buy-in, along with change management, is essential and can present a steep learning curve in less mature or highly fragmented organizations.
- **Focus on large integrated systems:** Navis is optimized for large health systems, CINs, high-performing physician enterprises, and payers; it may be too comprehensive or resource intensive for smaller practices or organizations not ready for operational or risk-based transformation
- **Pacing and sequencing:** Not a "quick fix," Navis emphasizes phased, multiyear transformation, which may not appeal to those seeking rapid, piecemeal implementations or purely strategic/executive consulting models.

Consider Navis When

Organizations should consider Navis when an embedded partner is needed to run, not just recommend, VBC strategy, operations, and care delivery transformation.

Organizations that have multiple markets, payer contracts, or lines of business and need a cross-functional, scalable approach to VBC across all payment models (e.g., FFS, shared savings, downside risk, bundled, duals) should also explore Navis. Navis brings a physician-centric, multidisciplinary, and performance-based model to healthcare customers needing both technology and operating performance integration.

APPENDIX

Reading an IDC MarketScape Graph

For the purposes of this analysis, IDC divided potential key measures for success into two primary categories: capabilities and strategies.

Positioning on the y-axis reflects the vendor's current capabilities and menu of services and how well aligned the vendor is to customer needs. The capabilities category focuses on the capabilities of the company and product today, here and now. Under

this category, IDC analysts will look at how well a vendor is building/delivering capabilities that enable it to execute its chosen strategy in the market.

Positioning on the x-axis, or strategies axis, indicates how well the vendor's future strategy aligns with what customers will require in three to five years. The strategies category focuses on high-level decisions and underlying assumptions about offerings, customer segments, and business and go-to-market plans for the next three to five years.

The size of the individual vendor markers in the IDC MarketScape represents the market share of each individual vendor within the specific market segment being assessed. It's important to recognize that a vendor's market share, as represented in this study, is a snapshot in time and may not reflect its near-term growth or consider its experience and success with related legacy products.

Vendors in the Leader category may not be the best fit for all organizations. Successful vendor selection is often dependent on the articulation of the priorities and strategy of the purchasing organization and the vendor's ability to align with those criteria.

The IDC MarketScape is a valuable representation by a neutral third party of a vendor's current capabilities and future strategy. The IDC MarketScape should not be used in a vacuum but rather as one of several inputs to short-listing vendors.

IDC MarketScape Methodology

IDC MarketScape criteria selection, weightings, and vendor scores represent well-researched IDC judgment about the market and specific vendors. IDC analysts tailor the range of standard characteristics by which vendors are measured through structured discussions, surveys, and interviews with market leaders, participants, and end users. Market weightings are based on user interviews, buyer surveys, and the input of IDC experts in each market. IDC analysts base individual vendor scores, and ultimately vendor positions on the IDC MarketScape, on detailed surveys and interviews with the vendors, publicly available information, and end-user experiences in an effort to provide an accurate and consistent assessment of each vendor's characteristics, behavior, and capability.

Market Definition

Value-based care advisory and consulting services refer to specialized business offerings that aid healthcare providers, payers, and related entities in moving toward reimbursement mechanisms linked to patient health outcomes rather than service volume. Core services include strategic planning for value-based model implementation, care delivery redesign, digital transformation (such as EHR and telehealth integration), data analytics, financial modeling for risk-based contracts,

quality metric design, compliance audits, workforce education, and outsourced operational support for all stages of the value-based care life cycle.

Key service segments include:

- **Strategy consulting:** Defining transition plans, market entry, and growth opportunities in value-based payment models
- **Operations and process optimization:** Assisting organizations in workflow redesign, revenue cycle management, and cost-control initiatives
- **IT and digital transformation:** Facilitating integration of analytics platforms, remote patient monitoring, and interoperability solutions for value-based care
- **Compliance and regulation:** Ensuring that contracts and arrangements meet evolving regulatory requirements, including Stark Law and Anti-Kickback Statute
- **Outsourced services:** Providing as-needed operational and management support, including coding, documentation, billing, and staffing resources to meet outcomes-based criteria

LEARN MORE

Related Research

- *IDC FutureScape: Worldwide Healthcare 2026 Predictions* (IDC #US53860725, October 2025)
- *IDC ProductScape: U.S. Value-Based Healthcare Analytics, 2025* (IDC #US53816025, September 2025)
- *IDC MarketScape: U.S. Value-Based Healthcare Analytics 2025 Vendor Assessment* (IDC #US53765825, September 2025)

Synopsis

This IDC MarketScape evaluates the U.S. value-based care (VBC) strategic consulting services market. The current value-based care advisory and consulting services market is both mature and rapidly evolving, driven by an increased industry focus on cost efficiency, quality outcomes, and regulatory compliance within alternative payment models. A broad array of vendors, from specialized healthcare consultancies to large, multidisciplinary firms, now compete to support payers, providers, and hybrid payvider organizations in their journey from traditional fee for service to VBC arrangements.

"An emerging theme in this market is the shift from one-size-fits-all advisory work toward tailored, iterative engagements that reflect the unique risk tolerance, capabilities, and motivations of individual healthcare organizations. Vendors that can

meet this need are poised to emerge as effective and impactful partners." — Jennifer Eaton, research director, Value-Based Healthcare IT Transformation Strategies

ABOUT IDC

International Data Corporation (IDC) is the premier global provider of market intelligence, advisory services, and events for the information technology, telecommunications, and consumer technology markets. With more than 1,300 analysts worldwide, IDC offers global, regional, and local expertise on technology, IT benchmarking and sourcing, and industry opportunities and trends in over 110 countries. IDC's analysis and insight helps IT professionals, business executives, and the investment community to make fact-based technology decisions and to achieve their key business objectives. Founded in 1964, IDC is a wholly owned subsidiary of International Data Group (IDG, Inc.).

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