DATA-DRIVEN STRATEGY FOR HEALTH SYSTEMS

The Healthcare Growth Playbook

2026

trilliant health®

FOREWORD

Building a Playbook for Data-Driven Healthcare Strategy

How Trilliant Health turns market intelligence into strategic advantage

Health systems are competing in a negative-sum game. The pie is shrinking, characterized by a slowly declining commercially insured population and accelerating migration of care from hospitals to lower acuity settings. In a negative-sum game, competition is essential for survival.

There are four primary levers to compete. How skillfully you contract with payers determines whether you are being paid fairly, based on your quality and market position. How strategically you build and manage your provider network determines how much downstream volume you capture – or how much is quietly lost to competitors. How well you understand and retain consumers determines whether the patients you treat today come back. How effectively you deploy capital determines your ability to defend and improve your market position.

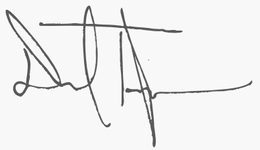
Despite the stakes, most health systems are still working with an incomplete understanding of what happens outside their four walls. They know their own volumes. They have a general sense of the competitive landscape. But they cannot see how their performance compares across payers, geographies and care settings. They cannot connect their market share or quality to their reimbursement rates in a way that reveals where – or whether – they have leverage. They cannot trace where referred patients eventually end up — or why.

At Trilliant Health we combine all-payer claims, provider data and price transparency into a view of healthcare markets that most organizations have never seen. Not because the questions are new — they are not — but because the data to answer them has not been available in one place, connected in a way that supports a decision.

This playbook is organized around the four levers: payers, providers, consumers and capital allocation. The use cases are drawn from real client engagements. The organizations are anonymized. The analyses and the data are real.

The best way to show what is possible is to show what we have already done.

Sincerely,



David Taylor

Chief Customer Officer

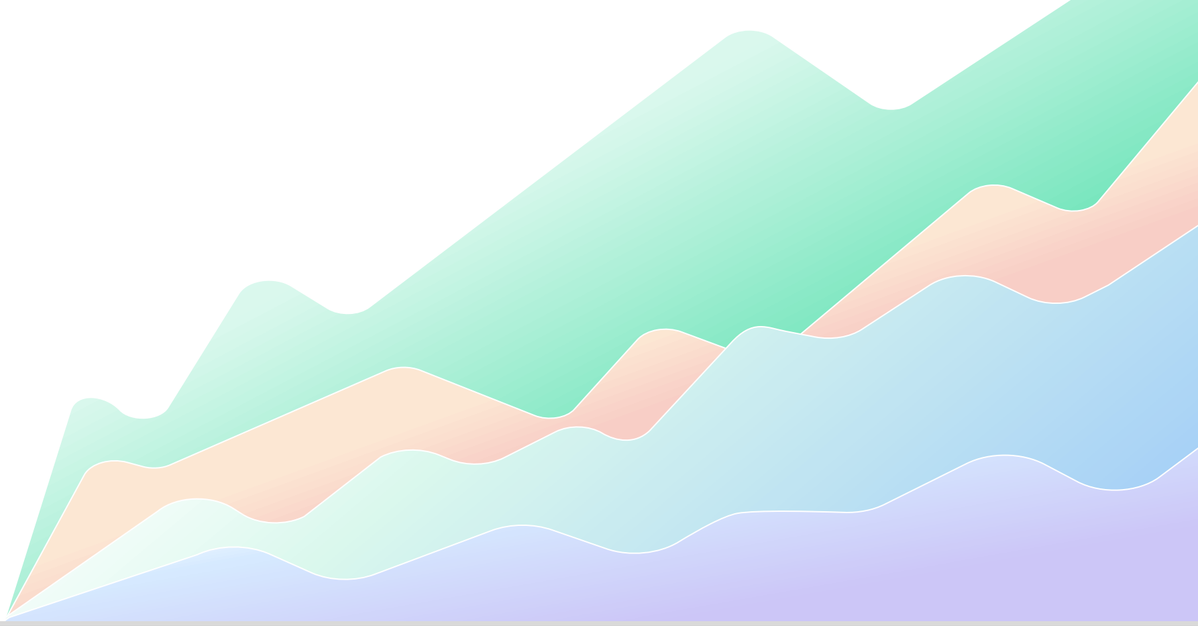
Trilliant Health

OVERVIEW

Growth Strategies

Winning more or losing less than the competition is virtually impossible without accurate, actionable information.

This playbook shows you where those opportunities exist — and how to capture them.



FOUR DATA-DRIVEN STRATEGIES TO ENABLE HEALTH SYSTEM GROWTH:

01 Payer Strategy

Optimize Reimbursements

- Negotiating Managed Care Contracts
- Navigating Payer Steerage

02 Provider Strategy

Build a High-Performing Network

- Workforce Planning and Recruitment
- Aligning with Independent Providers
- Improving Network Integrity
- Developing Networks for Population Health

03 Consumer Strategy

Reach the Right Patients

- Reaching New Patients
- Improving Patient Retention

04 Facility & Capital Strategy

Allocate Resources Effectively

- Optimizing the Top-of-Funnel
- Adding De Novo Sites

GROWTH STRATEGY 01

Payer Strategy

Payer Strategy

Optimize negotiated rates and payer mix.

Of all the levers available to a health system, payer strategy has the most direct impact on the bottom line. Reimbursement rates are under persistent pressure while costs continue to rise, and the margin between the two determines what an organization can invest in and what it cannot.

Health systems that manage this tension effectively do so by understanding their market position well enough to negotiate from a position of strength, and by monitoring shifts in how payers are directing patient volume across care settings.

Most health systems have reasonable visibility into their own volumes and contracted rates. What they typically lack is the ability to see where their reimbursement rates sit relative to the market and whether the gap is material enough to act on. Market share and rate data answer different questions, but they are most useful together. Market share indicates whether a health system has negotiating leverage with a given payer for a given service. Rate data indicates whether that leverage is being realized. Without both, it is difficult to know where to focus.

The steerage challenge is a related but distinct problem. Payers are increasingly directing members toward lower-cost ambulatory settings for services where the clinical difference between settings is minimal, with imaging and outpatient surgery being the most common examples. For health systems with limited ambulatory presence, this shift represents measurable volume risk. For those that have built or are considering ambulatory access, understanding the current site-of-care mix and the rate differential between settings is the starting point for evaluating the opportunity.

The use cases in this chapter address both dynamics. The first section examines how combining market share with rate benchmarking supports more informed payer contract negotiations. The second looks at how site-of-care analysis and reimbursement data can help health systems evaluate their ambulatory positioning relative to where patient volume is currently concentrated.

USE CASES

Negotiating Managed Care Contracts

- *Benchmarking Rates for Managed Care Negotiations*

Navigating Payer Steerage

- *Reducing Steerage With Free-Standing Imaging Sites*
- *Expanding Surgical Footprints to ASCs*

DATA STRATEGY

Negotiating Managed Care Contracts

BUSINESS CASE

In the face of payer reimbursement pressure and increasing costs, providers must increase the bottom line through effective strategies and tactics. Skillful payer contracting is a critical lever. Market data is the difference between *negotiating from a position of power* and being a "price taker."

DATA STRATEGY

Understand it

Map your utilization, market share, quality metrics and reimbursement rates by payer and by service line.

Benchmark it

Compare your performance against peer organizations to identify leverage and revenue leakage.

Deploy it

Enter negotiations with a data-backed position, not a gut feeling.

PAYER STRATEGY

Benchmarking Rates for Managed Care Negotiations

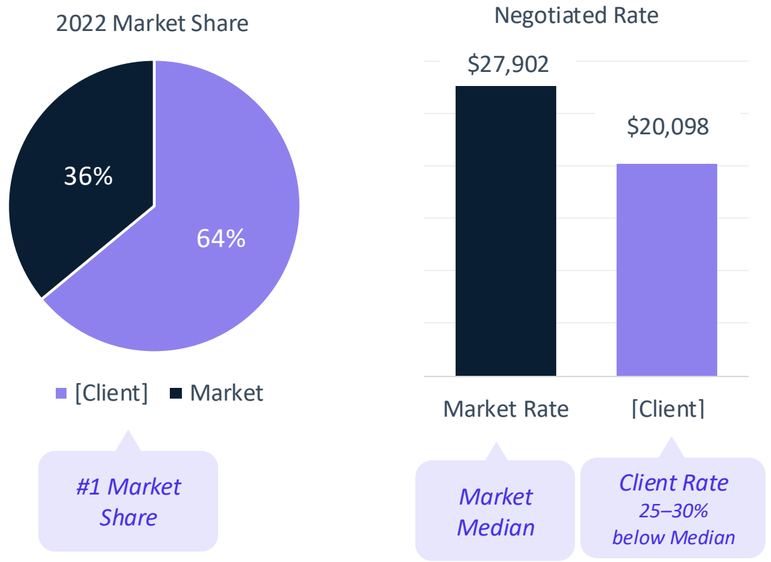
How a market leader negotiated higher reimbursement rates with UHC

This health system held the dominant market share position for several high-volume service lines in its primary service area but was being reimbursed **25–30% below the market rate** by UnitedHealthcare. Competing systems with less volume were paid significantly more for the same procedures.

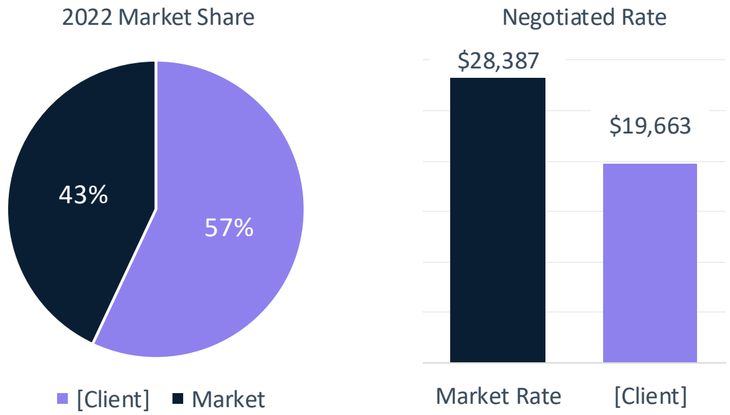
Price transparency data made the disparity visible and quantifiable. With peer benchmarks in hand, the organization had a **clear, defensible basis for negotiating rates** closer to the market median in its next contract cycle.

Source: Trilliant Health national all-payer claims dataset and health plan price transparency dataset.

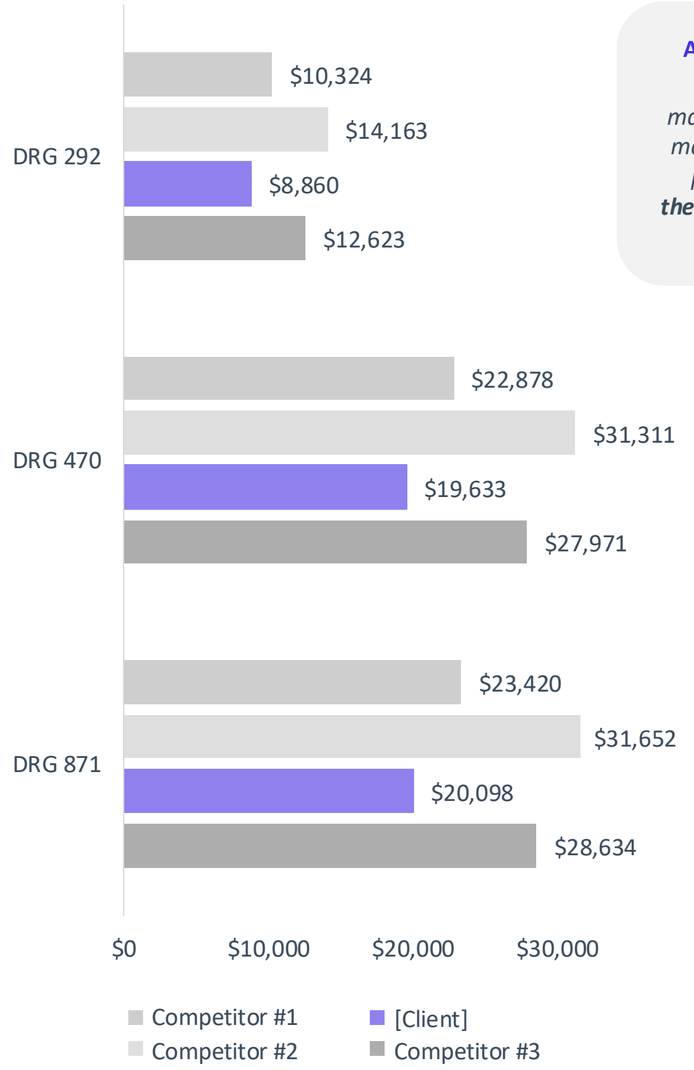
Primary Service Area – UnitedHealthcare – Analysis of DRG: 871 (Septicemia or Severe Sepsis)



Primary Service Area – UnitedHealthcare – Analysis of DRG: 470 (Joint Replacement of Knee or Hip)



Primary Service Area – UnitedHealthcare – FFS Rate for DRG: 292, 470 and 871



ACTION POINT

Understanding the market rate – and your market share – reveals points of ***leverage in the next contract cycle.***

Navigating Payer Steerage

BUSINESS CASE

As total costs of care increase, payer steerage is emerging as a strategy for payers to manage spend. To compete, providers will need to give patients *access to convenient and cost-effective care* to maintain market share.

DATA STRATEGY

Identify it

Identify price variation across key service lines and care settings

Define it

Define the relationship between market share and price for high volume services

Monitor it

Monitor local utilization rates to establish a clear picture of where and when steerage is occurring

Reducing Steerage With Free-Standing Imaging Sites

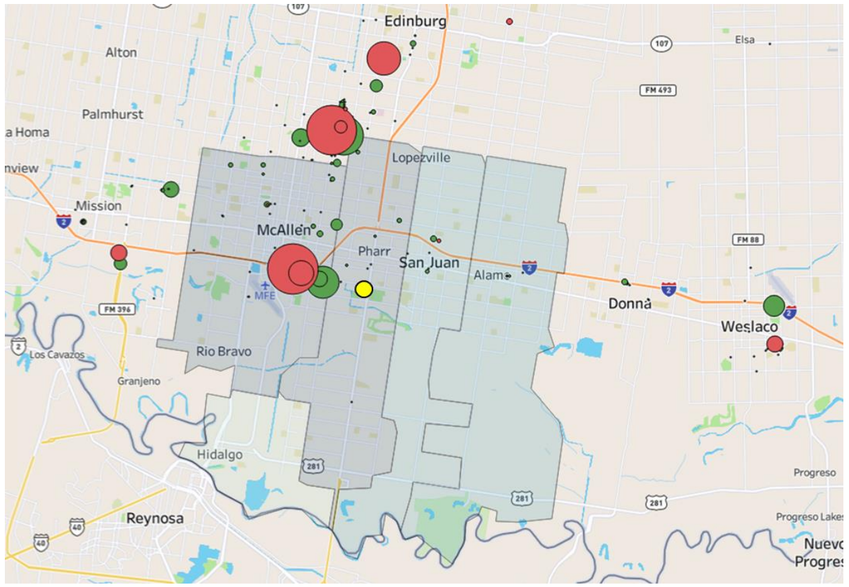
How one health system used utilization data to evaluate a site-of-care strategy

Payers are actively steering volume toward lower-cost settings, and a health system with a traditional HOPD-based footprint faces real exposure as that shift accelerates.

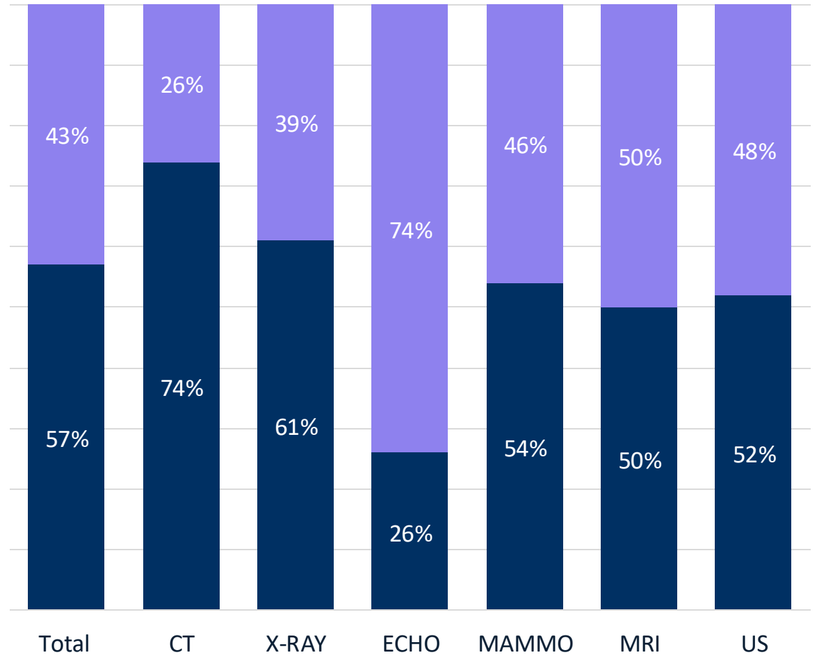
In this market, more than 50% of the outpatient imaging volume is currently captured by HOPDs. A new freestanding imaging center at the client's target location would offer a more affordable, convenient alternative to hospital-based competitors in the market.

Source: Trilliant Health national all-payer claims dataset.

Volume and Access Map Radiology Services



Imaging Utilization by Setting of Care and Modality



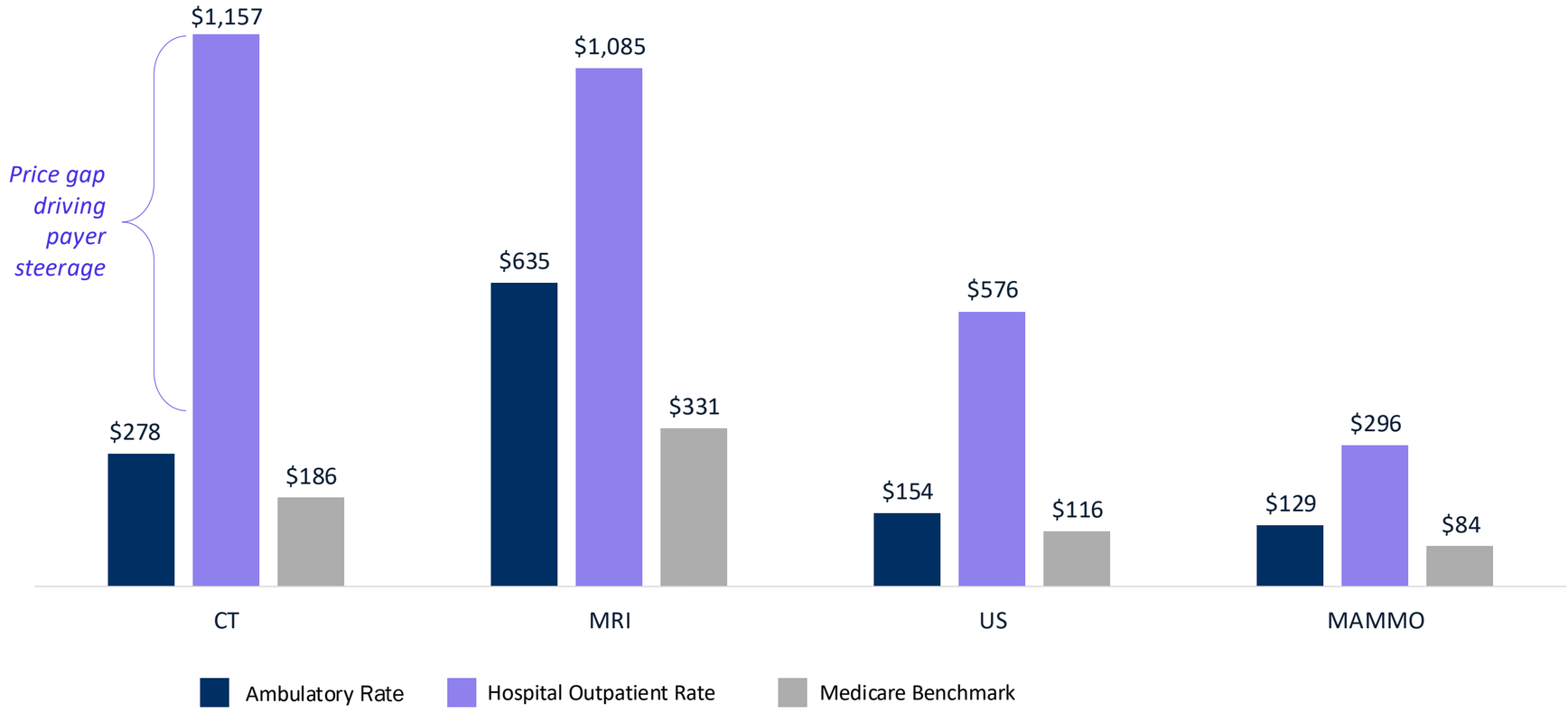
Addressable Outpatient Imaging Volume Within De Novo Market

CT	X-RAY	ECHO	MAMMO	MRI	US
8,805	27,502	5,267	11,876	3,963	22,583

Commercial imaging rates at hospital outpatient departments are generally 2–4x higher than at freestanding centers for the same procedures, a gap that payers are increasingly using to redirect volume.

Understanding where that exposure is greatest, by modality and by market, gives a health system the foundation to evaluate whether a freestanding presence would be most effective in retaining patients and remaining competitive on price.

Market Average Negotiated Rate by Imaging Modality and Setting of Care



Source: Trilliant Health health plan price transparency dataset.

Expanding Surgical Footprints to ASCs

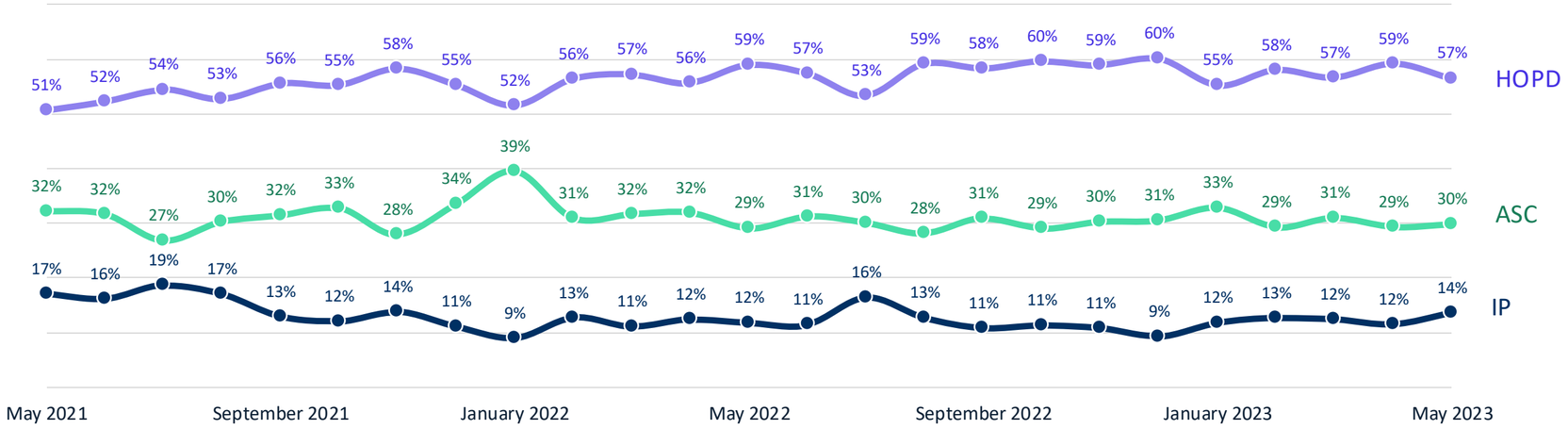
How a health system used utilization data to evaluate a site-of-care strategy

In the Chicago market, negotiated rates for total joint replacements (TJRs) **at ambulatory surgery centers (ASCs) are 20–30% lower** than at hospital outpatient departments — for the same surgeon performing the same procedure. Payers and employers are aware of that gap, and the data shows a sustained shift in TJR volume toward ASC settings across both BCBS IL and UnitedHealthcare PPO populations.

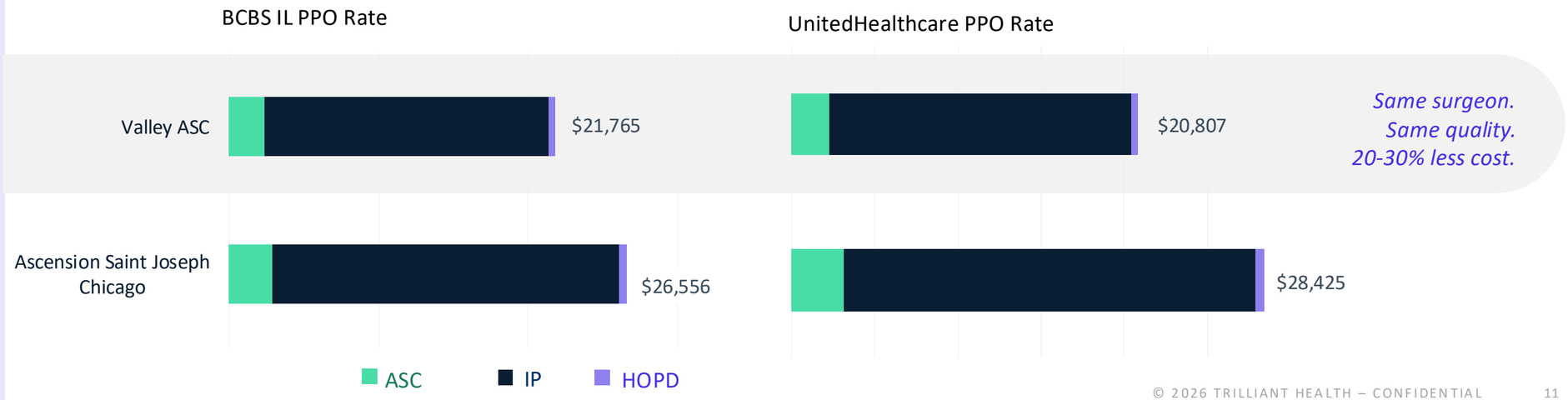
For a health system evaluating its surgical footprint, owning ASC capacity allows the organization to retain patients and capture volume that would otherwise migrate to independent surgery centers, while remaining competitive on the price point payers are increasingly favoring.

Source: Trilliant Health national all-payer claims dataset.

Chicago CBSA – TJR Volume by Setting of Care – BCBS of IL PPO and UnitedHealthcare PPOs



Outpatient Joint Replacement Total Cost Summary – Hospital Outpatient vs. Surgery Center



Core Insights

1

You may be leaving money on the table in your current payer contracts.

Market share does not guarantee fair rates. If you have not benchmarked your negotiated rates against peers recently, the payer has the advantage.

2

Owning lower-cost settings is a strategic imperative, as volumes shift to outpatient.

ASC costs are generally 20–30% lower than HOPDs for the same procedure. Payers and employers know this, and they are acting on it.

3

Payer steerage towards lower-cost setting is already happening in your market.

Payers are actively redirecting volume away from HOPDs toward freestanding and ASC settings — and the data confirms it is accelerating.

4

Your next contract cycle is a timed opportunity – and preparation is everything.

The health systems that negotiate from strength have already mapped their utilization and benchmarked their rates. If you are not building that understanding now, then you are already behind.

GROWTH STRATEGY 02

Provider Strategy

GROWTH STRATEGIES

Provider Strategy

Build the provider network that captures downstream revenue.

Provider strategy is the lever with the broadest reach. Every patient encounter, every referral, every downstream service begins with a physician decision — and the strength of a health system's provider network determines how much of that activity stays within the system and how much leaks to competitors.

Most health systems have a reasonable understanding of their employed provider base in aggregate. What they typically lack is the granular visibility needed to act on it: which physicians are referring where, how much downstream revenue is being captured versus lost, where the network has gaps relative to actual market demand and how independent groups in the market are aligned. Without that level of detail, provider strategy tends to be reactive: responding to departures, chasing recruits and managing referral relationships without a clear picture of where the highest-value opportunities are.

The data required to answer these questions exists. All-payer claims reveal actual referral patterns and downstream alignment at the physician level. Provider directory data maps the supply of physician services across a market and identifies where demand is going unmet. Together, they create the foundation for a provider strategy that is grounded in what is actually happening in the market rather than what the organization believes to be true.

The use cases in this section address the four dimensions of provider strategy. Workforce planning and recruitment examines how market-level supply and demand data can identify where physician shortages exist and where network expansion will have the greatest impact. Network integrity looks at how employed provider networks perform against benchmarks and where referral leakage is costing the organization revenue. Independent referrals explores how understanding the practice patterns of independent groups can inform outreach and alignment strategy. Population health considers how provider network data supports the transition toward value-based care arrangements.

USE CASES

Workforce Planning and Recruitment

- *Identifying Underserved Markets*
- *Assessing New Primary Care Locations*

Aligning With Independent Providers

- *Evaluating Referral Patterns for Independent Providers*
- *Tracking Referrals Across Outpatient Settings of Care*

Improving Network Integrity

- *Benchmarking Employed Network Alignment*
- *Tracking Downstream Care for Employed PCPs*

Developing Networks for Population Health

- *Analyzing Cost of Care to Improve VBC Performance*

DATA STRATEGY

Workforce Planning and Recruitment

BUSINESS CASE

The demand for physician services continues to exceed the supply of trained providers – a challenge that now extends well beyond rural markets into suburban and urban communities alike. Provider organizations must attract, hire and retain physicians based on the *current and future needs* of their markets.

DATA STRATEGY

Assess it

Map current and projected physician supply and demand by specialty, geography and population need.

Plan it

Translate supply gaps into a targeted recruitment plan.

Place it

Recruit where physicians can succeed long term and where the system gains market share.

Identifying Underserved Markets

How local data on healthcare supply and demand informs recruitment strategies

This health system is evaluating where cardiology growth is most viable in western Michigan. The region carries a 7.54 FTE shortage overall, but the **distribution of supply and demand is uneven**. Some markets reflect genuine competition for an adequately served patient population; others show low market share alongside acute access gaps, indicating that the constraint is supply rather than demand.

Holland is the sharpest example. With 5% cardiology market share and a 6.5 FTE shortage locally, the data reflects a market where **targeted physician recruitment has a clear basis for capturing unmet demand.**

Source: Trilliant Health national all-payer claims dataset and Provider Directory.

Cardiology Needs Analysis –
FTE Shortage/Surplus by County

County	Population	Market Share	Needed FTEs	Current FTEs	FTE Shortage/Surplus	
Allegan	53,368	10%	2.29	-	2.29	
Benton Harbor	129,908	23%	5.57	7.98	-2.41	
Big Rapids	66,104	9%	2.83	0.85	1.98	
Fremont	54,851	8%	2.35	0.6	1.75	
Grand Rapids	799,785	36%	34.28	41.46	-7.18	
Greenville	88,471	45%	3.79	2.55	1.24	
Hastings	38,729	12%	1.66	1.27	0.39	
Holland	191,614	**5%**	8.21	1.73	6.49	*Largest shortage*
Ionia	56,034	10%	2.4	0.63	1.77	
Kalamazoo	48,273	3%	2.07	-	2.07	
Ludington	39,575	2%	1.7	1.79	-0.10	
Muskegon	203,956	28%	8.74	12.49	-3.75	
Niles	68,873	21%	2.95	1.71	1.24	
South Haven	36,482	51%	1.56	0.03	1.53	
Three Rivers	5,452	14%	0.23	-	0.23	
Total	**1,881,475**	**20%**	**80.63**	**73.09**	7.54	*Total shortage*

Physician Surplus (negative)
Physician Shortage (positive)

Assessing New Primary Care Locations

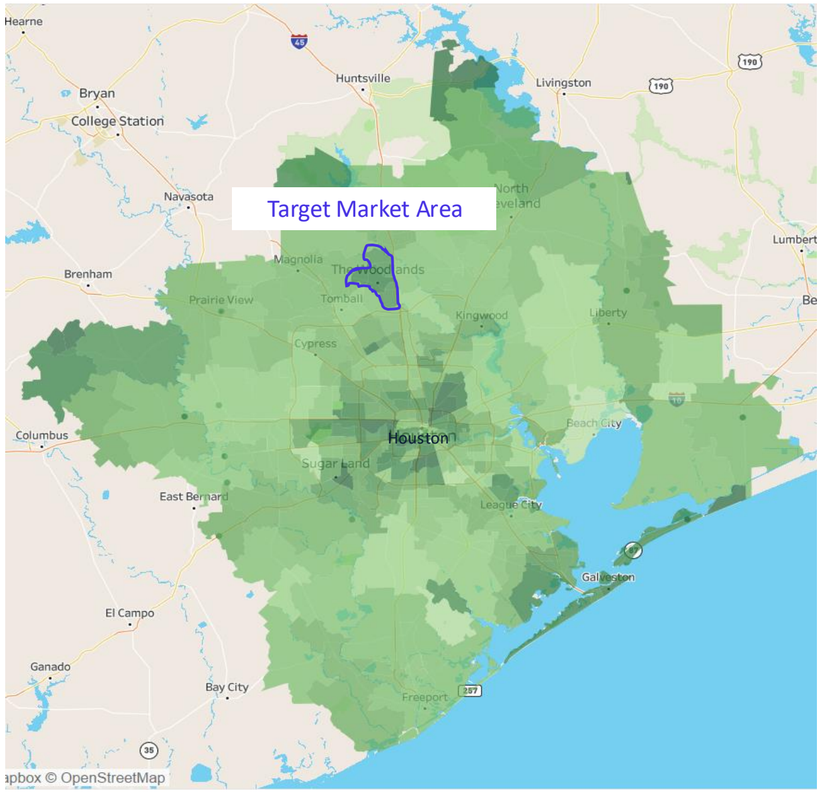
How segmentation data informs access point strategy in a competitive market

In evaluating whether to add a primary care access point in this market, psychographic segmentation data suggests the opportunity is limited. The target area in the Houston CBSA shows a significantly higher share of Self Achievers than both the Texas and national averages – a group already likely to have an established primary care relationship.

Understanding where these patients live and how they make care decisions gives a health system the foundation to **design access points that meet the needs and preferences of consumers.**

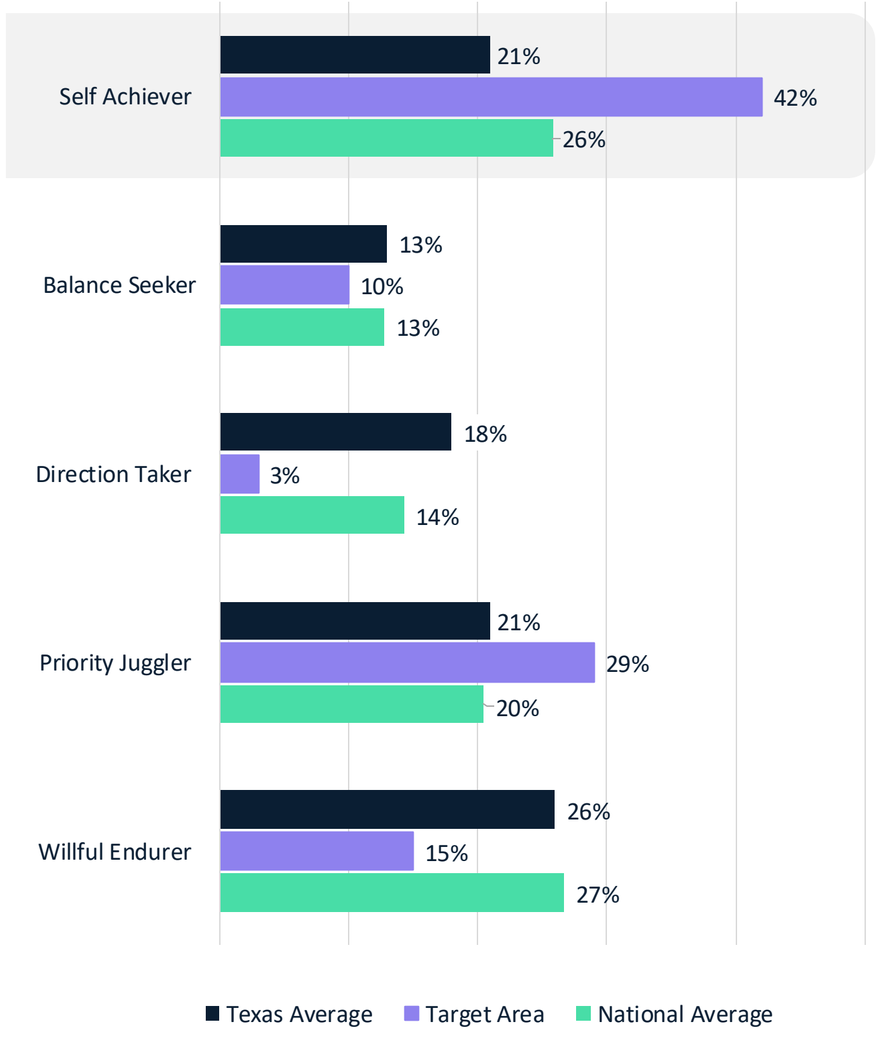
Source: Trilliant Health consumer database.

ZIP Code Self Achiever Heat Map
(% of ZIP Code Population)



Lower % of Self Achievers — Higher % of Self Achievers

Psychographic Analysis of Target Population
(% of Total Population)



DID YOU KNOW?

Self-Achievers are proactive about their health. They show up for regular primary care visits, stay on top of screenings and do their research. Goal-oriented by nature, they respond well when given clear, measurable actions to take

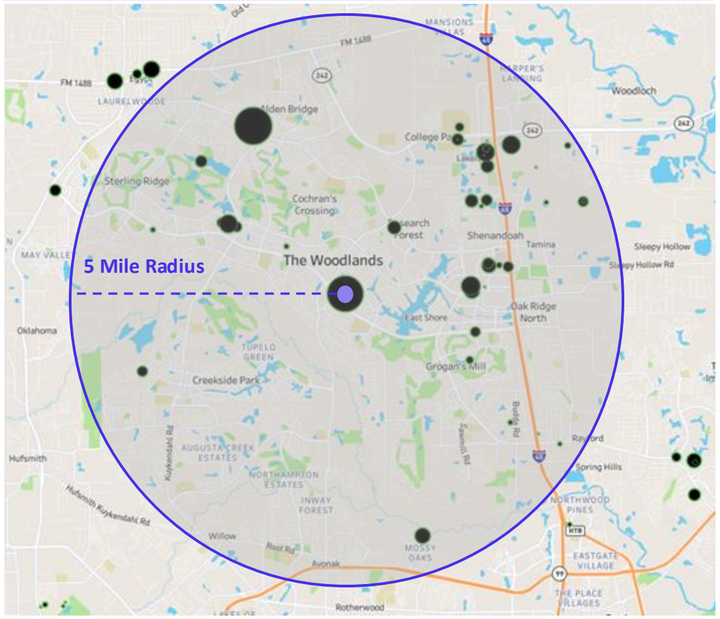
In this market, the majority of patients receive primary care within five miles of the target site – and **demand is concentrated around a small number of dominant, well-established practices**.

Village Medical Primary Care, located directly across the street from the target location, captures nearly a quarter of all primary care visits among patients in the area. Combined with other entrenched groups like TMH Physician Associates and Genesis Medical Group, there is limited space for a new entrant to gain meaningful share.

For an organization evaluating a primary care access point here, the data suggests the market is already well-served – making this a difficult competitive entry rather than an unmet need opportunity.

Source: Trilliant Health consumer database.

Primary Care Utilization for Target Patient Population

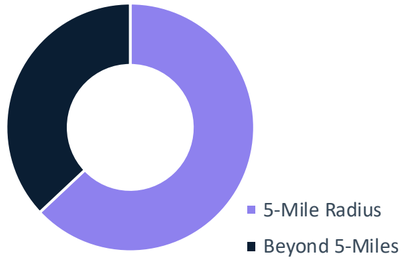


Primary Care Clinic(s)

Target Location

PCP Utilization for Patients That Fill Prescriptions at the Target Location

Patients Receiving PCP Care Within 5 Miles



Primary Care Practice	Share of Care
Village Medical Primary Care	24.5%
TMH Physician Associates	11.5%
Genesis Medical Group	6.5%
Memorial Hermann Medical Group	4.1%
Woodlands Family Practice	3.2%

GROWTH STRATEGY

Aligning With Independent Providers

BUSINESS CASE

In the current economic environment, it is increasingly difficult for hospitals to invest in and sustain a comprehensive service line portfolio. Strategic alignment with independent provider groups offers a path to *expand the funnel of care* while capturing more high-margin downstream services.

DATA STRATEGY

Establish it

Map physician referral patterns and downstream alignment.

Identify it

Understand independent provider groups with the highest alignment potential.

Quantify it

Assign a revenue value to each opportunity.

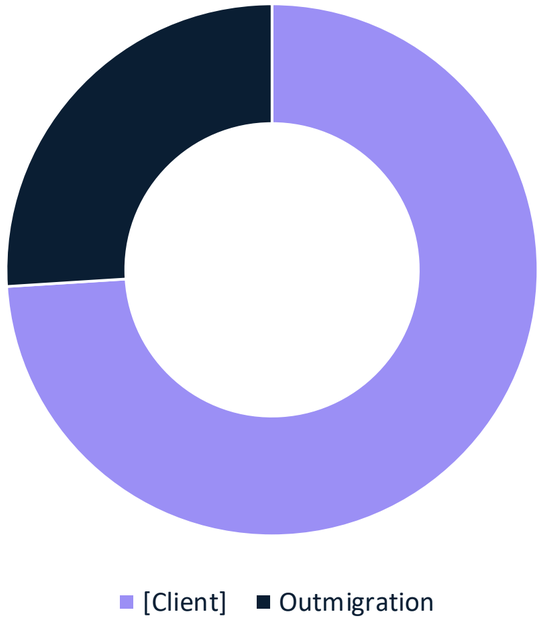
Evaluating Referral Patterns for Independent Providers

How referral data informs alignment strategies

Independent specialists control significant downstream revenue through their referral decisions, but alignment is rarely uniform across a group practice. Medical Associates of New Mexico shows an **overall referral capture rate of 74% to [client],** indicating a generally strong relationship. However, the referral patterns vary meaningfully by provider and by service line.

Understanding where capture rates fall below the group average — and quantifying the downstream revenue associated with those gaps — quantifies he extent to which the alignment relationship can be increased through education, access and service improvements.

Overall Referral Capture (2023)



Referral Capture by Referring Provider (2023)

Referring Provider Name	[Client] Share	Outmigration	Referral Count
Carr, Michelle	77%	23%	2,088
Vosburg, Molly	**65%**	**35%**	**2,183**
Tamang, Pema	87%	13%	1,088
Rogers, Bard	77%	23%	871
Power, Keeley	79%	21%	753
McAtee, Elena	74%	26%	623
Ahmad, Samarina	**69%**	**31%**	**634**
Church, David	**66%**	**34%**	**246**
Wayne, Susan	84%	16%	192

ACTION POINT

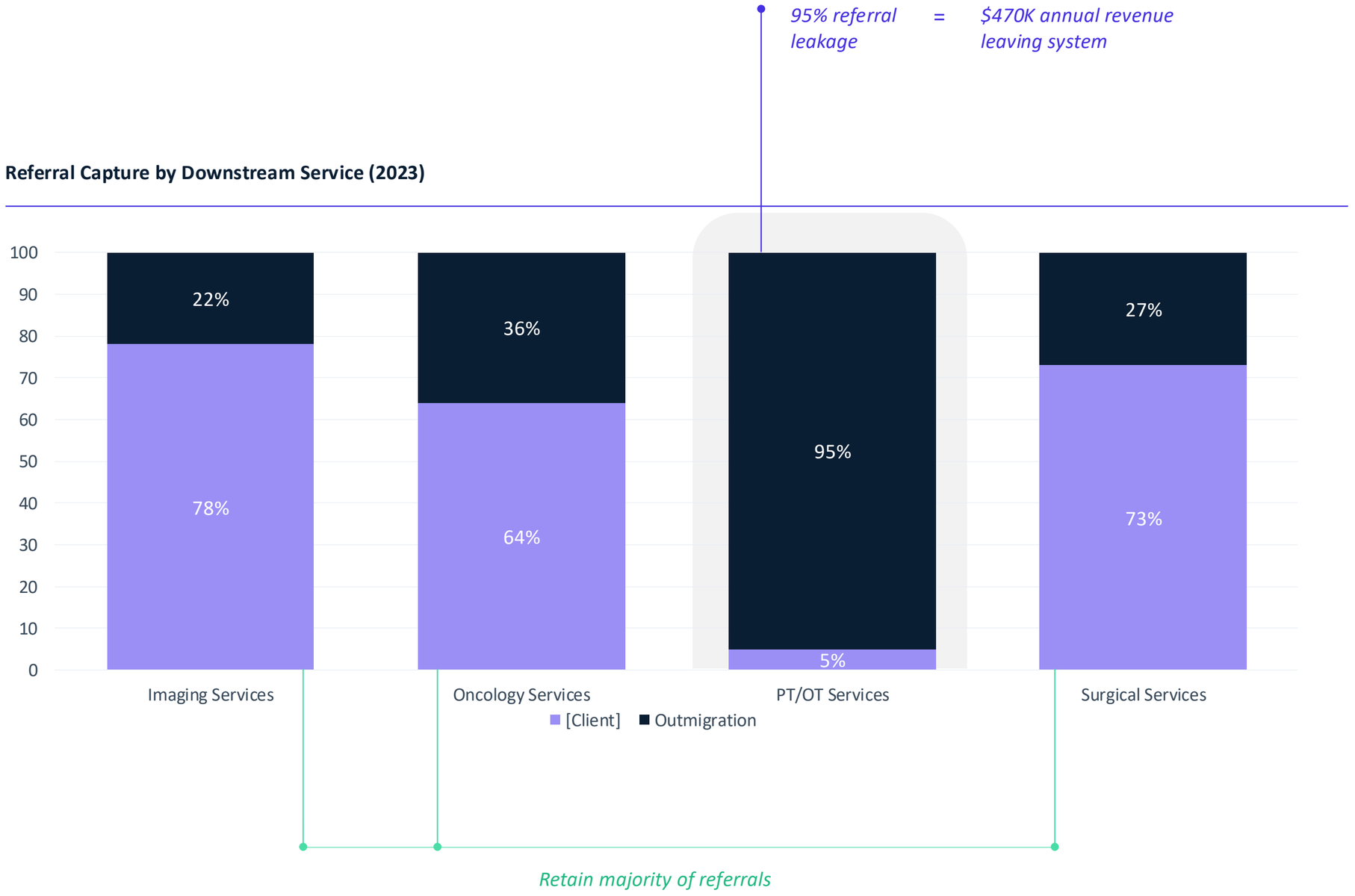
*The outreach team should review referral patterns at the service line level and prioritize **outreach to physicians falling below the 70% capture benchmark**.*

Source: Trilliant Health national all-payer claims dataset.

Aggregate referral patterns can obscure meaningful variation at the service line level. Medical Associates of New Mexico shows strong overall referral capture across imaging, oncology and surgical services — but PT/OT referrals tell a different story. At 95% outmigration, that single service line represents approximately **$470K in annual downstream revenue that is not reaching the health system each year.**

Understanding where gaps are concentrated by service line, rather than evaluating the relationship at the group level alone, provides a clearer picture of where access or service improvements could strengthen the partnership — and capture volume that is currently going elsewhere.

Source: Trilliant Health national all-payer claims dataset.



Tracking Referrals Across Outpatient Settings of Care

How referral data can help prioritize physician outreach

Independent orthopedic groups with ASC ownership capture facility fees that bypass the health system entirely — and in many markets they hold **30–50% of orthopedic market share**. Their referral decisions carry significant downstream revenue implications, and those patterns are measurable.

Understanding which groups are directing volume to the health system, which are diverting it to competing facilities and what the downstream value of each relationship represents gives the organization a data-grounded basis for prioritizing its alignment strategy.

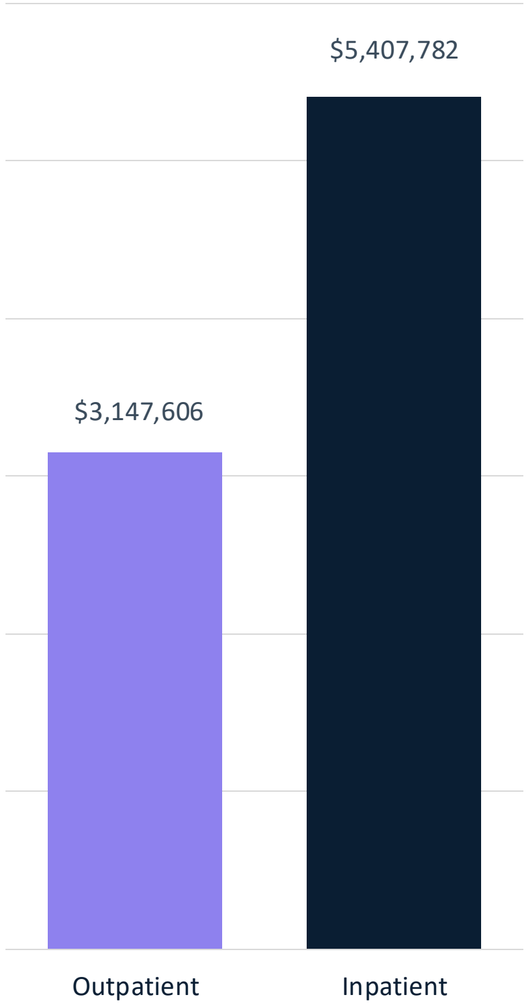
Alignment Summary –
2022 Revenue by Downstream Site of Service (i.e., where cases are performed)

Downstream Revenue by Site of Service	OP Revenue	IP Revenue
Orlando Health	$3,096,335	$5,407,782
Clermont Ambulatory Surgical Center	$47,488	$0

Procedure Mix –
2022 Revenue by Procedure Type

Revenue Generation by Procedure Type	OP Revenue	IP Revenue
Joint Replacement of Knee or Hip	$324,953	$3,847,292
Endoscopy/Arthroscopy Procedures on the MSK System	$1,593,018	$98,078
Major Shoulder or Elbow Joint Procedure	$115,402	$300,225
Surgery on Nerves and Nervous System	$292,462	$43,488
Repair Revision Procedures on the Femur	$4,848	$231,613
Other Surgical Procedures on the Hand and Fingers	$212,236	$2,166
Procedures on the Pelvis and Hip Joint	$8,526	$139,253
All Other	$467,753	$631,232

Florida Sports Injury & Orthopedic Institute – 2022 Revenue Generation by Setting of Care



Source: Trilliant Health national all-payer claims dataset.

Florida Sports Injury & Orthopedic Institute generated **$8.6M** in downstream surgical revenue in 2022 — and **Orlando Health captured more than 90% of it.**

The opportunity is clear. Alignment with this single practice would materially shift the competitive landscape in the market.

Source: Trilliant Health national all-payer claims dataset.

Orthopedic Market Share / Revenue Generation by Orthopedic Practice

Physician Group Name		OP Revenue	IP Revenue
Orlando Health Physician Group	Hospital Employed	**$34,962,484**	**$90,620,765**
Orlando Orthopaedic Center	Private Practice	$24,076,216	$22,621,968
Nemours Children's Specialty Care	Hospital Employed	$6,028,176	$30,390,283
Rothman Orthopaedics of Florida	Private Practice	$7,448,351	$28,179,179
Celebration Ortho & Sports Med Institute	Private Practice	$7,239,439	$18,043,190
Optimotion Orthopedics	Private Practice	$13,034,587	$11,913,631
AdventHealth Medical Group	Hospital Employed	$4,700,289	$14,419,568
Central Florida Orthopedic Associates	Private Practice	$4,863,755	$8,894,020
Advanced Orthopedics Institute	Private Practice	$7,198,019	$2,025,323
Florida Sports Injury & Orthopedic Institute	Private Practice	**$3,147,606**	**$5,407,782**

GROWTH STRATEGY

Improving Network Integrity

BUSINESS CASE

Capturing patients at the top of the funnel is critical for growth, but without strong network integrity, patients will inevitably migrate out. Whether you call it network integrity, patient retention or referral leakage, the goal is the same: *keep referrals*, especially from employed physicians, within the system.

DATA STRATEGY

Map it

Analyze patient migration patterns to identify exactly where patients are leaving the network.

Quantify it

Measure downstream referral leakage by service line and revenue impact.

Benchmark it

Compare the network's capture rate against competing health systems to understand performance gaps.

Benchmarking Employed Network Alignment

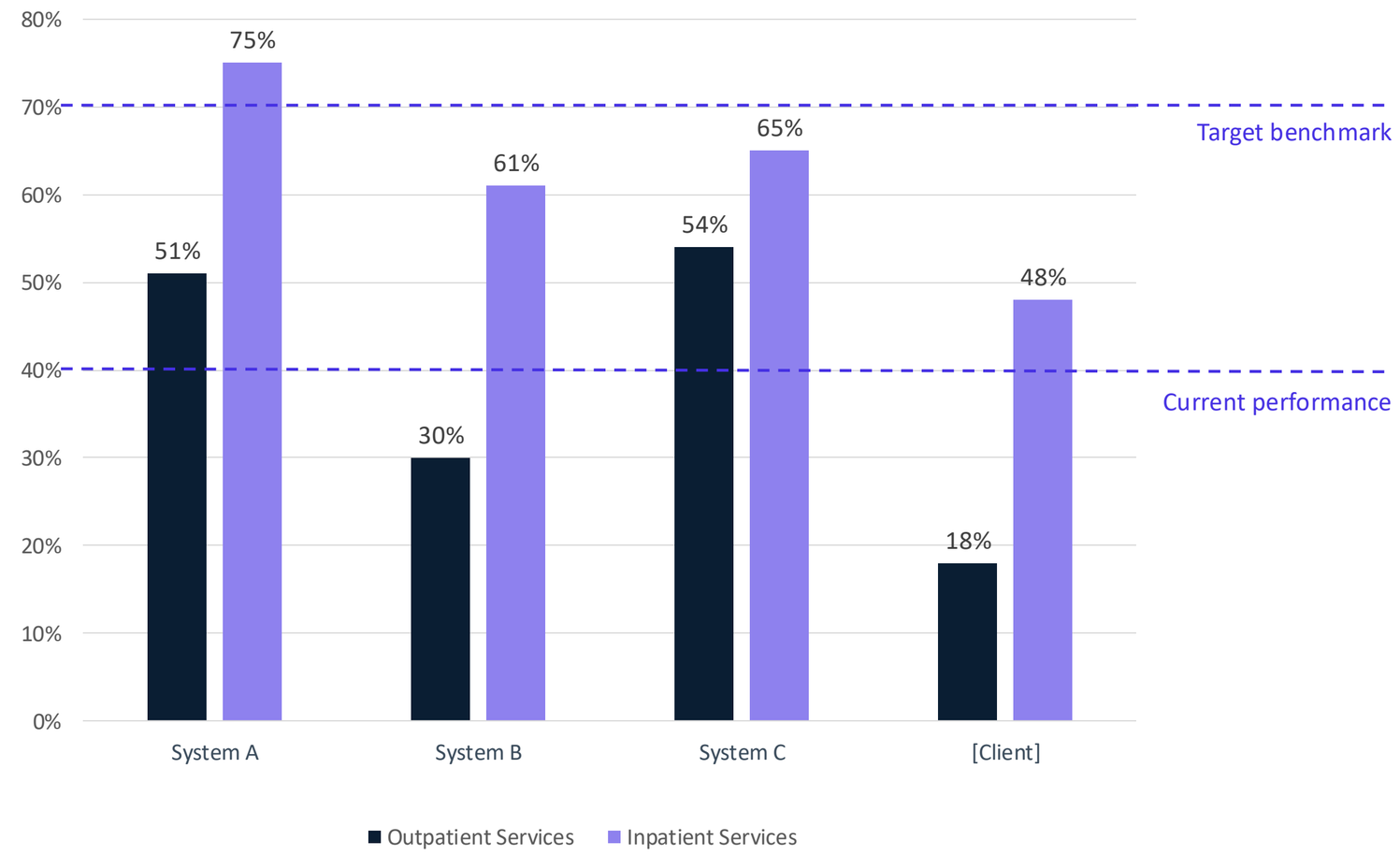
How one health system developed data-driven targets for employed provider alignment

Employing a physician does not guarantee that patients stay in the network. Most health systems have never measured how much downstream care their employed PCPs are directing out-of-system, but the patterns are measurable and the revenue implications are significant.

High-performing employed networks retain more than 70% of downstream care in-system. Many fall well below that threshold.

Establishing a network integrity baseline reveals where leakage is concentrated, which physicians are driving it, and what the downstream value of that volume represents. The gap between current performance and 70% is the opportunity.

Employed Provider Network Performance (Providers Referring Inpatient and Outpatient Services)



Gap =
$12M revenue opportu

Source: Trilliant Health national all-payer claims dataset.

Tracking Downstream Care for Employed PCPs

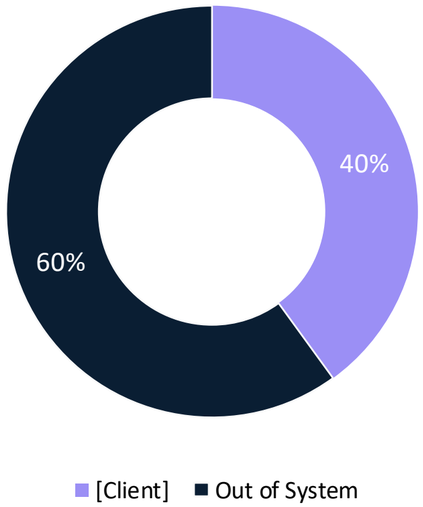
How a health system identified lost revenue across key service lines

An employed PCP network retaining 40% of downstream care in-system against a CBSA benchmark of 70% represents a measurable and recoverable gap. In this case, that gap — concentrated in cardiology, orthopedics and imaging — translates to **$12M in annual recoverable revenue.**

Quantifying leakage by service line and prioritizing recovery around the highest-margin gaps first gives the organization a clear, data-grounded basis for action.

Source: Trilliant Health national all-payer claims dataset.

Overall Referral Capture (2021-2022)



Referral Capture and Revenue Leakage by Service Line

Service Line	[Client] In Network %	2021 Lost Revenue	2022 Lost Revenue	% Change (Leakage)
Digestive System	**48%**	$4,915,224	$4,923,349	0.2%
Neuro/Spine	**35%**	$4,206,280	$3,887,118	-7.6%
Orthopedic	**34%**	$3,446,319	$3,701,076	6.8%
Eye/Ocular	**5%**	$2,628,882	$2,787,777	6.0%
Respiratory System	**47%**	$2,080,770	$1,827,947	-12.2%
Integumentary System	**44%**	$1,863,777	$1,621,962	-13.0%
OB/GYN	**62%**	$1,546,333	$1,583,982	2.4%
ENT	**24%**	$1,189,160	$1,310,465	10.2%
Urinary System	**41%**	$797,098	$715,696	-13.2%
Male Reproductive	**26%**	$415,144	$410,994	-1.0%
Hemic/Lymphatic	**57%**	$319,809	$264,108	-17.4%
Heart/Vascular	**33%**	$133,915	$119,053	-11.1%
Endocrine System	**33%**	$74,055	$75,513	2.0%

Leakage improving

Leakage worsening

The 20 providers on the right account for 80% of downstream revenue. Each is ranked by downstream value, identified by name, and mappable to a specific alignment opportunity.

Network leakage at this scale is typically concentrated in a small number of relationships. Knowing which ones — and what each represents in recoverable revenue — gives the organization a data-grounded basis for prioritizing outreach.

Source: Trilliant Health national all-payer claims dataset.

Lost Revenue Summary – Top 20 Employed Primary Care Providers with the Highest Revenue Leakage

Employed Provider	Specialty	Medical Group	2021 Lost Revenue	2022 Lost Revenue	Top "Out of Network" Facility	High Leakage Service Line
Provider A	Internal Medicine Physician	[Client] Physician Partners	$1,215,446	$1,346,048	UNIVERSITY OF COLORADO HOSPITAL	General Surgery
Provider B	Family Medicine Physician	[Client] Physician Partners	$958,952	$1,005,895	NORTH SUBURBAN MEDICAL CENTER	Neuro/Spine
Provider C	Family Medicine Physician	[Client] Physician Partners	$896,613	$1,077,684	ST ANTHONY HOSPITAL	Neuro/Spine
Provider D	Family Medicine Physician	[Client] Physician Partners	$866,475	$969,347	WESTERN HEMOTOLOGY ONCOLOGY	Oncology Services
Provider E	Family Medicine Physician	[Client] Physician Partners	$849,363	$618,927	NORTH SUBURBAN MEDICAL CENTER	General Surgery
Provider F	Family Medicine Physician	[Client] Physician Partners	$814,460	$633,378	NORTH SUBURBAN MEDICAL CENTER	Digestive System
Provider G	Internal Medicine Physician	[Client] Physician Partners	$773,947	$607,219	ST ANTHONY HOSPITAL	Neuro/Spine
Provider H	Family Medicine Physician	[Client] Physician Partners	$772,540	$756,649	WESTERN HEMOTOLOGY ONCOLOGY	Oncology Services
Provider I	Family Medicine Physician	[Client] Physician Partners	$740,120	$701,612	WESTERN HEMOTOLOGY ONCOLOGY	Oncology Services
Provider J	Family Medicine Physician	[Client] Physician Partners	$708,569	$933,065	UCHEALTH LONGS PEAK HOSPITAL	Orthopedics
Provider K	Family Medicine Physician	[Client] Physician Partners	$696,689	$603,263	ST ANTHONY HOSPITAL	Digestive System
Provider L	Family Medicine Physician	[Client] Physician Partners	$645,123	$817,325	UNIVERSITY OF COLORADO HOSPITAL	General Surgery
Provider M	Family Medicine Physician	[Client] Physician Partners	$643,073	$809,678	CENTENNIAL PEAKS HOSPITAL	Neuro/Spine
Provider N	Internal Medicine Physician	[Client] Physician Partners	$626,195	$705,515	SWEDISH MEDICAL CENTER	Digestive System
Provider O	Family Medicine Physician	[Client] Physician Partners	$614,170	$409,851	ORTHOCOLORADO HOSPITAL	Orthopedics
Provider P	Internal Medicine Physician	[Client] Physician Partners	$589,501	$610,739	NORTH SUBURBAN MEDICAL CENTER	General Surgery
Provider Q	Family Medicine Physician	[Client] Physician Partners	$579,084	$826,848	WESTERN HEMOTOLOGY ONCOLOGY	Oncology Services
Provider R	Family Medicine Physician	[Client] Physician Partners	$524,906	$613,360	ST. ANTHONY NORTH HOSPITAL	Neuro/Spine
Provider S	Family Medicine Physician	[Client] Physician Partners	$524,665	$567,130	LITTLETON ADVENTIST HOSPITAL	Respiratory System
Provider T	Family Medicine Physician	[Client] Physician Partners	$508,648	$412,115	LONGMONT UNITED HOSPITAL	Orthopedics

GROWTH STRATEGY

Network Development and Population Health

BUSINESS CASE

As provider organizations expand beyond fee-for-service to address population-level health outcomes, success will depend on the *strength of the provider network*. Finding the right partners is the critical first step.

DATA STRATEGY

Analyze it

Analyze providers across the market to identify the strongest candidates for network participation.

Understand it

Use market data to reveal where community health needs exist and which providers are best positioned to meet them.

Prioritize it

Create a ranked list of partnership targets, aligned to both clinical need and population health strategy.

Analyzing Cost of Care to Improve VBC Performance

How practice-level performance data informs a VBC network strategy

Not all physician practices are equally positioned for value-based care. As health systems build or expand VBC programs, identifying partners who already demonstrate the behaviors and outcomes those programs require — rather than those who will need to develop them — is a meaningful strategic advantage.

In evaluating Family Clinic Medical Group as a potential partner, the health system found a 16-provider, four-location practice with **performance benchmarks that consistently outpaced the market.** That data gave the organization a clear, defensible basis for pursuing the group, grounded in demonstrated clinical and utilization performance rather than referral relationships alone.

Source: Trilliant Health national all-payer claims dataset.

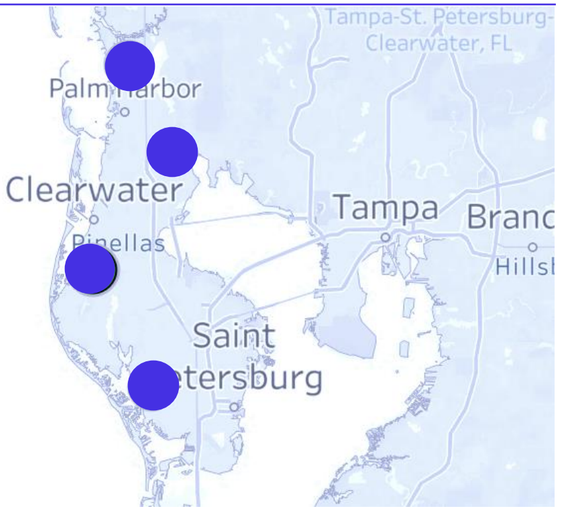
Provider Summary –
VBC Metric Summary by FCMG Primary Care Provider

Provider Name	Panel Size	Panel Median Age	RAF Score	Average Patient Cost
Reid, Katie	2,757	60	**0.84**	**$8,735**
Shobe, Robert	2,602	63	**0.78**	**$7,027**
Brvenik, Helen	2,498	65	**0.95**	**$7,755**
Todd, Jacqueline	2,335	64	**0.84**	**$6,894**
Edwards, Stacy	2,328	60	**0.68**	**$6,375**
Beasley, Jon	2,103	61	**0.68**	**$6,811**
Patel, Biren	2,088	61	**0.68**	**$5,906**
Coffin, Robert	2,080	58	**0.54**	**$5,513**
Nathan, Elizabeth	1,877	59	**0.68**	**$3,751**
Quintana Oronoz, Elisa	1,829	59	**0.52**	**$5,473**
Plonka, Elizabeth	1,815	63	**0.63**	**$6,113**
CHARLES, ROSETTE	1,802	60	**0.85**	**$5,618**
DISANTO, LISA	1,592	61	**0.68**	**$5,919**
NGUYEN, DAVID	1,382	57	**0.54**	**$5,441**
HAYDEN, KATHLEEN	1,358	56	**0.35**	**$4,967**
BANKUSLI, RIAD	1,254	57	**0.65**	**$3,741**

VBC Market Benchmarks for PCPs in the Tampa Area vs. Family Clinic Medical Group (FCMG) PCPs

	Annual Patient Spend	RAF Score	Median Panel Age
Market Benchmark	**$9,928**	**0.91**	**65**
Family Clinic Medical Group (FCMG)	**$6,003**	**0.71**	**60**

Family Clinic Medical Group (FCMG) –
Access Map of Office and Clinic Locations



Core Insights

1

Physician supply gaps are identifiable before competitors fill them.

Supply-demand analysis by specialty and geography reveals exactly where shortages exist, converting recruitment from a reactive exercise into a data-grounded market strategy.

2

Many employed provider networks are underperforming against benchmarks.

Many health systems have not measured how much care their employed PCPs direct out-of-system. The gap between current performance and high-performing peers can amount to tens of millions in annual revenue.

3

Referral leakage can be measured in dollars, not just percentages.

At the service line and provider level, all-payer claims translate vague referral relationship concerns into specific revenue figures, making the business case for alignment investment clear.

4

VBC readiness varies by provider in ways that are only visible with data.

Panel-level cost and quality metrics reveal which providers are positioned to perform in value-based arrangements, and which represent risk, before contracts are signed.

GROWTH STRATEGY 03

Consumer Strategy

Consumer Strategy

Reach the right patients in the right markets.

Consumer strategy is the lever most health systems have been slowest to develop.

Patients once had limited options for where to seek care, placed a high degree of trust in the healthcare system and bore relatively little of the cost directly. Under those conditions, consumer behavior was predictable enough that most health systems never had to understand it. Marketing resources went toward physician referral relationships and service line promotion, not toward any serious analysis of why patients chose one provider over another — or whether they would choose to engage with the system at all.

That calculus has shifted. Consumers today are less trusting of the healthcare system and bear more financial responsibility for the cost of care than at any point in the industry's history. Digital health companies and large retailers have built primary care models designed specifically to attract patients who value on-demand access, price transparency and convenience. Those models are gaining share, primarily from the commercially insured population that health systems depend on most.

The data required to compete for these patients exists, but it is different in character from the claims and provider directory data that supports payer and provider strategy. Understanding consumer behavior requires psychographic segmentation to model which patients are likely to stay, which are at risk of leaving and what factors drive those decisions.

The use cases in this section address two dimensions of consumer strategy. Service line growth examines how consumer and market data can reveal where demand exists and how to position a health system's services to capture it. Loyalty and retention looks at how to identify patients at risk of disengagement and what interventions are most effective at keeping them in the network.

USE CASES

Reaching New Patients

- *Designing Service Line Marketing Plans*
- *Developing Lead Plans Based on Geotargeting*

Improving Patient Retention

- *Measuring Patient Loyalty*

Reaching New Patients

BUSINESS CASE

Traditional healthcare marketing often rests on flawed assumptions, like targeting patients within a geographic radius rather than where actual demand exists. Providers can reach more patients by *understanding actual utilization* and alignment of their target patient population.

DATA STRATEGY

Know it

Use utilization data to understand who your patients are, where they live and where they go for care.

Build it

Design outreach strategies anchored in real demand and service-line opportunity.

Deploy it

Focus marketing where it will generate downstream revenue, not just awareness.

Designing Service Line Marketing Plans

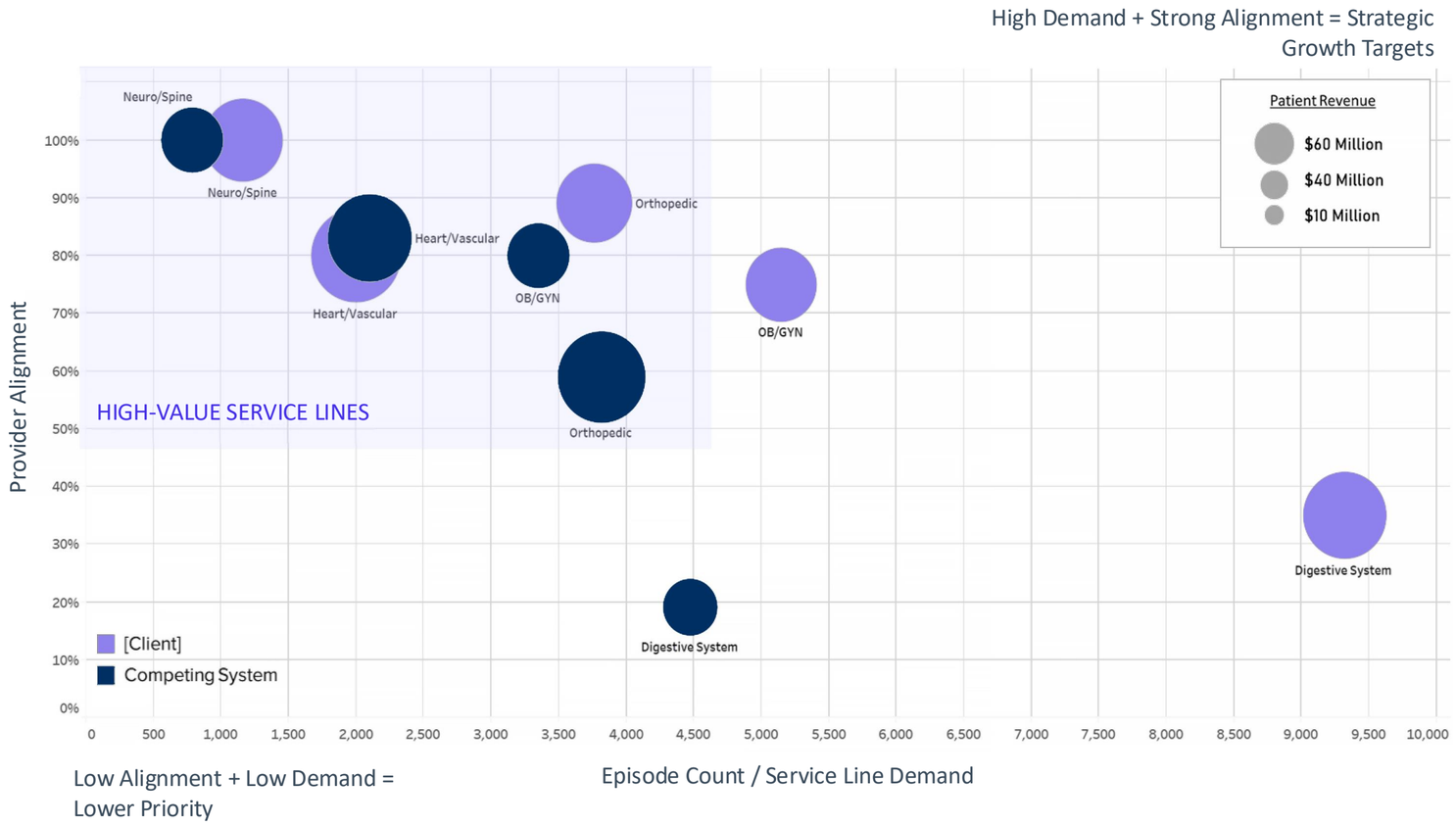
How a health system prioritized service lines based on consumer demand

Strategic marketing and consumer engagement should be focused on high-margin service lines with strong provider alignment.

This health system identified an opportunity to focus its revenue growth on the heart/vascular and orthopedic service line. With **>3% growth rates and strong physician alignment**, this organization is well-positioned to grow these service lines with additional marketing investment.

Source: Trilliant Health national all-payer claims dataset.

Service Line Opportunity Matrix –
Top Provider Alignment and Service Line Volume/Revenue for Primary Service Area



ACTION POINT

Focus marketing on high-margin, high-growth service lines. Develop strategies aligned with pre-existing. strong provider alignment.

OB/GYN 5-Year CAGR	Neuro/Spine 5-Year CAGR	Orthopedics 5-Year CAGR	Heart/Vascular 5-Year CAGR
−0.3%	+1.1%	+3.6%	+4.2%

Developing Lead Plans Based on Geotargeting

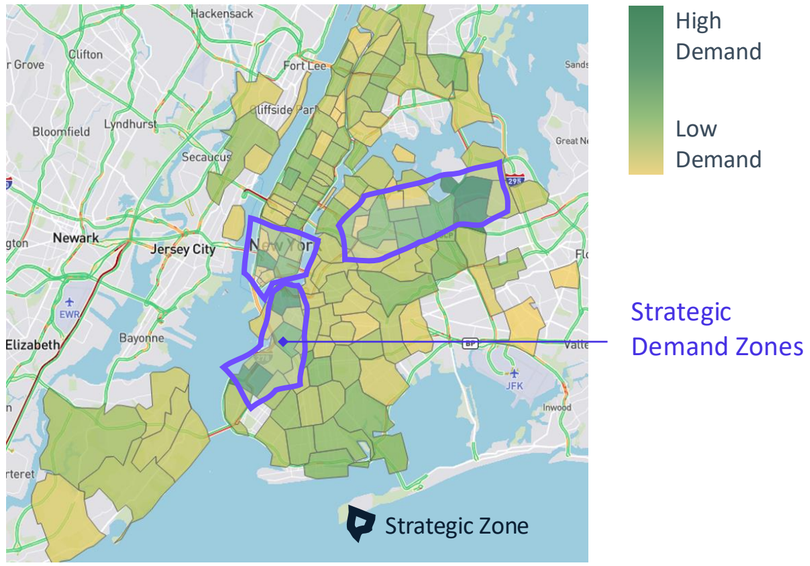
How mapping future demand turns geographic insight into an outreach strategy

Growth opportunities are not distributed evenly across the market. This health system identified future opportunity for total joint replacement (TJR), based on patients who have been diagnosed but have not had surgery. In all, 9K patients are likely to need knee surgery in this market.

The health system used data on person service areas to identify the 20 ZIP codes with the **highest future revenue opportunity**. They then identified three strategic demand zones, where they focused marketing investments.

Source: Trilliant Health national all-payer claims dataset.

TJR Future Demand Heat Map –
TJR Demand by Patient ZIP Code



Market Opportunity Summary –
TJR Demand for [Client] Service Area

PATIENTS WITH TRIGGER DIAGNOSIS	HISTORICAL SURGICAL CONVERSION	PROJECTED TJR SURGICAL VOLUME
203,630	4.4%	8,960

ZIP Code Opportunity Summary –
Top 20 ZIP Codes Based on Future TJR Demand

Patient Zip Code	Future Demand	Revenue Opportunity	[Client] Alignment
11354	263	$9,600,954	5.6%
11355	233	$8,499,337	4.1%
11201	213	$7,786,904	27.4%
11220	206	$7,515,119	7.2%
10013	178	$6,518,035	32.4%
11368	147	$5,366,563	9.5%
10023	135	$4,916,267	42.7%
11215	132	$4,806,910	9.3%
11373	126	$4,612,318	12.2%
10016	122	$4,464,363	21.4%
10002	120	$4,372,696	42.0%
11372	117	$4,261,730	18.9%
10022	116	$4,234,391	24.3%
10461	114	$4,178,104	2.2%
11235	113	$4,134,682	17.8%

Patient Loyalty and Retention

BUSINESS CASE

Providers have traditionally focused on developing relationships with physicians, which highlights a core misconception: the notion that patients are loyal. Developing consumer-focused strategies requires an evolution in our norms for measuring engagement, centered on their *actual purchase decisions*.

DATA STRATEGY

Establish it

Build a baseline for patient loyalty using actual care choices and utilization patterns, not satisfaction surveys.

Find it

Identify where patients leave the system across the care continuum — and which services drive the most churn.

Quantify it

Measure patient churn in revenue terms, tying lost patients directly to downstream revenue impact.

Measuring Patient Loyalty

How patient-level retention data makes leakage measurable

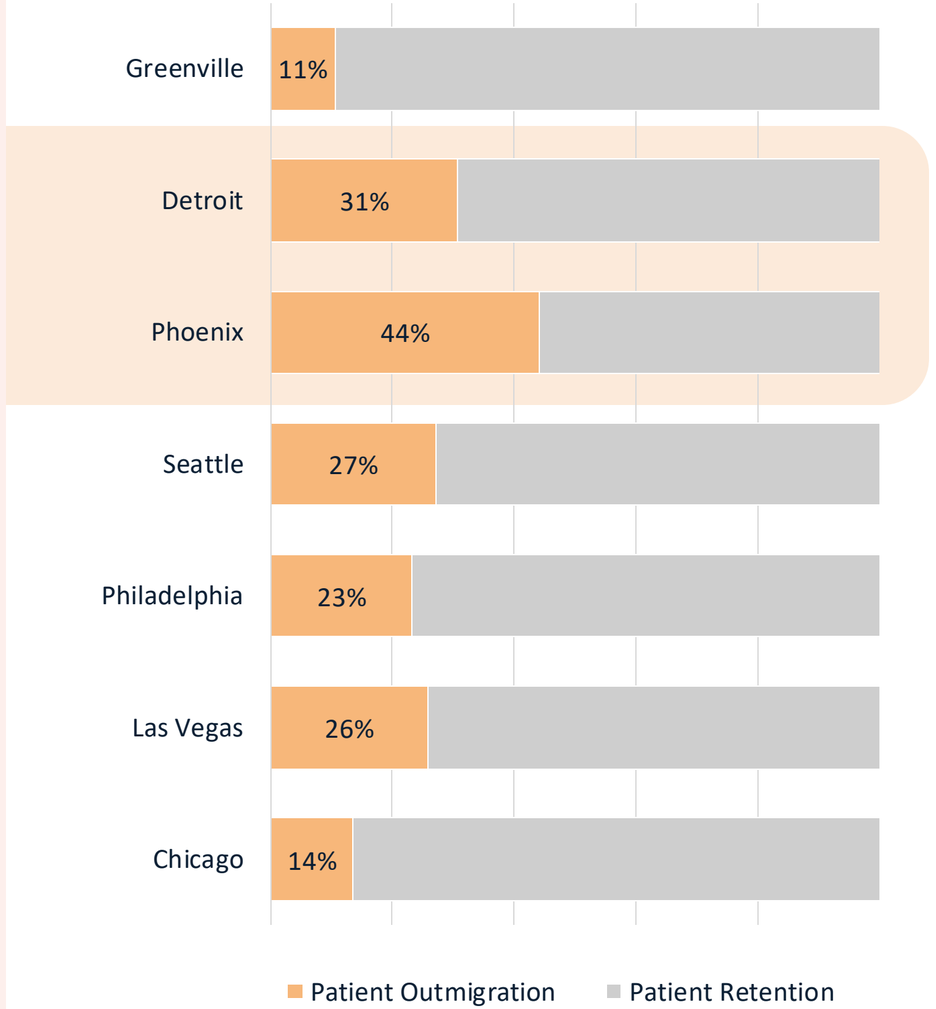
Patients are consumers, and consumers are not loyal.

This health system operates across multiple states, and it used market-level data to prioritize their patient retention efforts. Across all markets, about **26% of patients chose a competing provider** for follow-up care.

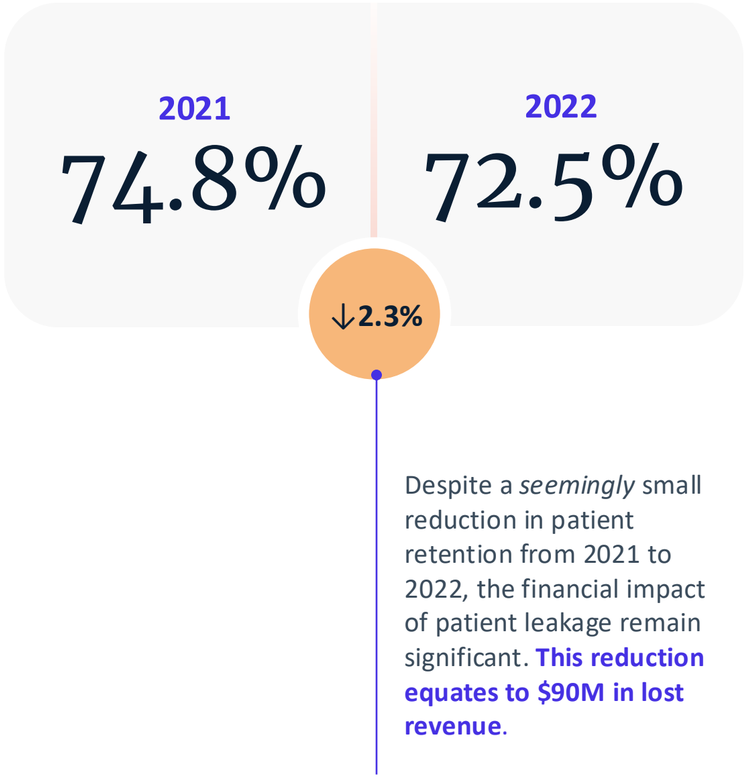
With visibility into longitudinal patient journeys, the health system's strategic team was able to identify Phoenix and Detroit as the lowest-retention markets. In those markets, more than >30% of patients sought follow-up care at a competitor, **representing $90M in lost downstream revenue.**

Source: Trilliant Health national all-payer claims dataset.

Patient Retention Summary – Patient Retention and Patient Churn Percentage for [Client] Clinics



[Client] Patient Retention, 2021 vs. 2022



Despite a *seemingly* small reduction in patient retention from 2021 to 2022, the financial impact of patient leakage remain significant. **This reduction equates to $90M in lost revenue**.

Core Insights

1

Most health systems spread their marketing thin across service lines and geographies.

Without data on where demand is concentrated and which service lines have the strongest growth trajectory, marketing investment gets distributed too broadly.

2

High-demand ZIP codes for future procedures are identifiable before patients seek care.

Patients with trigger diagnoses who haven't yet had surgery represent a quantifiable opportunity at the market level. Knowing where they are makes outreach a targeted strategy, not a broadcast.

3

Most health systems don't know their actual patient retention rate.

Satisfaction surveys measure sentiment, not behavior. Claims data reveals where patients are actually going for follow-up care and which markets or service lines have the most outmigration.

4

A small drop in retention can represent tens of millions in lost revenue.

The financial impact of patient churn is rarely visible until it is measured in downstream dollars. That translation is what makes the case for retention investment.

GROWTH STRATEGY 04

Facility & Capital Strategy

Capital Strategy

Expand access where demand outpaces supply.

Capital strategy is, in one sense, the lever that underlies all the others. Payer contracts, provider networks and consumer engagement strategies all require investment, the returns for which depend on whether that investment was directed at the right services in the right markets.

The U.S. healthcare system consumes capital voraciously, and the environment in which those capital decisions are made has become less forgiving, especially because overall demand for healthcare services is relatively flat. Labor, supplies, equipment, construction and regulatory compliance costs have risen continuously for decades. The commercially insured population — the primary source of margin for most health systems — is gradually declining as a percentage of overall payer mix. The result is that return on invested capital becomes more critical every year. The margin for error on decisions about where to invest has never been smaller.

Evn so, most health systems make those decisions without a rigorous, data-grounded understanding of the markets in which they compete. Total addressable market, competitive dynamics, projected demand and reimbursement trends should be established before any capital is committed. Without that foundation, even well-capitalized organizations risk misallocating resources in ways that compound over time.

The data required to make better capital decisions is the same data that supports the other levers in this playbook, applied to a different set of questions. All-payer claims reveal where demand actually exists and where it is growing. Provider directory data maps the competitive landscape. Price transparency data informs reimbursement expectations before a facility opens its doors. Together, they provide the market intelligence that capital decisions require but rarely receive.

The use cases in this section address two dimensions of capital strategy. Top-of-funnel optimization examines how market data can improve the targeting and efficiency of growth investments before a commitment is made. De novo growth looks at how to evaluate new market entry, identifying where demand exists, where competition is manageable and where the conditions for a successful new facility are most favorable.

USE CASES

Optimizing the Top of Funnel

- *Identifying Opportunities for Top of Funnel Expansion*
- *Developing an Urgent Care Network*

De Norvo Growth Strategy

Expanding Access for Orthopedic Services

- *Forecasting Demand for Eye/Ocular*

Optimizing the Top of Funnel

BUSINESS CASE

As healthcare consumerism grows, hospitals and health systems must expand beyond the traditional primary care model – meeting patients where they are with convenient, lower-cost care options that reflect the *actual clinical needs of their communities*.

DATA STRATEGY

Map it

Find the geographic areas with high demand for high-margin cases

Track it

Understand the existing top-of-funnel access points in those markets

Plan it

Choose the entry point to capture downstream cases

Identifying Opportunities for Top-of-Funnel Expansion

How expanding primary care access translates into downstream revenue

In this market, **40% of high-margin encounters** begin with a primary care visit, but this health system sees less contribution to their funnel, with less than 30% of encounters starting with a primary care provider. That 10-point gap represents significant missed opportunity.

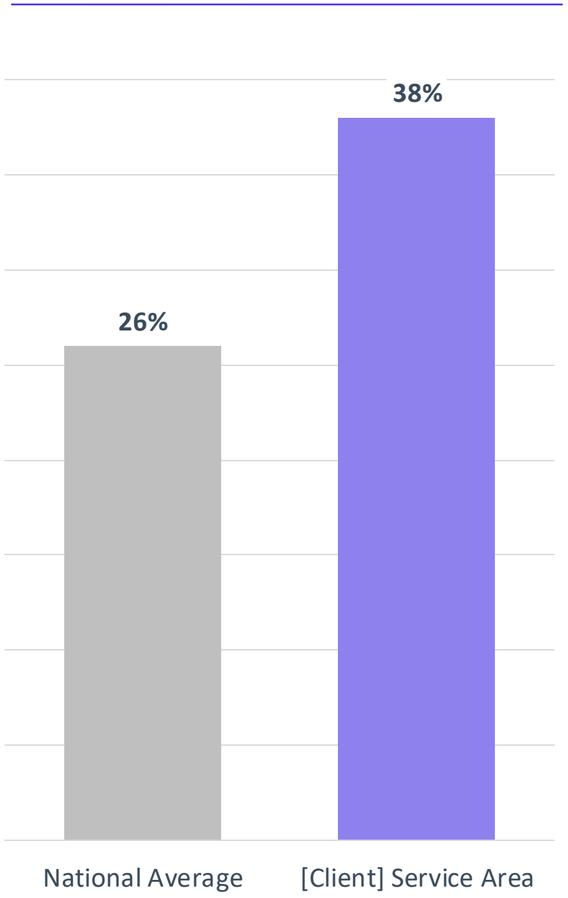
To close that gap, this health system identified an opportunity to significantly expand primary care access through **de novo growth** and **increased alignment with independent primary care groups.**

Source: Trilliant Health national all-payer claims dataset.

[Client] Service Area –
Entry Point for Downstream "High-Margin" Encounters

Patient Entry Point	Market Total		[CLIENT]	
	Cases	% of Market Total	Cases	% of Total
Primary Care	**60,822**	**39.8%**	**10,097**	**29.57%**
Emergency Department	44,340	29.0%	11,285	33.05%
Urgent Care	16,674	10.9%	3,439	10.07%
OBGYN	5,548	3.6%	974	2.85%
Pediatrics	4,400	2.9%	401	1.17%
Telehealth	850	0.6%	398	1.17%
Other Entry Point	20,090	13.2%	7,552	22.12%

Self Achievers Population – % of the Total Population Classified as "Self Achievers"



Developing an Urgent Care Network

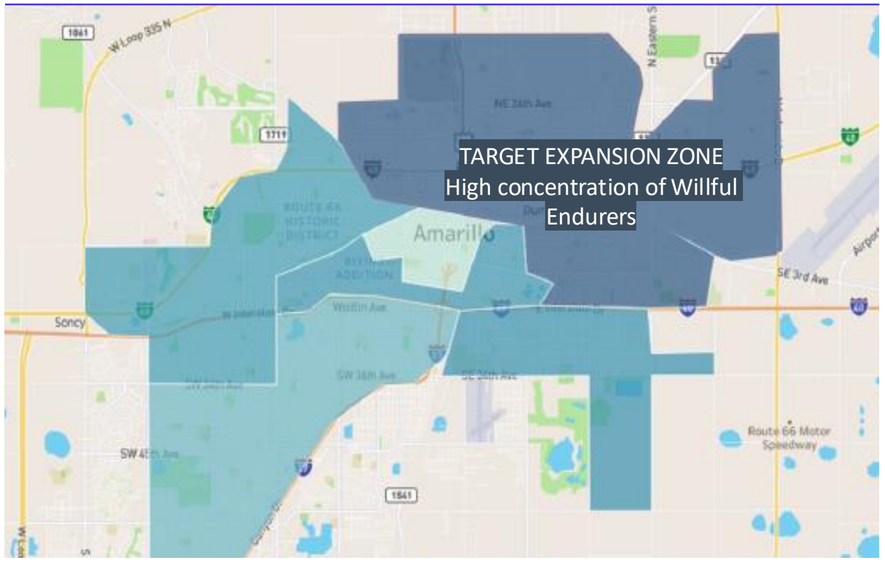
How consumer insights informed an alternate top-of-funnel strategy

For segments like Willful Endurers – consumers who live in the present and are unlikely to proactively engage with traditional primary care – urgent care is the primary entry point into the healthcare system. This segment is **7x more likely to use urgent care** than others, and the target expansion zone has a **38% Willful Endurer population** of 35,260 residents, many traveling more than 15 minutes for urgent care access.

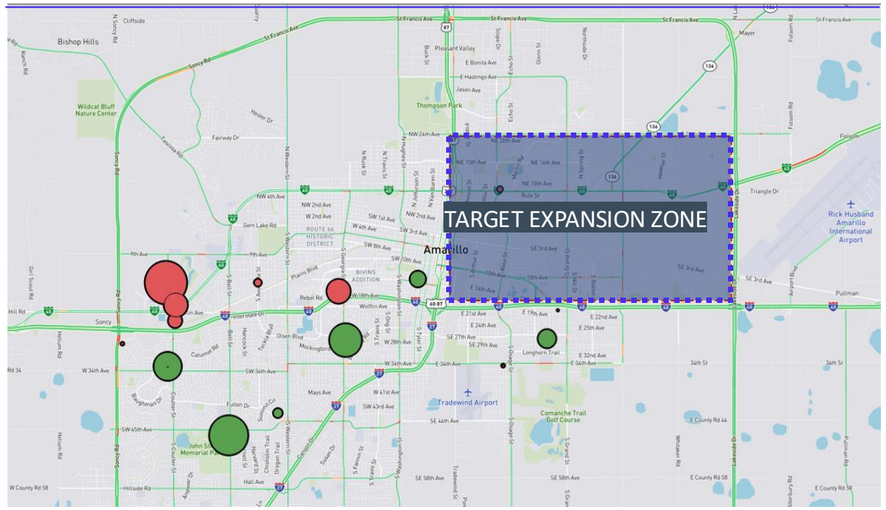
Yet this health system captured only **7% of urgent care visits** in that zone. Expanding access here converts top-of-funnel demand that is currently going to competitors.

Source: Trilliant Health national all-payer claims dataset and consumer database.

Willful Endurer Heat Map – Heat Map Showing the Willful Endurer % by Zip Code (Dark Blue = High %)



Urgent Care Access Map – Volume and Access for Urgent Care Clinics in the Target Market



Metric	Value
PSA UCC Zip Code Rank	#3 out of 15
2021 Population	35,260 (2nd Highest in the PSA)
Population CAGR	0.31% (7th Highest Growth Rate in the PSA)
Willful Endurer %	**38%** (2nd Highest % of Willful Endurers in the PSA)
Unemployment Rate	2.7% (State of Texas Unemployment Rate 3.8%)
Urgent Care Centers	1
Urgent Care Name	The Northwest Texas Healthcare Urgent Care
Parent Entity	Northwest Texas Healthcare
Alignment to De-Identified Hospital	7%
Address	1411 East Amarillo Boulevard Amarillo, TX 79107
Hours	Monday through Friday: 8 a.m. – 8 p.m.

Adding De Novo Sites

BUSINESS CASE

Expanding geographic footprint to capture commercially insured patients has become one of the most pressing capital priorities in healthcare. Provider organizations are increasingly *looking beyond traditional market boundaries* — toward prosperous suburbs and nearby areas where that population is growing.

DATA STRATEGY

Find it

Identify the geographic areas with the strongest demand for your service lines.

Size it

Understand the competitive landscape and existing capacity in those markets.

Own it

Choose the optimal location to capture the greatest unmet need.

Expanding Access for Orthopedic Services

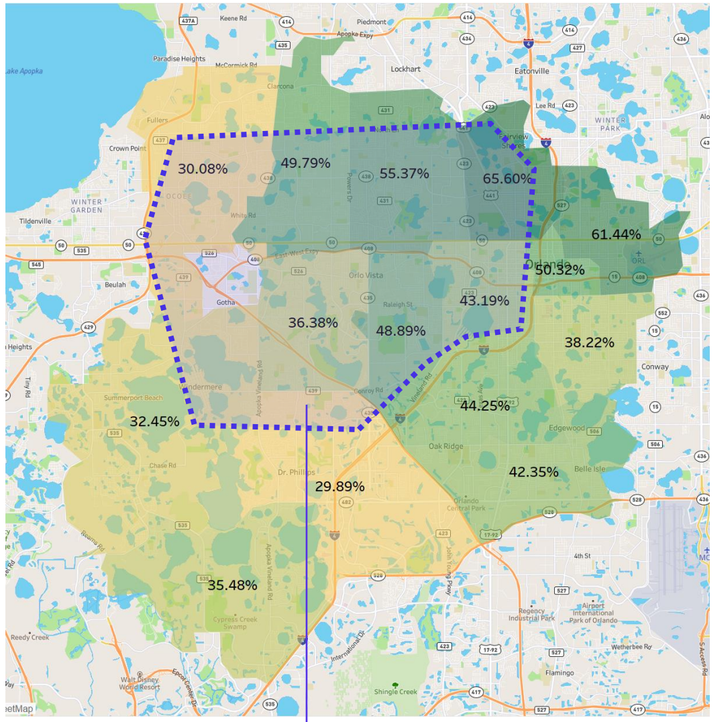
How mapping alignment by ZIP code identifies the highest-priority zones for orthopedic expansion

This health system identified a significant deterioration in orthopedic alignment outside the downtown core, **dropping below 40% in the southern part of the target zone.** Competing networks are capturing orthopedic volume from the growing communities.

The health system identified an opportunity to expand orthopedic access in these zones, converting a gap in access to care into an opportunity to increase market share.

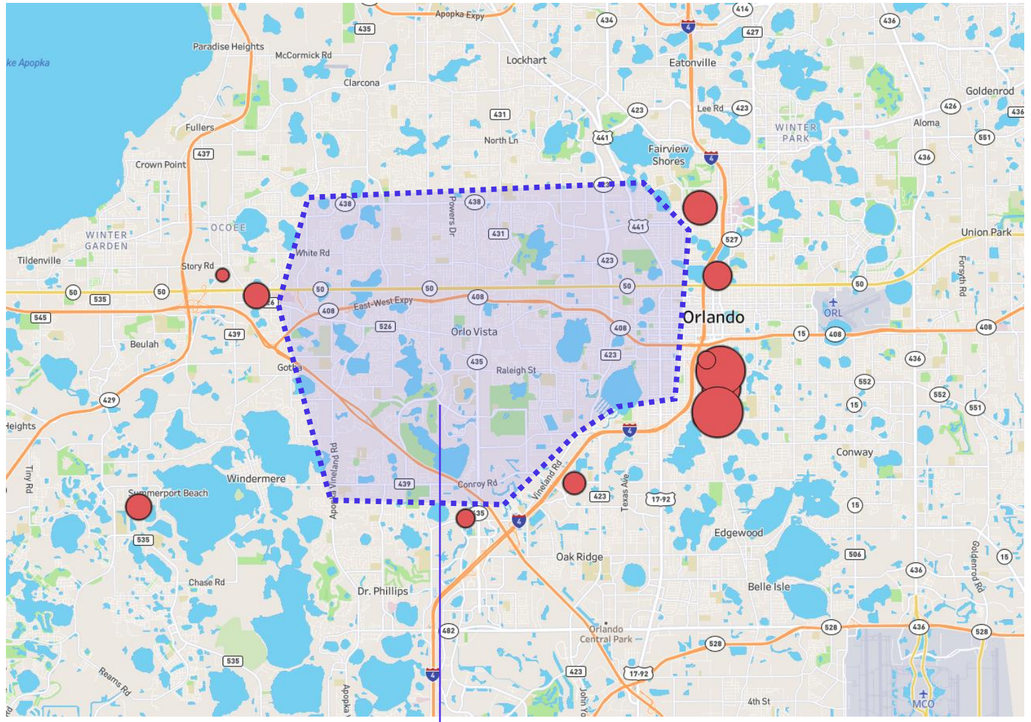
Source: Trilliant Health national all-payer claims dataset.

[Client] Ortho Alignment –
[Client] orthopedic capture % by patient zip code



Moving away from the downtown core, the health system's alignment deteriorates.

Orthopedic Access Map –
Competing Orthopedic Office / Practice Locations



Competing networks are doing a better job capturing orthopedic cases in the southern part of the market.

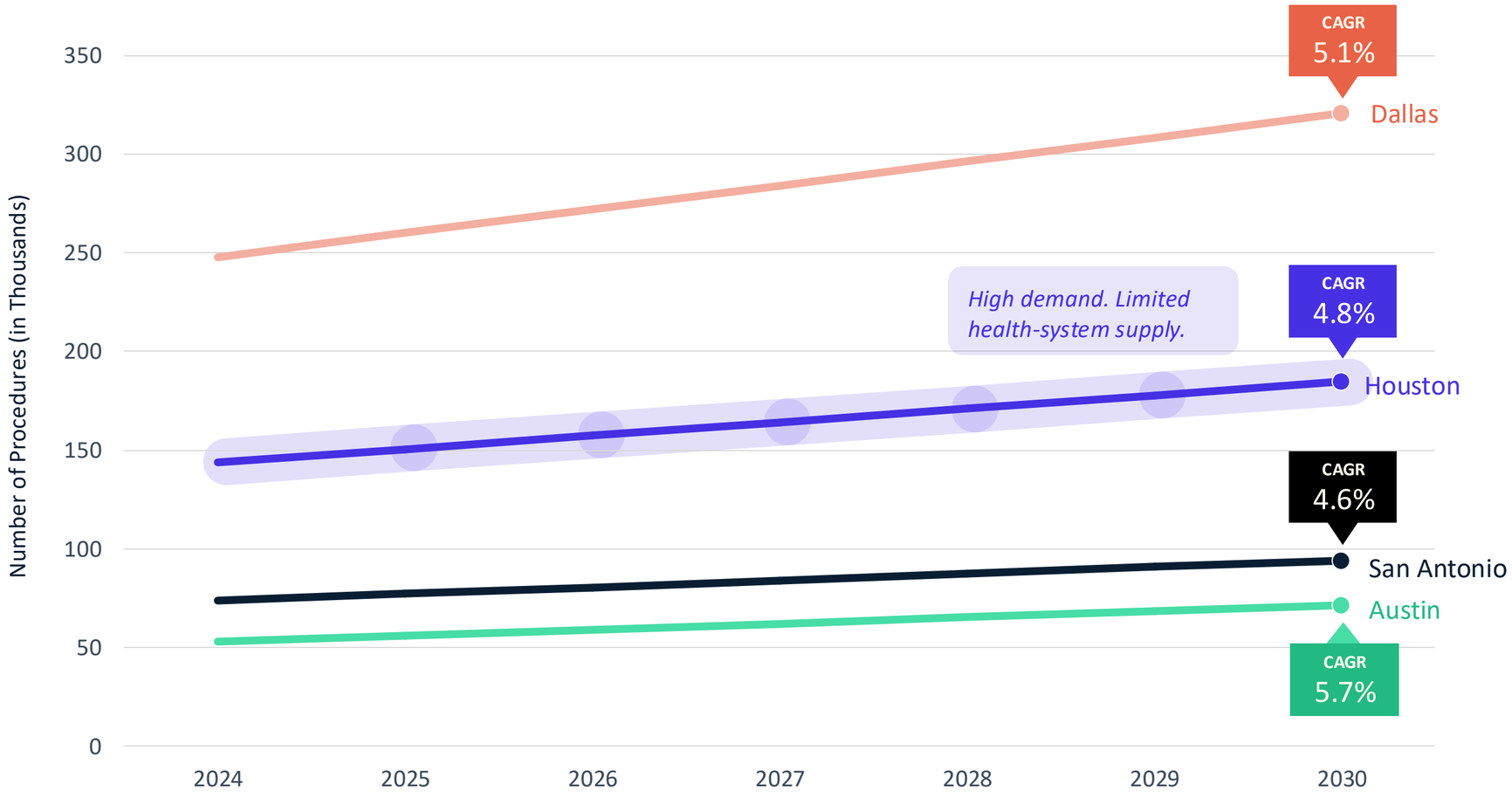
Forecasting Demand for Eye/Ocular

How unmet eye/ocular demand creates a clear window for new service line entry

Eye and ocular surgical services are among the fastest-growing surgical specialties in major Texas CBSAs. In the Houston CBSA, demand is projected to grow at a **4.8% CAGR through 2030,** with most of that volume currently captured by independent ambulatory surgery centers with no health-system alignment.

That gap represents a clear opportunity for this health system to enter a high-growth service line before competitors establish a stronger foothold.

Future Demand for Eye/Ocular Services –
Future Eye/Ocular Demand for the Target Market and Other Similar Markets



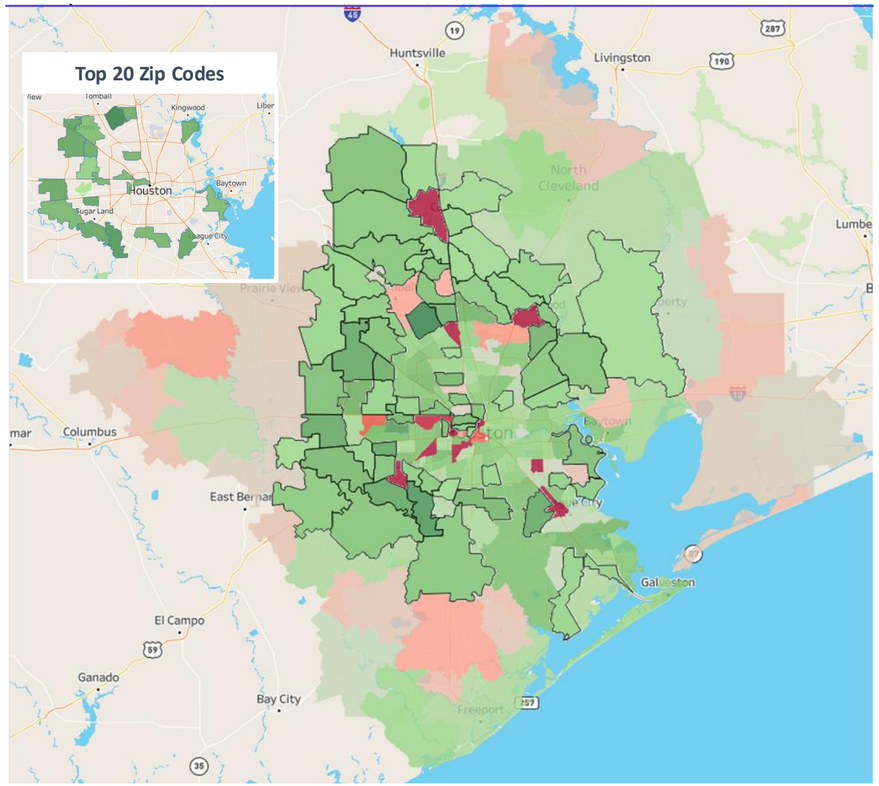
Source: Trilliant Health's Demand Forecast.

Across the region, **41 ZIP codes** are projected to generate more than 1,000 eye surgery cases by 2030. Ranking those markets by demand concentration and current access gaps surfaces the highest-return locations for ASC investment — where volume is greatest and health-system competition is weakest.

These markets represent the strongest case for capital deployment in eye/ocular surgical services.

Source: Trilliant Health national all-payer claims dataset.

Opportunity Heat Map –
Opportunity Map for Eye/Ocular ASC Expansion



Opportunity Summary – Top 20 ZIP Codes Based on Limited Supply and Strong Future Demand for Eye/Ocular Services

Patient Zip Code	Projected 2030 Cases	CAGR	Top Destination for Eye/Ocular Procedures
77379	2,738	5.50%	NORTHWEST SURGERY CENTER RED OAK
77479	2,724	7.30%	SUGAR LAND SURGERY CENTER
77084	2,558	5.20%	HEA SURGERY CENTER
77494	2,433	6.20%	BAYLOR ST LUKES MEDICAL CENTER
77459	2,253	7.50%	SUGAR LAND SURGERY CENTER
77429	2,124	4.90%	HCA HOUSTON HEALTHCARE NORTH CYPRESS
77083	1,911	5.00%	BAYLOR ST LUKES MEDICAL CENTER
77433	1,890	5.30%	BAYLOR ST LUKES MEDICAL CENTER
77546	1,869	5.10%	UNIVERSITY OF TEXAS MEDICAL BRANCH GALVESTON
77346	1,693	5.60%	MEMORIAL HERMANN SURGICAL HOSPITAL KINGWOOD
77095	1,693	5.20%	HEA SURGERY CENTER
77388	1,659	5.30%	NORTHWEST SURGERY CENTER RED OAK
77584	1,651	5.00%	UNIVERSITY OF TEXAS MEDICAL BRANCH GALVESTON
77088	1,510	4.90%	HEA SURGERY CENTER
77079	1,472	4.80%	HEA SURGERY CENTER
77007	1,446	7.00%	HEA SURGERY CENTER
77406	1,416	7.30%	HEA SURGERY CENTER
77055	1,302	4.90%	HEA SURGERY CENTER
77571	1,291	5.70%	DOCTORS OUTPATIENT SURGICENTER - PASADENA
77056	1,288	4.80%	HEA SURGERY CENTER

** Top ZIP Codes for ASC Expansion*

Core Insights

1

The right entry point is knowable before you build.

All-payer claims reveal where top-of-funnel demand actually exists — and which entry points are most likely to convert to downstream, high-margin encounters.

2

Consumer behavior determines which access strategy works.

Different patient segments engage with the healthcare system in fundamentally different ways. Capital decisions that ignore those differences risk investing in access points that will not be used

3

Competitive gaps in your own market are often hiding in plain sight.

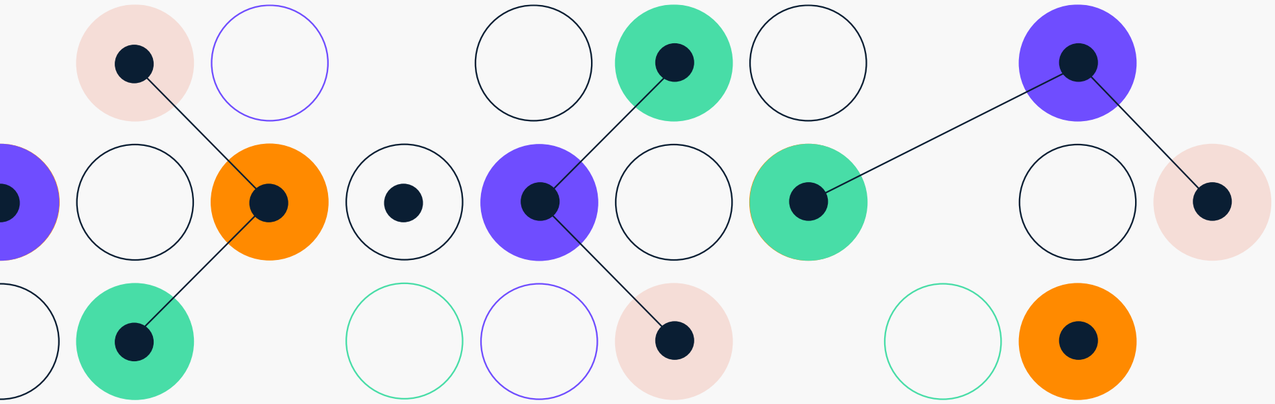
Alignment data by ZIP code shows exactly where competing networks are capturing cases that should belong to you — and where the case for expansion is strongest.

4

Demand forecasting separates good timing from great timing.

Knowing that a service line is growing isn't enough. The health systems that win are the ones that enter before competitors establish a foothold. That requires seeing where demand is heading, not just where it is today.

ABOUT TRILLIANT HEALTH



Noble Purpose
Every American is impacted by the health economy. We are committed to making it **exponentially better**.

Mission
To redefine how the healthcare industry **develops strategies, understands consumer healthcare decisions, and maximizes return on invested capital**.

Vision
To create **an algorithmic approach for every mission-critical decision** in the healthcare industry.

Goal
To be recognized as a **trusted advisor, dependable partner, and industry expert** for enterprise-wide decision-making across healthcare.

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Thank you.

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