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FOR HEALTH PLANS

Quality Performance Runs Through the Other 42%

Roughly 42% of U.S. physicians work in independent, physician-owned practices. They deliver comparable care at lower cost and carry much of Medicaid and rural primary care, yet proving that quality often costs them more than it pays. Veradigm helps health plans bring gap, risk, and SDOH insights to independent providers at the point of care, through a network of more than 300,000 independent providers nationwide.*

THE CHALLENGE

Independent providers carry quality performance, but the performance burden falls hardest on them.

Independent practices deliver value that health plans depend on. Many of them are also tracking dozens of quality measures across multiple value-based contracts. HEDIS alone spans more than 90 measures across six domains of care. For a small practice, the cost of proving quality can exceed what it pays.

The Quality Reporting Challenge

The data shows how heavy the burden is for independent practices:

57
unique quality measures per primary care physician, across 7.6 value-based contracts

201.7 hours
per physician, per year (including staff time), to participate in MIPS alone

27.5%
of solo clinicians took the maximum MIPS penalty in PY2022, versus 2.1% of all eligible clinicians

27%
of small-practice clinicians did not report at all

94%
of practices say positive MIPS adjustments do not cover the cost of reporting

18.7 pts
THE SCOREBOARD
lower MIPS scores for independent clinicians

MORE MEASURES + MORE HOURS + MORE PENALTIES

2x
THE VALUE
the spending reductions from physician-led ACOs

COMPARABLE QUALITY. LOWER COST.

Comparable Quality. Lower Cost. Access For Many.

Independence tracks with lower spending, no consistent difference in quality, and access for Medicaid and rural primary care. Value-based care needs an on-ramp that fits independent practices.

- **5.8% higher spending** per patient in hospital-owned vs. physician-owned practices, driven by utilization rather than price
- **No consistent difference** in quality of care
- **~75% of non-elderly adult Medicaid patients** get primary care from independent, office-based practices
- **1 in 4 physicians** practicing in rural America at the start of 2024 were independent
- **78% say** Medicare offers no clinically relevant Advanced APM

42%
OF U.S. PHYSICIANS PRACTICE INDEPENDENTLY

78%
SAY THERE IS NO CLINICALLY RELEVANT ADVANCED APM

MY2029
HEDIS HYBRID METHOD PHASES OUT

Sources and footnotes on reverse

Why Independent Providers Matter to Health Plans

5.8%

Lower Cost of Care

Hospital-owned practices spend 5.8% more per patient than physician-owned practices, with no consistent difference in quality outcomes.

~75%

Access Where Members Need It

About 75% of non-elderly adult Medicaid patients and 1 in 4 rural physicians sit in independent practices.

MY2029

Digital Measurement Raises the Stakes

As NCQA phases out the hybrid method for HEDIS by MY2029, plan rates will depend on practices the plan does not own.

78%

Locked Out of Value-Based Care

78% say Medicare offers no clinically relevant Advanced APM, and 94% say positive MIPS adjustments don't cover the cost of reporting.

WHY VERADIGM

Veradigm Helps Health Plans Bring Insights to the Independent Providers Behind Their Quality Performance

Better data from independent practices, without adding work for them.

1. Connect to **nearly 300,000+ providers** in our chart retrieval network
2. Reach **over 150,000+ providers** through our point-of-care network
3. Deliver **gap, risk, and SDOH insight** directly into clinical workflows
4. Trusted by **80+ health plan clients**
5. **#1 Black Book** Payer Analytics 2024/2025 and **#2 KLAS** Risk Analytics 2025/2026

Built for health plans that depend on independent providers for quality performance.

CUSTOMER STORY

What It Looks Like in Practice

An independent medical group in the Southeast, with 2,700 employed and affiliated providers across 4 states, serves more than 200,000 unique, active patients and earns over half its revenue from value-based care. With care-gap and risk insight at the point of care, the group reached MIPS Decile 9 on A1c < 9 (84% pass rate) and blood pressure control (80%). It also earned rates equivalent to CMS MA 5-star rates for Breast Cancer Screening, Colorectal Cancer Screening, and Plan All-Cause Readmissions.**

84%
A1c < 9 pass rate, MIPS Decile 9**

80%
Blood pressure control, MIPS Decile 9**

5-star equivalent rates for Breast Cancer Screening, Colorectal Cancer Screening, and Plan All-Cause Readmissions**

Expand What's Possible for Your Network

As quality measurement moves to digital, a brief conversation can help you see where independent providers in your network need better insight at the point of care.

DURING A PROVIDER CONNECTIVITY REVIEW, WE'LL:

- Review how you currently share gap, risk, and SDOH insight with independent providers
- Identify opportunities to reduce reporting burden and close gaps at the point of care
- Explore how a multi-EHR network can support your quality performance

Schedule a Provider Connectivity Review. For more information, contact your Veradigm Account Executive, **click here**, or visit **Veradigm.com**.

*Includes connectivity through participating organizations. Availability varies by market.

**Results are specific to this medical group and are not guaranteed or necessarily representative of other practices' experience. Multiple factors beyond technology platform affect MIPS, HEDIS and CMS MA Star Rating performance.

Sources: Kane CK, AMA Policy Research Perspectives, May 2025. Ho V, et al., J Gen Intern Med, 2020. Ding D, Glied S, Commonwealth Fund, January 2023. PAI/Avalere Health, 2019-2024. Boone C, et al., JAMA Health Forum, 2024. Khullar D, et al., JAMA Health Forum, 2021. CMS, QPP 2022 Participation and Performance Results. MGMA Annual Regulatory Burden Report, November 2023. Johnston KJ, et al., JAMA, 2020. Bond AM, et al., JAMA, 2025. HEDIS hybrid measure retirement timeline, November 2024.