

# The Future of Value-Based Care

From AI Insights to Continuous, Predictive Care

VBCExhibitHall  
.com



*Educational Webinar Series*

# Agenda

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- I. Introduction
- II. Predictive Care in a Risk World
- III. Predictive Analytics – Identifying Risks Early
- IV. From Prediction to Prevention
- V. Financial Impact & VBC Performance
- VI. Q&A
- VII. Conclusion & Next Steps

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# Upcoming: Join Us to Learn More

## HIMSS

Join Garrett & Rey March 9-12  
at HIMSS

1. Share insights & issues with other VBC professionals
2. Potential podcast
3. Learn more

## Nashville: VBC Conference

- March 26-27
- We have a few free tickets available if you'd like to join us



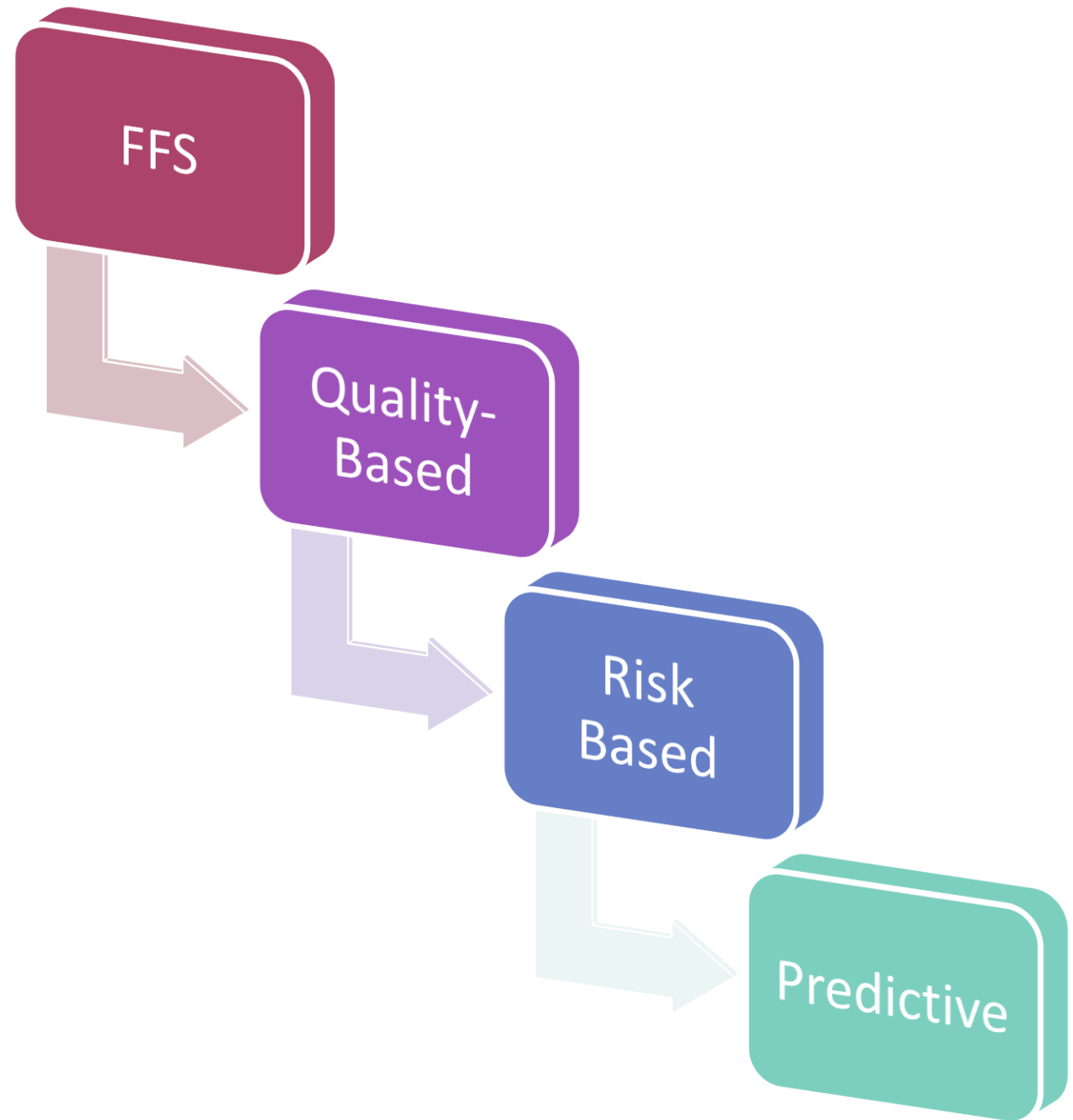
# The Central Thesis

## VBC Success Depends on Preventing Events — Not Managing Them

1. Reactive care loses money in risk-based models
2. Prevention drives outcomes and margin
3. AI + predictive analytics enable scalable prevention

# The Evolution of Value-Based Care

1. Most of us grew up in the Fee-for-Service era
2. VBC first moved us to a Quality-based model that paid for performance
3. We then moved to a Risk-based model, such as Shared Savings & Downside Risks
4. Today, it's becoming clear that we need a more predictive, preventive and pre-emptive model to truly rein in costs.





# The Financial Reality of VBC

- A small % of patients drive majority of cost
- Avoidable admissions destroy margins
- Chronic disease escalation is predictable





# Fast Poll

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How confident are you that your organization can identify rising-risk patients before they become high-cost?

- Very confident — we use predictive analytics regularly
- Somewhat confident — we use basic risk stratification
- Limited confidence — mostly retrospective data
- Not confident — we typically react after events occur



# Most VBC Organizations Are Still Reactive

- Claims lag 60–120 days
- Static annual risk scores
- Manual outreach lists
- Visit-based interventions





# The Cost of Delayed Intervention

1. Rising-risk patients not identified early
2. Care teams overloaded
3. Care gaps discovered too late
4. Downside exposure increases



# Understanding the Difference

## Reactive

- Responds after the event

## Predictive

- Identifies increasing risk

## Preventive

- Intervenes early
- And continuously

**Predictive analytics is the bridge between reaction and prevention.**

# Fast Poll

Approximately what percentage of your interventions are reactive (after an event)?

- 0-25%
- 26-50%
- 51-75%
- 76-100%

# What Predictive Analytics Means

## Not Abstract AI

- Identify rising-risk patients
- Forecast utilization
- Predict non-adherence
- Detect care gap risk

## Shifting Priorities IRT

It's going from...

1. “Who was expensive?” to
2. “Who WILL BE expensive?”



# Data Sources Powering Predictive Intelligence

- EHR
- Remote monitoring
- Device data
- Patient-reported data
- Medication tracking





# Identifying Rising-Risk Patients: Example

The signals are typically already there:

- Rising A1C trend
- BP variability
- Missed meds
- Post-discharge instability



# Continuous Digital Care

## Insight w/o Action Is Useless

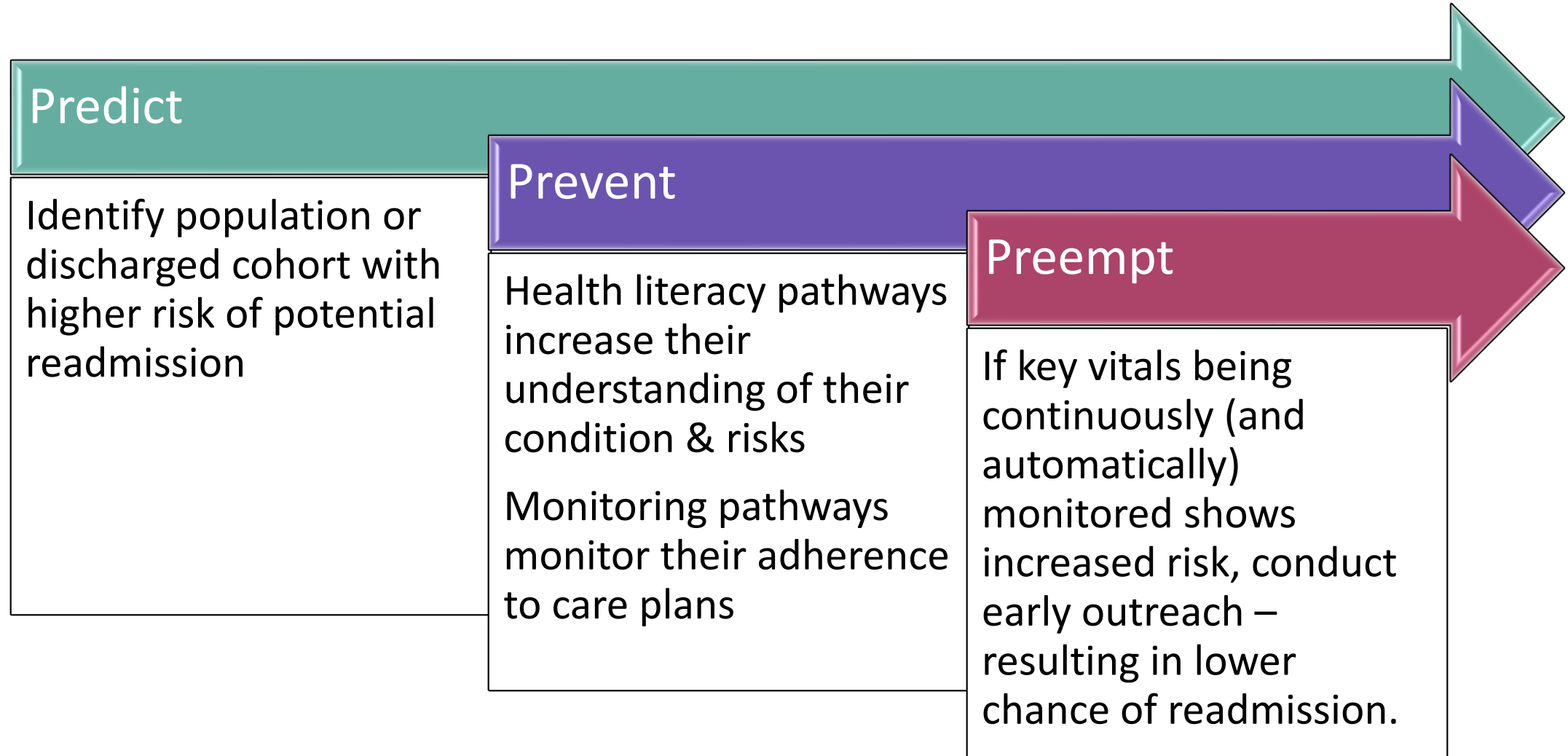
- Dashboards don't reduce admissions.
- Active (and proactive) intervention reduces admissions.
- Predictive insight must be paired with scalable intervention

## Continuous Care Between Visits

Let your digital health platform convert your analytics into...

- Automated check-ins
- Medication reminders
- Symptom monitoring
- Lifestyle guidance

# Example: Intelligent Intervention



# Scaling Without Scaling Headcount

- Automation handles the predictable 80%.
- Clinicians focus on the complex 20%.
- That's how you scale personalized care without scaling cost.



# VBC-Related Benefits

## **Predictive + Preventive = Greater Financial Stability**

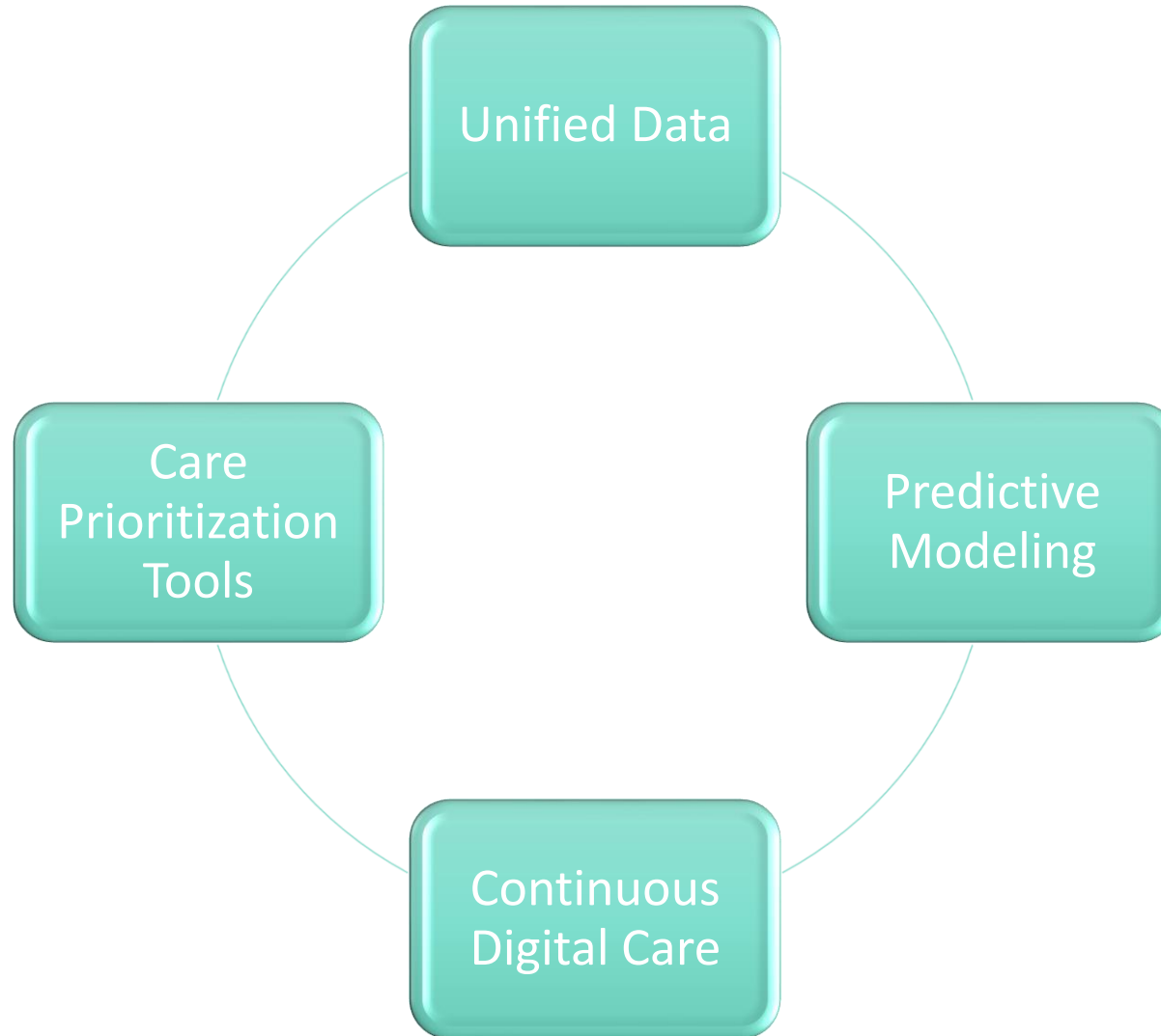
- Lower total cost of care
- Improved shared savings
- Reduced downside risk

## **But Also Impacts Quality Measures & Rewards**

HEDIS – STAR – MSSP

1. Predictive outreach closes care gaps before reporting deadlines.
2. Continuous engagement improves adherence.
3. Quality improves proactively, not retroactively.

# Capabilities Required



The next-generation VBC organization requires these 4 capabilities. Without them, prevention cannot scale.





# Fast Poll

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On a scale of maturity, where would you place your organization?

- Reactive — retrospective reporting only
- Basic risk stratification
- Emerging predictive analytics
- Advanced AI-driven predictive care
- Fully continuous and preventive model

# The Future of VBC

Predictive.  
Preventive.  
Continuous.



# Key Takeaways

**“If you wait for the admission, you’ve already lost the margin.””**

1. VBC depends on predictive—not retrospective—insights
2. AI identifies rising-risk patients early
3. Digital pathways improve adherence and outcomes
4. Personalized care can scale while protecting margins

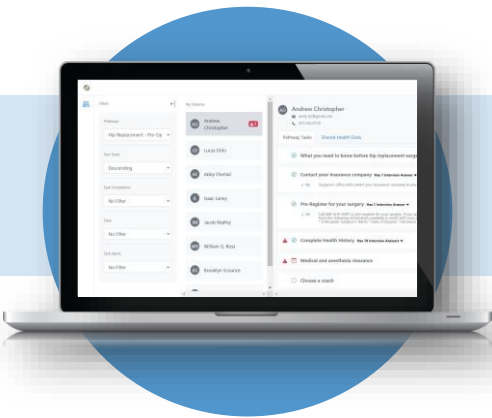
# The Calcium Platform

For Organizations



## Calcium Core

Robust analytics and trends, AI, and insights, plus patient management and alerts



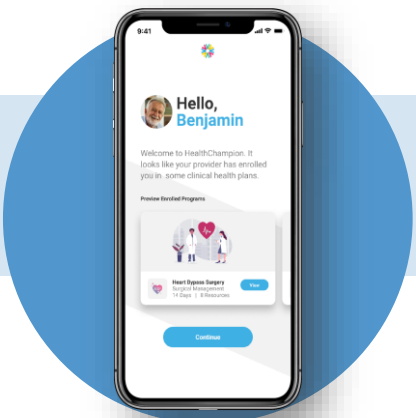
## Calcium AI Studio

Modify and create pathways to engage your patients, employees and more



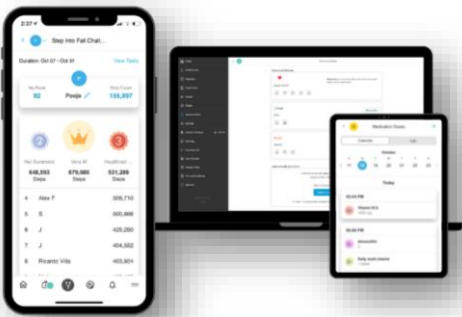
Easily sign-in to Calcium Core and Calcium Studio via desktop browser.

For Individuals



## Calcium App

Patient-facing health Super App to deliver your pathways and more  
(Available in Google Play, Apple App Store; on Mobile, Desktop and Tablet)



# Q&A

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# Discover the Calcium Edge

## Self-Service Go Live

Start using today to discover how it can help increase patient engagement & health outcomes.

<https://calciumhealth.com>

## Schedule a Demo

Schedule a demo with one of our account executives to get answers for your specific questions and challenges.

<https://calciumhealth.com/calcium-core/>

Stop by our VBCExhibitHall.com Virtual Booth:



[Visit the Calcium Health exhibit booth](#)