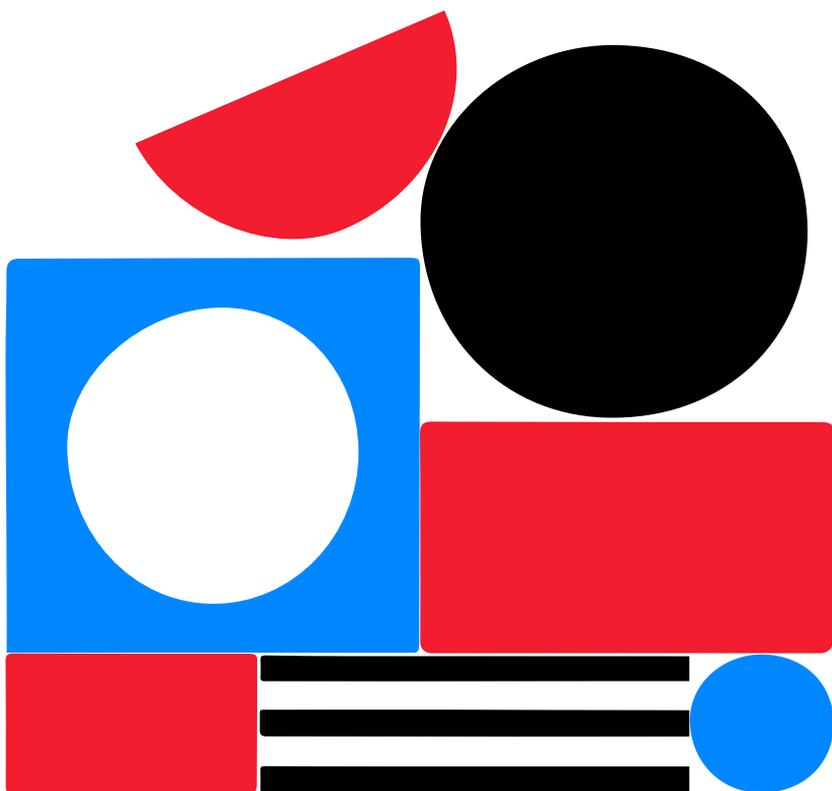
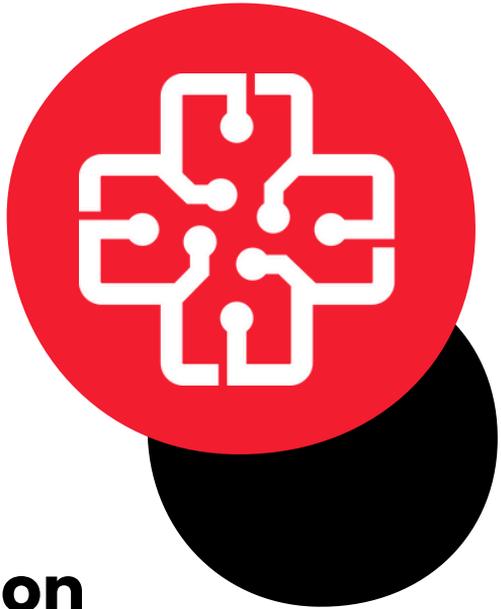


Unlocking Value-Based Care

Based on the Adageis Webinar Series
featuring Dr. Shane Speirs and Lane Elliott





Introduction

Across healthcare, the shift from fee-for-service to value-based care is accelerating. Practices are under mounting pressure to deliver higher-quality care while navigating shrinking reimbursement margins.

In this eBook, drawn from a live webinar led by Dr. Shane Speirs, founder of Adageis and HealthyU Clinics, and Lane Elliott, Sales Director at Adageis, we explore the fundamentals of value-based care, common barriers practices face, and actionable strategies for success.

You'll walk away with a clear understanding of:

- How to identify and close care gaps in real time
- Strategies to reduce “widget fatigue” and simplify workflows
- Steps your practice can take today to prepare for 2026 and beyond

The Rise of Value-Based Care

Over the last decade, healthcare has begun to move away from fee-for-service models, where providers are paid per visit or procedure, toward value-based care, where success is measured by outcomes and quality.

This shift is rooted in a simple but transformative idea:

Reward high-quality care that keeps patients healthier, longer.

As Dr. Speirs explains, “Our job is to educate—both our partners and the market—on how to get rewarded for providing high-quality care to your patients.”

Adageis was built on this principle. Its platform was first developed and tested at HealthyU Clinics, a fast-growing physician network founded in 2021. The model proved so effective that it became a standalone, scalable solution to help practices nationwide thrive under value-based contracts.

-2.9%

Decrease in payouts for fee-for-service over the last year 2024-2025

\$-210,517

Underuse of Medicare coding VBC codes

A Brief History of Health Insurance and Value-Based Care

To understand why value-based care exists today, it helps to look at how U.S. health insurance evolved over the last century.

The Birth of Modern Health Insurance

Health insurance as we know it began in the 1930s, when Blue Cross plans offered hospital coverage for a fixed monthly premium. Shortly after, Blue Shield emerged to cover physician services. These early programs set the foundation for the fee-for-service model: providers were paid for every test, visit, or procedure performed.

The Expansion Era

In 1965, the creation of Medicare and Medicaid extended coverage to older adults, low-income families, and individuals with disabilities. While this greatly expanded access, it also accelerated healthcare spending—since payments were tied directly to the volume of care, not outcomes.

The Cost Crisis

By the 1980s and 1990s, healthcare costs were rising unsustainably. Insurers began experimenting with managed care—Health Maintenance Organizations (HMOs) and Preferred Provider Organizations (PPOs)—to control spending. However, these models often prioritized cost containment over care quality, frustrating both patients and providers.

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The Rise of Accountability

The Affordable Care Act of 2010 marked a major turning point. It introduced Accountable Care Organizations (ACOs), bundled payments, and quality incentive programs, signaling a shift from volume to value. Instead of rewarding quantity, payers began rewarding practices for keeping patients healthy and reducing preventable hospitalizations.

Value-Based Care Today

Now, value-based care represents the next evolution. A model that ties payment directly to patient outcomes, preventive care, and long-term health improvement.

As Dr. Speirs noted during the webinar:

“Value-based care today is where EHRs were a decade ago. Everyone’s figuring out how to make it work—but those who do will thrive.”

This historical progression explains why modern providers must balance financial sustainability with care quality, and why tools like Adegis are essential for navigating the complexities of today’s contracting environment.



The Pitfalls Practices Face

Despite the clear promise of value-based care, most practices encounter a few recurring challenges.

1. Widget Fatigue

Many healthcare organizations juggle multiple portals, tools, and dashboards each tied to a different payer or contract.

“Cigna wants you to use their widget. Optum has theirs. Athena has theirs,” says Dr. Speirs.

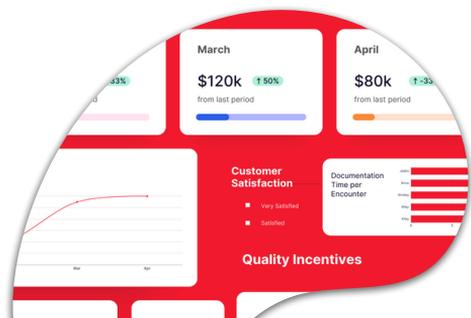
The result? Clinicians and staff drown in logins and clicks. Adageis combats this by providing one unified solution to manage all value-based care activity across payers.

2. Outdated Data

Practices often receive feedback months after the fact, when it’s too late to act.

“I once asked which patients were due for diabetes labs,” recalls Dr. Speirs. **“By the time I checked, those labs had already been done three weeks earlier.”**

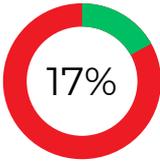
Adageis integrates directly with the practice’s EHR, updating every 24 hours. This ensures you’re acting on real-time data, not six-month-old reports.



3. Revenue Pressure

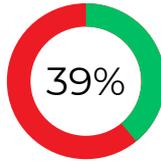
Year after year, fee-for-service reimbursement continues to decline. Many providers try to compensate by seeing more patients or adding new services—both of which risk lowering care quality and straining operations.

See What Your Clinic Might Be Missing.



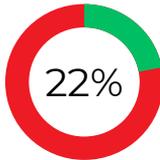
Annual
Care Visit

% Satisfied: 16.6



Chronic Condition
Care Visit

% Satisfied: 38.9



Depression
Screening and
Follow-Up

% Satisfied: 22.4



Kidney Health
Evaluation for
Patients with
Diabetes (KED)

% Satisfied: 19.7

Turn Data Into Action.

Turning Data Into Action

Real progress in value-based care depends on actionable insights, not just metrics.

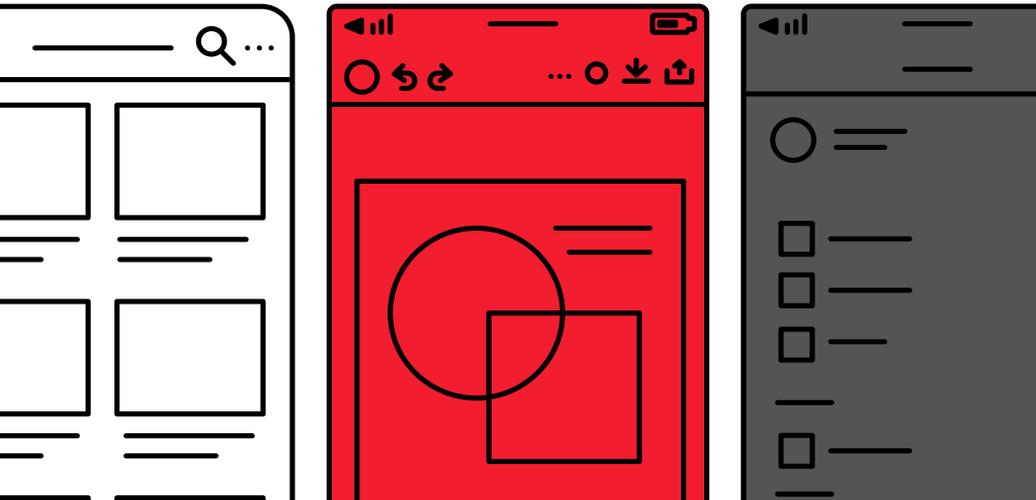
Dr. Speirs highlights a key mindset shift:

“If I’m going off six-month-old data, how am I ever going to know that’s up to date? With our system, you’re never getting anything more than 24 hours old.”

This real-time access empowers care teams to:

- Identify gaps in diabetes, hypertension, and cancer screening measures
- Reach out to patients proactively
- Track progress toward incentive thresholds
- Educate staff on exactly which quality measures to prioritize

The result is a workflow that fuels both clinical performance and financial outcomes.



Preparing for 2026

As practices look ahead, proactivity is key. According to Dr. Speirs:

“Be proactive with your ACOs, your CINs, your IPAs— whoever holds your quality contracts. Ask: Where are we at for the year? Where are our gaps?”

Here’s a checklist for Q4 and beyond

Immediate Action Steps:

Request your year-to-date performance data from your payer or ACO

Identify care gaps that can still be closed before year-end

Reach out to patients due for annual wellness visits

Educate your front desk and nursing staff on top quality measures

Strategic Planning for 2026:

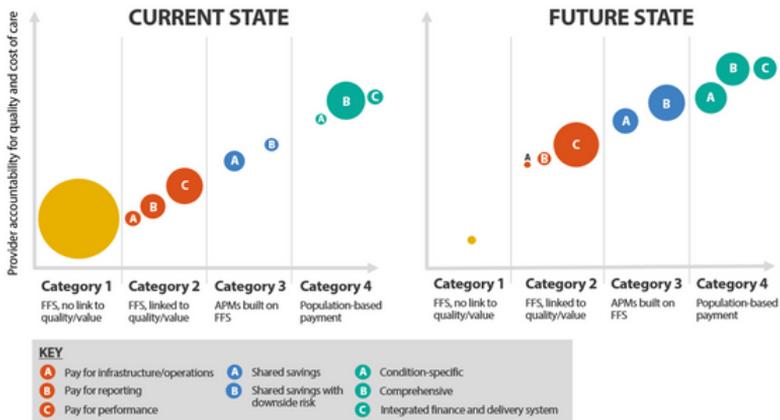
Review your payer contracts and understand each incentive structure

Align your staff and workflows to maximize those incentives

Adopt technology that provides daily data refreshes and unified reporting

Set measurable goals around performance improvement and bonus revenue

“Value-based care isn’t going away,” notes Dr. Speirs. “If anything, the accelerator is being pushed down.”



Simplifying the Future

As Lane Elliott observed, “Value-based care today is where EHRs were a decade ago—everyone is figuring out how to make it work.”

The difference now is that practices have better tools and clearer paths forward. With a single integrated platform and a focus on proactive engagement, practices can reduce administrative noise and focus on what truly matters: **improving patient outcomes while maintaining financial health.**

Conclusion

The journey toward value-based care doesn't have to be overwhelming. With the right technology, data visibility, and mindset, practices can thrive in the new landscape.

Adageis exists to help healthcare organizations know where they stand, close care gaps faster, and get rewarded for delivering exceptional care.

If you missed this webinar or want to dive deeper, stay tuned for the next installment in our series—and reach out to the Adageis team anytime at adageis.com or on social media.

About the Speakers

Dr. Shane Speirs

Founder, Adageis & HealthyU Clinics

Dr. Speirs is a physician, entrepreneur, and advocate for technology-driven solutions in primary care. His leadership focuses on empowering providers to succeed under value-based models.

Lane Elliott

Sales Director, Adageis

With a background in healthcare technology and operations, Lane helps practices simplify complex systems and adopt strategies that improve both care and business performance.

Get Involved

To learn more, join our next webinar in the Value-Based Care Series or explore our resources at adageis.com/webinar.

Follow Adageis on **LinkedIn**, **Instagram**, and **X (formerly Twitter)** for updates, insights, and case studies from practices just like yours.

