

The Tipping Point

The State of Technology in Value-Based Care

2025 Report

Despite unprecedented agreement among healthcare leaders on the importance of artificial intelligence and technology, persistent gaps remain in deploying these tools. We stand at a crossroads where implementation will determine the future of value-based care.





Contents

Executive Summary	ix
Key findings	ix
Methodology	xi
Introduction	xi
Data Management	xi
Artificial Intelligence	xix
Setting new standards in VBC with effective AI strategies	xx
Navigating the complexities of AI adoption	xx
Innovating through uncertainty	xx
Cybersecurity	xx
Conclusion	xx
About	xx
References	xx

Figures

Figure 1. Providers and payers agree that technology is vital to care.

Figure 2. Despite its importance, adoption of technology is still lagg.

Figure 3. Understanding the growth of eHR.

Figure 4. Providers and payers clearly do invest in data management for a competitive edge.

Figure 5. Almost all of payers and providers agree that all components of data and technology management are essential.

Figure 6 & 6a. The challenge is to improve ability, data quality, security, and complexity.

Figure 7. Health is important to:

Figure 8. The old business case for eHR picks up steam, this is what is supporting positive outcomes.

Figure 9. Agreement on the most common drivers of eHR investment over the next 18 months.

Figure 10. Most payers do not see the greatest care by payers and providers.

Figure 11. Additional diagnosis tools and technology for enhanced patient engagement will among the top drivers for providers and payers.

Figure 12. Two ways of most common will make for operational efficiency among payers and providers.

Figure 13. Healthcare leaders are beginning to recognize the positive impacts of eHR.

Figure 14. Payers and provider agreement on the most common reasons for adopting AI technology.

Figure 15. AI adoption in healthcare: challenges, concerns, and organizational responses.

Figure 16. Reducing operational complexity.

Figure 17. ePharmacy will increase the driver for eHealth.

Figure 18. ePharmacy discussion is still

Executive summary

As health care continues to shift from fee-for-service to value-based care (VBC), payers and providers are navigating their decisions to deliver better quality, enhance patient results, and streamline. Technology is how this change, helping legal systems to bring complex data, streamline care coordination, and connect legacy systems, all to enhance patient care.

To dig deeper into technology's impact on VBC, Resolute, The Health Policy and Mathematics Group and over 500 clinicians, executives, and IT suite leaders shared how they handle data, harness artificial intelligence (AI), and manage cybersecurity. We also asked where gaps their competitive edge – and what roadblocks still stand in their way.

The results reveal that many in our industry already know industry leaders agree on VBC objectives, persistent challenges in implementation remain.

Key findings

Provider and payer organizations naturally have different objectives based on their roles. But both acknowledge the relevance of data management, the impact of AI on patient care, investment and the need for strong cybersecurity infrastructure.

Figure 1: Provider and payer agree on technology in VBC models



Academic leaders, providers and peers recognize the importance of technology in HEC and have adopted it to some degree. However, some still face the reality of being deeper commitment to fully embracing and use meet their goals.

Figure 3: Academic responses: adoption of technology in HEC



Academic providers and academic peers consider technology as very important to the success of their organizations' HEC initiatives and goals.



A 38% of providers and 40% of peers are committed to AI adoption.

A 56% of providers and 47% of peers that are prepared to handle cybersecurity threats.



Methodology

The Harris Poll conducted this research online in the United States, surveying 2019 U.S. residents and full-time employed workers.

Respondents were ages 18 and older, had a job, did not director or already work for a U.S.-based organization that creates HR, medical and/or mental health insurance and compliance, clinical information, clinical documentation management, member or patient enrollment, medical record retention, risk adjustment, or information technology software. The survey took place Monday, 20 to June 10, 2020.

We defined providers as (1) respondents following care directly, respondent or (2) respondents who work in a healthcare organization with 25 employees or more. Providers must also have worked in a hospital, physician group, integrated health system, or ambulatory care organization (ACO) or ACO affiliate, dialysis organization, integrated provider network, home and community-based care organization, healthcare provider organization, or long-term healthcare agency. We defined payers as (1) organizations that create medical services or (2)

respondents who work in the insurance industry and/or commercial health insurance company, government health program, or managed care organization. Respondents not employed are therefore representative of the people who completed the survey.

We selected survey respondents from among people who have agreed to participate in Harris Poll surveys. The sampling process at Harris online polls is measured using all-quotient random interval. For this study, the sample data are accurate to within a 4.5 percentage point using a 95% confidence level. This results interval will be wider among subsets of the survey population of interest.

All sample surveys and polls, whether or not they use probability sampling, are subject to other errors that are often not possible to quantify or estimate, including errors related to coverage, nonresponse, question wording and response options, and post-survey weighting and adjustments.

Respondent inclusions/exclusions





Introduction

Value-based care (VBC) is reshaping how we deliver and pay for healthcare in the U.S. In [all January 1, 2019, the Medicare Shared Savings Program \(MSP\)](#), the largest accountable care program in the country, served 1.1 million beneficiaries alone (Centers for Medicare & Medicaid Services [CMS] [2019a](#)).

A growing number of providers and payers are committing to the goal of achieving better outcomes at lower cost through VBC, including through national healthcare models and programs such as Medicare Advantage, state Medicaid programs, and managed care, and commercial programs combining managed care with capitated payments. However, dependence on strong technology foundations to build a complete picture of quality of the patient and population leads to barriers to data and effective information sharing.

Building that foundation is far from simple. Healthcare organizations must navigate a complex landscape of fragmented systems, existing technology not built for intelligence (BI), and increasingly sophisticated cybersecurity threats. Improving outcomes under VBC models often requires the ability to measure the patient and population health journey before, during, and after interactions, using systems that efficiently collect, store, and use this information.

Part of the challenge is that providers and payers use different parts of the data picture. Payers often have access to almost all of population data, while providers reach detailed patient-level data that often supported by modern data infrastructure and the right technology. These two populations contribute to the “lightbulb” effect of working today with various data silos, ready to unite.

Federally, in developing the industry for work, the Centers for Medicare & Medicaid Services (CMS) and technology companies are committed to collaborating to explore policy standards for digital health, management, interoperability, and health information exchange (HIE) [\(CMS, 2019b\)](#). With technology, the next policies guiding movement, healthcare leaders face growing pressure to ensure safe, secure, and standards-aligned data management and sharing practices.

Some organizations are successfully using technology to generate clinical insights, automate manual processes, and strengthen data protection as well as patient privacy. They are advancing their VBC models and setting the pace for others. Still, many are in the early stages of adoption and working to build the internal capacity and confidence needed to turn strategy into measurable impact.

Target audience: *Senior health care organizations are managing the complexity of EHR, which can impact change in services that leaders from provider and payer organizations. Their responses offer real-world insights into how technology is driving progress, and where things are still getting stuck.*

Figure 10: *Estimated growth in EHR.*



Note: EHR use/EMR adoption is rising in response to the growth of new data-driven, data-enabled and data-driven services across the health care industry, including patient engagement, value-based care, and precision medicine.

Source: EHR Adoption (Healthcare.gov), 10/2015.

As EHR matures its place at the forefront of healthcare delivery, organizations must navigate challenges defined by change, innovation, and increased accountability. The next section of this report delves into how health care leaders are responding to these shifts, describing current strategies, anticipated challenges, and real-world insights that can empower organizations to define their value-driven care.



Data Management

Healthcare leaders seek
a mature approach to
data management

Data Management

Healthcare leaders agree they need a strong, well-rounded data management approach to deliver on digital transformation commitments and objectives. Survey responses suggest they view all elements of data management as equally important and complementary, although respondents view the effectiveness of the efforts. Comprehensive data integration for example enables real-time performance analysis. And high quality well-managed data lay the groundwork for advanced technology such as AI and analytics such as operationality.

Figure 4: Healthcare leaders agree they need a strong data management approach to deliver on digital



Figure 5: Adoption of various analytics and data management approaches is growing rapidly, and technology adoption is essential



The priorities for utilizing value-based care business goals include data integration, data governance, data analytics, investments in AI, investments in technology, and compliance.

Data management foundations are in place, but operational gaps remain. Most VBC leaders agree that having a strong data management approach gives them a competitive edge, with two-thirds (67%) of providers and 71% of payers saying that management technologies in the next 12 months, and only one in five confident in the sample being representative of their data, they still face challenges using that data in system development.

- Only about one-third of leaders (33% of providers and 51% of payers) rate their ability to integrate data across systems as excellent.
- Two-thirds of leaders (71% of providers and 71% of payers) say technology platforms are too complex or time consuming for providers to use technology effectively.
- Eight in 10 leaders (83% of providers and 83% of payers) say there are too many manual processes in their organization's VBC workflows.

These challenges to using data in system-level operations reveal areas where VBC organizations must focus to close the gap between data management expectations and typical data management capabilities.

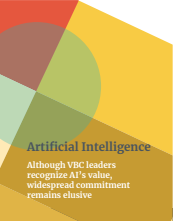
Figure 1: The foundation of interoperability—data quality, security, connectivity



Figure 10



Despite leaders' focus on data management, two key challenges persist: (i) many organizations struggle to maintain security for both clinical and business data; and (ii) coping issues with data quality hinder effective integration. Bridging the gap between expectations and reality, organizations might consider further improving data systems and quality—potentially with support from policy initiatives designed to establish culture of standards across the healthcare industry.



Artificial Intelligence

Although VBC leaders
recognize AI's value,
widespread commitment
remains elusive

Artificial Intelligence

Across the UIC industry, organizations are finding a home for AI in their daily operations. Leaders from both payer and provider organizations believe AI and advanced analytics will bring its crowning in UIC and that their organization's approach to AI adoption and implementation gives them an advantage over their competitors. Leaders also agree on the strong business case for AI and that their organization's AI drive has a growing return on investment.

Figure 1: Provider responses



Despite recognizing AI's potential, some healthcare organizations are reluctant to commit. Only 48% of providers and 45% of payers say their organizations are fully committed to AI adoption, and even fewer—only 27% of providers and 24% of payers—believe their AI efforts increased. It's also compared to 12 months ago. Providers' confidence in AI as AI adoption introduces new security, operational, and insurance-related risks. To address this hesitation, many providers are prioritizing AI use cases backed by evidence of robust ROI impact in real-world healthcare settings, and healthcare researchers are working to develop frameworks to help organizations assess their return on investments (PwC Health AI IQ).

Although full-scale adoption might take time, healthcare organizations that act on AI today have a chance to define what effective responsibility looks like for UIC in the years ahead.



**AI adoption in
healthcare comes with
high stakes. When
people's health and
well-being are on the
line, innovation must
be balanced with
appropriate caution.”**

Nguyen Minh Son, MD,

*Executive Vice President, Center for Health Innovation, Johns Hopkins University
Center for Data-Driven Medicine, Johns Hopkins University*

Figure 4: The likelihood used to sign up to trials, the number reporting positive outcomes



Three factors driving AI adoption:

1. **Advanced Analytics**
Providers anticipate 97% of their patients will use advanced analytics within the next 12 to 18 months (97%).

AI Adoption
More than 90% of providers and payers agree that their organization's approach to AI adoption is at least somewhat good, that is an advantage over their competitors.



2. **Return on Investment**
More providers agree (97%) payers (97%) agree that their organization will achieve a strong return on investment in 12 to 18 months, with 97% of payers and 97% of providers strongly agreeing.

▶ Setting new standards in NBC with effective AI strategies.

NBC papers and providers are taking similar steps, suggesting both groups have a vision to improve points of care delivery, clinical decision-making, and strategic planning.

5. Point of care

Healthcare leaders understand the importance of upholding high-value processes to improve efficiency and foster more meaningful patient interactions. Provider (87%) and paper (81%) agreement using AI to help with point of care insights contributes to better patient outcomes in value-based care populations. For example, while nearly all papers (91%) and providers (90%) are likely to use in AI technology in the next 12 months, providers appear particularly enthusiastic: half of providers are very likely to use in AI over the next 12 months, compared to 41% of papers. There is also meeting between papers and providers in AI investments with improving patient outcomes and enhancing data security being the most common drivers for both.

Leading organizations are harnessing AI's transformative power to deliver smarter, more connected care experiences. Both papers and providers are integrating innovative solutions such as virtual telemedicine, advanced predictive analytics, and smart diagnostic tools to elevate the quality of care and streamline workflows.

Figure 5: Agreement on the most common driver of AI investment over the next 12 months



Evidence studies highlight the tangible impact of these technologies – expanding access to services, accelerating early identification, and empowering clinical teams to intervene sooner for improved patient outcomes. By rolling together these advancements, healthcare leaders are charting a course toward greater efficiency, precision, and value for the populations they serve.

Figure 10: How popular is remote patient monitoring by patient age group?



“Predictive analytics enables greater care, reducing hospital readmissions and improving chronic disease management by anticipating and addressing patient health risks early.”

— Nancy Thompson
Chief Executive Officer, Medtronic

2. Addressed Information

Providers and payers offer recommendations for emerging AI applications they expect will affect HIE over the next two to three years. But both groups see an opportunity in addressing provider needs and technology for enhancing patient engagement.

To improve patient engagement, leaders also cited specific use cases to illustrate the impact of technology on their work. For example, several respondents saw improved diabetes management outcomes after introducing wearable glucose monitors, which often use AI to process patient data and predict outcomes. Another opportunity cited that leads to better patient engagement is increasing patients' participation in their own care. Patient portals are one solution, including using AI with virtual coaches or virtual health assistants and chat bots.

Figure 10: Addressed provider and payer technology for enhanced patient engagement over coming the top 10 health priorities and goals



2. Automating recurring activities

Payers and providers also see the potential impact of automating recurring analytical and management processes. Medical imaging analysis, HEDIS and risk adjustment are the two most common applications for both providers and payers, highlighting the role of analytics support at the patient and population levels. Payers and providers also see data to support management and financial operations, reporting positive impacts from all organizational efficiency, predictive modeling, and the overall cost of administering their members.

Figure 10 | Most usage of tools across all tool categories reflects strong repeat capabilities



Providers

Medical imaging analysis 43%
HEDIS and other business data and information for (HEDIS) 41%
Risk Adjustment 40%
Medical cost reduction 36%
Financial Performance 35%
Revenue related data reduction 35%

Payers

Medical imaging analysis 35%
HEDIS and other business data and information for (HEDIS) 33%
Risk Adjustment 32%
Medical cost reduction 31%
Financial Performance 30%
Revenue related data reduction 30%

These results encouragingly and demonstrate that all five already-adopted machine learning aspects of value-based care, including regular results review, paper's endorsement. However, organizations' made previously with a single integration. The journey is nearly an eight-week. The most gradual and not easily captured alone. But by the capacity to capture persistent value for their own future financial outcomes, which grows.

“Machine learning algorithms detected risk patterns, enabling proactive care strategies.”¹⁹

*James Jones, vice president
of Provider*

Figure 10.10: Healthcare leaders are beginning to integrate machine learning (ML)

Positive Impacts of AI



More than 9 in 10

PROVIDERS

The positive impacts from AI are expected to significantly reduce the complexity and financial costs of administering VBM models.



More than 8 in 10

PATIENTS

The positive impacts from AI are expected to significantly reduce the complexity and financial costs of administering VBM models.

► Navigating the roadblocks of AI adoption

Although enthusiasm for AI transformation persists in large organizations globally, obstacles that hinder AI transformation remain a significant concern. The rapid adoption of AI in many projects and providers highlights one of the challenges that need to be carefully integrated AI with legacy systems, and to build cultural change within organizations to provide adequate AI cultural implementation.

Figure 10: Top corporate operations that most concern executives adopting AI technology



Innovating through uncertainty

Uncertainty is rapidly unfolding as AI becomes more integrated into the health care landscape. In healthcare, uncertainty for AI's potential to improve efficiency is tempered by concerns about its risks. Historically, healthcare technology innovation (telemedicine, rule-based systems). The emerging uncertainty for generative AI – particularly and potentially – requires a careful consideration of the trade-offs between improved healthcare delivery and possible unintended harms.

Payer and provider concerns around AI adoption reflect ongoing discourse in the broader healthcare and technology industries related to fear of AI hallucinations, transparency in algorithms, and possible ethical concerns. Given the various payers and providers have indicated technology is across their 2024 portfolio, this suggests that strong change management strategy is required to adopt AI successfully.

Figure 15: Healthcare healthcare strategy, concerns, and adoption concerns





Do your homework.

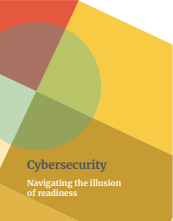
AI provider and payer organizations are training their employees in the use of AI.

Learning in to educating your workforce on appropriate AI use is important to overcoming common concerns and barriers for adoption.



Data around this risk organization profiles concerns, identifying common problems and identifying gaps.

Health care organizations understand it is clear that the path forward isn't without hurdles. Tackling issues like decisions made without enough human oversight, model accountability and lack of transparency isn't just important, it's crucial. Confronting these challenges head-on is the key to earning trust and unlocking the full potential of AI for succeeding in HHC.



Cybersecurity

Navigating the illusion
of readiness

Cybersecurity

Despite general findings of preparedness among U.S. organizations, security breaches remain a present and likely risk for payers and providers. Most organizations very prepared to handle cyber security threats, although providers are more likely to feel very prepared (88% of providers, 47% of payers). Most payers (87%) and providers (88%) also reporting tested their incident response plan in the past 12 months.

Figure 10. Identifying cybersecurity preparedness



However, nearly a half of all payers across the healthcare industry, including warnings from cybersecurity experts that the different leaders should and when, not if, an attack is imminent. Through the first seven months of 2021 alone, the U.S. Department of Health and Human Services (HHS) received reports of 128 breaches of unsecured personal health information, several of which made headlines – affecting over 26 million people (HHS for the Chronicle, 2021; Healthcare 2021; Health 2021; Health Tech Resource Center 2021). Survey responses reflect this about one quarter of providers (25%) and one third of payers (33%) experiencing cybersecurity incidents in the past 12 months.

The costs of single security breaches are substantial. The impact is a breach – measured by the number of patient records compromised – has averaged 2011, largely driven by ransomware breaches affecting millions of people per incident. Most breaches result from handling or information technology (IT) incidents with human error (e.g., phishing) increasingly representing the most frequent cause of impact events (HHS 2021).

Although the prospect of a breach can be daunting, necessary responses suggest only health care leaders can take to ensure data systems are strong and secure.

Figure 17: Systemic controls strategies: Practices

Work with your IT team to ensure your systems are prepared for the greatest emerging cyberthreats that pose a risk to value flow across model operations. Below is a list of security considerations based on our survey findings:

-  **Prioritize defending against data breaches by strengthening access controls and system monitoring.**
 -  Data breaches were identified as a great risk among emerging cyberthreats by threat, cited by 61% of payers and 61% of providers, underscoring the importance of robust detection and prevention measures.
-  **Implement rigorous anti-phishing education and tools across your organization.**
 -  Phishing was identified as one of the greatest threats by 61% of payers and 61% of providers, showing the need for ongoing awareness training and advanced filtering technologies.
-  **Adopt comprehensive data loss prevention strategies, including encryption and audit trails.**
 -  Both payers and providers (61% each) named data loss as a leading concern, emphasizing the value of strong data protection policies.
-  **Address insider threats through enhanced employee monitoring and clear security protocols.**
 -  Insider threats were identified as one of the greatest risks for 61% of payers and 61% of providers, highlighting the necessity for internal safeguards and accountability.
-  **Develop and routinely update a ransomware response plan.**
 -  Ransomware remains a great threat, cited by 61% of payers and 61% of providers, making it essential to build resilience and establish recovery procedures before an attack occurs.

When assessing access data integration strategies with electronic health records and third-party technology partners, organizations often look to leading industry practices. Data encryption stands out as the predominant approach, with 61% of payers and 71% of providers adopting it to safeguard sensitive information. In addition, endpoint protection remains a key layer of defense, implemented by 61% of payers and 61% of providers to further mitigate risk.

Integrating the third-party vendor method for security data integration with between vendors. Third-party vendors (3P) conduct regular security assessments to identify vulnerabilities and ensure ongoing compliance with existing standards. Finally, in addition to regular security assessments, cybersecurity professionals (CPEs) can maintain rigorous control over the transmission and availability of patient data. Together, these strategies illustrate the multifaceted efforts organizations undertake to protect health information in a complex digital landscape.

Figure 10: Cybersecurity Assessments

As industries confront the cybersecurity challenges by increasing the "surface" of vulnerability as an organization, devices may lead to security breaches similar to third-party partner breaches. Organizations "test" the technology without taking appropriate precautions. When entering into contracts with vendors for security, consider the following three criteria identifying healthcare leaders:



When evaluating potential vendors for healthcare technology solutions, one of the most valuable indicators of robust security practices is the presence of Health Information Trust Alliance (HITRUST) certification. Recognized as a gold standard across the industry, HITRUST certification demonstrates that a vendor has undergone comprehensive, rigorous assessment of its information security management systems and practices. By prioritizing vendors with HITRUST credentials, healthcare organizations can better ensure that proper security protocols are embedded into every aspect of data management, privacy and risk mitigation. This strategy helps organizations meet regulatory requirements, fortify data resilience and maintain trust with patients and partners, protecting sensitive health information with leading cybersecurity measures. Other notable HITRUST organizations that implement continuous monitoring procedures to ensure ongoing security are operating as intended.

Conclusion

HBC is no longer a future aspiration but the present reality. However, our survey shows a central contradiction: although providers and payers are more aligned than ever before, collaboration and innovation in technology adoption remains inconsistent. The goals are mutual, the path is available, and yet the value (based on industry value) is being lost to market ineptitude. Without active growth in HBC networks and confidence in data and technology worth the time investment, valuable improvements in care quality or outcomes

industry leaders will likely acknowledge that they provide a competitive advantage, but identify systems and quality challenges continue to block its full ability. Payers and providers already agree that their goals, limited training, and governance should result in a transformed experience that enables

enhanced quality through deeper collaboration by the role of payers and provider-sourcing readiness.

This is the industry's tipping point. To meet the additional goals of value, health care providers improve quality and decrease costs, health care coalitions must continue providing evidence-based strategies and face challenges head-on in driving a complete and seamless record of patient and population health, with growth from security and privacy threats. This includes investing in data management to advance systems from "good" to "great" applying data-based solutions to problems, and ensuring leading security systems. Beyond agency decisions, making use of the time for technology's role defines opportunities to value health care strategy leaders, management staffs, leverage new technology to support their daily work, create champions,

To achieve real progress in value-based care, leaders must not only fully use their targeted action requests advance technology adoption and deliver meaningful improvements throughout your organization:

- **Protect data security and integrity:** Ensure secure data storage and robust integrity measures are foundational for all technology partnerships. Regularly conduct security audits and establish sophisticated standards to protect data, protect sensitive information and build trust with patients and partners.
- **Invest in advanced data management systems:** Shift from siloed, "good enough" systems to integrated, high-quality data platforms. Advanced data systems are not only essential for interoperability and secure understanding of patient and population health, but they also lay the groundwork for more useful implementations. Reliable, high-quality data enables full scale to have data accurately, efficiently, and ethically—maximizing their ability to support HBC strategies.

- **Apply AI thoughtfully:** Leverage AI as a tool to streamline workflows, enhance decision-making, and support staff. Begin by piloting pilot lower-risk use cases to build trust and understanding, always adding automation with human oversight to ensure accuracy and ethical compliance.
- **Empower and train staff:** Invest in professional development in technology by offering continuous hands-on training tailored to both clinical and administrative roles. Encourage staff to harness technology to make daily tasks more efficient, address upcoming change champions who drive adoption and ensure compliance with state and industry standards.
- **Strengthen cybersecurity to enhance the protection** by conducting regular audits, establishing clear security protocols (such as zero-trust), and addressing both common and high-impact threats. Build an organizational culture of vigilance, resilience, and preparedness.
- **Foster interoperable collaboration:** Bridge the gap between payers and providers by aligning technology priorities and sharing best practices. Engage policymakers, vendors, and internal leaders in creating standards and policies that drive interoperability and shared progress.
- **Explore before going wide:** Focus resources on evidence-based strategies and pilot technology solutions. Pilot innovation hubs (innovation units, measure outcomes rigorously, and scale what works).

By acting on these recommendations, healthcare leaders can realize the challenges described in this report. Effective use of technology is not just a competitive advantage; it is key to improving quality, controlling costs, and achieving the promise of HHC.

This report captures where we are today so we can illustrate the path forward together. By advancing digital adoption, strengthening data integrity, and fostering collaboration across all stakeholders, healthcare leaders can realize what's possible. HHC holds vision and meaningful recommendations the sector can turn today's momentum into lasting transformation, setting new standards for quality, efficiency, and equity across. The next era of HHC health care, powered by innovation and inspired leadership.

About

Lexipol®

As the industry's pioneering VEC accreditation partner, Lexipol® leaders value the most pressing real-world challenges facing the prosecutor and health plan organizations today. By applying rational, critical intelligence, risk adjustment, quality improvement, and member management solutions into our intelligent, all-in-one system, Lexipol® consistently fragments workflow to supercharge productivity, enhance care quality, and optimize performance with high-priority value-based initiatives. To learn more, visit <https://www.lexipol.com/>

Mathematica The Center

Mathematica works with public, private, and philanthropic organizations to make programs and policies more effective, efficient, and impactful, with action-ready solutions, evidence-based solutions, and insights that drive results. The Mathematica team includes data scientists, economists, technologists, and policy experts that bring an integrated approach to solving tough public and private sector challenges. To learn more, visit <https://www.mathematica.org/>

The Parity Pod

The Parity Pod is a global public opinion, analytics, and market research consultancy that strives to reveal society's authentic values to inspire leaders to create a better tomorrow. With global research teams of more than 50 countries, ParityPod offers advisory services across sectors in universities, CEOs, and business leaders, with areas of focus on analytics, real-time software services, and practitioners in marketing, reputation, customer experience, trends, behavior, and thought leadership research for public release. The ParityPod revolution shifts social sentiment into an empowered marketplace advantage. The ParityPodline includes public opinion, motivations and social sentiment data (PMP) Parity is a legend (paritypod.com)



State of Technology in Video-Based Core
Math Report
Copyright © 2020 eSolve. All rights reserved.
Research.com