



Winning in the Value-Based Era

Replacing Connectivity with Real Orchestration

Healthcare's transformation to value-based care is reaching a critical inflection point. [By 2030](#), the Centers for Medicare & Medicaid Services (CMS) aims for 100% of Medicare beneficiaries and most Medicaid enrollees to be covered under value-based arrangements, with commercial payers targeting [more than 50%](#) of payments tied to value and quality. Yet, despite years of investment in “interoperability” and digital tools, many risk-bearing entities and provider organizations still grapple with persistent data silos, fragmented workflows, and rising administrative costs. In one [recent analysis](#), industry experts note that layering new point solutions onto legacy infrastructures often fails to deliver seamless, lasting improvements in care quality or efficiency. Indeed, siloed systems and bolt-on integrations have added complexity and friction at a time when speed, agility, and scale are paramount.

Incrementalism is no longer enough. The legacy approach of patching together interfaces and adding tools on top of outdated architecture has reached a point of diminishing returns. The winners in the next era of value-based care will not be those with the most IT connections, but those who can orchestrate action across their ecosystems in real time, aligning clinical, financial, and operational domains through open collaboration and intelligent workflows. This white paper explores why industry leaders must move beyond the limits of basic “integration” and embrace a new paradigm built on ecosystem orchestration. We examined recent research and widely observed emerging trends to illustrate what high-performing organizations are doing differently, the measurable business case for orchestration, and what it will take for executive leaders to guide their organizations into this new era.

The Value-Based Shift: Why Old Approaches Fail

The migration to value-based care (VBC) is accelerating: as of 2022, roughly [60%](#) of U.S. healthcare payments included a value or quality component, and CMS has explicitly set a goal that 100% of Medicare beneficiaries and most Medicaid beneficiaries will be under accountable, value-based arrangements [by 2030](#). Commercial and Medicaid payers are expected to surpass 50% by that same timeframe, reflecting a wide [adoption](#) trend across the U.S. market.

Status quo responses have failed. Most organizations have responded to VBC mandates with incremental tech investments, and integrating EHRs, claims, and care

100%

of Medicare and most Medicaid beneficiaries will be under value-based arrangements by 2030

25%

of healthcare spending goes to administrative costs annually

management tools via point-to-point interfaces. But [surveys](#) consistently show these efforts rarely deliver ROI in quality, adoption, or efficiency. Data silos persist, manual workarounds abound, and clinicians remain frustrated by fragmented experiences. Administrative costs (much of it due to “connectivity workarounds”) still account for nearly 25% of U.S. healthcare spending, [almost \\$1 trillion](#) annually.

The “spaghetti” of point solutions and bolt-on integrations have reached diminishing returns. Instead of seamless care, [organizations](#) are mired in complexity, toggling between systems, reconciling information, and missing opportunities for real-time action.





The Cost of Fragmentation



Operational Waste: Administrative waste, duplicative record-keeping, manual data reconciliation, and complex prior authorization, remains endemic. One [KFF analysis](#) found that U.S. admin costs are at least double those in peer nations. In risk-bearing organizations, this inefficiency directly erodes margins.



Clinical Impact: Fragmented workflows don't just drive costs; they impact outcomes. [PwC](#) and [JAMA](#) have both documented that disconnected data leads to redundant testing, missed care gaps, and delays in patient care.



Provider Burnout: Manual “bridging” of systems saps clinician morale and time. According to a 2024 Medscape report, [49%](#) of U.S. physicians reported experiencing burnout, with EHR documentation and administrative burden cited as the top contributing factors.

Orchestration: The Next Era of Healthcare Connectivity

Orchestration goes beyond basic integration. It is about automating, coordinating, and contextualizing action across the healthcare ecosystem. The foundational pillars are:

- **Open Standards:** [FHIR APIs and HL7](#) allow data to move with context, not just syntax.
- **Real-Time, Context-Aware Workflows:** [Event-driven architectures](#) and AI agents enable in-the-moment tasking and decision support, not delayed “data sharing”.
- **Ecosystem Partnerships:** Platform models allow payers, providers, and developers to co-orchestrate care, not just “connect” siloed applications.
- **Embedded Security:** Modern architectures centralize consent, access controls, and audit trails, simplifying [HIPAA](#) and other compliance.

Instead of building endless custom interfaces, orchestration means creating an “operating system” for healthcare: a shared backbone that unifies and automates workflows.



AI-driven orchestration can cut admin costs by up to

25%

Real health systems have saved

\$136M

through orchestrated value-based programs

Adoption rates up to

90%

for digital tools that integrate seamlessly into workflows

The ROI and Business Case for Orchestration

- **Administrative Cost Reduction:** AI-driven orchestration can cut admin costs by [13 to 25%](#), according to McKinsey.
- **Medical Cost Savings:** Coordinated, real-time workflows reduce unnecessary utilization. Advocate Health saved [\\$136 million in one year](#) through orchestrated value-based programs.
- **Higher Adoption and ROI:** Digital tools integrated seamlessly into workflows demonstrate dramatically improved adoption outcomes. Studies show that AI-scribes integrated into EHR workflows resulted in approx. [47% of physicians](#) reporting decreased after-hours EHR work, while tools that fit naturally into existing workflows have achieved [adoption rates up to 90%](#) in large healthcare systems, compared to below 50% when integration is poor or absent.
- **Strategic Agility:** Orchestrated platforms allow organizations to rapidly adapt to new models (ACO REACH, bundled payments, etc.), onboarding new capabilities or partners in weeks, not months.



Call to Leadership

What Must Happen Now

C-suite leaders face a choice: continue with incremental, siloed approaches or embrace orchestration to unlock true value-based performance. The evidence to date suggests that administrative bloat, poor adoption, and lack of agility will hold back organizations that cling to the status quo. The regulatory and market landscape (21st Century Cures Act, TEFCA, CMS Interoperability Rule, etc.) is mandating openness; those who act now can shape the emerging ecosystem to their advantage.

Next steps for leaders:



1. Make Orchestration a Top Priority

Assign accountable executive sponsors for workflow orchestration across clinical, tech, and operations. Report progress quarterly and link leadership incentives to improvements in automation, adoption, and reduction of administrative waste.



2. Insist on Real Workflow Embedding

Require every technology partner to deliver tools inside the daily workflow, not as bolt-ons. Contracts should include clear SLAs for in-context provider action and measurable improvement in patient outcomes.



3. Start with High-Friction Use Cases

Identify one broken process (e.g., risk adjustment, prior auth, or care gap closure). Launch a rapid pilot in the current quarter, track results, and scale up what works.



4. Build for Data Liquidity and Flexibility

Audit your current integration map. Invest in open APIs and insist on platform flexibility for onboarding new partners or capabilities.



5. Ruthlessly Measure and Share Progress

Track and share key metrics, improved patient outcomes, reduction in manual admin hours, provider adoption rates, financial gains. Report these transparently to care teams, boards, and payers to drive momentum.



6. Be a Market Collaborator

Engage payers, partners, and developers in open, shared workflows. Join orchestration pilots and support policies that enable true ecosystem-wide collaboration.

In summary

This is not the time for incrementalism or more “digital wallpaper.” Act now to orchestrate workflows, hold teams and partners accountable for outcomes, and measure what matters. Those who lead on orchestration today will define the standards and reap the rewards of value-based care tomorrow.

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