

2025

Value-Based Care Insights *REPORT*

SPONSORED BY

A close-up portrait of a smiling woman with dark hair pulled back, wearing a white lab coat and a blue stethoscope. The image is set against a dark, textured background with green splatter effects around the edges of her head and shoulders.

vive

Powered by CHIME + HLTH



Value-Based Care Insights

The transition from fee-for-service to value-based care (VBC) has long been a healthcare priority, yet progress remains slow. However, VBC has the potential to fundamentally transform healthcare by shifting the focus from volume-driven services to preventive care, care coordination, and patient well-being. By addressing social determinants of health, leveraging technology, and realigning financial incentives, VBC models can reduce unnecessary hospitalizations and improve long-term health outcomes.

Despite its promise, scaling VBC effectively requires tackling significant challenges, including payer fragmentation, data access barriers, and workforce constraints—all while ensuring financial sustainability. Additionally, with over 60% of healthcare costs tied to specialty care, the full potential of VBC cannot be realized without integrating specialty providers into these models. To achieve this, the industry must address the fragmentation between primary and specialty care, refine contracting structures, and build a more robust data infrastructure.

This report outlines actionable strategies for implementing VBC, examines the evolving landscape of value-based specialty care, and explores the role of alternative payment models and multi-payer alignment in ensuring financial viability. By addressing key operational and policy hurdles, this guide provides a roadmap for driving meaningful, sustainable change in healthcare delivery. It includes key lessons from real-world implementations, persistent challenges, and the potential of hybrid models to help balance cost, quality, and access. Readers will gain insights into building scalable infrastructure, overcoming network design complexities, and leveraging data to drive more equitable care.

Everything in Between Or Fee-for-Service Plus?	03
Is Specialty Care the Key to Value-Based Care?	12
VBC Models: Let's Talk Success!	19

Risk, and Everything in Between Or Fee- for-Service Plus?



Speakers



Andrew Schwab

Founder & CEO, Platform
Government Strategies

Moderator



Tricia McGinnis

Executive VP & Chief
Program Officer, Center for
Health Care Strategies



Narayana S Murali

MD, FACP, Chief Medical
Officer, Medicine Services,
Geisinger



John Petito

Chief Strategy Officer,
TailorCare

The logo for ViVE, featuring the letters 'ViVE' in a stylized, bold, black font. The 'i' has a dot, and the 'V's are large and angular. The logo is positioned on the left side of the page, partially overlapping a green vertical bar.

Intro

Is the healthcare industry ready to fully embrace value-based care, or is a hybrid model the way forward?

The shift from fee-for-service to value-based care (VBC) has been a long-standing goal, but progress has been uneven. While some organizations have successfully implemented VBC models, others face financial, operational, and regulatory barriers that make a full transition difficult. As a result, a hybrid approach—blending elements of fee-for-service with value-based incentives—is gaining traction as a more practical path forward.

This section explores the evolving landscape of VBC, including key lessons from real-world implementations, challenges that still need to be addressed, and the potential role of hybrid models in balancing cost, quality, and access.

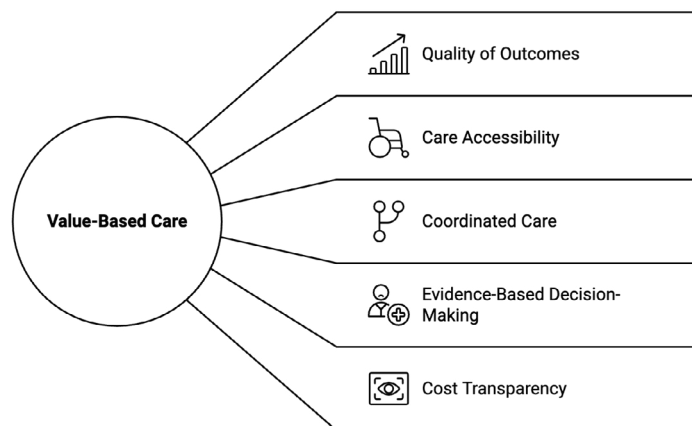
1. Defining Value-Based Care

Value-based care (VBC) is designed to shift the focus from the volume of services provided to the quality of patient outcomes. At its core, VBC ensures that care is accessible, coordinated, and effective by aligning incentives among providers, payers, and patients. A primary tenet of VBC is removing barriers to care, making it easier for patients to receive timely and appropriate treatment.

This includes seamless coordination among care teams, evidence-based decision-making, and cost transparency. Establishing a unified definition of VBC is crucial, as variations in interpretation can lead to inconsistent implementations and diluted impact. Creating standardized incentives and clear guidelines allows for more meaningful care delivery and improved patient experiences.



It's about having the right governance, the incentives, care models, and integration to provide care that's needed by patients, both the care that's right for their conditions but also acknowledges their preferences, their unique cultural or other circumstances, and is comprehensive." - John Petito, TailorCare.



Takeaways

- Implement multi-payer alignment strategies to create unified financial incentives that support VBC adoption at scale.
- Leverage technology and data interoperability to optimize care coordination and enhance real-time decision-making.
- Develop tailored VBC models that address the unique challenges of Medicaid populations, including behavioral health integration and social determinants of health.

2. Evolving VBC Models: Challenges and Hybrid Payment Approaches

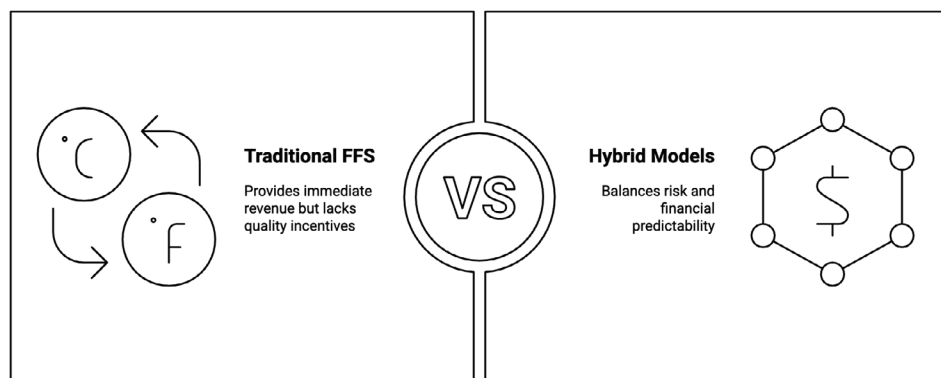
Despite years of effort, VBC adoption remains inconsistent, with hybrid models emerging as a necessary bridge between traditional fee-for-service (FFS) and full-risk arrangements.

Recent data shows progress, with CMS reporting \$2.8 billion in savings through ACOs (accountable care organizations), but financial sustainability remains a concern, particularly for providers hesitant to take on downside risk. Hybrid models, blending upfront payments with FFS components, are gaining traction as a pragmatic solution, offering financial predictability while maintaining incentives for quality care.



We are at an inflection point... For the first time in the history of CMS, you've had a \$2.8 billion savings with ACOs." – Dr. Narayana Murali, Geisinger.

Choose the optimal payment model for VBC adoption



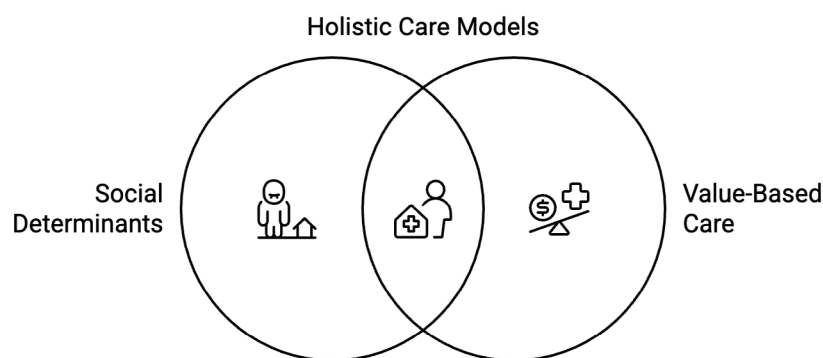
Takeaways

- Regularly assess VBC programs to identify and address gaps in effectiveness.
- Explore hybrid payment structures that balance risk with financial sustainability.
- Advocate for multi-payer alignment to simplify and expand VBC participation.

3. Medicaid and Social Determinants: Addressing Barriers to VBC

Medicaid populations face complex health challenges influenced by social determinants such as housing instability, food insecurity, and behavioral health needs. These factors make VBC implementation particularly difficult. To achieve equitable outcomes, Medicaid models must integrate social services and financial incentives that address these barriers. State agencies play a key role in aligning managed care contracts with VBC principles, ensuring resources are directed toward community-based solutions. By leveraging innovative policy models and partnerships, Medicaid programs can create sustainable frameworks that prioritize holistic, patient-centered care.

“Medicaid enrollees face unique challenges—unstable housing, nutrition issues, and behavioral health conditions like depression and substance use disorders. These social drivers significantly impact their health, costs, and care experiences, making tailored value-based models essential.” — Tricia McGinnis, Center for Health Care Strategies.



Takeaways

- Integrate social determinants of health into Medicaid VBC models to improve health equity.
- Partner with state agencies to create financial incentives that address social needs.
- Leverage community-based programs to provide targeted support for vulnerable populations.

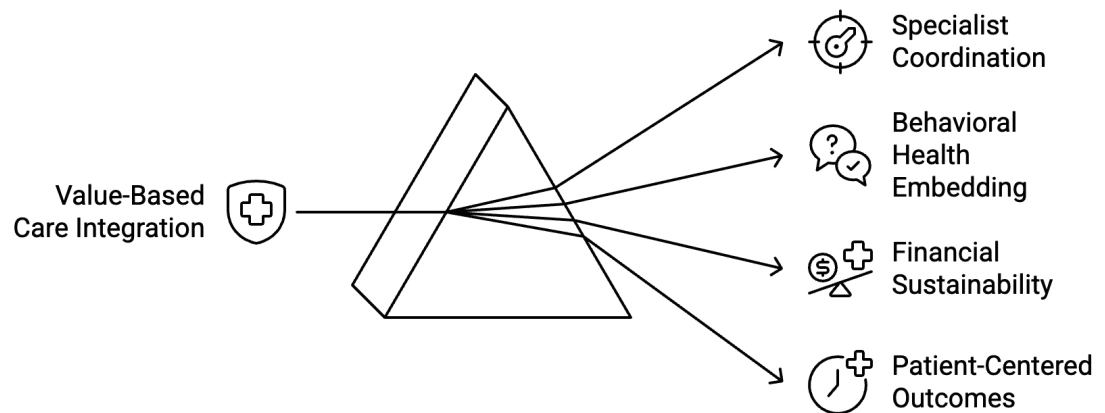
4. Specialty and Behavioral Health Integration in VBC

Achieving true VBC requires breaking down silos between primary, specialty, and behavioral health. Specialists play a crucial role in managing complex conditions, yet many remain outside VBC due to misaligned incentives. Similarly, behavioral health challenges often go untreated when not integrated into primary care.

To bridge these gaps, new payment structures must balance financial sustainability with patient-centered outcomes. Embedding behavioral health services within primary care settings and improving specialist coordination can enhance efficiency, reduce costs, and lead to better patient experiences.

"We're trying to change the direction of a \$4+ trillion dollar industry that was built really to take care of acute traumatic instances, not to take care of whole human beings from a longitudinal perspective." — John Petito, TailorCare.

Enhancing Value-Based Care Through Integration



Takeaways

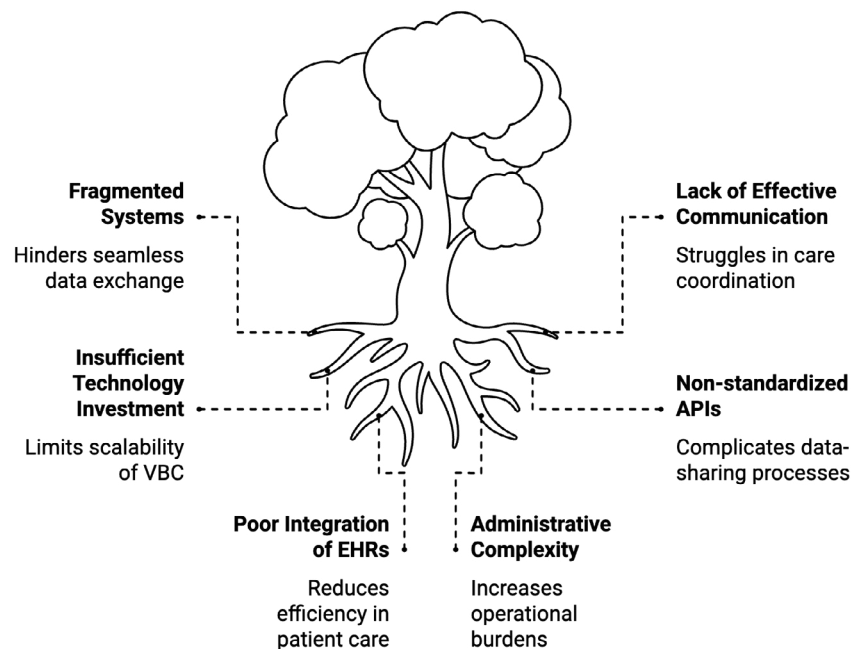
- Create financial incentives that bring specialists into VBC without disrupting patient access.
- Embed behavioral health services into primary care to improve early intervention and outcomes.
- Strengthen care coordination between primary, specialty, and behavioral health providers.

5. Overcoming Technological Barriers

Interoperability remains a significant obstacle, with fragmented systems hindering seamless data exchange. Without effective communication between platforms, providers struggle to coordinate care efficiently. Investing in technology that bridges these gaps and reduces administrative complexity is essential to scaling VBC.

Efforts should focus on integrating electronic health records (EHRs), standardizing APIs, and leveraging AI to streamline data-sharing. Addressing these challenges will not only improve patient outcomes but also create a more sustainable healthcare ecosystem.

"We act as a bridge, helping to transfer critical information—like clinical data, referrals, and appointments—between systems that aren't designed to communicate with each other." – John Petito, TailorCare.



Takeaways

- Invest in interoperable technology solutions to enhance care coordination.
- Reduce administrative burdens by streamlining data collection and reporting.
- Advocate for standardized APIs and integration tools for EHR systems.



Conclusion

The future of VBC is not a one-size-fits-all approach but a continuous evolution that requires adaptability, collaboration, and strategic innovation. While the full transition from FFS remains challenging, hybrid models offer a pragmatic way forward—blending financial sustainability with incentives for better patient outcomes.

As the healthcare industry refines these models, success will depend on multi-payer alignment, technology-driven care coordination, and a deeper integration of behavioral and social determinants of health. The evolution of VBC will hinge on multi-payer alignment, technology-driven care coordination, and the integration of behavioral and social determinants of health, creating a framework that is both scalable and effective across diverse patient populations.

Join the HLTH community to access the full session recording:
<https://community.hlth.com/>

Is Specialty Care the Key to Value-Based Care?



Speakers



Dr. Prabhjot Singh

Senior Advisor
@ Peterson Center on
Healthcare
Moderator



Pranam Ben

Founder/CEO
@ The Garage



Nate Paulsen

VP Payer Partnerships
@ Oshi Health



Manmeet Kaur

Chief Population Health
Officer & Co-founder
@ Diverge Health

FEATURING



Intro



Is specialty care the missing link in unlocking scalable value-based care?

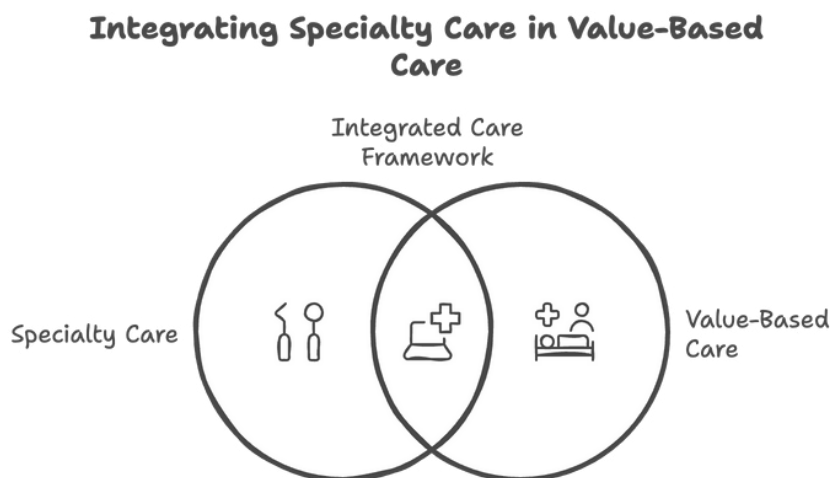
With over 60% of healthcare costs tied to specialty care, it's impossible to achieve the full potential of value-based care (VBC) without tackling how this high-impact sector fits into the broader care continuum. But the road to integrating specialty care into VBC is fraught with fragmentation—between primary and specialty providers, across contracting models, and within data infrastructure. And despite the enormous financial weight of specialty care, payer adoption of specialty-focused VBC models remains sluggish.

This section breaks down the current landscape and offers actionable strategies for advancing value-based specialty care. It explores which specialties are best suited for VBC, how to design flexible contracts that grow over time, and what it takes to align provider incentives around outcomes. You'll find insights on building scalable infrastructure, overcoming attribution and network design challenges, and leveraging data to drive smarter, more equitable care delivery.

1. The Role of Specialty Care in Value-Based Care

Specialty care represents both a major cost driver and a critical opportunity in the evolution of value-based care (VBC). While VBC has made strides in primary care, it currently influences less than 10% of the total U.S. healthcare spend—an unsustainable ceiling without the full integration of specialty care. Many patients with chronic conditions engage more frequently with specialists than with primary care providers, making specialists essential to managing outcomes and controlling costs. To scale VBC effectively, specialty care must be embedded within the same data-driven, risk-aligned frameworks that support primary care. A unified, human-centric, digital infrastructure is necessary to break down silos, guide care decisions, and extend value-based principles across the full continuum of care. The future of healthcare transformation hinges on activating specialty care as a core lever for value.

“Specialty care is the key to democratize value based care... for us to scale VBC from primary care to all forms of care, specialty care infusion is extremely important.” – Pranam Ben, CEO of The Garage



Takeaways

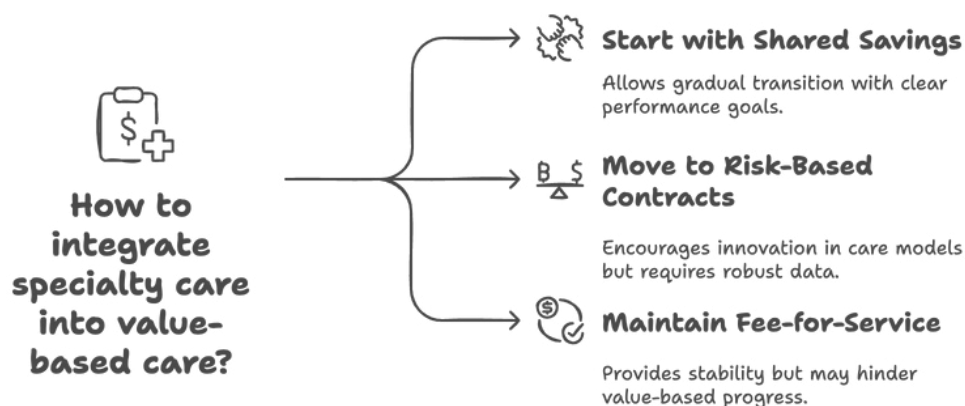
- Scaling value-based care (VBC) requires integrating specialists, as they manage patients with chronic conditions—those who utilize the most healthcare services and require the highest level of care.
- A unified, human-centric digital infrastructure is essential to breaking silos, guiding care, and extending value-based principles across care.

2. Contracting Challenges and Strategies in Specialty Care

Specialty care is hard to fit into value-based care because the payment models don't always match how care is delivered. Even when payers say they want more value-based contracts, they often fall back on fee-for-service because it feels easier. That creates a big gap—especially when specialists use new care models that don't fit the usual mold. One way forward is to take small steps: start with shared savings or fee-for-service models that include clear performance goals, then move into risk-based contracts over time. Success depends on having the right data in place. Not just more data—but data that's easy to use and helps show what's working. A strong data platform that tracks outcomes and spending can help build trust with payers and support more advanced contracts down the line.



"We're gonna do what I would call value-based care on a fee-for-service chassis, and then we're gonna take baby steps toward shared savings, then sub-capitated risk, and then capitated risk." – Nathan Paulsen, Oshi Health



Takeaways

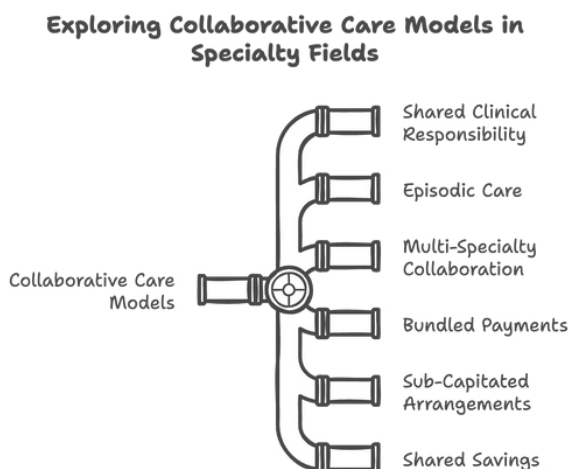
- Specialty care is hard to fit into value-based care because the payment models are not always aligned.
- One way forward is to take small steps: start with shared savings or fee-for-service models that include performance goals, then move into risk-based contracts over time.

ViVE

3. Navigating Contracting and Attribution Complexities

Traditional models of risk attribution often fall short in capturing the full scope of specialty care's role in managing complex patient populations. As patients with chronic or progressive conditions increasingly rely on specialists as their primary care touchpoints, rigid attribution frameworks can lead to misaligned incentives, patient confusion, and provider frustration. A more effective approach involves exploring alternative incentive structures that account for shared clinical responsibility, episodic care, and multi-specialty collaboration. These models should recognize that meaningful outcomes—especially in areas like endocrinology, cardiology, or gastroenterology—are the result of coordinated inputs from multiple providers over time. Rather than shifting attribution mid-care, strategies like bundled payments, sub-capitated arrangements, or shared savings can encourage collaboration without creating administrative burdens or disrupting continuity.

“Attribution is really messy. Our early view is to think about alternative incentive structures and not just risk attribution to achieve specialty involvement in value.” — Manmeet Kaur, Diverge Health



Takeaways

- Develop flexible contracting models to accommodate specialty care complexities.
- Aligning incentives for shared care can reduce confusion and frustration.
- Bundled payments and shared savings encourage teamwork without disrupting care.



Conclusion

The integration of specialty care into value-based models is a critical step in addressing the clinical and financial realities of today's healthcare system. As this playbook highlights, the path forward depends on building flexible, data-driven contracting models, aligning incentives across care teams, and tackling attribution with more nuance and creativity. Success requires both the technical infrastructure to support shared accountability and the human-centered design to make it all work in practice. By embracing incremental steps, fostering collaboration between payers and providers, and investing in scalable, clinically grounded strategies, stakeholders can unlock the full potential of specialty care as a driver of outcomes, equity, and sustainable value across the healthcare ecosystem.

Join the HLTH community to access the full session recording:
<https://community.hlth.com/>

VBC Models: Let's Talk Success!



Speakers



Erin Weber

Chief Policy & Research
Officer, CAQH
Moderator



Cheryl Lulias

President & CEO, Medical
Home Network



Chris Caramanico

Chief Executive Officer,
Elligint Health



Brent Asplin

MD, CEO,
Gather Health

FEATURING





Intro



Is the healthcare system truly equipped to deliver better outcomes while lowering costs?

Value-based care (VBC) is fundamentally reshaping healthcare, prioritizing preventive care, care coordination, and patient well-being over the traditional volume-driven approach. By addressing social determinants of health, leveraging technology, and shifting financial incentives, VBC models aim to reduce unnecessary hospitalizations and improve long-term health outcomes. However, scaling these models effectively requires overcoming payer fragmentation, data access barriers, and workforce challenges—all while ensuring financial sustainability.

This section explores practical strategies for implementing VBC. It examines how organizations can strengthen primary care, integrate real-time data, and use technology to enhance care coordination. It also highlights the role of alternative payment models and multi-payer alignment in making VBC financially viable. By addressing key operational and policy challenges, this guide provides a roadmap for driving meaningful, sustainable change in healthcare delivery.

1. Transforming Healthcare Through Value-Based Care

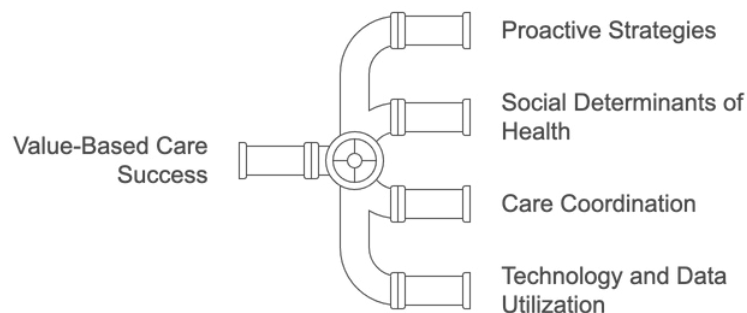
Value-based care (VBC) models emphasize proactive, preventive strategies to improve patient outcomes and reduce unnecessary hospitalizations. By prioritizing primary care follow-ups and proactively managing chronic conditions, at-risk provider organizations can reduce avoidable hospital admissions and improve patient outcomes.

The shift from reactive, fee-for-service models to risk-based care incentivizes providers to focus on long-term health rather than episodic treatment. Investments in social determinants of health—such as loneliness, food insecurity, and transportation—play a crucial role in reducing hospital visits. Ultimately, the success of these models depends on seamless coordination between primary, emergency, and specialty care, alongside leveraging technology and timely data to drive better decisions.



I finally said enough when I realized it was much easier for me to admit somebody to an ICU for \$10,000 a night than it was to get a primary care follow-up appointment so somebody could start a blood pressure medicine for \$10 a month.” — Dr. Brent Asplin, Gather Health.

Unpacking the Success of Value-Based Care



Takeaways

- By prioritizing primary care follow-ups, a VBC organization can reduce avoidable hospital admissions
- Address social determinants of health to improve patient engagement and reduce costs.
- The success of these models relies on coordination across primary, emergency, and specialty care, along with real-time data and technology.

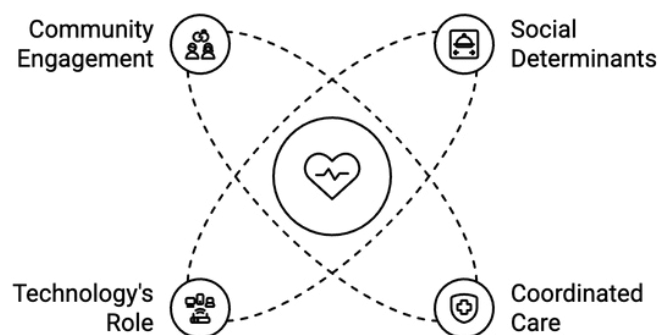
2. Addressing Social Determinants of Health & Technology's Role

Social determinants such as housing, food security, and loneliness significantly impact patient health. A sickle cell patient with over 300 annual emergency visits saw a dramatic reduction after receiving coordinated care, highlighting the power of proactive intervention. Technology also plays a crucial role, particularly in addressing social isolation among seniors.

Programs fostering community engagement, such as senior events and local initiatives, demonstrate that simple, cost-effective solutions can improve health outcomes. By leveraging comprehensive assessments, partnerships, and digital tools, healthcare organizations can mitigate social risk factors and enhance patient well-being.



One of our first patients, a sickle cell patient, visited the ED 314 times in a year and primary care had no idea. Once connected, they had no ED visits for 5–6 months. " – Cheryl Lulias, Medical Home Network.



Takeaways

- Conduct comprehensive assessments to identify and address social risk factors.
- Partnering with community organizations is a cost-effective way to provide holistic support to patients.
- Leverage digital tools to reduce social isolation and improve patient engagement.

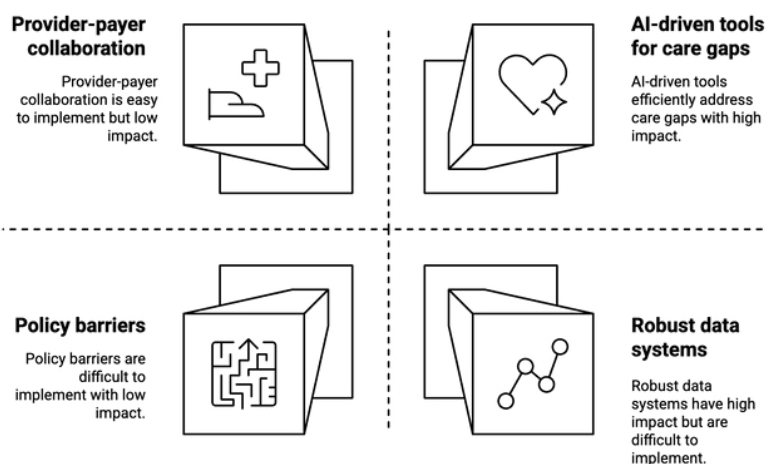
VIVE

3. Overcoming Challenges in Value-Based Care

Key challenges in VBC include fragmented payer models, limited data access, and policy barriers. A lack of alignment among payers makes it difficult for providers to scale care transformation, forcing them to navigate conflicting financial incentives. Data infrastructure remains a major hurdle, with delays in access limiting timely interventions that could prevent costly hospitalizations. Additionally, evolving policy and reimbursement models create uncertainty, especially for smaller and independent providers.

"Data is still the biggest challenge I think we have as an industry. You can't manage what you can't see, and too often we don't know something happened until it's too late. If we want to change outcomes, we have to change how and when we get information into the hands of providers." — Chris Caramanico, CEO, Elligint Health.

Prioritizing Challenges and Solutions in Value-Based Care



Takeaways

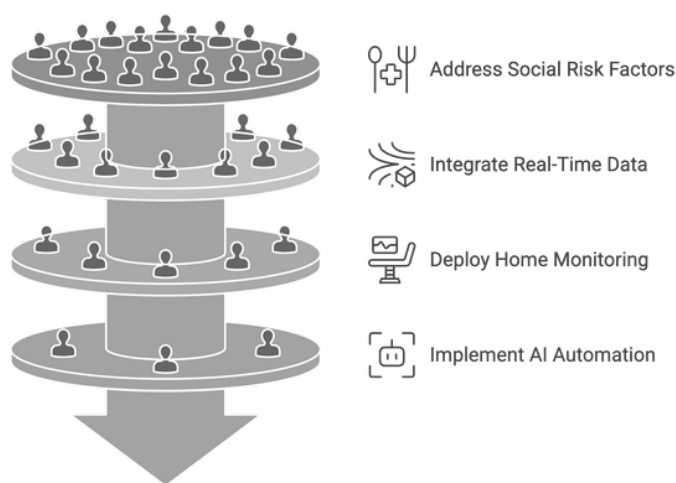
- Advocate for payer alignment to streamline care delivery and reduce administrative burdens.
- Invest in data infrastructure to enable timely decision-making and proactive patient care.
- Stay informed on policies and reimbursement changes that may impact financial and operational stability.

4. Scaling Value-Based Care Models Effectively

For value-based care to scale effectively, organizations must overcome fragmented financial models and delayed data access. Addressing social risk factors, such as food insecurity and transportation, is essential, as these challenges significantly impact costs and patient outcomes. Scalable models rely on real-time data integration to enable proactive interventions, reducing unnecessary hospitalizations and improving care coordination.

Deploying home-based monitoring devices—such as blood pressure cuffs, glucose monitors, and pulse oximeters—allows providers to track patient health remotely and respond before emergencies arise. AI-driven automation, including virtual agents for care management check-ins, enhances efficiency by reducing administrative burdens and allowing clinical teams to focus on high-risk patients.

"The biggest challenge in value-based care is multi-payer alignment. When you don't have it, practices are stuck operating under competing financial models, which limits investment and prevents true transformation." — Cheryl Lulias, Medical Home Network.



Takeaways

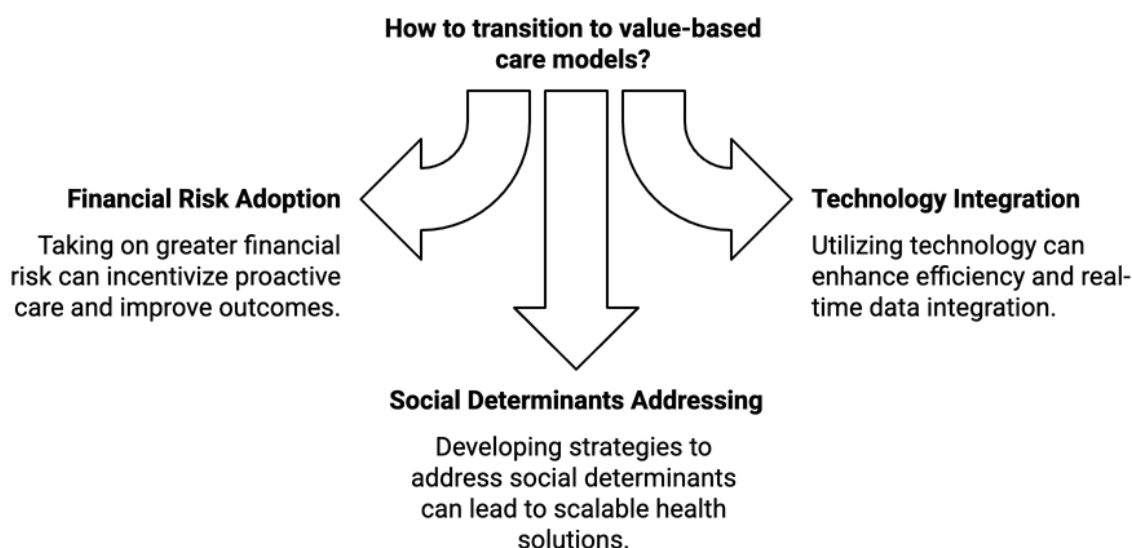
- Use real-time data and remote monitoring to track patient health and intervene before emergencies arise.
- Leverage AI-driven automation to streamline care coordination and reduce administrative burdens.
- Address social risk factors strategically to lower costs and improve patient engagement in value-based models.

5. The Future of Value-Based Care

The next phase of value-based care will be defined by provider organizations taking on greater financial risk and using technology to improve efficiency and outcomes. Fee-for-service models have historically misaligned incentives, making it easier to approve costly hospital admissions than to invest in preventive care. With chronic conditions driving 90% of healthcare spending, success will require proactive care models, real-time data integration, and scalable solutions for addressing social determinants of health.

As regulatory changes tighten risk adjustment and quality benchmarks, organizations must focus on measurable cost reduction strategies while maintaining high standards of care.

“Fee-for-service will never create the right incentives to support chronic conditions. If you want different performance, you need to build a different model from the ground up.” — Dr. Brent Asplin, Gather Health.



Takeaways

- Fee-for-service lacks the right incentives to effectively support chronic conditions, which is why value-based care models prioritize and reward proactive care.
- Leverage real-time data and home-based care to reduce costs and improve outcomes.
- Develop scalable strategies to address social determinants of health.



Conclusion

Value-based care is reshaping healthcare by shifting incentives toward proactive, coordinated, and outcomes-driven models. Key challenges remain, including fragmented payer structures, delayed data access, and workforce constraints. However, evidence shows that strengthening primary care, integrating real-time data, and addressing social risk factors can reduce avoidable hospitalizations and improve patient engagement.

Models that deploy technology strategically—such as home-based monitoring and AI-driven automation—are already demonstrating measurable cost reductions. As risk adjustment frameworks evolve, success will increasingly depend on the ability to drive sustained cost savings while maintaining quality. The fee-for-service approach has proven ineffective in managing chronic conditions, reinforcing the need for models that align care delivery with long-term health outcomes.

Join the HLTH community to access the full session recording:
<https://community.hlth.com/>



Grab your pass to Our Flagship Events

Where Healthcare Leadership Meets Innovation

hlth. USA

As the healthcare industry's flagship event, HLTH is the premier all-inclusive gathering for visionaries, innovators, and leaders. It brings together 12,000+ influential executives, decision-makers, and disruptors who are shaping the future of healthcare. Whether you're looking to foster meaningful partnerships, explore cutting-edge trends, or elevate your organization to new heights, HLTH offers an unparalleled experience.

[LEARN MORE](#)

ViVE

ViVE is the premier, curated event experience for senior and executive digital health decision makers focusing on the business of healthcare. ViVE merges the leadership of CHIME and the digital marketplace of HLTH to create a technology event focused on the business of transformation in healthcare - bringing together C-suite executives, senior digital health leaders and buyers, health startups and investors, government and solution providers.

[LEARN MORE](#)

hlth. Europe

As Europe's Premier Healthcare Innovation Event, HLTH Europe is the definitive gathering for visionaries, leaders, and changemakers shaping the future of European healthcare. It brings together 4,000+ influential providers, policymakers, and pioneers, with 1 in 3 attendees at the C-level, ensuring impactful discussions and transformative opportunities.

[LEARN MORE](#)

ViVE

