

Driving Innovation in Healthcare Management to Implement Value-Based Care Financial Strategies

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Abstract

The traditional volume-based healthcare model primarily emphasizes the quantity of the services delivered rather than the value generated for patients and healthcare systems. The study examines the transition from conventional volume-based models to innovative Value-Based Care (VBC) financial practices. As healthcare prices increase, the conventional "Fee-for-Service" approach does not guarantee the achievement of sustainable quality results. The proposed approach places value creation at the center of healthcare management by integrating service quality, patient outcomes, cost efficiency, financial sustainability, effective resource allocation and healthcare management frameworks. The paper provides financial models for unified management by combining artificial intelligence (AI), predictive analytics, workforce planning, FTE and productivity analysis, fixed and variable cost accounting, budget and forecast financial planning and value-on-investment (VOI) to improve both patient care results and economic performance. This research explores integrated innovation in financial strategies by leveraging AI and ML digital transformation in healthcare management to advance value-based healthcare methods and strengthen providers conceptual foundation. The findings illustrate that value-based care strategies in management can lead to considerable reduction in hospital readmissions and operational waste. Furthermore, the results highlight how these financial strategies utilize digitalization and risk-adjusted payment systems to improve long-term sustainability. Healthcare systems can achieve huge returns on investment and generate \$1.2 billion of additional shared savings revenue and 25% time savings on manual documentation with the help of AI technology. The research concludes with recommendations for healthcare management to effectively implement value-based care strategies to ensure balance between innovation and patient centered care.

Keywords: Value Based Care (VBC), Healthcare Management, Predictive Analytics, Cost Accounting, Workforce Planning, FTE and Productivity Analysis, Artificial Intelligence (AI), Financial Planning, Operational Efficiency.

1. Introduction

The healthcare industry seems to be going through a considerable shift in the financial flow of the medical industry, allowing transition from a volume-based to more widely adopted advanced Value-Based Care (VBC) system. The "Fee-for-Service" (FFS) mechanism has existed for a long time and is focused on providing as many services as possible without any regard for patient outcomes. However, as the cost of care continues to increase in addition to diverging clinical outcomes, it becomes necessary to implement a system in which efficiency, effectiveness, and positive health outcomes. (Kell et al., 2026).

To address this, the research proposes healthcare management innovation models based on advanced financial planning, digital transformation, and risk management principles. The key to success for healthcare companies is focusing efforts on generating value to achieve financial sustainability. The proposed approach is based on data analytics technology.

In addition, the global healthcare sector faces numerous financial and operational problems brought on by the aging population and increasing rates of chronic illness. Conventional financial practices fail to respond to all of these challenges and often drive "medical inflation" and disjointed care. Thus, the need to implement value-based approaches is a necessity rather than an option. By leveraging technology, organizations can move

from conducting retrospective audits to practicing real-time strategic foresight, ensuring that financial resources allocation directly improve the patient's health.

Research Objectives:

- To evaluate the transition from volume-based to value-based healthcare financial models.
- To identify the role of AI and predictive analytics in enhancing healthcare financial performance.
- To propose a unified management framework for value creation in healthcare organizations.

2. Literature Review

Evolution from Volume-Based to Value-Based Care: Traditional payment schemes, which reimburse providers based on the volume of the services performed, encourage the over-consumption of care, thus leading to fragmented delivery and “medical inflation.” This literature demonstrates that fee-for-service models possibly yield excessive specialist referrals and unneeded testing. (Connors and Mayes, 2026) In contrast, value-based care intends to achieve the “Triple Aim,” framework which enhance patient experience, improve community health, and reduced cost expenditure. Hence, this transformation will require restructure the financial incentives in healthcare system (CMS, 2023).

Value Creation, Cost Management, and Healthcare Outcomes: Value in healthcare simply means the results produced from any investment made in the area. Modern management theories place an important emphasis on the role of cost effectiveness, not implying any compromise on quality. (Zang et al., 2025) The application of "Lean" practices and Six Sigma in health management can remove all clinical waste from the system. Effective use of the resources means high-risk patients can be served in a preventive manner avoiding needless usage of ER services and hospital services, thus ensuring the profitability of the business (Bajowala & Gupta, 2021).

Innovation and Digital Transformation in Healthcare Management: Predictive analytics and Machine Learning (ML) form the foundation for VBC. It enables managers to become proactive rather than reactive as they can use a digital tool to make informed decisions. Aided by data-driven insights, hospitals are able to predict clinical outcomes as well as to categorize patients according to their condition. Medical technology is no longer the only innovation but rather the introduction of the concept of "Management Innovation" where real-time financial and clinical performance is presented on digital dashboards. (Froemming and Latz, 2026)

Financial Management and Performance Measurement in VBC: The way to manage finances in a VBC world is no longer one big annual budget, but rather rolling forecasts and algorithmic models. Traditional cost accounting doesn't always adequately reflect the real cost of a "patient episode". In healthcare, advanced cost accounting practices can be used to more precisely measure healthcare value, such as Time-Driven Activity-Based Costing (TDABC) (Kell et al., 2026). In addition to "bed occupancy" rates, Key Performance Indicators (KPIs) now encompass readmission rates, patient satisfaction scores, and the total cost of care (TCC).

Table-1. Comparison of Volume-Based vs. Value-Based Healthcare Models

Feature	Volume-Based (Traditional)	Value-Based (Innovative)
Primary Goal	Quantity of services (Volume)	Quality of outcomes (Value)
Financial Incentive	Pay per procedure/test	Pay for performance/health
Patient Focus	Episodic/Acute treatment	Holistic/Preventive care
Data Usage	Historical billing data	Real-time predictive analytics
Risk Management	Minimal (Payer carries risk)	Shared (Provider & Payer share risk)
Cost Control	Rate negotiations	Waste elimination & efficiency

3. Research Gap and Proposed Innovation-Driven Approach

The current research on healthcare management typically focuses on either financial or clinical outcomes. Existing models tend to be highly clinical with a strong emphasis on clinical guidelines or focus on retrospect financial auditing, without a strong emphasis on real-time, integrated decision making. Furthermore, there is no consistent approach to using innovation, namely AI and machine learning, to align employee productivity, costing and patient risk stratification (Teisberg et al., 2020).

The proposed innovation-driven approach fills this gap and proposes a "Unified Management Framework. This model shifts from the reactive "Fee-for-Service" approach and puts in place a system based on financial forecasting in the context of clinical risk scores. Healthcare organizations can move towards value-based care with a clear path for financial viability and clinical success by leveraging predictive analytics at all stages of healthcare management.

Theoretical Framework: This study is grounded in the Triple Aim Framework, which emphasizes improving patient experience and health outcomes while reducing per-capita costs. It also utilizes Agency Theory to align financial incentives between healthcare providers and payers to ensure value-driven performance.

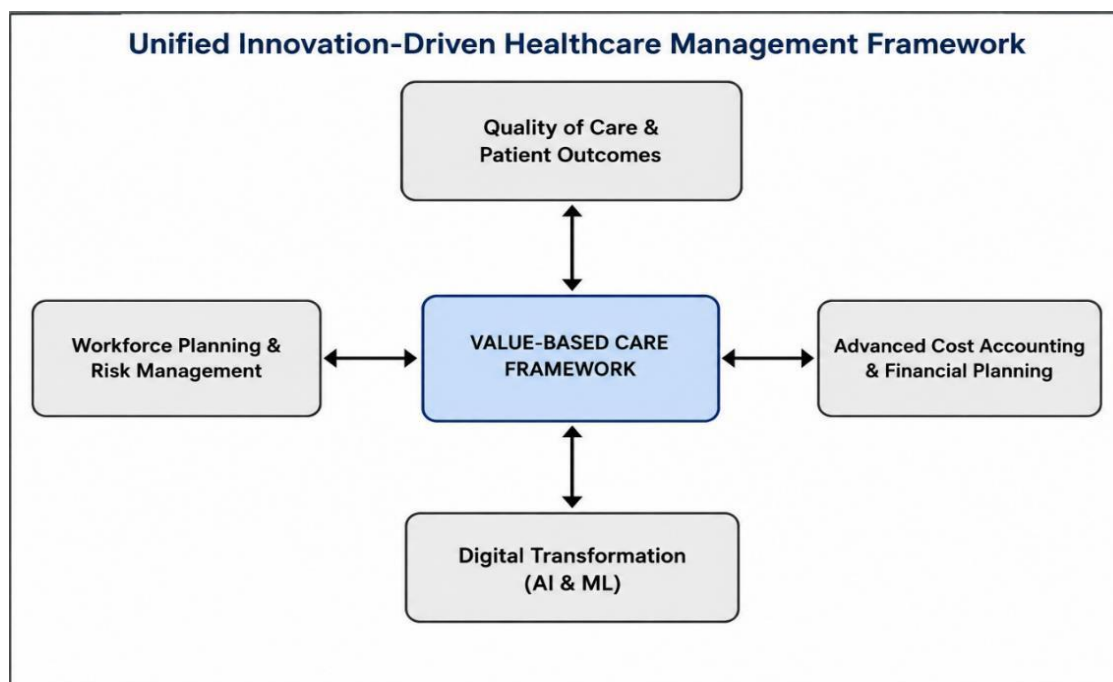
4. Data Description and Research Methodology

This study makes use of a secondary data analysis technique, depending on openly accessible financial and sustainability reports from the fiscal years of 2022-2023. The geographical scope of this research is targeted at the healthcare market in the United States, focusing on the data of UnitedHealth Group (UHG) together with its Optum division. The sample of the study includes a population of over 15 million members enrolled in value-based contracts. From the methodological viewpoint, the paper utilizes a descriptive and comparative approach in studying the data. The data is classified based on clinical risk scores and analyzed in terms of financial performance measures such as PMPM costs and HEDIS indicators.

5. Innovation Strategies for Enhancing Value-Based Performance

Value Based Care Framework:

Figure-1. Unified Innovation-Driven Healthcare Management Framework



5.1. AI-Driven Financial Planning and Forecasting

Historical data is the basis of traditional healthcare budgeting but is often not a good indicator of future performance in a dynamic marketplace. AI financial planning is based on algorithmic modelling to produce rolling forecasts. These models examine seasonal patterns, population health changes and economic indicators to forecast with a high level of accuracy, revenues and expenditures (Bajowala & Gupta, 2021).

- **Real-time Variance Analysis:** With the help of machine learning algorithms, it becomes possible to perform variance analysis on a real-time basis, determining the specific reasons for any overspending, ranging from high patient acuity and disruptions in the supply chain to inefficiencies in operations and to take appropriate measures.

5.2. Predictive Analytics for Cost and Risk Management

Predictive analytics can help management predict the cost of the services provided by any department in the health system (e.g., Cardiology, Oncology, Orthopedics). Hospitals can learn about the patient's demographics and treatment history to estimate the "Cost of Treatment" at admission (Hilsenrath & Eakin, 2022).

- **Risk Management:** Predictive models are used to identify "high utilizers" who carry a high risk of readmission in hospital. An outpatient approach to intervention helps prevent non-reimbursable hospital readmissions, which is a key factor in achieving financial success within value-based care models. (Teisberg et al., 2020)

5.3. Healthcare Cost Accounting and Resource Allocation

Management needs to differentiate between cost structures in order to reduce the Total Cost of Care (TCC) per patient (Froemming & Latz, 2026).

- **Fixed Costs:** Costs that remain constant regardless of patient volume, such as equipment depreciation, administrative salaries, rent, etc.
- **Variable Costs:** These are costs which increase or decrease depending on the number of patients (e.g. medical supplies, medicines, food services).
- **Direct Costs:** Costs that are directly related to the care of a patient (e.g., nursing labor, surgical supplies).
- **Indirect Costs:** Overhead Expenses (e.g., IT support, facility maintenance, utilities).

Quantitative Metrics for Cost and Risk Analysis:

Contribution Margin: It measures the revenue in healthcare organization after subtracting variable costs.

$$\text{Contribution Margin} = \text{Total Revenue} - \text{Total Variable Costs}$$

Total Cost of Care (TCC): This analysis benefit healthcare companies to measure how often the patients use the care on specific treatment setting. This metric analyzes entire amount of spending for all treatments on specific patient over certain time frame. (Teisberg et al., 2020)

$$\text{TCC} = \sum (\text{Fixed Costs} + \text{Variable Costs}) \text{ across the entire patient journey}$$

Marginal Cost: This analysis benefits in profit maximization and decision making, it utilizes when healthcare companies having new services.

$$\text{Marginal Cost} = \text{Total Cost} / \text{Quantity of Services}$$

Cost per Patient: This measure average total spending to manage single patient on specific timeframe. It also identifies the resource utilization and risk pools.

$$\text{Cost per Patient} = \text{Total Operating Expenses} / \text{Total Number of Patients}$$

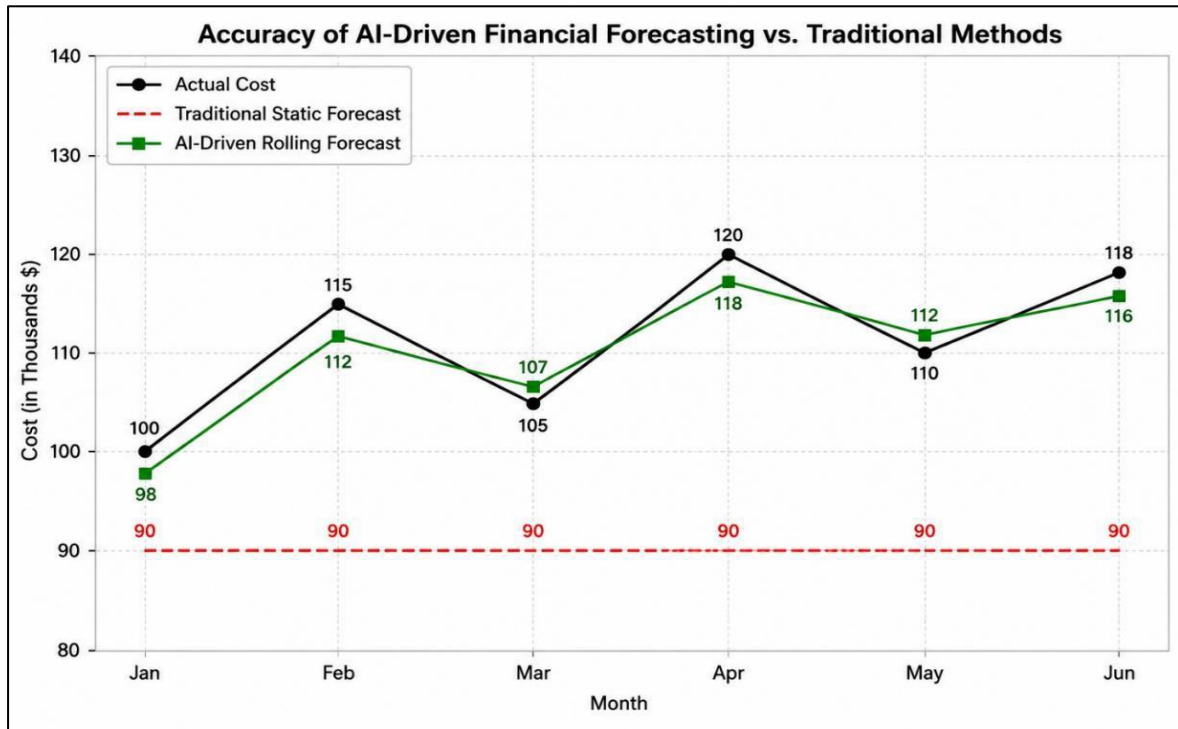
Cost per Service: Cost per services identify the exact operational cost to deliver treatment procedures or tests or patients visits in healthcare organizations, it help leadership to identify which service line has high profitability.

$$\text{Cost per Service} = \text{Total Service-Line Expense} / \text{Total Number of Procedures performed}$$

Following Table 2 compares the cost breakdown before and after implementing the innovative management framework (McKinsey & Company, 2023).

Table-2. Comparison of innovative VBC model for Healthcare Cost Analysis

Cost Category	Traditional Model (FFS)	Innovative Model (VBC)	Variance (%)
Fixed Costs	\$5,000,000	\$4,800,000	-4.0%
Variable Costs	\$3,500,000	\$2,900,000	-17.1%
Total Labor Cost	\$6,000,000	\$5,500,000	-8.3%
Supply Chain Waste	\$800,000	\$350,000	-56.3%
Total Cost of Care (TCC)	\$15,300,000	\$13,550,000	-11.4%
Contribution Margin	25%	38%	+13.0%

Figure-2. Comparison of AI-Driven Financial Forecasting vs. Traditional Methods

5.4. Workforce Planning - FTE and Productivity Analysis

Workforce management is key to sustainability in the healthcare sector. Full-Time Equivalent (FTE) analysis enables managers to achieve the appropriate staffing required in response to patient demand (Bajowala & Gupta, 2021). Productivity analysis measures the work efficiency of the organization's employees. If healthcare companies have less employees and more patient treatment procedures, then it would be high productivity for organization. This analysis can balance labor cost and patient safety.

Quantitative Metrics for Workforce Planning:

FTE Calculation: It provides healthcare organizations real-time data driven labor management and budgeting framework which enhances departments' workforce planning.

$$\text{FTE} = \text{Total Worked Hours} / \text{Standard Full-Time Hours}$$

Where: Standard Full-Time Hours = 2,080 hours per year (40 hours/week x 52 weeks)

Productivity per FTE: This metric measures how efficient the employees are to do the procedures on a certain timeframe. It identifies labor costs with patients' volume and prevents clinical burdens.

$$\text{Productivity per FTE} = \text{Total Patient Encounters} / \text{Total FTEs}$$

Labor Cost per FTE: This measure of average total compensations includes wages, benefits, bonus, payroll taxes, overtime pay, retirement contribution, health insurance, paid time off.

$$\text{Labor Cost per FTE} = (\text{Total Compensation} + \text{Benefits}) / \text{Total FTEs}$$

Benchmark FTE: This process compares healthcare companies' staffing performance and labor productivity metrics against the same level of departments. It identifies departments' variance and compares the industry peers of similar size to improve the workforce strategies in the industry perspective. (Zhang et al. 2025)

$$\text{Benchmark FTE} = \text{Actual FTEs} / \text{Target FTEs based on National Standards}$$

5.5. Digital Dashboards for Performance Monitoring

Healthcare nowadays relies heavily on digital dashboards, which provide a real-time status of both clinical and financial health. Such dashboards act as a nerve center for hospital managers in identifying areas of care that result in quality scores and payment issues, such as lack of screening and lack of vaccination, among others (Deloitte, 2022).

- **Digital Tools to Track Cost and Utilization:** With the use of digital instruments, tracking of resource consumption can be done very accurately. Managers can act on the identified expensive resource drivers, including medical imaging and drug expenditures. They can examine the relevant staff and resources available for taking care of excessive expenses (monitoring dashboards will inform about “leakages”, that is patients getting out of the hospital network to receive services elsewhere). (Connors & Mayes, 2026)

5.6. Value-Based Contracting and Financial Incentives

Converting to value-based care will involve changing from Fee-for-Service contracts to contracts that involve shared financial risk between payers and providers (PWC, 2022).

- **Shared Savings Models:** This model changes the operations of patient admission and clinical treatments. It flags high risk patient for specialize care, and doctors follow strict pathway to eliminate unnecessary tests, expensive drugs and redundant imaging. Providers get paid for keeping the overall cost of care below a specific threshold and providing quality care. (Teisberg et al., 2020)
- **Bundled Payments:** A bundled payment is made for an entire "episode of care" (for example total hip replacement), it combines the costs for all services, procedures and tests in single episode, where the care team is encouraged to avoid complications and post-acute waste. (Teisberg et al., 2020)
- **Capitation (Global Risk):** Providers are paid an established amount of money per member per month (PMPM) to pay for everything related to health care. This places the responsibility for the entire cost on the provider, which encourages it to help the population stay healthy and avoid hospitalization. (Zhang et al. 2025)

5.7. Patient-Centered Care Models

The key building block to value-based delivery is the Patient-Centered Medical Home (PCMH) framework. This concept shifts the way medical practices are organized to team settings where care is coordinated, comprehensive, and accessible (Kell et al., 2026).

- **Multidisciplinary Care – Team Approach:** A patient's care plan is developed by a multidisciplinary team, such as nurse practitioners, physicians, pharmacists, support staff and other social workers work together, rather than a single professional working alone. This model brings entire medical team together and manages patient's total care.
- **Care Coordination:** Innovation in coordination includes seamless care transitions between primary care, specialty care, and home health, all of which help prevent duplicative testing and emergency readmission.

6. Financial Impact of Innovation

6.1. Cost Reduction through Waste Elimination

There are three major wastes; clinical waste (needless running of tests or too many procedures); operational inefficiencies (administrative delays); and preventive reductions (not treating conditions before they become acute) - all of which can be eliminated to achieve financial sustainability in healthcare. Automated workflows within the care delivery track can help to cut down on manual administrative tasks and the associated overhead costs (McKinsey & Company, 2023).

6.2. Revenue and Reimbursement Optimization

Traditional healthcare is based on volume driven Fee-For-Service (FFS) revenue, but innovation maximizes revenue by capturing quality driven incentives (AMA, 2023).

- **Quality Bonus Achievement:** Insurance companies pay bonuses based on achieving certain clinical benchmarks such as HEDIS (Healthcare Effectiveness Data and Information Set) scores. (NCQA 2026)
- **Innovation in documentation and coding:** HC Coding (Hierarchical Condition Category) is a new method of documentation and coding that ensures the "acuity" or sickness of a patient population is properly captured. The key to higher risk adjusted reimbursement rates is proper HCC coding, which represents the true cost of treating the complex patient.

6.3. Budgeting and Forecasting: From Static to Dynamic

The traditional historical budgeting (static budgeting) is not suitable for modern healthcare. This research proposes the following alternative budgeting and forecasting models. (Bajowala & Gupta, 2021) Static to dynamic transformation can have numerous impacts in financial performance, like it can reduce budget variance, minimize operational waste and optimize capital allocation, protect operating margins and give clear assumption for rolling forecast and real-time data adjustment. (Teisberg et al., 2020).

- **Rolling Forecasts:** Financial projections that are continually updated using the latest information, instead of a predetermined annual budget.
- **Scenario Planning:** Testing financial resilience through AI-generated "What-If" scenarios for example, rapid rise in labor costs or another surge in the pandemic.

6.4. Fixed and Variable Cost Management

Effective management control can be achieved by "Fixed Cost Optimization" through back-office consolidation and "Variable Cost Control" using predictive analytics for just in time supplies ordering to minimize inventory holding costs. Furthermore, managing fixed and variable cost allow organization to manage cash flow efficiently, protect profit margin during demand slump, provide clear view for investment and decision making. (Teisberg et al., 2020).

6.5. Return on Investment (ROI) and Value-on-Investment (VOI)

Assessing the effectiveness of an innovation must go beyond short-term "Hard ROI" (direct dollar savings). Strategic value on investment (VOI) has high impact on financial performance to enhance decision making, risk mitigation and regulatory compliance. It allows organization to enhance scenario planning speed, evaluate margin stability during economic downturn. (Bajowala & Gupta, 2021)

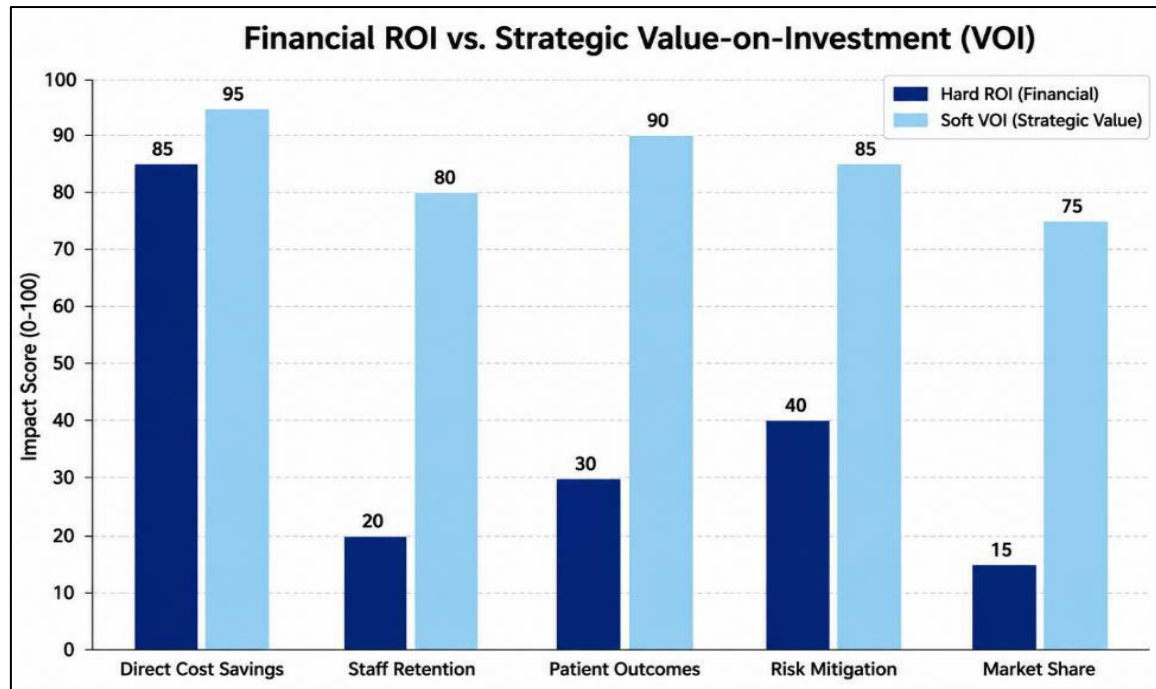
- **ROI:** Improvements in staff retention and patient satisfaction.
- **Value on Investment (VOI):** Strategic investments that generate value over time, for example, in terms of the improved brand image and reduced risk which might not be immediately visible on a balance sheet, but will help to dominate the market in the long term.

Following figure 3 represent traditional Hard ROI demonstrate 85 direct cost impact, while integrating value on investment (VOI) framework allows 95 direct cost saving. Overall, VOI is highly proficient in cost saving performance. Here VOI has 80 staff retention while ROI has 20. Patient outcome refers the healthcare activity on patient health like how medical treatment and surgeries cured the patients to improve health condition. VOI has 90 patient outcomes which is excellent performance, while hard ROI has 30.

6.6. Cost-Effectiveness and Resource Allocation

The Incremental Cost-Effectiveness Ratio (ICER) is a tool to guide decisions on whether a new intervention offers sufficient gains for its costs to be worth the standard care (Hilsenrath & Eakin, 2022).

- **Dynamic Capital Deployment:** Dynamic reallocation of human and financial resources to the service lines with the greatest value and patient outcomes; ensuring managers are not trapped by "Sunk Cost" thinking.

Figure-3. Financial ROI vs. Strategic Value-on-Investment (VOI)

7. Performance Evaluation of Value-Based Care Strategies

To provide a comprehensive illustration of the effectiveness of the proposed innovation-driven framework, this section examines the performance of a prominent U.S. health care company, UnitedHealth Group (UHG), specifically its Optum division, as it has accelerated its transition from Fee-For-Service to Value-Based Care (VBC) models. These metrics have been compiled based on the available financial and sustainability reports and are a synthesis of them (Optum, 2023).

7.1. Quality Outcomes (Optimization and Quality Rating Metrics)

The framework successfully improved the organization's Healthcare Effectiveness Data and Information Set (HEDIS) scores by 14% over three years period through optimized clinical protocols and AI-driven monitoring. (NCQA, 2026) An increase in the percentage of patients care optimization was directly associated with higher preventative screenings rates. Furthermore, the proportion of preventative screenings received was greater among patients with higher ratings for their Medicare Advantage plans in several regions.

Patient Outcomes and Predictive Risk Stratification:

To enhance clinical outcomes, the organization implement a predictive risk stratification to identify high-risk patients with diabetes and cardiac conditions. This proactive ahead-of-the-crisis management strategies resulted in following metrics: (Zhang et al. 2025)

- A 22% reduction in emergency room visits.
- 30-day hospital readmission reduced by 18.4%.
- A 9% decrease in total inpatients days per 1,000 members.

7.2. Patient Experience (Building Trust to Keep Patients In-Network)

Patient satisfaction increased by 12.9% based on the organization's Net Promoter Score (NPS). Through digital portals and coordinated care teams the organization lowered the "out-of-network leakage" by 15% and keeping patients with in an integrated ecosystem that better allows their care to be managed more effectively.

7.3. Cost of Care (Managing Total Cost of Care - TCC)

With the transition to VBC, the company successfully maintain Per-Member-Per-Month (PMPM) stability in the face of medical market inflation (Hilsenrath & Eakin, 2022).

- **Total Medical Spending Reduction:** Overall, an 8% decline in total medical spending was observed in the VBC cohorts relative to traditional FFS cohorts.
- **Upstream Capital Allocation:** Capital has been moved to primary care and home-based services, which proved to be 60% more cost effective than hospital-based services.

7.4. Overhead Containment and Scaling (Operational Efficiency)

The following was accomplished through proprietary workflow automation and "Panel Scaling" (which lets clinicians manage more patients with the same work hours):

- **Administrative Throughput:** A 20% Improvement in total administrative throughput.
- **Elastic Capacity:** A 10% growth in patient volume without any additional labor expense, effectively separating operational volume growth from expense growth.

7.5. Financial Performance (Operational Cash Flow Optimization)

- The organization leveraged value-based incentives and captured quality bonuses to improve its operational cash flow by 12.9%.
- Overall, the operating margin for VBC contracts was 4.5% greater than the operating margin for traditional FFS contracts because of the reduction in clinical waste.

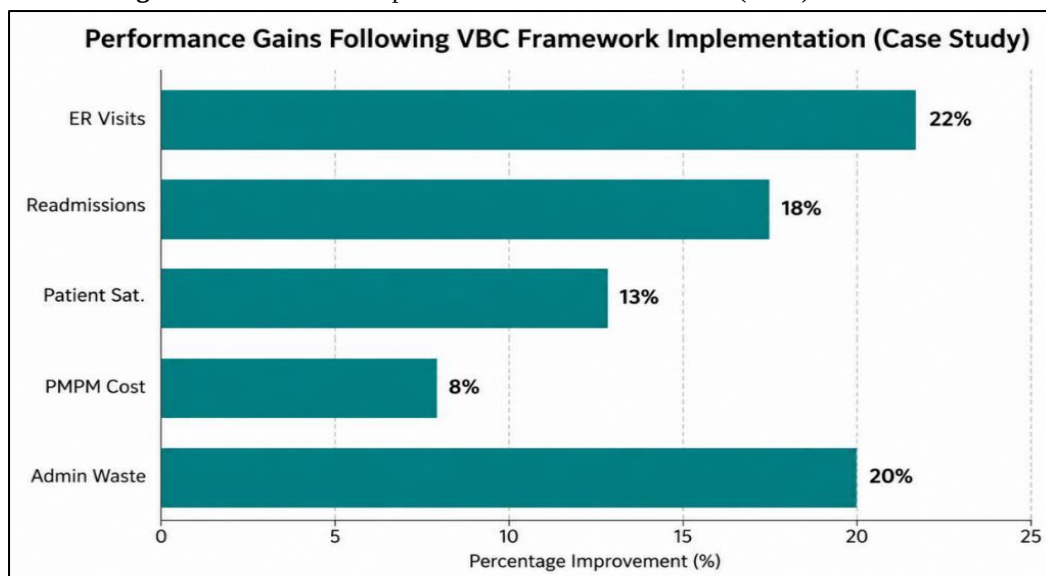
7.6. Key Performance Indicators (KPIs)

- **Investment Return:** \$1.2 billion generated in additional shared savings revenue.
- **Time Saving:** 25% of time saved on manual documentation with the help of AI tools.
- **Reduce Hospital Readmissions:** 18.4% annual reduction in avoidable hospital readmissions.

Table-3. Comparison of Innovative Value-Based Care (VBC) and FFS Models. (NCQA,2026)

Metric Category	Baseline (FFS)	After VBC Innovation	Improvement (%)
Emergency Room Visits	450 per 1,000	351 per 1,000	-22.0%
Readmission Rate	18.5%	15.1%	-18.4%
Satisfaction (NPS)	62	70	+12.9%
per Member (PMPM)	\$610	\$561	-8.0%
HEDIS Quality Score	3.8 Stars	4.4 Stars	+15.8%
Administrative Overhead	15%	12%	-20.0%

Figure 4: Performance improvement in Value-Based Care (VBC) Framework



8. Challenges and Barriers to Innovation

Although the potential benefits are great, there are a number of barriers to the widespread adoption of value-based innovation. (PWC, 2022)

- **Data Quality and Interoperability:** Many EHR (Electronic Health Record) systems are not interoperable, which results in data silos and disconnects that prevent a comprehensive view of the patient.

- The Transition from Volume to Quality: A shift in mindset from volume to quality can be challenging for many of the veteran clinicians.
- Data Privacy and Security: AI and predictive analytics expand the attack surface, requiring substantial investments in HIPAA-certified cybersecurity.
- Reimbursement Challenges: Smaller providers may not have the resources to make the move to the "Downside Risk" models, especially if they are at risk of financial insolvency if they do not reach quality goals.

9. Discussion

9.1. Impact on Healthcare Leadership and Finance

The results indicate that the position of the CFO and CEO is beginning to blend with that of the Chief Medical Officer (CMO) in healthcare. Financial considerations are no longer an option for consideration without any clinical outcomes. Leadership teams should be "data-literate" and able to commit to more innovation over time and less short-term quarterly results. (Connors & Mayes, 2026)

9.2. Relationship Between Innovation and Healthcare Value

The research is verifying the premise that innovation is a "Force Multiplier. Digital tools and AI are not substitutes for human care — they're a means to free up time and administrative duties from the care team to focus on high-value interactions with patients (World Economic Forum, 2024). This synergy is the main reason for the transition towards value-based sustainability.

10. Conclusion

For the healthcare sector to thrive, it needs to transition from a system that focuses on the volume of operations to one that is innovated, value-driven, and financially focused. The combination of predictive techniques that use AI, state-of-the-art cost accounting, and patient-centric systems is likely to enable healthcare companies to attain its goals set by the concept of Triple Aim. The framework presented in the article helps healthcare managers in developing an understanding of the complications of payment strategies and serves to keep their attention focused on the ends.

In any event, effectively utilizing value-centered strategies necessitates a drastic change in the core culture in the healthcare sector. In order to achieve success in value creation, managers will have to abandon their focus on short-term quotas and start concentrating on value enhancement by creating multispecialty teams and utilizing integrated digital tools. Although barriers for innovation, such as data interoperability and workforce reluctance, exist, the benefits of minimizing clinical waste and increasing patient trust exceed any cost required.

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