

Breaking barriers:

5 collaborative strategies
to ensure effective
healthcare operations



In brief:

- 01 Dismantling barriers between payers, providers, third party vendors and government entities enhances patient-centric, value-based care and drives innovation.
- 02 Effective collaboration is crucial for driving innovation, meeting regulatory requirements, and addressing market and customer demands efficiently.
- 03 Payers are one of the key facilitators of collaboration across all stakeholders.

Today's fast-paced healthcare environment requires payers to quickly acclimate to new rules and regulations, whether financial, compliance or communication related — and often on short notice.

For example, the latest White House executive orders mandate that hospitals and insurers disclose treatment prices to patients and [delaying the selection of small molecule drugs](#) for Medicare [drug price negotiation](#). These and other new executive orders may impact existing payer and provider operations and will require timely communication to members to achieve compliance.

More sweeping mandates like these are likely on the horizon, and current administration will expect swift compliance from payers, healthcare systems, providers and vendors. In this fast-acting political landscape, successful digital transformation and effective collaboration between payers and providers is critical to the quick and successful implementation of new mandates and simultaneous delivery of value-based healthcare services.

Payer and provider collaboration is not only a priority for optimal patient care and outcomes, but also now a mandate. The CMS Interoperability and Prior Authorization Final Rule aims to improve patient access to care through more

efficient and expedited prior authorization processes and [exchange of health information](#). Payers and providers must comply with the new Prior Authorization API requirements by January 2027. In addition, beginning in 2026, payers must provide a specific reason for a denied prior authorization request to both providers and patients.

As the deadline approaches, payers and providers with outdated healthcare systems and inefficient processes must reassess their strategies to enhance operational efficiencies and modernize their technology to better meet federal regulations. Improving the patient and member experience is essential, and for many, achieving compliance while fostering a collaborative environment among providers, payers, and members will hinge on successful digital transformation.

Payers who are strategizing and working towards [digital transformation](#) will be well positioned to comply with regulatory requirements, elevate value-based patient outcomes, reduce costs, improve diagnostic accuracy, streamline care delivery and empower patients to take a more active role in managing their health.

How payers can propel stakeholders towards effective collaboration

When in collaboration, payers and government agencies are uniquely positioned to enhance transparency and encourage all stakeholders to work together toward common goals that improve member outcomes, optimize costs and drive innovation in healthcare delivery.

Below is a guide for payers and stakeholders within healthcare organizations to improve collaboration across the healthcare system:



Streamline data-sharing frameworks across systems and stakeholders.

Aging individuals, particularly those living alone, need real-time protection. Connected devices, such as smart smoke detectors, water sensors and medical alert systems, can enable early intervention. For businesses, aging workforces introduce new risks that demand environmental monitoring and adaptive safety protocols.



Utilize advanced technologies to simplify and automate processes.

The traditional authorization process, wherein medical providers must obtain approval from insurers for a specific list of procedures before administering care or medication has been identified as a significant source of delays and administrative burdens that negatively impact patient outcomes. A recent survey by the American Medical Association found that 24% of doctors reported serious adverse events due to [prior authorization delays](#). Payers can improve collaboration and [enhance care delivery](#) by:

- Simplifying prior authorization with digital submission processes
- Giving providers access to dedicated support teams and improving transparency of prior-authorization status
- Allowing providers to submit missing or additional information using digital channels

Emerging technologies like artificial intelligence (AI) serve as catalysts for collaboration by streamlining operations, enhancing data-driven decision-making and fostering greater interoperability among stakeholders. By leveraging these technology advancements, payers can

improve care coordination, optimize costs and support value-based models more effectively.

For example, AI models are being used to automatically process and triage claims, flag anomalies and reduce administrative burden, resulting in faster adjudication, reduced manual intervention and fewer errors. This not only improves provider relationships but also enables more efficient collaboration across billing and care teams. Payers are also deploying AI-driven tools to identify high-risk members for early intervention programs, case management and remote monitoring, helping providers prioritize care and improve outcomes.

Without effective collaboration, though, these initiatives may face resistance or fail to address real-world challenges effectively. Successful AI implementation requires active participation from underwriters, enrollment clerks, claims processors, IT teams, providers, provider billing agents and service representatives. This diverse expertise shapes innovative solutions that are also practical, scalable and seamlessly integrated into payer operations.



Nurture strategic partnerships between providers and vendors.

With 81% of providers seeking out assistance from technology partners to [improve alignment with payers](#), it's important for payers and health care systems to step in to close this gap. Payers play a crucial role in linking healthcare providers with third-party vendors offering specialized solutions, such as telehealth platforms, data analytics tools, chronic disease management programs, AI-driven diagnostics, remote patient monitoring, electronic health records (EHR) integration, value-based care analytics and personalized medicine solutions. By facilitating collaboration across this ecosystem, payers can foster a more integrated and efficient care delivery model—one that improves outcomes, reduces redundancies and drives smarter decision-making at every stage of the patient journey, ultimately increasing the quality of care and reducing costs.

Case in point: A regional health plan partnered with a network of primary care providers and a remote patient monitoring vendor to support members with uncontrolled hypertension. The payer facilitated the integration of remote patient monitoring tools with providers' EHR systems, funded training for clinical staff and built reimbursement incentives tied to blood pressure control targets. Within six months, the program led to a 30% increase in medication adherence and a measurable drop in ER visits related to hypertensive crises. This kind of strategic coordination doesn't just optimize vendor solutions — it transforms them into scalable, outcomes-driven programs that benefit both providers and patients.

Voluntary programs such as the Healthcare Fraud Prevention Partnership (HFPP) unite the federal government, state agencies, law enforcement, health payers and anti-fraud associations to [reduce fraud across the healthcare industry](#).

Case in point: One national payer collaborated with state Medicaid agencies and provider networks to implement the CMS Interoperability and Patient Access Final Rule. The payer created a shared compliance roadmap, hosted training sessions for providers and partnered with a health IT vendor to streamline API integration. As a result, participating providers were able to securely share patient data with third-party apps, improving transparency and achieving early compliance while avoiding penalties.



Collaborate with government entities.

Payers and healthcare systems can act as intermediaries in government entity collaborations by engaging stakeholders early in the process to help ensure that providers and vendors align with government programs and compliance standards, from data privacy laws such as HIPAA to clinical quality and safety standards and evolving regulatory mandates. These efforts will drive smoother adoption of new regulations, enhance trust across the healthcare ecosystem and support long-term sustainability in an increasingly complex regulatory landscape.



Foster cross-sector coordinated care initiatives.

Through active collaboration with healthcare providers, specialized care partners, education systems, housing authorities, employment service and social support organizations, payers can contribute to a more coordinated, equitable and patient-centered ecosystem. Payers can lead this effort by enabling seamless data sharing, establishing clear performance metrics and aligning incentive structures.



4 transformational benefits of broad healthcare system collaboration

Effective payer and provider collaboration is a fundamental necessity in today's rapidly evolving healthcare environment. Here are four ways it plays out across the healthcare ecosystem and — when done correctly — can drive value-based patient care home.



1. Facilitates and enhances patient-centered care.

Effective collaboration among providers, administrators and IT teams enables healthcare providers to maintain a holistic view of patients' history, treatments and outcomes to make more informed, value-based care decisions. Collaborative efforts also lead to more streamlined systems and processes, such as convenient appointment scheduling, interoperability of electronic health records (EHRs) and convenient, user-friendly digital tools that support coordinated and personalized care.



2. Accelerates the shift towards value-based care.

Value-based care models that prioritize patient outcomes require a comprehensive understanding of the patient's health history that includes their full health record and lab results, provider services and outcomes. Effective collaboration is critical for the success of value-based shared savings contracts between payers and providers that improve patient outcomes and reduce healthcare spending.



3. Eliminates redundancies and discrepancies.

A collaborative approach between payer and provider optimizes cost and administrative efficiency, improves the timeliness of patient interventions while reducing unnecessary ones, resolves billing issues and drives long-term sustainability in healthcare delivery.



4. Addresses Social Determinants of Health (SDoH).

By building a strong community of cross-sector, collaborative partnerships, payers can drive better health outcomes, reduce healthcare costs and support a more equitable healthcare system. Payers are in a unique position to facilitate resource-sharing, coordinate funding, diversify treatment codes and leverage collective expertise to tackle the root causes of health disparities. This enables more targeted and sustainable interventions that promote overall well-being.

Examples include payers who collaborate with:

- **Food banks** to offer nutrition support programs that address food insecurity through integrated care plans
- **Schools and community health centers** to provide students with health education and preventative care
- **Government and housing organizations** to increase access to affordable housing solutions

Case study:

Enhancing support to expedite authorizations

A leading health insurance company seeks to transform the healthcare experience by making it easier for patients to access care and overcome challenges.

One insurer recognized how the lack of cohesion in healthcare systems has created obstacles for patients trying to access care and has made it difficult for them to overcome challenges quickly. As a result, the insurer [seeks to simplify the patient experience](#) and make it more transparent through a three-pronged approach:

- Doubling the number of patient advocates for patients with complicated health conditions to help them navigate their unique treatment journey.

- Providing dedicated support teams and an enhanced digital status tracker to assist providers with issues that arise during pre-authorization and post-care claims.
- Simplifying the authorization and claim digital submission processes to make it easier for providers to submit prior authorization request or claims online and supply all pertinent documentation which would reduce delays.

The insurer is committed to accelerating patient access to care services and has planned a multi-year effort to achieve its goal of improving patient and provider experiences.





In conclusion

The healthcare system is inherently complex, and departments, specialties and professionals often operate in a disjointed manner. This contributes to fragmented care, operational inefficiencies and compromised patient

outcomes. Effective collaboration is key to delivering improved health outcomes and creating lasting value for patients, providers and communities alike.

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