MDFORLIVES IN-DEPTH INSIGHT REPORT

Value-Based Care: Where Hospitals Feel the Strain

Hospital administrator perspectives on how value-based care reporting, interoperability, workload and team pressure shape operational performance.

Hospital Admins / Executives · 2 countries · Global peer perspectives

11 Complete responses	**11** Survey records	**2** Countries represented	**100%** Completion rate

THE PEER QUESTION

If VBC technology feels efficient, why is IT still the biggest source of friction?

CMS value-based programs link payment to quality and outcomes rather than service volume. In the MDForLives administrator responses, the more interesting tension is operational: technology can receive positive ratings while data interoperability remains the leading source of friction. That points to a familiar hospital-management problem. A platform may function, yet the workflow around it can still be fragmented, manual and expensive in staff attention.

CMS continues to use value-based programs to tie payment to quality, outcomes and cost, while recent reform proposals also emphasize reducing reporting burden and making quality measurement more clinically meaningful.

> **Coverage:** United States, United Kingdom. Findings describe the opinions and reported practice or operating patterns of participating respondents. Question-level response bases vary because not every survey record answered every item.

EXECUTIVE SUMMARY

The pattern in one view

The strongest pattern is the coexistence of confidence and friction. Administrators can see value in VBC tools while still experiencing data fragmentation, team strain and manual work. The next phase of value-based care may depend less on proving the model and more on simplifying the operating system around it.

01 / PEER SIGNAL

Team friction is frequent

63.6% Weekly or daily tension is the most prominent workforce signal.

02 / PEER SIGNAL

IT is the top friction point

54.5% EHR workflows and data interoperability lead operational strain.

03 / PEER SIGNAL

Automation is the first fix

45.5% Better automation is the most selected stress-relief change.

04 / PEER SIGNAL

Technology is still rated positively

45.5% Agree that current tools make VBC tracking and reporting efficient.

SECTION 01

The technology paradox: positive ratings, persistent IT friction

CONTEXT

Most respondents rate their VBC tools positively, yet IT infrastructure, EHR workflow and interoperability are still the most cited source of operational strain.

DATA

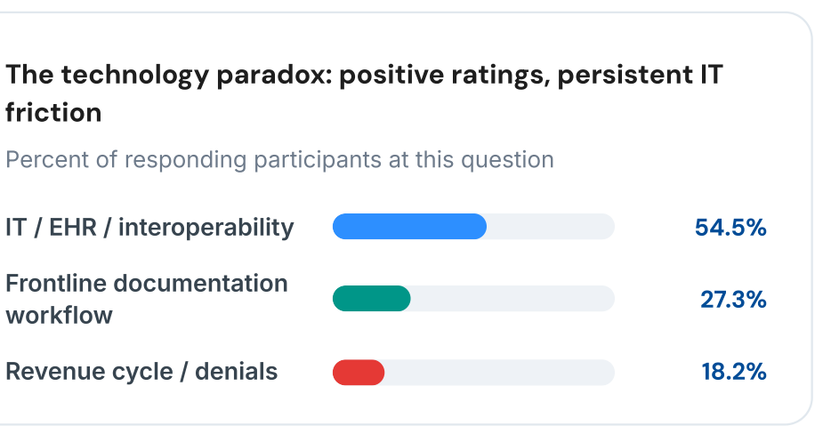
54.5% name IT infrastructure, EHR workflows and data interoperability as the biggest operational friction point. Response pattern: IT / EHR / interoperability: 54.5%, Frontline documentation workflow: 27.3%, Revenue cycle / denials: 18.2%.

INSIGHT

A tool can be functional without the end-to-end operating model being seamless. The burden often sits in handoffs, reconciliation, data latency and duplicated tracking rather than in a single application.

WHY IT MATTERS

For hospital leaders, technology ROI should be evaluated at workflow level, not only by whether a platform technically performs its assigned task.



The technology paradox: positive ratings, persistent IT friction

Percent of responding participants at this question

SECTION 02

VBC exposure is already financially material for this group

CONTEXT

Every respondent reports that at least 11% of organizational revenue or patient volume is tied to value-based contracts.

DATA

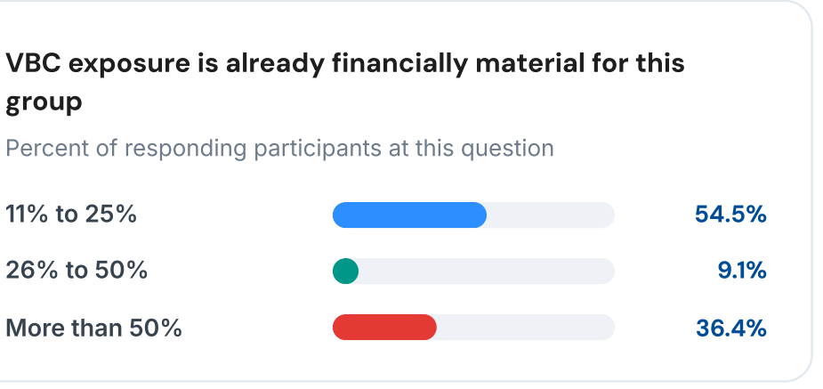
36.4% report more than half of organizational revenue or patient volume tied to VBC contracts. Response pattern: 11% to 25%: 54.5%, 26% to 50%: 9.1%, More than 50%: 36.4%.

INSIGHT

VBC is not a side program for many of these respondents. When contract exposure becomes material, reporting friction becomes a core operating issue rather than a compliance inconvenience.

WHY IT MATTERS

Data architecture, staffing design and measure governance increasingly affect financial performance as well as quality reporting.



VBC exposure is already financially material for this group

Percent of responding participants at this question

SECTION 03

Administrative workload is moving in different directions

CONTEXT

The workload story is split rather than uniformly negative, which makes the result more useful than a simple burnout narrative.

DATA

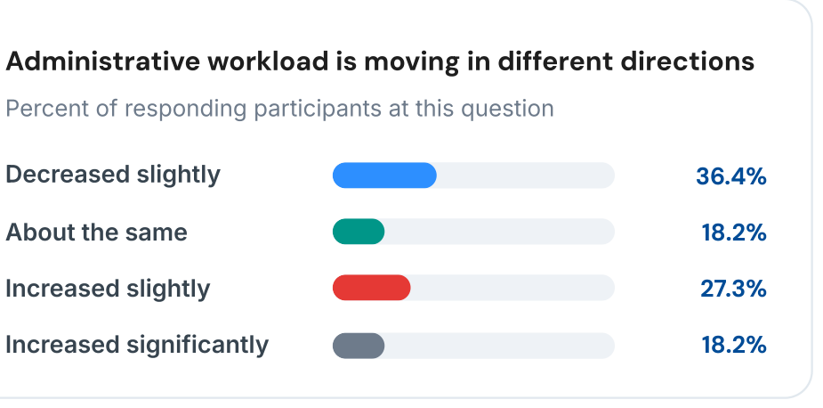
36.4% say VBC-related workload decreased slightly, while other respondents report stable or increasing burden. Response pattern: Decreased slightly: 36.4%, About the same: 18.2%, Increased slightly: 27.3%, Increased significantly: 18.2%.

INSIGHT

Some organizations may be absorbing VBC requirements through mature workflows while others are still layering new reporting demands onto legacy processes.

WHY IT MATTERS

The operational maturity gap may be as important as the payment model itself. Benchmarking process design could reveal why one team experiences VBC as manageable and another experiences it as additional bureaucracy.



Administrative workload is moving in different directions

Percent of responding participants at this question

SECTION 04

The human cost shows up first as team friction

CONTEXT

The strongest workforce signal is not individual burnout alone. It is recurring tension inside teams trying to hit metrics with limited resources.

DATA

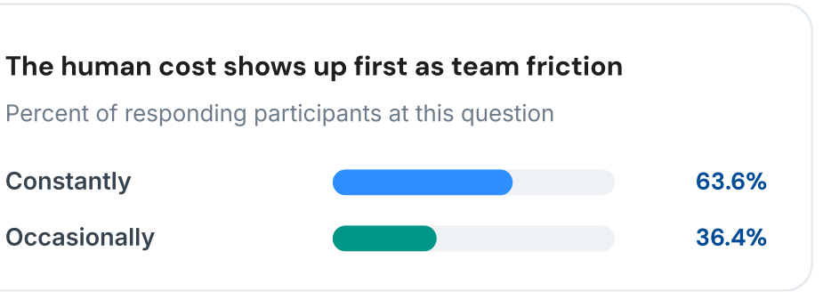
63.6% experience VBC-related team tension weekly or daily. Response pattern: Constantly: 63.6%, Occasionally: 36.4%.

INSIGHT

VBC pressure becomes relational when metric ownership is unclear or when operational teams must chase documentation from already constrained clinical staff.

WHY IT MATTERS

Leadership alignment, role clarity and realistic resourcing may matter as much as adding another dashboard.



The human cost shows up first as team friction

Percent of responding participants at this question

SECTION 05

Perceived performance gains are real, but they are not concentrated in one outcome

CONTEXT

Respondents most often point to patient satisfaction and financial predictability, followed by chronic disease management.

DATA

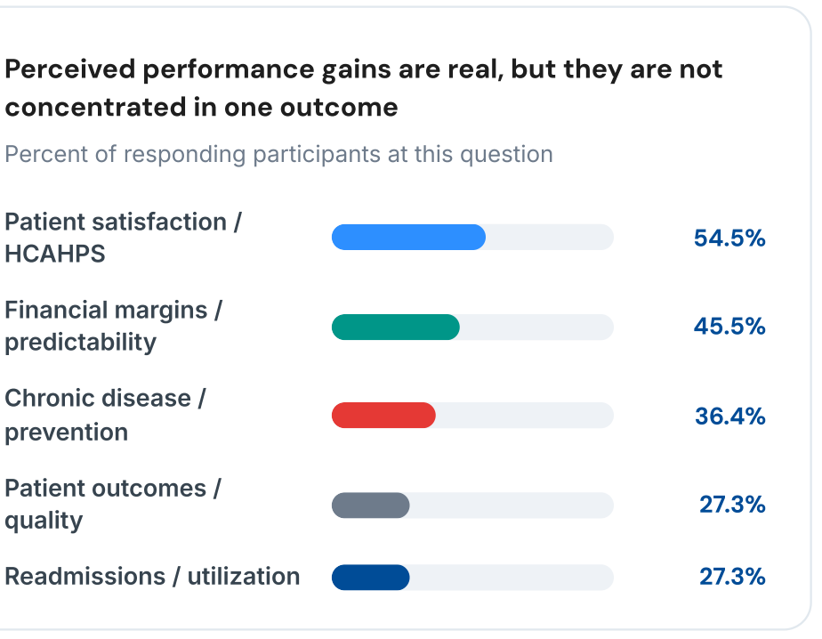
54.5% select patient satisfaction as one of the top two areas of positive VBC impact. Response pattern: Patient satisfaction / HCAHPS: 54.5%, Financial margins / predictability: 45.5%, Chronic disease / prevention: 36.4%, Patient outcomes / quality: 27.3%, Readmissions / utilization: 27.3%.

INSIGHT

The perceived benefit of VBC is multidimensional. That makes the operating burden harder to judge because teams are balancing clinical, experiential and financial outcomes simultaneously.

WHY IT MATTERS

A mature VBC operating model needs to connect measures to decisions, rather than simply increasing the number of metrics collected.



Perceived performance gains are real, but they are not concentrated in one outcome

Percent of responding participants at this question

SECTION 06

The preferred relief valve is automation, not abandoning measurement

CONTEXT

When asked what would reduce workplace stress, respondents most often choose better automation.

DATA

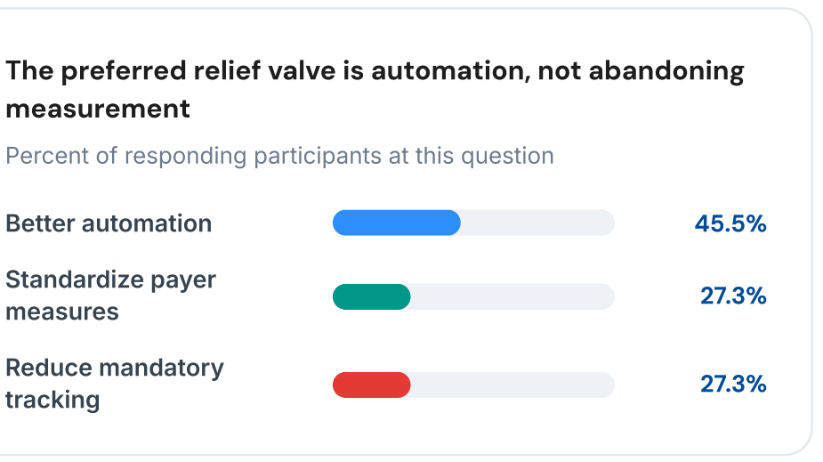
45.5% choose better automation tools to reduce manual tracking. Response pattern: Better automation: 45.5%, Standardize payer measures: 27.3%, Reduce mandatory tracking: 27.3%.

INSIGHT

The group is not asking to remove accountability. The preference is to remove repetitive manual work and variation that does not add decision value.

WHY IT MATTERS

Automation that consolidates data, normalizes payer requirements and surfaces exceptions could reduce burden without weakening performance oversight.



The preferred relief valve is automation, not abandoning measurement

Percent of responding participants at this question

OPEN-ENDED PERSPECTIVE

What respondents said when the answer choices disappeared

Fragmented data and manual reconciliation

Open comments repeatedly point to pulling data from multiple systems, delayed claims data and limited access to timely information.

Payer variation creates duplicated work

Respondents mention overlapping and changing requirements across payers as a core source of complexity.

Legacy fee-for-service habits still shape behavior

Several comments describe difficulty aligning provider workflows and incentives with value-based goals.

Administrative load competes with improvement work

Paperwork, compliance tracking and provider follow-up are described as consuming time that could otherwise support prevention and patient-focused work.

PRACTICE PATTERN

What may be sitting underneath the responses

Workflow friction lives between systems

The burden often appears in handoffs, reconciliation and duplicated tracking rather than in one failed application.

Automation needs measure alignment

Automation is most useful when it also reduces payer variation and repeated manual mapping.

Metric pressure is a workforce issue

When ownership and staffing are unclear, reporting pressure becomes team friction rather than a quality-improvement process.

CLOSING PERSPECTIVE

Value-Based Care: Where Hospitals Feel the Strain

The strongest pattern is the coexistence of confidence and friction. Administrators can see value in VBC tools while still experiencing data fragmentation, team strain and manual work. The next phase of value-based care may depend less on proving the model and more on simplifying the operating system around it.

PEOPLE ALSO ASK

Clinical questions about Value-Based Care operations, data friction and administrative burnout

What is value-based care in hospitals?

Value-based care links at least part of payment or performance accountability to quality, outcomes, patient experience and cost rather than paying only for service volume. Programs differ by payer and market, so hospitals may manage several models at the same time.

How does the Hospital Value-Based Purchasing Program work?

CMS links a portion of Medicare inpatient payment to hospital performance on specified quality and cost measures. Performance is converted into a Total Performance Score that affects value-based incentive payment adjustments.

Why is data interoperability important for value-based care?

VBC depends on combining clinical, utilization, financial and quality data across settings. When data remain fragmented across EHRs, claims systems and payer portals, teams spend more time reconciling information and less time acting on it.

Why can quality reporting create administrative burden?

Burden grows when measures vary across payers, definitions change, data are not captured automatically, or clinicians and administrators must duplicate documentation. The problem is often the reporting process rather than the goal of measurement itself.

Can automation reduce VBC workload?

Automation can reduce repetitive extraction, normalization, reconciliation and exception tracking when it is integrated with existing workflows. It is most useful when it removes manual steps rather than adding another disconnected dashboard.

How can hospitals reduce VBC burnout without weakening accountability?

Common approaches include standardizing measure governance, clarifying ownership, reducing duplicate reporting, improving interoperability, automating routine data work and ensuring operational teams have enough capacity to manage the remaining exceptions.

Share your perspective.

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SELECTED EXTERNAL CONTEXT

- CMS Value-Based Programs
- CMS Hospital Value-Based Purchasing Program
- CMS 2026 Medicare reform proposal

> **Source note:** External references provide clinical, operational or regulatory context. All MDForLives percentages and response counts come from survey SGID 8910108.

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Visual Graphs and Backend Data

Percentages and counts are reproduced from MDForLives survey SGID 8910108. Question bases vary across partial completes.

Survey profile

Metric	Value
Completion rate	100%
Complete	11
Partial	0
Total survey records	11
Countries	United States, United Kingdom

Section 01: The technology paradox: positive ratings, persistent IT friction

Response option	Percent	Responses
IT / EHR / interoperability	54.5%	6
Frontline documentation workflow	27.3%	3
Revenue cycle / denials	18.2%	2

Section 02: VBC exposure is already financially material for this group

Response option	Percent	Responses
11% to 25%	54.5%	6
26% to 50%	9.1%	1
More than 50%	36.4%	4

Section 03: Administrative workload is moving in different directions

Response option	Percent	Responses
Decreased slightly	36.4%	4
About the same	18.2%	2
Increased slightly	27.3%	3
Increased significantly	18.2%	2

Section 04: The human cost shows up first as team friction

Response option	Percent	Responses
Constantly	63.6%	7
Occasionally	36.4%	4

Section 05: Perceived performance gains are real, but they are not concentrated in one outcome

Response option	Percent	Responses
Patient satisfaction / HCAHPS	54.5%	6
Financial margins / predictability	45.5%	5
Chronic disease / prevention	36.4%	4
Patient outcomes / quality	27.3%	3
Readmissions / utilization	27.3%	3

Section 06: The preferred relief valve is automation, not abandoning measurement

Response option	Percent	Responses
Better automation	45.5%	5
Standardize payer measures	27.3%	3
Reduce mandatory tracking	27.3%	3