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Clinical Operations of the Future: Unlocking Value Through “Thoughtful” Outsourcing

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Introduction

Can US healthcare organizations sustain operational efficiency with incumbent business models in an era of innumerable challenges? Historically cautious about outsourcing clinical functions, healthcare organizations now face an undeniable reality: escalating costs, an aging population, rising prevalence of chronic diseases, and complex regulatory demands are making in-house operations increasingly unsustainable.

The Health Resources and Services Administration (HRSA) projects a shortage of 187,130 Full-time Equivalent (FTE) primary care physicians¹ and 207,980 FTE Registered Nurses (RNs) by 2037², further straining healthcare capacity. As AI and Large Language Models (LLMs) rapidly integrate into clinical workflows, healthcare enterprises must balance automation and human expertise, ensuring that skilled professionals, scalable process frameworks, and technology-driven services work in tandem to sustain high-quality healthcare delivery.

To scale operations, optimize compliance, and improve care coordination, health plans and hospitals must embrace clinical outsourcing. The right outsourcing partner provides a skilled workforce, including licensed professionals such as registered nurses and risk adjustment coders, along with academic partnerships, business continuity plans, and regulatory alignment.

Additionally, structured, process-driven outsourcing models improve efficiency in essential functions such as Utilization Management (UM), case management, and quality improvement workflows. Moreover, a strong outsourcing partner also ensures scalability and compliance-readiness, aligning with regulatory standards such as the Health Information Trust Alliance (HITRUST), Utilization Review Accreditation Commission (URAC), and National Committee for Quality Assurance (NCQA) to enable organizations to adapt to evolving payer-provider requirements while maintaining operational excellence.

This report examines:

- Key clinical operation challenges and why health plans and hospitals must overcome hesitancy for clinical outsourcing
- What key clinical functions are ideal for outsourcing and essential steps for successful implementation
- How strategic outsourcing enhances scalability, efficiency, and compliance through expert partnerships and technology

Healthcare enterprises can use this report to gain actionable insights into leveraging thoughtful outsourcing to address pressing challenges, optimize clinical processes, and sustain high-quality, patient-centered care in an increasingly complex healthcare environment.

¹ [HRSA](#)

² [HRSA](#)

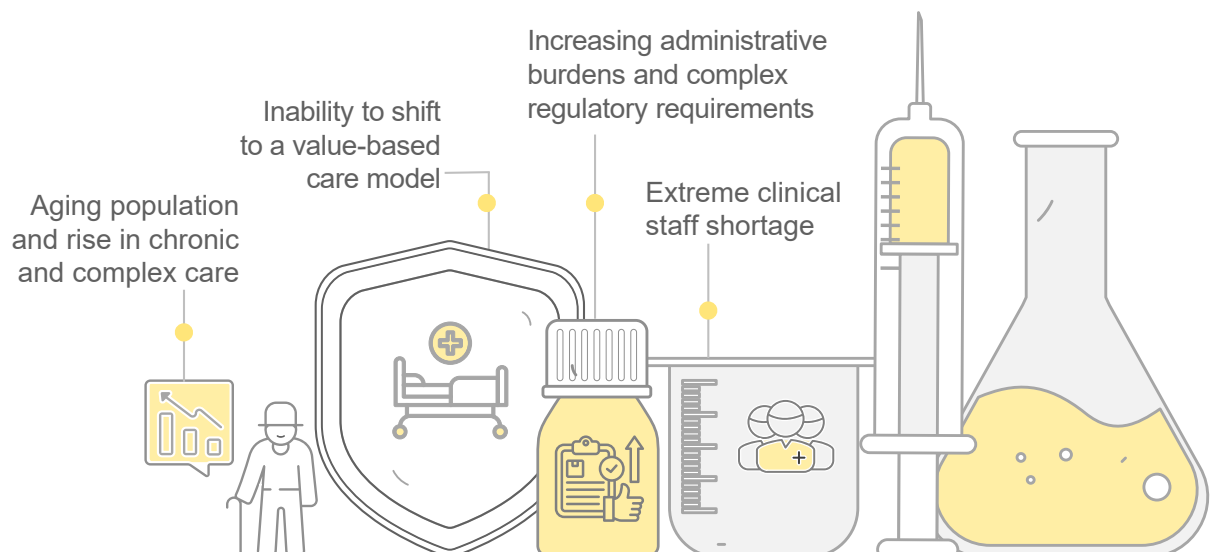
The anatomy of clinical operations’ pain points

The US healthcare industry is under immense financial strain, with National Health Expenditures (NHE) projected to cross US\$ 5.0 trillion in 2024 and rise further to US\$ 6.9 trillion by 2030. Over this period, healthcare spending is expected to grow at a CAGR of 5.4%, significantly outpacing GDP growth of 4.1% between 2024 and 2030. Consequently, the NHE’s GDP share is anticipated to increase from 17.7% in 2024 to 19.2% by 2030³. The severity of this challenge is also visible from the fact that the US ranked first on per capita healthcare expenditure at US\$13,432 in 2023 (current prices) – which is 38.6% higher than Switzerland, the next-highest spender⁴. Such disparities emphasize the need for healthcare enterprises to effectively address inefficiencies and rising costs.

To navigate these pressures, healthcare enterprises must strategically prioritize operational efficiency, reduce administrative overhead, and maximize workforce effectiveness. This includes implementing top-of-license practices, ensuring that clinicians focus on the highest-value tasks within their scope, improving job satisfaction, and reducing workforce turnover. Clinical operations, as the backbone of healthcare delivery, are essential to quality care, efficient resource utilization, and compliance with regulatory requirements. However, managing clinical services presents unique challenges due to the high impact on people (members or patients). Exhibit 1 illustrates the key challenges healthcare enterprises face in clinical operations.

Exhibit 1: Challenges healthcare enterprises face in clinical operations

Source: Everest Group (2025)



³ [Centre for Medicare and Medicaid Services \(CMS\)](#)

⁴ [Organization for Economic Co-operation and Development \(OECD\)](#)

We take a closer look below.

Extreme clinical staff shortage: The healthcare industry is grappling with a severe shortage of skilled professionals, including nurses, case managers, and clinicians. According to the HRSA, the US is projected to face a shortage of 187,130 FTE primary care physicians by 2037, with non-metro areas experiencing a much higher shortfall (60%) compared to metro areas (10%)⁵. This shortage is more prominent in specialized clinical expertise, where the demand is increasing in areas such as UM and case management, where skilled nurses play a vital role in optimizing resource allocation and improving care coordination. As healthcare enterprises expand these functions, ensuring a sustainable pipeline of qualified nursing talent will be essential to maintaining operational efficiency and patient outcomes.

Aging population and rise in chronic and complex care: The growing aging population and increasingly prevalent chronic diseases are placing immense pressure on clinical operations. By 2030, the US population aged 65 and older is projected to reach ~71.2 million, representing 20.6% of the total population⁶. With six in 10 adults having at least one chronic condition, such as diabetes or cardiovascular diseases, the demand for recurring care, diagnostic tests, and chronic disease management continues to rise, straining already limited healthcare resources⁷.

According to CMS, home health expenditures are projected to significantly increase, from US\$ 154.8 billion in 2024 to US\$ 242.1 billion by 2030.

This demographic shift is increasing the pressure on healthcare enterprises to manage more complex care delivery models – making it even more challenging for already burdened clinical staff and increasing the demand for services such as bedside nursing, health coaching, and Remote Patient Monitoring (RPM) at scale.

“What we really have is a recruitment and retention problem that has resulted in a shortage of nursing care at the bedside.”

– Director, Center for Health Outcomes and Policy Research, Penn Nursing

⁵ [HRSA](#)

⁶ [US Census Bureau](#)

⁷ [Centers for Disease Control and Prevention](#)

Increasing administrative burden and complex regulatory requirements:

Healthcare enterprises are grappling with increasingly difficult administrative challenges. Tasks such as drafting utilization review guidelines often require extensive documentation with limited standardization, consuming significant provider time and delaying care delivery. Similarly, the growing complexity of prior authorizations places an additional burden on clinicians, requiring them to manage detailed approvals while ensuring compliance. Managing clinical coding for complex inpatient cases further adds to the strain, as accuracy and adherence to changing standards are vital to avoid reimbursement delays.

The 2023 Council for Affordable Quality Healthcare (CAQH) Index reveals that administrative transactions account for approximately 22% of healthcare spending, creating a significant financial burden. Additionally, increased provider time to complete tasks drives 75% of the rise in administrative spending, underscoring inefficiencies in current processes⁸.

Recent regulatory updates have added further complexity. Centers for Medicare and Medicaid Services (CMS) now mandates that Medicare Advantage organizations conduct annual health equity analyses of UM policies, ensuring that delays or denials of care do not disproportionately impact underserved communities. By 2025, Medicare Advantage plans must include health equity experts on UM committees, promoting transparency and fairness in decision-making⁹. These additional audit requirements will require experienced clinicians, further straining a limited workforce and intensifying the demand for specialized expertise. These changes reflect a broader push to address systemic disparities in healthcare delivery.

Inability to shift to a Value-based Care (VBC) model: VBC shifts the focus from traditional fee-for-service models to prioritizing quality, patient outcomes, and provider performance. By 2030, CMS aims to have 100% of traditional Medicare beneficiaries and most Medicaid beneficiaries in accountable care relationships¹⁰. However, healthcare organizations face barriers in transitioning to a VBC-first model due to limited resources, a lack of expertise in reimbursement models, and the complexity of new care models.

Additionally, fragmented systems limiting access to comprehensive patient information hinder data sharing and interoperability. Low patient engagement in preventive care, particularly among those with limited resources or health literacy, further challenges the success of VBC models and proactive care strategies.

⁸ [2023 CAQH Index Report](#)

⁹ [CMS](#)

¹⁰ [CMS](#)

The need for clinical outsourcing

Addressing the multifaceted challenges discussed so far requires specialized expertise, operational scalability, and advanced resources. Given the nationwide clinical workforce shortages, expanding in-house capacity is unsustainable and resource-intensive, further straining existing talent pools. Instead, healthcare enterprises are increasingly turning to scalable, cost-effective outsourcing solutions that leverage third-party expertise to drive operational efficiencies without exacerbating local workforce constraints.

Outsourcing provides a strategic pathway for healthcare enterprises to navigate both clinical and near-clinical operations’ growing challenges. Many enterprises have already begun outsourcing vital clinical functions such as UM, case/disease management, and quality management services such as risk adjustment coding and Healthcare Effectiveness Data and Information Set (HEDIS) measures. Additionally, near-clinical functions that support clinical decision-making and financial integrity, such as revenue cycle management, denial and appeal management, diagnosis-related group validation, and audit workflows, are also being outsourced to improve accuracy, compliance, and outcomes.

By partnering with providers with the necessary credibility and clinical expertise, enterprises can optimize operations, enhance patient-centered care, and comply with evolving standards. A well-designed outsourcing model allows healthcare enterprises to efficiently scale operations, reduce administrative burdens, and focus on core clinical objectives. These collaborations provide the agility and operational resilience required to thrive in today’s complex healthcare environment – particularly for time-consuming processes that are difficult to manage in-house. In the next section, let us look at some of the major clinical functions suitable to be outsourced.

Deep dive into prominent clinical function outsourcing

Based on Everest Group’s research, outsourcing has emerged as a key priority for healthcare enterprises. While its current state shows maturity in areas requiring specialized expertise, such as IT services and administrative operations, the future potential lies in functions that align with VBC initiatives, data-driven strategies, and scalable care coordination models.

Several functions are poised for substantial growth, such as:

- **UM:** As healthcare transitions toward VBC, UM is becoming essential to optimize resource use, reduce unnecessary medical expenses, and implement cost-containment strategies. However, this often leads to friction between payers and

providers, as well as internal conflicts between UM and case management teams balancing cost and patient care. UM is currently one of the most significantly outsourced clinical functions. Key functions such as prior authorizations, concurrent reviews, and prospective reviews are increasingly outsourced due to their resource-intensive nature and the relative ease of external fulfillment. The trend is expected to grow as insurance approval complexity and use of automated intelligence and LLMs escalate, and the demand for faster, automated decision-making rises. This shift is driving healthcare organizations to partner with outsourcing providers with a strong pool of RNs, expertise in compliance management, and equipped with advanced analytics capabilities

- **Population health analytics:** The demand for population health outsourcing is expected to rise as healthcare enterprises prioritize tracking health outcomes, identifying care gaps, and designing preventive strategies. Driven by the surge in data from electronic health records, wearables, social determinants of health, and support staff with a clinical background to understand data and results, the need for sophisticated analytics is growing, which will be essential to address the growing emphasis on health equity, improved care coordination, personalized care, and meeting regulatory requirements
- **Risk adjustment and STAR rating optimization:** The changing regulatory landscape and increasing need for high-touch capacity are driving greater reliance on clinical outsourcing for risk adjustment coding and STAR rating optimization as healthcare enterprises align with VBC reimbursement models and aim for higher STAR ratings. These functions require domain-specific expertise to ensure compliance, improve quality scores, and maximize reimbursement accuracy. Outsourcing partners with Hierarchical Condition Category (HCC) coders, proven capabilities in advanced analytics and workflow management will play a key role in driving measurable outcomes
- **Virtual care:** While the current outsourcing level in virtual care, including telehealth and RPM, is relatively lower, these solutions, particularly RPM, are poised to gain momentum as enterprises prioritize home-based care delivery, even as the current landscape limits ability to bill RPM services when provided offshore or nearshore. These tools enable better chronic disease management, proactive patient engagement, and reduced hospital readmissions, positioning virtual care as a key enabler of future healthcare models

Clinical talent is also important in coding processes, particularly for inpatient and complex cases. Coders with clinical expertise play a key role in specialized workflows, ensuring accuracy in concurrent coding to support real-time documentation and accelerate cash receipts by reducing discharged-not-final-billed cases. Effective coding practices enable healthcare enterprises to streamline revenue cycles, efficiently manage complex cases, and maintain high-quality outcomes.

Key tenets of clinical outsourcing

Successful clinical outsourcing goes beyond standard outsourcing models by requiring deep domain expertise, regulatory alignment, and clinically trained professionals to manage high-impact workflows. Unlike general outsourcing, clinical operations demand specialized talent, compliance-driven processes, and advanced technology to support functions such as UM, care coordination, and complex coding. Choosing the right outsourcing partner is essential, as providers vary in clinical depth, workforce specialization, and ability to scale. By strategically leveraging the three pillars – people, processes, and technology, healthcare organizations can unlock efficiency and scalability while meeting evolving industry demands. Exhibit 2 covers clinical outsourcing’s three key tenets.

Exhibit 2: Key tenets of clinical outsourcing

Source: Everest Group (2025)



People

Skilled clinical workforce, including USRNs, PHRNs, health coaches, and bedside nurses

Scalable staffing solutions that adapt to fluctuating demand during seasonal peaks in UM or HEDIS reporting cycles

Talent performance metrics such as NPS scores, engagement levels, and attrition rates

Processes

Defined protocols for **patient transitions in care coordination** to minimize readmissions

Proactive care pathways for chronic disease management and medication adherence programs

Scalable quality improvement workflows for risk adjustment coding and HEDIS

Technology

Platforms for **telehealth and RPM** to enable virtual care

Automation tools for administrative processes such as **prior authorizations and concurrent utilization reviews**

Analytics solutions to monitor outcomes, **identify care gaps, and enhance VBC delivery**



We take a closer look at the three tenets below.

People: A skilled and adaptable workforce forms the foundation of effective outsourcing models, particularly in clinical operations. Ensuring access to qualified talent – such as United States RNs (USRNs), Philippines RNs (PHRNs), bedside nurses, and health coaches – is essential to align resource profiles with specialized workflows such as UM, care coordination, and chronic disease management. Emphasizing top-of-license work allows in-house clinical staff to focus on high-value tasks, such as proactive patient care and care plan execution.

While having a dedicated clinical staff is essential, implementing workforce management best practices is equally vital to manage clinical processes efficiently. These best practices include scalable staffing solutions that adapt to fluctuating demand in quality-driven initiatives, such as HEDIS reporting, STAR rating optimization, and risk adjustment cycles. Flexibility in resource allocation ensures seamless operations and the ability to address evolving care delivery needs.

Additionally, tracking talent performance metrics – such as Net Promoter Scores (NPS), engagement levels, and attrition rates – is vital to maintain consistent quality and client satisfaction. This comprehensive approach to talent acquisition, development, and retention creates scalable, high-performing teams capable of managing modern clinical operations’ complexities.



Processes: Streamlined and standardized processes are key to achieving efficiency and consistency in clinical operations outsourcing. These processes are designed to address workflow-specific challenges across clinical functions. For instance, workflows for UM include structured medical necessity reviews, efficient prior authorization approvals, and timely reviews to ensure improved care delivery outcomes supporting the ever-changing regulatory requirement landscape around access to care.

Similarly, in care coordination, clearly defined protocols enable smooth patient transitions across care settings, reducing readmissions and improving care continuity. Managing wellness initiatives and chronic disease care ensures proactive care planning and improved patient satisfaction and workflows for quality improvement services, such as risk adjustment coding and STAR rating optimization, focusing on accuracy and compliance with evolving VBC requirements. These scalable, well-defined processes allow enterprises to adapt to fluctuating demand and evolving regulatory environments while ensuring operational excellence.






Technology: Technology plays a key role in enabling efficiency, scalability, and innovation in clinical outsourcing, particularly through three major tools – analytics, automation, and platforms. Platforms for virtual care, such as telehealth and RPM, support proactive patient engagement and home-based care delivery. Automation tools streamline administrative processes such as prior authorizations, while AI-driven analytics optimize workflows and enable predictive decision-making. However, they should always have an intersection between technology and human engagement. By seamlessly integrating these levers into clinical operations, enterprises can drive consistent care delivery, improve outcomes, and ensure alignment with modern care models across the healthcare ecosystem.

Exhibit 3 illustrates the three technology drivers – analytics, automation, and platforms – and their prominent use cases.

Exhibit 3: Technology levers and their use cases

Source: Everest Group (2025)

Technology levers	Functions	Use cases
Analytics 	<ul style="list-style-type: none"> Population health analytics Utilization management Risk adjustment coding STAR rating optimization 	<ul style="list-style-type: none"> Predictive analytics for early intervention Optimizing risk adjustment for reimbursements Monitoring outcomes for chronic and disease management programs Enhancing quality reporting for HEDIS and STAR ratings
Automation 	<ul style="list-style-type: none"> Prior authorizations Coding workflows Concurrent reviews HEDIS support 	<ul style="list-style-type: none"> Streamlining prior authorization approvals to reduce delays Improving accuracy in complex coding processes Enhancing efficiency in concurrent utilization reviews
Platforms 	<ul style="list-style-type: none"> Telehealth RPM Patient navigation Case and disease management 	<ul style="list-style-type: none"> Supporting virtual consultations and home-based care for chronic patients Monitoring real-time patient vitals for proactive interventions Improving navigation for preventive care delivery Managing case plans and chronic disease pathways with integrated tools

No discussion on modern technology adoption is complete without mentioning generative AI. Its role in clinical operations, however, remains widely debated, with concerns spanning usefulness, impact, security, and scalability. Despite these challenges, generative AI offers significant opportunities to address gaps in existing processes, enhance productivity, and support assisted services in clinical workflows. Emerging use cases include automating complex documentation and designing personalized care plans. However, most applications are still in pilot stages, relying on human-in-the-loop validation to ensure accuracy, safety, and compliance. While promising, successfully integrating generative AI into healthcare operations will require strong oversight and scalable implementation strategies.

Although available as standalone solutions, technology alone cannot drive transformation. A people, process, and technology-driven approach—where automation, analytics, and AI augment clinical expertise—delivers the greatest impact. Healthcare organizations can improve efficiency, streamline care delivery, and enhance patient outcomes when technology is integrated as an enabler alongside people and processes. Together, these three tenets help organizations navigate complexities, optimize workflows, and align with care models while maintaining human expertise’s vital role.

Strategic clinical outsourcing – a guide for buyers

Outsourcing clinical operations provides healthcare enterprises with a pathway to optimize efficiency, achieve scalability, deliver high-quality patient care, and dramatically reduce total operating costs. However, unlocking outsourcing’s full potential requires a strategic and structured approach. By shifting from short-term, transactional engagements to long-term, value-driven partnerships, organizations can leverage globalized talent pools and offshore delivery models to drive cost efficiencies while maintaining high-quality outcomes and patient care goals. This transformation enables healthcare buyers to address immediate needs while building a foundation for sustainable growth and innovation.

Key steps in the outsourcing roadmap

Exhibit 4 illustrates a roadmap for healthcare enterprises to build a robust outsourcing strategy for clinical functions.

Exhibit 4: Roadmap for outsourcing clinical functions

Source: Everest Group (2025)



- **Conducting an “as-is” clinical operations evaluation**

The first step in the clinical outsourcing journey is to comprehensively evaluate current operations to identify core challenges, inefficiencies, and improvement opportunities. This assessment establishes a baseline understanding of the existing processes, resources, and technologies, enabling organizations to make informed decisions on which functions to outsource and gaps to address.

Some of the questions to evaluate include:

- What clinical operations are being performed in-house, and which ones are the most time-consuming or resource-intensive?

- Where are the inefficiencies in current workflows? Where are licensed professionals currently employed in non-direct patient care or non-member contact roles?
- How are current performance metrics tracking against internal goals or industry standards?
- Can current operations handle increasing patient volumes or fluctuations without compromising quality or outcomes?

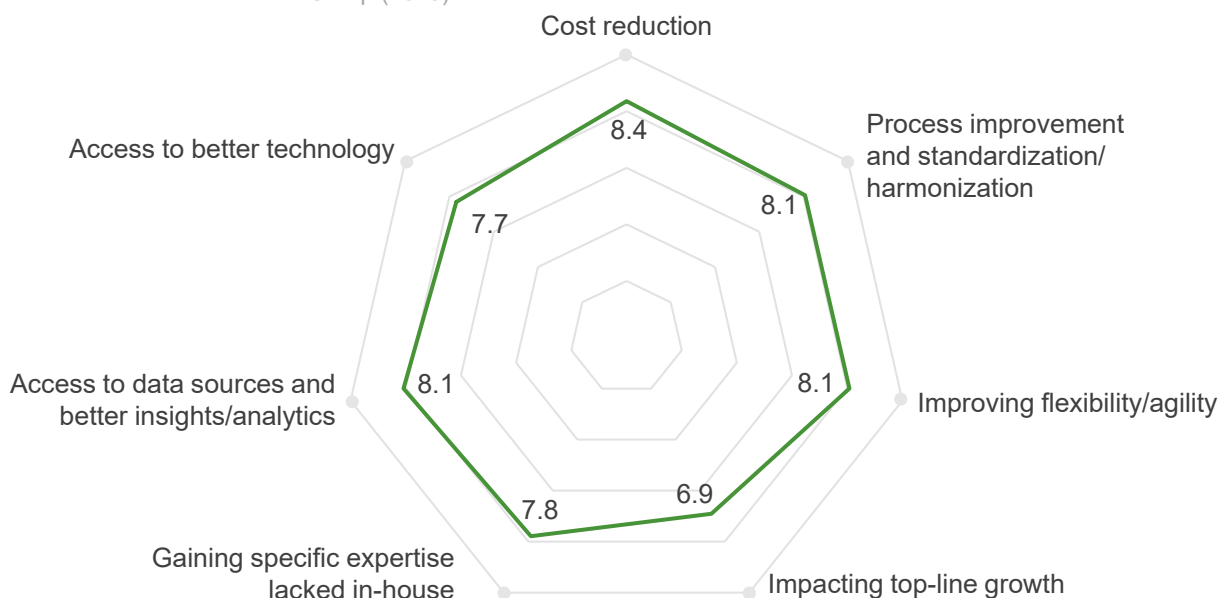
This assessment is essential to identify areas that need improvement or external support. It lays the foundation to develop an optimized outsourcing strategy, helping define goals and objectives within the evolving healthcare landscape.

- **Defining goals and objectives of outsourcing**

Once the baseline is established, enterprises need to define clear outsourcing objectives and evaluation parameters that align with their organizational goals. While domain expertise remains a baseline capability all buyers require, additional parameters such as cost reduction, process improvement, and flexibility are key in outsourcing decisions. Domain expertise, including access to skilled clinical talent such as USRNs, PHRNs, and workflow-aligned resource profiles, is considered non-negotiable to effectively manage complex clinical functions. Based on Everest Group's Clinical and Care Management Operations – Services PEAK Matrix® Assessment 2023, parameters such as cost optimization and process improvement, and standardization emerged as the most important factors influencing outsourcing decisions. Exhibit 5 highlights the importance levels of metrics for buyers evaluating clinical operations outsourcing.

Exhibit 5: Importance of metrics when outsourcing clinical functions

Source: Everest Group (2025)



While prioritizing the right outsourcing parameter is important, selecting the right outsourcing model is a significant step in ensuring outsourcing initiatives align with organizational goals and deliver measurable value. Depending on clinical workflow complexity and the breadth of functions to be outsourced, organizations can choose between end-to-end outsourcing, which integrates multiple functions into a unified framework such as UM combined with case management, care coordination, and population health management under a single provider, or specialized services outsourcing, which focuses on addressing niche operational challenges with tailored solutions, such as targeted outsourcing for UM.

- **Selecting the right outsourcing partner**

The success of outsourcing depends on selecting a partner with deep domain expertise and a skilled workforce aligned with clinical workflows. The outsourcing partner must deliver specialized talent, such as registered nurses (USRNs or PHRNs) and coding specialists for functions such as inpatient coding and risk adjustment, and HCC coding. Providers with dedicated training academies, partnerships with academic institutions, and strong compliance programs ensure their workforce stays aligned with evolving regulatory standards and best practices. Additionally, an efficient talent pipeline, supported by scalable staffing models and technology-enabled infrastructure, allows enterprises to adapt to demand in workflows such as utilization reviews, case management, and chronic disease management without compromising quality. A scalable and sustainable talent pipeline enables enterprises to adapt to fluctuating demands in clinical operations while maintaining high-quality care outcomes.

Digital capabilities, such as telehealth platforms, RPM, and automation, can add value by enhancing care coordination and operational efficiency even more or in addition to the right outsourcing partner. These tools enhance scalability and streamline workflows, offering flexibility based on specific organizational needs.

A strong track record in compliance with HIPAA and CMS standards, coupled with certifications such as HITRUST CSF, reinforces a provider’s commitment to data security, regulatory adherence, and risk management, coupled with metrics such as NPS and client satisfaction ratings, establishes a provider’s reliability. Partners that prioritize transparency, governance, and continuous improvement become indispensable collaborators for healthcare enterprises.

Exhibit 6 represents the key capabilities that enterprises should seek while selecting an outsourcing partner.

Exhibit 6: Key capabilities of an ideal clinical outsourcing partner

Source: Everest Group (2025)



Clinical expertise and domain capabilities

Access to a **skilled workforce**, including USRNs, PHRNs, bedside nursing professionals, and health coaches

Strong **partnerships with hospitals and universities** to build talent pipelines and enhance workforce development

Proven ability to **manage specialized workflows** such as UM and risk adjustment coding



Internal workforce management

Investments in **clinical academies and training programs** to ensure adherence to regulatory standards (e.g., HIPAA, CMS)

Initiatives to **reduce burnout for clinical staff** managing complex care coordination and case management functions

Focused **employee engagement** programs to ensure quality outcomes and workforce stability



Client engagement and customization

Tailored solutions addressing specific clinical needs such as prior authorizations and chronic care management

Performance-driven metrics to measure clinical quality, patient satisfaction, and workflow efficiency

Clear communication and collaborative partnerships to align outsourced teams with care delivery goals



Risk and governance protocols

Robust compliance frameworks for UM, coding accuracy, and quality reporting (e.g., STAR ratings, HEDIS)

Transparent governance processes to ensure clinical data integrity and minimize compliance risks

Emphasis on industry-recognized accreditations such as URAC and NCQA



Digital investments and innovation

Adoption of clinical tools, such as telehealth platforms, RPM, and AI-enabled decision support systems

Integration of interoperable systems to consolidate clinical workflows and improve care transitions

Scalable technology solutions to automate prior authorizations and complex coding processes

A thoughtful approach to selecting the right outsourcing model empowers organizations to effectively navigate complexities while building a foundation for sustainable growth and innovation. By following this roadmap, healthcare enterprises can transition from transactional outsourcing engagements to strategic partnerships that deliver measurable value.

Role of third-party providers in ensuring the right outcomes

To stand out in clinical operations outsourcing, providers must deliver targeted strategies that address workforce gaps, streamline processes, and integrate technology-driven solutions. By aligning with enterprise goals, providers enable healthcare organizations to improve care delivery, optimize workflows, and achieve measurable outcomes across clinical functions. There are five strategic levers for third-party providers to drive value to healthcare services buyers. We take a deeper look at these levers below.

- **Strategic partnerships:** Third-party providers can strengthen their offerings by leveraging collaborations with key stakeholders in the healthcare ecosystem. Partnerships with universities and academic medical centers provide access to cutting-edge research, clinical trials, and a steady talent pipeline of skilled clinicians. For example, collaborating with a leading university can help build evidence-based training modules for UM teams or enable advanced clinical reviews. Similarly, aligning with hospital and health system associations allows providers to develop scalable best practices, co-create solutions, and address shared challenges such as labor shortages. Collaborative or joint programs, such as developing workflows for prior authorizations or implementing telehealth operations, ensure providers align with industry trends while delivering high-value solutions.
- **VBC-first approach:** To drive better care delivery and operational efficiency, outsourcing providers should support whole-person care models that integrate functions such as UM and CM. Developing niche expertise is equally important in supporting whole-person care models. Specialization in high-complexity clinical areas such as oncology UM, behavioral health programs, rare disease workflows, and hospital or care-at-home modules allows providers to address unique care challenges with precision. These specialized capabilities enable healthcare enterprises to improve outcomes, align with value-based reimbursement models, and meet patient-centered care’s evolving demands. This alignment enables healthcare enterprises to shift from transactional care models to value-driven engagements, ensuring patient-centric care while achieving cost efficiency and long-term sustainability.
- **Outcome-based models:** Successful outsourcing engagements are anchored in clear, measurable outcomes across clinical, operational, and financial domains
 - Clinical outcomes: Providers can drive measurable improvements, such as reducing hospital readmission rates through optimized post-discharge planning or achieving 90% adherence to evidence-based guidelines in prior authorizations
 - Operational outcomes: Improving turnaround times (for example, prior authorization approvals within 24 hours) and reducing denial rates by 10-15% through better documentation and workflow efficiencies

- **Cost savings:** Optimizing UM or care management programs to generate significant annual payer savings, demonstrating tangible financial impact and operational value

By emphasizing performance-driven metrics and aligning with enterprise objectives, providers deliver measurable success and foster trusted, outcome-based partnerships..

- **Technology-enabled solutions:** Integrating platforms, advanced analytics, and AI tools into clinical operations enables providers to deliver tailored, high-value solutions. The third-party providers can offer configurable platforms, developed in-house or in partnership with other players, that align with client workflows, such as modular UM platforms designed to streamline medical necessity reviews and concurrent workflows supported by clinicians.

Cutting-edge tools such as predictive analytics support risk stratification, enabling early identification of high-risk patients who require additional scrutiny in clinical operations. AI-powered automation further accelerates administrative processes, such as prior authorization workflows, reducing manual effort and improving turnaround times. For example, AI-driven documentation tools enhance precision and efficiency in clinical reviews, while integrated analytics platforms identify high-cost patient populations and enable proactive care planning.

- **Workforce innovations:** The third-party providers can address workforce shortages and deliver greater value by investing in globalized clinical talent and workforce development programs. Leveraging offshore clinical professionals, including nurses and therapists trained in US standards, allows service providers to cost-effectively scale operations while maintaining quality outcomes

To ensure expertise, providers should offer upskilling and certification programs in collaboration with industry-recognized bodies, ensure accreditation from bodies such as URAC and NCQA, enabling clinical staff to meet evolving clinical operations and care coordination standards.

Conclusion

As healthcare enterprises navigate modern clinical operation complexities, a well-rounded outsourcing strategy emerges as a transformative solution to address mounting challenges. Workforce shortages, rising care demands, increasing administrative burdens, and the shift to VBC have placed immense pressure on operational efficiency and patient care delivery. By partnering with experienced third-party providers, healthcare payers and providers can leverage specialized expertise, streamline workflows, and scale operations to meet evolving demands without compromising on quality. These partnerships not only address immediate needs but also lay the groundwork for innovation, operational resilience, and long-term growth.

Beyond addressing immediate pain points, these partnerships deliver measurable dividends in both cost and time, enabling organizations to optimize resource utilization, reduce operational overhead, and accelerate care interventions. Globalized outsourcing models further expand access to skilled talent pools and round-the-clock support, enhancing overall clinical operations.

Ultimately, outsourcing empowers healthcare organizations to refocus on delivering high-quality, patient-centered care. With the right strategy, partners, and models in place, outsourcing can drive meaningful change, ensuring healthcare enterprises are equipped to thrive in an increasingly complex and competitive landscape.

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