

WHITEPAPER

# Improving Efficiency<sup>™</sup> and Effectiveness with Accurate Patient Risk Stratification



Risk stratification has emerged as a critical cornerstone of effective population health management, enabling healthcare organizations to anticipate patient needs, personalize interventions, and manage costs more efficiently. The healthcare AI landscape is rapidly evolving. By 2025, **90% of hospitals are expected to use AI for early diagnosis and remote monitoring**<sup>[1]</sup>, reflecting a significant shift toward proactive care models.

This evolution highlights the growing reliance on AI-driven risk stratification to identify at-risk patients earlier and optimize care delivery. As the healthcare landscape continues its shift toward value-based care, the ability to accurately identify and prioritize at-risk populations is no longer a nice-to-have - it's essential.



The focus on accurate risk stratification as the “holy grail” of population health was the key theme at Innovaccer’s Xccelerate 2025 Conference. In a powerful session featuring Dr. Ed Clarke from Banner Health, Dr. Bill Gerard from Prisma Health, and Dr. Brian Silverstein from Innovaccer, industry experts shared their strategies for making risk stratification a strategic priority. The conversation emphasized the urgent need to move beyond one-size-fits-all care models, embracing proactive, tailored approaches that meet patients where they are.



What follows is a closer look at how leading healthcare organizations are shifting risk stratification from a behind-the-scenes analytics tool to a frontline asset. We’ll break down the core challenges, the shifts in mindset and infrastructure that are making a difference, and the practical strategies helping teams turn data into timely, actionable insight.

## Navigating The Real World Barriers Of Data Silos, Distrust, And Disconnected Workflows

The promise of risk stratification is clear: more proactive, personalized care. However, the path to realizing that promise is anything but straightforward. Many healthcare organizations know what they want to achieve, but are still wrestling with the realities of fragmented infrastructure, disconnected workflows, and operational fatigue. Turning risk stratification from a concept into a daily practice requires confronting some deeply embedded challenges head-on.

“I think right now today, everyone's doing the best they can with the information they have, but we're still, I'd suggest, a little bit at the infancy for doing risk stratification.”



**Fragmented Data:**  
The Foundation Problem



**Interoperability:**  
The Systems Don't Talk



**Trust Gap:**  
When Models Miss the Mark



**Strained Workforce:**  
The Human Bottleneck





### Challenge 1: The Hidden Cost of Fragmented Data

It's hard to build something when the foundation is scattered. One of the major hurdles is fragmented data. When patient information is spread across electronic health records (EHRs), claims systems, third-party vendors, and community platforms, creating a unified view becomes incredibly difficult.

Even when data is technically “available”, it is not always usable at the point of care. Risk models may be built on historical data, but clinicians need timely, actionable insights during patient encounters. If the outputs of those models aren't accessible or relevant at the moment care decisions are made, their impact remains theoretical.



### Challenge 2: Interoperability Gaps That Undermine Action

Even when the data exists, the tools to access and leverage it don't work together. Clinical teams and operational teams frequently work in parallel instead of being collaborative, leveraging different platforms that don't interact with each other. This lack of alignment breeds friction.

This disconnect becomes particularly evident when technology flags a patient as high-risk, but the physician disagrees based on first-hand knowledge. Without integrated workflows or shared language between humans and technology, data lacks interoperability, and risk scores feel like distractions, not support.



### Challenge 3: The Trust Deficit Between Models and Clinical Judgment

Trust is built on two things: understanding and involvement. When care teams don't understand how a model works, or weren't involved in shaping it, it's hard to trust what it tells them. The model's predictions seem disconnected from the real-world nuances of patient care, leaving the frontline teams skeptical.

Clinicians need transparency. It is not about just a number on the dashboard, but the clarity on how that number was generated and why it matters.



### Challenge 4: Workforce Strain as a Barrier to Adoption

Even the best models won't have an impact if no one has time or training to act on them. Many health systems are asking overburdened staff to adopt new tools and workflows without giving them the time, context, or support to succeed. The problem isn't resistance, it's capacity. As Dr. Bill Gerard noted, **“We're not dealing with a lack of will. We're dealing with a lack of organizational structure and process to do this well.”**

This drives the need for ongoing training, feedback loops, and two-way communication between clinical, operational, and data science teams.

These real-world roadblocks made it clear that implementing effective risk stratification needed organizational changes, not just technology modifications. It requires aligning people, processes, and priorities around a shared goal: getting the right care to the right patient, before it's too late.

# Building The Infrastructure For Scalable, Trustworthy Risk Stratification

If risk stratification is to be more than a dashboard metric, health systems need to redesign how it's built, implemented, and used.

**“Part of the challenge is we all have limited resources and so the key question is how do you deploy those to get the biggest effect?”**

**It all starts with the data.** Today's risk models can't rely solely on past claims and disease data. They need to extract multiple layers of information, from EHRs and pharmacy data to social determinants of health and patient-reported outcomes. However, this only works if that data is integrated and usable across the care journey.

🗨️ One of the clearest takeaways is that organizations must move beyond collecting data to truly operationalize it. At Prisma Health, that meant developing a three-tiered risk model with clear triggers and customized workflows. High-risk patients moved into case management, mid-risk patients were supported by community health workers, and lower-risk groups were monitored with light-touch approaches. “The model had to be built in a way that translated directly into the work of care delivery.” - **Dr. Bill Gerard**

**Another key ingredient is collaboration across clinical and operational teams.** Risk models were earlier built by technical teams and presented to physicians as a finished product, leading to skepticism and low adoption. Today, physicians and operational leaders are reshaping the model from the very beginning as co-creators. Dr. Clarke shared that physicians at Banner Health were directly involved in patient enrollment decisions to ensure the model aligned with real-world judgment.

**Equally important is ensuring that risk models are embedded into the care process itself.** Successful systems are those where the model output becomes a part of how care teams prioritize their day, whom they reach out to, and what kind of support each patient receives. It is only possible when the definitions of “risk” are co-developed across departments and when the outputs are delivered in a way that fits the flow of clinical work.

**Finally, the best models are not static, they are continuously learning.** Healthcare is constantly changing. Factors like population needs, local conditions, and even staffing capacity might change the definition of “risk” tomorrow. That's why feedback loops are essential. Organizations must create systems where clinical teams can provide real-time input into how the model is working and leverage that input to refine the model over time.

According to the World Economic Forum, a **6-point framework** is essential to scaling AI in healthcare: placing deliberate focus on integrating data, aligning public-private incentives, and delivering near-term benefits<sup>[2]</sup>. These transitions are necessary to move from concept to practice in risk stratification.

In brief, a strong risk stratification program isn't just about better algorithms. It's about building an ecosystem where data, workflows, and people are aligned around a shared definition of patient risk. And where care teams have the tools, context, and flexibility to act on it.



## Why AI Is A Tool, Not A Silver Bullet, For Risk Stratification

There is a growing belief in healthcare that Artificial Intelligence will somehow solve the most complex problems with a few lines of code. But when it comes to risk stratification, the reality is more nuanced and far more human.

**“It's not like all of a sudden there's going to be one innovation and that solves the problem. A lot of this is going to be very iterative.”**

AI surely can process massive volumes of data to flag early signs of risk faster and more comprehensively. When designed and deployed with care, AI can expand the field of vision for clinical teams without burning out their teams.

But the real-world implementation is messier. AI requires care, updates, and constant alignment with clinical reality. The staff needs to be trained on how the AI works, what it can and can't do, and when to trust its recommendations. They also need the right operational infrastructure to act on the AI's output. Teams need to understand how the models work, not just in theory but in the context of their daily operations. And organizations need to design processes that actually allow teams to act on the insights AI generates.

**Dr. Clarke from Banner Health shared a compelling example of this in practice:**



In one of the cardiology programs at Banner Health, recovering patients were asked to track their symptoms using a simple, web-based platform.

AI monitored these inputs continuously and acted as a smart filter, escalating only when something truly needed attention.

As Dr. Clarke explained, “the care teams didn't need to watch every patient constantly. They only got involved when something important happened.”

This small shift saved hours of manual triage and allowed clinicians to focus their energy where it mattered most.

The takeaway is clear: AI is not a single fix that will reshape population health management overnight. It is a series of smarter, well-integrated solutions that can collectively reduce friction, extend clinical capacity, and improve outcomes. But it only works when organizations stay committed to maintaining their models, listening to their teams, and evolving their operations along the way.

As Dr. Brian Silverstein summed up, **“With technology, you are going to see the ability to identify those things and then slowly keep piecing together these little incremental changes that are ultimately going to make a big difference.”**



# Scaling What Works: The Future Of Risk Stratification

Risk stratification must be treated as a living system that evolves and matures over time, instead of a static tool that is built and deployed once. Health systems wanting to see a lasting impact need to measure success by what truly matters, such as fewer emergency visits, better coordinated care, and a better experience for both patients and providers.

The Xccelerate 2025 session made one thing clear: real impact comes when risk stratification moves beyond the dashboard and into everyday decisions. In Banner's approach of involving care teams in patient enrollment decisions or Prisma's flexible tiering system, we saw that when frontline teams trust and understand the models, action naturally follows.

However, success doesn't stop with implementation. It requires ongoing collaboration across clinical, operational, and data teams. This work only succeeds when there is shared accountability. The tech teams need to monitor for bias and ensure all patient populations are represented in the data, and the clinical teams need to intervene wherever necessary.

↓ This is where Innovaccer plays a critical role. With its unified data platform and Risk Adjustment solution, Innovaccer helps organizations do more than just surface risk, it helps them act on it. It integrates clinical, financial, and social data into a single source of truth and embeds insights into clinical workflows. It ensures that stratification isn't just happening in a dashboard, it's informing real-time care.



AI's role in scaling proven care models is gaining traction. In fact, **63.8% of healthcare organizations have already allocated budgets for AI**. This financial commitment reflects AI's emerging role in care coordination, patient triage, and chronic disease management, especially in risk-based models.

Ultimately, risk stratification is a system-wide commitment to smarter, more proactive care. One built on collaboration, transparency, and the ability to continuously learn. That is the future that health systems should be building toward. And with the right foundation, it's already within reach.

**Ready to elevate your risk stratification strategy?** Innovaccer's Risk Adjustment Solution helps transform fragmented data into actionable insights, enabling more accurate stratification, proactive care, and better outcomes. Talk to us and see how your organization can turn risk into results.

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## Citations:

<sup>[1]</sup> AI Trends In Healthcare: 2025 and Beyond by Innovaccer.

<sup>[2]</sup> The Future of AI-Enabled Health: Leading the Way by World Economic Forum.





## About Innovaccer

Innovaccer activates the flow of healthcare data, empowering providers, payers, and government organizations to deliver intelligent and connected experiences that advance health outcomes. The Healthcare Intelligence Cloud equips every stakeholder in the patient journey to turn fragmented data into proactive, coordinated actions that elevate the quality of care and drive operational performance. Leading healthcare organizations like CommonSpirit Health, Atlantic Health, and Banner Health trust Innovaccer to integrate a system of intelligence into their existing infrastructure— extending the human touch in healthcare.

For more information, visit [innovaccer.com](https://innovaccer.com).

