Accenture Research Report

From healthcare dissonance to harmony

Scaling intelligent MedTech through data synchronization

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The healthcare data ensemble

In the medical technology (MedTech) industry, intelligence is becoming the primary source of differentiation. Value is no longer bound by product performance; instead, leading companies are using data from connected devices to inform clinical decision support, improve outcomes measurement, generate evidence for regulators and payers and strengthen long-term customer relationships.[1]

The challenge is getting to scale. The healthcare data ecosystem just wasn't built to accommodate the smooth, coordinated exchange that growing this kind of value requires. What's needed is a shared operating foundation for data. Developing it will require addressing four systemic barriers: regulatory uncertainty, uneven operational readiness, wariness toward external partners and differing definitions of value.

With coordinated action across MedTech organizations, providers and payers, it is possible. To get there, MedTech companies need to take the lead by orchestrating their actions across three levers: 1) **designing for predictability** by aligning data positions internally while collaborating across the ecosystem to shape common standards and policies; 2) **grounding value in measurable results**; and 3) **institutionalizing execution across partnerships** through repeatable engagement models. In this way, they will engage the ecosystem differently, compelling all parties to make data-enabled intelligence scalable, trusted and repeatable.

A snapshot of our research

Accenture conducted a mixed-method research program to understand how data access, governance and ecosystem dynamics are shaping the ability of MedTech organizations to scale data-enabled intelligence. The study draws on surveys of 120 senior decision-makers at US-based healthcare provider organizations and 60 MedTech executives across the United States and Europe, all with enterprise accountability for digital health strategy, data, technology or partnerships.

These quantitative insights are complemented by 35 in-depth C-suite interviews including MedTech, provider and payer executives conducted between July and September 2025. The research integrates these perspectives to capture how regulatory constraints, operational readiness, trust and value alignment influence real-world decisions on data sharing and collaboration.

Unless otherwise stated, all insights presented in this report are drawn from this combined research program. For further detail on methodology, respondent profiles and research design, refer to the “About the research” section at the end of this paper.

In the rest of this paper, we first examine the four barriers, offering takeaways for MedTech companies to tackle each one explicitly. Then we zoom in on the three levers that address the barriers collectively. Finally, we outline how C-suites can prioritize those levers based on their organization’s data-exchange maturity, so investment goes where it can unlock the greatest impact.

Sources of dissonance in data-driven care

Our research finds that each of the four barriers amplifies the others. Moreover, the barriers surface differently for three key actors—providers, payers and MedTech companies. These differences create dissonance across the ecosystem. That's why no single fix resolves the whole. Consider each in turn:

01 Regulatory and legal uncertainty

Regulatory and legal frameworks, designed to protect patient privacy and public trust, have become the primary constraint on effective data sharing across the healthcare ecosystem. Prolonged reviews, narrow approvals and inconsistent interpretations affect providers, payers and MedTech organizations differently, yet produce the same outcome: slower collaboration and stalled progress toward data-driven innovation.

For **providers**, regulation multiplies risk, slows decisions and restricts what can be shared. Regulatory requirements, including the Health Insurance Portability and Accountability Act (HIPAA),[2] state privacy laws, Institutional Review Board (IRB)[3] oversight and internal governance rules serve as the primary gateway for any external data request. Privacy and security concerns dominate these decisions, as provider CXOs consistently emphasize that if shared data is misused, the reputational and regulatory consequences fall squarely on them.

Our provider survey (**Figure 1**) underscores this dynamic. Almost all (97%) of provider CXOs ranked privacy and security concerns as the top barriers to sharing data with MedTech companies.

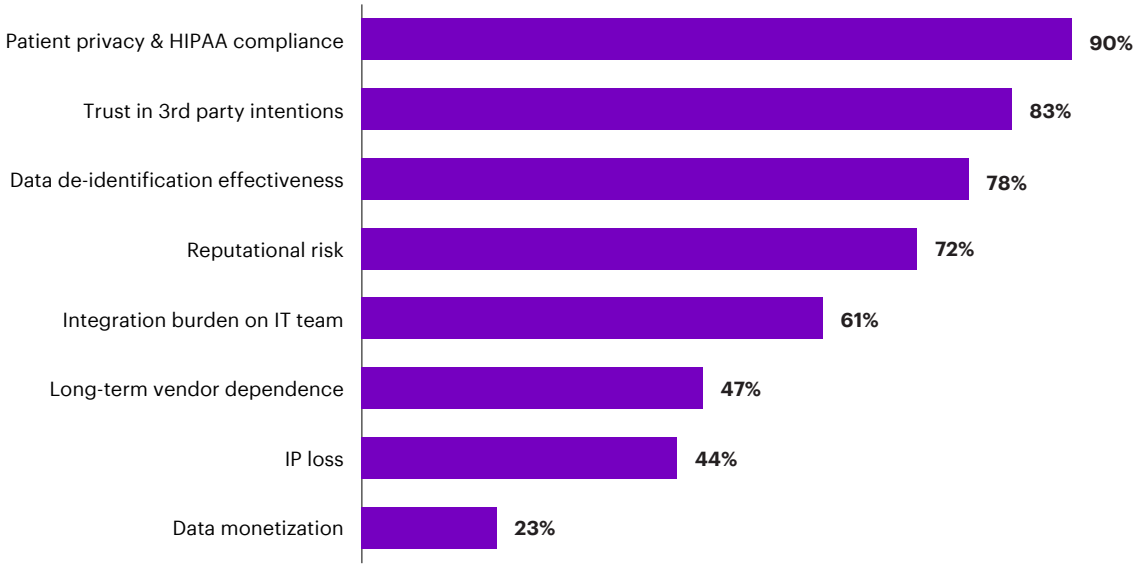
Figure 1: Top barriers to sharing health data with MedTech companies

Source: Accenture healthcare provider executive survey, 2025 (n=120)

Patient privacy, trust and confidence in data de-identification shape access decisions (**Figure 2**), and these concerns have intensified as cybersecurity risks across the industry have risen. In 2025, a new annual record was set with 772 large healthcare data breaches reported to the US Department of Health and Human Services, continuing a multi-year trend of escalating incidents and making cybersecurity risk inseparable from regulatory risk.[4]

> **We do not end up sharing a lot of data because of the complexities of the regulatory environment.**
>
> Chief Integration Officer, Top 20 U.S. Health System

Figure 2: Key factors influencing decisions around third-party data access requests



Source: Accenture healthcare provider executive survey, 2025 (n=120)

Nearly two-thirds of provider CXOs surveyed report rejecting data-sharing opportunities due to security or compliance concerns.

As a result, MedTech engagements face rigorous reviews by privacy, legal, security and governance teams, especially in large Integrated Delivery Networks (IDNs) and academic centers, where safeguards are most stringent. The risk is not always outright rejection. It is delay and deprioritization. By the time a determination is made, sponsors have moved on, priorities have shifted and the opportunity quietly expires, a failure of the process rather than an inherent flaw of the use case itself.

From a leadership perspective, MedTech partners that reduce perceived risk, shorten review cycles and present clear, standardized regulatory positions are most likely to succeed. Providers are not resisting collaboration; they are making defensible decisions in the absence of predictable guardrails.

Payers, for their part, operate within a densely layered regulatory environment that includes HIPAA, Centers for Medicare & Medicaid Services (CMS)[5] interoperability rules, state-specific Medicaid requirements, accreditation standards and strict contractual obligations to members.[6] This structure creates a highly risk-sensitive environment in which protection is inevitably prioritized over innovation. Any ambiguity around consent, secondary use, data residency or privacy interpretation quickly triggers conservative decisions.

> **Every request triggers a full compliance review. The risk of getting it wrong far outweighs the value of moving fast.**
>
> Former Chief Strategy Officer, Care Delivery Organization within a Top 10 U.S. Health Services Organization

Data requests move through carefully sequenced reviews across legal, compliance, privacy, security, procurement and actuarial teams to ensure alignment with statutory and contractual obligations. Additionally, some Medicaid programs prohibit data from residing outside the continental United States, further narrowing what payers can approve,[7] similar to restrictions on cross-border data transfers in other jurisdictions.[8]

Even de-identified data remains subject to scrutiny for re-identification risk or unintended downstream use, halting progress entirely until formal clarification is obtained. As a result, payer teams often default to extended review cycles or narrowed approvals, favoring certainty over experimentation.

Meanwhile, for MedTech companies, regulatory and legal barriers translate into longer timelines, higher compliance overhead and limited access to data required to build and scale digital and AI-enabled solutions. What should be repeatable execution becomes a series of one-off efforts, governed by different rules, interpretations and partner expectations.

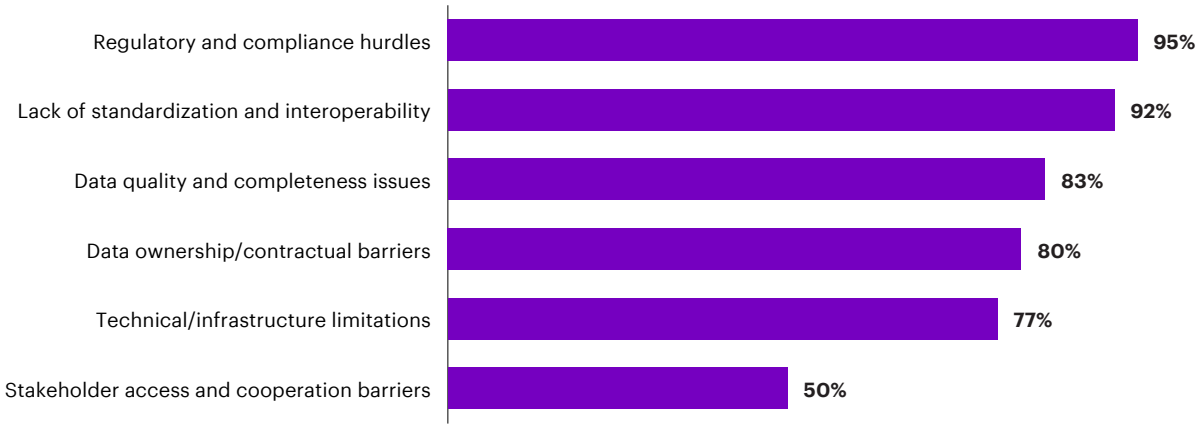
50%

of MedTech executives report difficulty accessing the data they need

Our MedTech CXO survey findings attest: Half of executives report difficulty accessing the data they need, requiring any data-dependent product to assume substantial lead time for regulatory enablement. This challenge is compounded by the nature of the data MedTech relies on. The majority of CXOs (89%) identify EMR/EHR[9] and patient-level data as critical to their solutions—precisely the data types that are tightly regulated and closely scrutinized by providers and payers.

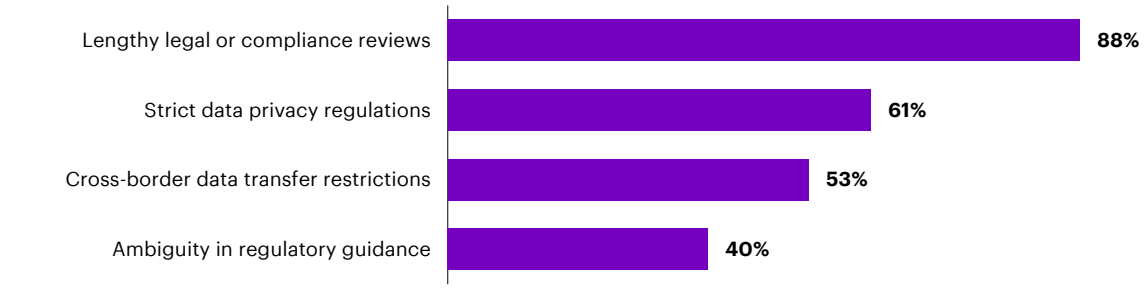
Regulatory and compliance hurdles rank among the most significant constraints on data access, cited by 95% of MedTech CXOs (**Figure 3**). For 88%, lengthy compliance reviews pose the greatest challenge, slowing data sharing and undermining scalability (**Figure 4**). These reviews assess permissible use, privacy risk, security controls and cross-border restrictions, often resulting in partner-specific requirements that complicate standardization and slow multi-site deployment. Global privacy regimes further increase complexity by requiring region-specific deployments and differentiated data-handling practices, as frameworks such as the EU's General Data Protection Regulation (GDPR) impose strict requirements on cross-border data transfers and secondary use.[10]

Figure 3: Top barriers to accessing health data



Source: Accenture MedTech executive survey, 2025 (n=60)

Figure 4: Most important regulatory/ compliance hurdles in achieving effective data access



Source: Accenture MedTech executive survey, 2025 (n=60)

At scale, this dynamic becomes a strategic tax. Without standardized regulatory positions and reusable compliance frameworks, each new partnership adds friction rather than momentum, raising marginal cost, extending timelines and slowing growth even as demand for data-enabled solutions accelerates.

Regulatory uncertainty sets the ceiling on what data can move, but even within that ceiling, most organizations lack the operational and technical foundation to move it effectively.

MedTech takeaway:
By treating regulatory predictability as an operating capability rather than a reactive exercise, leaders create the conditions to scale data-enabled intelligence with confidence. To tackle this barrier explicitly, MedTech leaders can:

- Set and enforce enterprise-wide positions on permissible data use, reuse and AI training, replacing partnership-by-partnership risk negotiation.
- Anchor data access and AI development to a small number of regulator-ready use cases, accepting less optionality in exchange for faster, repeatable approvals.
- Fund and govern regulatory readiness as shared growth infrastructure, rather than treating compliance as a back-office cost center.

02 Operational and technical alignment

Even when incentives align, operational and technical fragmentation limit what the healthcare ecosystem can execute.[11] Disparate systems, uneven technical maturity and inconsistent operating models create persistent gaps between partner expectations and organizational capabilities—slowing integration, constraining scale and dulling the impact of digital and AI-enabled solutions.

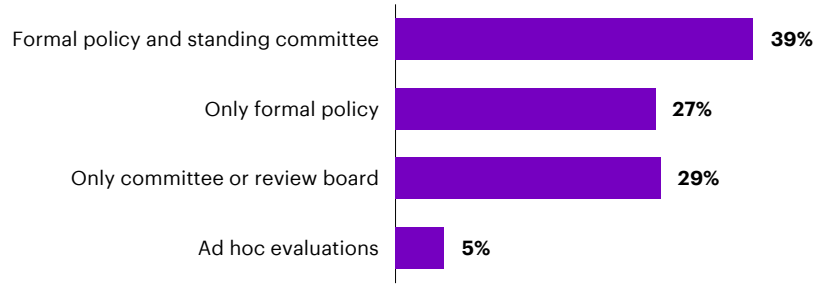
For **providers**, this barrier is especially acute. Among provider senior executives, 89% cite integration challenges with legacy systems as the primary obstacle to data access. Many organizations still rely on aging IT infrastructure, siloed data environments and limited integration capabilities, making even routine data exchange slow and resource-intensive.[12] Provider leaders emphasize that core systems, such as clinical, imaging, laboratory and operational platforms often lack interoperability, forcing manual workarounds that MedTech partners frequently underestimate.

In our experience, the scale of this fragmentation only becomes clear once work is underway. A MedTech partner will often assume that EHR integration enables cross-department data flow, only to find imaging, lab and operational data locked in separate systems with different interfaces and owners. What appears on the surface as a single integration point becomes manual extraction and reconciliation behind the scenes, stretching timelines and consuming scarce IT capacity.

> **We are not fully interoperable... it takes a lot of work just to get systems talking to each other**
>
> Chief Information Officer, Top 25 U.S. Health System

Most provider CXOs report having some structure in place to evaluate data access requests (**Figure 5**), yet 73% say their IT infrastructure is not prepared, slightly prepared or moderately prepared for future-ready interoperability (**Figure 6**). As a result, providers feel more comfortable supporting discrete use cases such as device integration or remote monitoring rather than advanced analytics, AI model validation or cross-site workflows that require integrated, high-quality datasets **(Figure 7**).

Figure 5: Presence of a formal structure to evaluate external data access requests

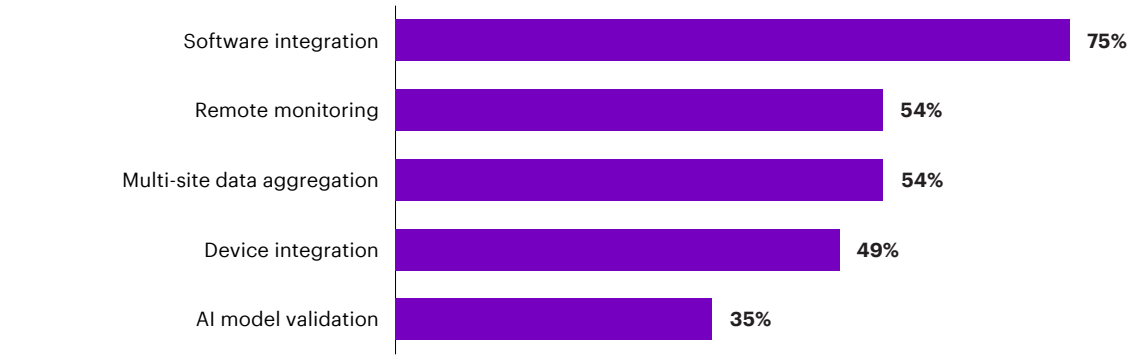


Source: Accenture healthcare provider executive survey, 2025 (n=120)

Figure 6: Preparedness of IT infrastructure to support future-ready interoperability

Source: Accenture healthcare provider executive survey, 2025 (n=120)

Figure 7: Extent of support for advanced data use cases from current interoperability framework



Source: Accenture healthcare provider executive survey, 2025 (n=120)

Inconsistent adoption of interoperability standards further compounds the challenge. Standards such as Fast Healthcare Interoperability Resources (FHIR) and Health Level Seven (HL7)[13] remain unevenly implemented across departments, facilities and patient populations, with Medicare following such standards more consistently than many commercial programs.[14] This fragmentation pushes MedTech companies toward customized, site-specific integrations rather than scalable connections. At the same time, lean and overstretched provider IT and data teams slow turnaround times even for straightforward requests, limiting both the speed and scale of digital-health partnerships.

For **payers**, operational and technical barriers stem from infrastructure shaped by years of incremental additions and acquisitions. Disparate data sources, inconsistent formats and limited interoperability make it difficult to respond quickly to external data requests or support modern, API-driven workflows.[15]

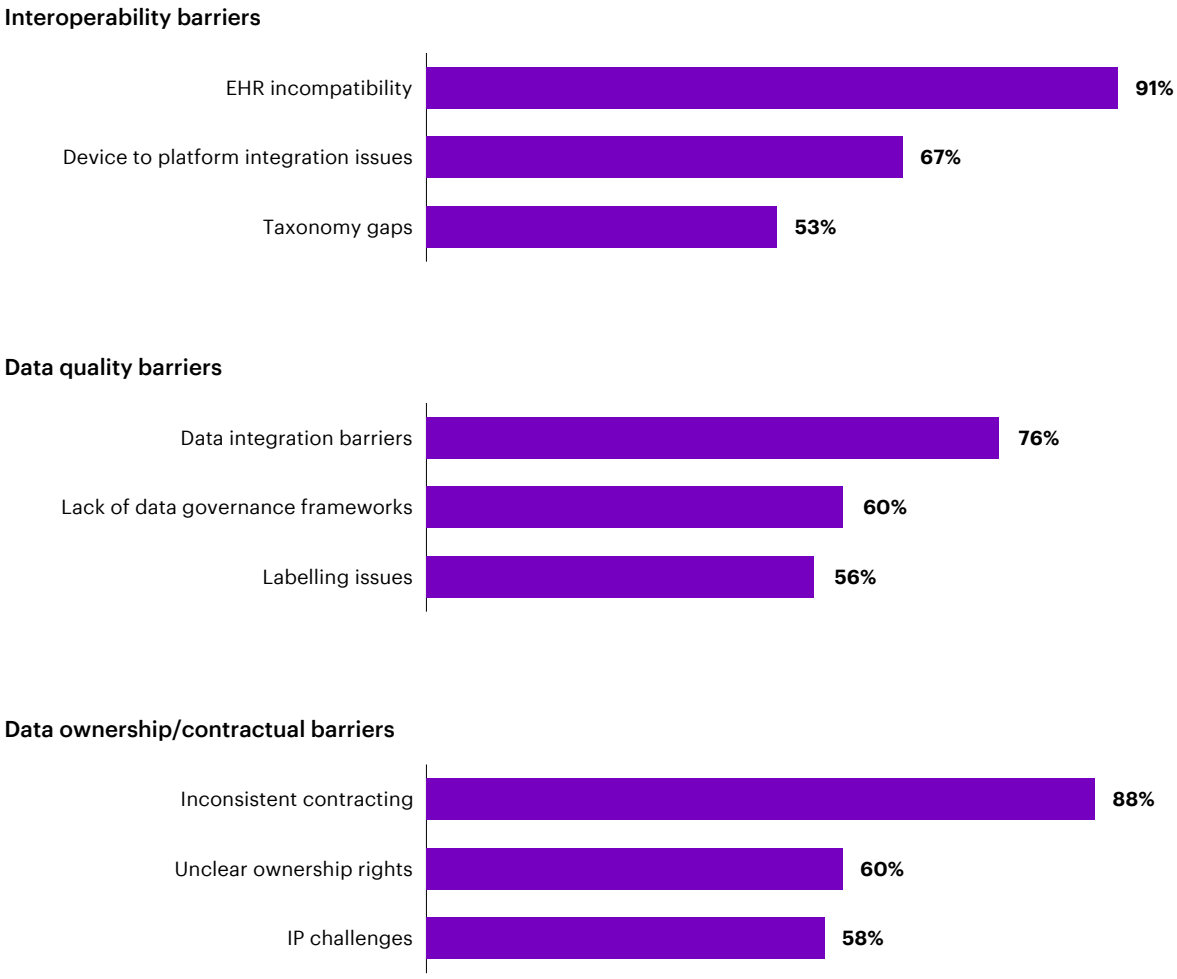
> **The data is not structured... you need a lot of mapping, and it is unmanageable without a structured approach.**
>
> Former Chief Procurement Officer, Top 5 U.S. Health Insurer

Capacity constraints further slow execution. Many payer organizations rely on small, overextended data and analytics teams that manually extract, validate and reconcile data across multiple systems. In many cases, delays reflect these operational bottlenecks rather than reluctance to collaborate.

Line-of-business fragmentation intensifies these challenges. While Medicare programs often operate with more mature interoperability standards, commercial and Medicaid portfolios remain highly variable, with inconsistent schemas, governance models and access controls. This variability limits enterprise-wide analytics and restricts real-time data use. Legacy systems also lack native support for continuous API-based exchange, leaving payers dependent on batch processes that slow timelines and fall short of MedTech expectations.

MedTech CXOs point to persistent data-quality challenges as major obstacles to developing reliable AI models and generating real-world evidence. Among them: integrating disparate sources, navigating inconsistent governance frameworks and addressing labeling and taxonomy gaps (**Figure 8**).

Figure 8: Top barriers to reliable, scalable data use

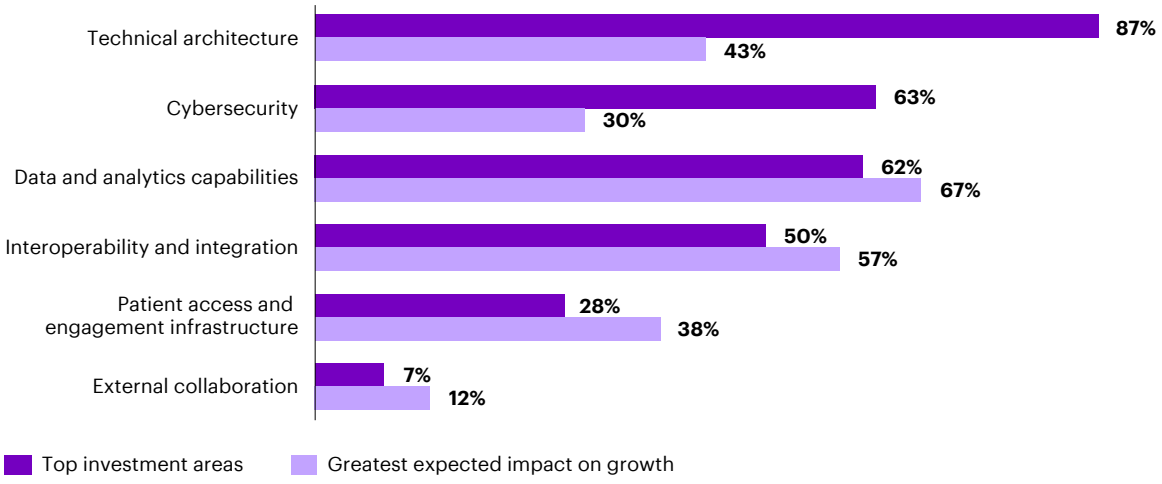


Source: Accenture MedTech executive survey, 2025 (n=60)

Interoperability challenges amplify these constraints. MedTech organizations routinely encounter inconsistent implementations of interoperability standards and incompatible EMR/EHR and device systems.[16] Approximately 91% of MedTech CXOs cite EHR incompatibility as an issue, according to our survey. Even when standards exist, integrations often require bespoke mapping and site-specific workflows, undermining scalability. Variability across hospital IT environments, with different EHR versions, integration tools and data configurations, even within the same system, adds further complexity.

These challenges reflect how MedTech organizations allocate capital. Our MedTech CXO survey (**Figure 9**) shows that over the next three years, investment will continue to favor technical architecture (87%), cybersecurity (63%) and data and analytics (62%). Yet CXOs expect the greatest growth impact from data and analytics capabilities (67%) and interoperability (57%). This gap reveals a pattern of investing in technology build while underinvesting in the operating capabilities required to scale.

Figure 9: Top investment priorities and areas with the greatest growth impact in the next three years



Source: Accenture MedTech executive survey, 2025 (n=60)

Internal fragmentation within MedTech portfolios compounds the problem. Disparate device platforms, APIs and data models limit unified intelligence across products and slow the development of integrated solutions. External misalignment across providers and payers adds further friction, as vendor-vetting processes, data-approval pathways and interpretations of permissible use vary widely. Together, these dynamics extend contracting cycles, trigger repeated governance reviews and increase the complexity of scaling integrations across organizations.

> **Every system requires a different process and different data… it's a lot of customization before anything can work.**
>
> Executive Vice President, Top 10 Global MedTech company

MedTech takeaway:
Leaders who treat interoperability and data as shared growth assets—and fund them as such—reduce friction, accelerate deployment and unlock compounding returns from data-enabled innovation. To tackle this barrier explicitly, MedTech leaders can:

- Shift interoperability and data readiness from project-based funding to core platform investment with clear executive ownership.
- Reduce reliance on bespoke, site-specific integrations in favor of standardized, extensible architectures.
- Invest ahead of demand in integration capacity, data quality and operational enablement to lower the marginal cost of scale.

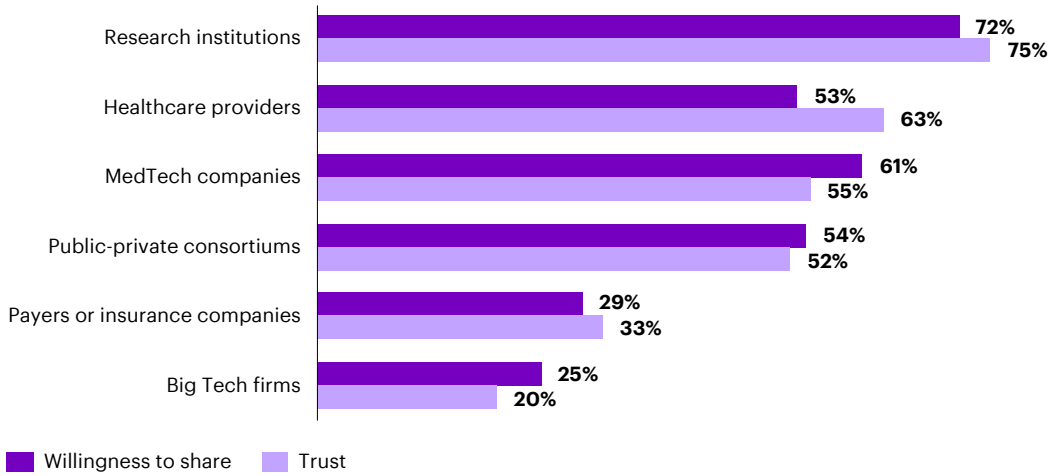
03 Limited trust and partnerships

Interest in data-driven collaboration is high, yet persistent trust gaps continue to slow progress. Providers, payers and MedTech companies broadly agree on the potential value of data sharing, but partnerships often stall when confidence in data stewardship, downstream use or partner intent falls short. These challenges reflect heightened sensitivity to reputational, regulatory and competitive risk as data becomes more valuable and more exposed.

For **providers**, trust remains one of the most significant barriers to data collaboration. Past breaches, opaque data practices and uncertainty around secondary use have driven a more cautious, risk-aware posture toward external partnerships. Even when technical capability exists, providers often assume they will bear the liability if data is misused, making trust a prerequisite at every stage of engagement.

Our provider CXO survey (**Figure 10**) reveals a clear trust gap: 61% of provider CXOs say they are willing to share data with MedTech companies, but only 55% believe it will be used appropriately. Providers trust MedTech more favorably than Big Tech, which is trusted by just 20%, largely because MedTech is already embedded in clinical workflows and hospital infrastructure. This position gives MedTech a relative advantage, but not a free pass.

Figure 10: Trust in external partners and willingness to share data with them



Source: Accenture healthcare provider executive survey, 2025 (n=120)

Willingness to share also varies by data type. Providers are more comfortable sharing lower-risk data, such as outcomes and registry data—including patient recovery, long-term outcomes and condition-specific registries or device-performance information, but hesitation rises sharply for sensitive information like patient-level data, where concerns about misuse, re-identification and downstream exposure are greatest.

Misaligned engagement further erodes trust. Providers report that MedTech firms often underestimate operational realities and the burden placed on IT, compliance and clinical teams. When proposals fail to reflect workflow, governance or risk thresholds, partnerships lose momentum early.

73%

of MedTech CXOs cite provider trust as a moderate to critical barrier

Payers assess trust through a dual lens of regulatory exposure and economic risk. Even de-identified data faces scrutiny for re-identification potential, competitive sensitivity and unintended downstream use. When data-use rights are ambiguous, governance models are unclear or the value proposition lacks precision, payers default to narrow approvals and heightened oversight.

This often results in constrained engagement rather than outright rejection. A payer may approve access to a limited dataset for a defined purpose, while explicitly prohibiting reuse, linkage or expansion. Each additional request, for example new variables, extended timelines or broader analytics can trigger renewed reviews, resetting the approval cycle and slowing progress.

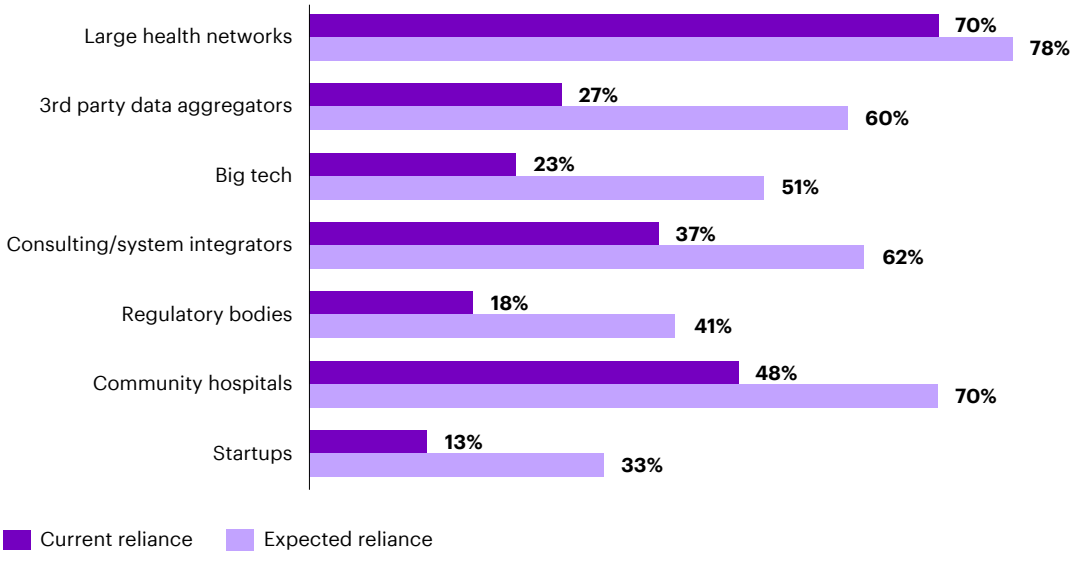
Trust weakens further when MedTech proposals do not specify outcomes, metrics and evaluation pathways. Without clear articulation of how data will be used, protected and translated into measurable cost or quality improvements, payers adopt conservative positions that limit scope or delay engagement.

For **MedTech** companies, trust challenges emerge most acutely through provider scrutiny. CIOs, compliance leaders and privacy teams increasingly demand detailed assurances around data protection, auditability and secondary use. Nearly 73% of MedTech CXOs cite provider trust as a moderate to critical barrier, underscoring how central this issue has become.

Trust concerns intensify when expectations around AI model training, data reuse or algorithm transparency are undefined. MedTech teams often discover late in the process that assumptions differ and what one provider considers acceptable secondary use, another views as out of scope. Without precise articulation of data flows and safeguards, providers narrow the scope or deny access altogether.

These dynamics are reshaping partnership strategies. As large provider systems become harder to engage at scale, MedTechs are diversifying their data-access models. As shown in **Figure 11**, while large health networks remain primary partners, their growth is modest (+11%). In contrast, collaborations with startups (+154%), regulatory bodies (+128%) and third-party data aggregators (+122%) are growing rapidly, signaling a shift toward more diversified, intermediary-driven models better suited for scale. Many MedTech leaders are also expanding partnerships beyond traditional US hospital systems to access more predictable pathways for data use.

Figure 11: Reliance on partnerships for data access: today vs. in three years' time



Source: Accenture MedTech executive survey, 2025 (n=60)

Collectively, these trust barriers require MedTech companies to work harder to establish credibility, define clear data-use boundaries and demonstrate consistent value. MedTech leaders must shift from bespoke trust negotiations to reusable trust architectures like standard governance models, consistent disclosures and repeatable engagement patterns that reduce friction across partnerships.

MedTech takeaway:
Leaders who treat trust as an enterprise capability—designed, standardized and auditable—are better positioned to build durable data partnerships at scale. To address this barrier explicitly, MedTech leaders can:

- Shift trust-building from relationship management to **institutionalized governance, with clear accountability, transparency and auditability**.
- **Standardize and document data-use boundaries**, including downstream reuse and AI-training practices, so expectations are explicit, defensible and repeatable across partners.
- **Invest in trust infrastructure**—security posture, controls, documentation and explainability—as a competitive differentiator, not merely a compliance requirement.

04 Value misalignment

Despite strong interest in digital and AI-enabled solutions, value misalignment continues to constrain collaboration across the healthcare ecosystem. Providers, payers and MedTech companies often agree on the promise of innovation but diverge on what success looks like, how it should be measured and who ultimately benefits. Lacking a shared value framework, data-sharing discussions quickly become contentious and transactional. Sometimes they stall altogether.

Providers view themselves as the primary stewards of clinical and operational data and expect meaningful, reciprocal value in exchange for access. Yet MedTech proposals often fail to translate improvements in care delivery or operations into a clear, measurable economic value case. Value must be targeted and grounded in real workflow needs rather than broad promises of innovation. For instance, a MedTech proposal may promise long-term learning or population-level insight, while provider leaders ask more immediate questions: Which workflow improves? Which teams save time? What burden is removed? When answers remain abstract, enthusiasm fades.

Providers consistently emphasize the importance of focused pilots that minimize internal burden and demonstrate tangible improvements in clinical outcomes or staffing pressures, such as automating routine data capture that reduces nursing documentation time, streamlining post-procedure monitoring workflows, or helping care teams prioritize attention without increasing staffing requirements. To access provider data, MedTech companies must align their value narratives, use cases and pilot designs with provider priorities, demonstrating clear, reciprocal benefit for the data being exchanged.

> **They come with a view of 'we need all your data' and haven't thought through what they actually need.**
>
> Chief Integration Officer, Top 20 U.S. Health System

Payers view their data as a strategic asset tied directly to financial performance and member trust. As a result, data-sharing and adoption decisions hinge on measurable impact to cost, quality metrics and Star Ratings, not on innovation alone.[17] When solutions fail to connect outcomes to these measures, even clinically compelling ideas struggle to advance.

Payers also operate within incentive structures that prioritize financial predictability and risk management, backing initiatives that clearly support value-based care strategies. Solutions that emphasize novel technology without demonstrating performance against payer-relevant KPIs quickly lose momentum.

In addition, payer teams expect structured pathways from pilot to scale, with early, quantifiable results and a well-defined evaluation approach. When the operational details, data requirements or success metrics are unclear, internal reviews slow down, reflecting payers' expectation that any release or use of member-level data must be justified. Collaborations advance only when the value case is well defined, evidence-backed and closely aligned to payer priorities in cost containment and member outcomes.

MedTech leaders must design solutions and evidence plans that speak directly to payer economics, making ROI explicit and measurable rather than assumed.

For **MedTech** companies, value misalignment stems from two related realities: ecosystem partners define success differently and they value data differently. Providers prioritize workflow relief and clinical efficiency; payers focus on measurable cost, quality and utilization outcomes; patients seek usability and continuous support. MedTech firms often struggle to reconcile these competing expectations in a coherent value story.

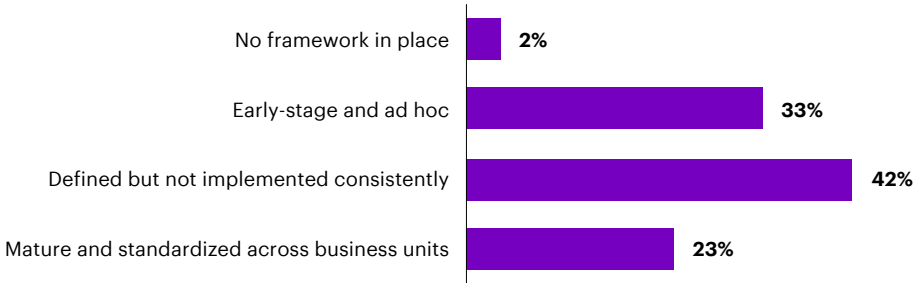
This challenge intensifies in emerging digital categories, such as continuous monitoring, predictive algorithms, agentic AI systems and software-based interventions, which sit in regulatory and reimbursement gray zones. Inconsistent or unclear payment pathways often require bespoke evidence packages to satisfy both regulators and payers, making it difficult for MedTech companies to articulate predictable value or scale promising solutions.

> **The biggest challenge that holds back the digital health space is market access and reimbursement. It's not the clinical data.**
>
> Former Chief Strategy Officer, Care Delivery Organization within a Top 10 U.S. Healthcare Organization

External misalignment, however, is only part of the problem. Many MedTech organizations lack the internal governance and decision frameworks needed to articulate value consistently across the ecosystem.

Only 23% of MedTech CXOs report having a mature, enterprise-wide governance model, leaving most companies reliant on fragmented or inconsistently applied practices (**Figure 12**). This fragmentation weakens external value narratives and complicates internal alignment around evidence generation, safeguards and data reuse.

Figure 12: Maturity of internal data governance framework



Source: Accenture MedTech executive survey, 2025 (n=60)

MedTech takeaway:
Leaders who treat value definition as a core strategic discipline—grounded in measurable outcomes and stakeholder-specific economics—unlock faster decisions and more durable scale. To address this barrier explicitly, MedTech leaders can:

- Position data as a shared economic asset, rather than an input to innovation.
- Define value explicitly and differently for providers, payers and patients, moving away from a single, generic narrative.
- Tie data access, evidence generation and commercialization to clear economic outcomes, not just technical performance.

Harmonizing across the ecosystem

The three levers identified in our research—design for predictability, ground value in measurable results and institutionalize execution across partnerships—create the conditions needed for durable data partnerships and scalable AI- and data-enabled innovation.

Figure 13 translates these levers into specific actions, providing a practical path from fragmentation to orchestration.

Figure 13: Three levers to reset the data foundation

Build a predictable regulatory foundation for scale	Align around value outcomes that matter	Institutionalize execution across partnerships
• Regulatory compliance alignment • Data structure consistency beyond Medicare • Redefine data ownership • Government-sponsored shared datasets	• Value-based framework anchoring • Stakeholder-centric value definition • Stakeholder education on MedTech value objectives • Third-party data brokerage • Risk-based partnership models	• Top-to-top engagement and unified messaging • Flexibility with provider and payer ecosystems • Trust through recognized standards • End-to-end approach definition • Standardized legal agreements • Evidence-backed value story • Executive-level co-creation

Source: Accenture analysis

Lever 1:

Build for predictability

MedTech organizations are often compelled to optimize for individual deals rather than enterprise scale. To break the pattern, MedTech leaders must design for predictability, not perpetual negotiation. That begins with establishing clear, enterprise-wide positions on data use, reuse, de-identification, cross-border handling and AI model training. Too often, these positions shift by various factors extending approval cycles and producing inconsistent outcomes. Standardized, defensible positions reduce uncertainty for providers and payers, shorten reviews and enable repeatable execution. The trade-off is less flexibility in individual deals; the payoff is faster deployment, fewer stalled pilots and greater credibility at scale.

Predictable scale also requires confronting fragmentation in data structures and interoperability head-on. Standards such as FHIR and HL7 remain unevenly implemented not because solutions are lacking, but because MedTech organizations continue to accommodate variability through bespoke integrations. Internal fixes alone cannot solve this problem. Leaders must set the standard internally and advocate for its adoption externally, aligning markets and policymakers around scalable, extensible data structures. That means limiting tolerance for one-off integrations that fall outside the enterprise interoperability strategy and investing in reusable data and API[18] layers that reduce marginal integration costs over time.

Radiology offers a clear precedent. Digital Imaging and Communications in Medicine (DICOM)[19] has enabled predictable data exchange, multi-site workflows and scalable analytics precisely because the industry constrained variability. Replicating that discipline across other clinical domains will require resolve, and it is essential for scaling digital and AI-enabled solutions. Standardizing the core does not mean abandoning providers with legacy systems; it means binding legacy integration so complexity does not compound. Fewer early wins may follow, but the long-term cost curve improves as scale becomes achievable.

Finally, MedTech leaders must move beyond partnership-by-partnership negotiations over data ownership and use. Unclear expectations around reuse, transparency and AI training remain a persistent source of friction. These issues cannot be resolved unilaterally. Leaders need to convene providers, payers, policymakers and regulators around shared, cross-enterprise frameworks that define rights, responsibilities and safeguards. Standardized disclosures that clarify data flows upfront, product designs that support patient-directed data sharing and active participation in regulatory sandboxes and initiatives such as the Trusted Exchange Framework and Common Agreement (TEFCA)[20] all enable validation at scale.

Some barriers extend beyond industry control. Policymakers play a critical role by clarifying and consistently implementing existing rules, not by adding new ones. Harmonized interpretations of privacy requirements, usable interoperability standards and clear guardrails for AI training and data reuse allow providers to share data with confidence, payers to evaluate partnerships efficiently and MedTech companies to invest ahead of revenue without absorbing unbounded regulatory risk.

Ultimately, scaling AI in MedTech requires more than better technology. The real demands are regulatory predictability, disciplined governance and sustained engagement with policymakers.

> Organizations that build these foundations are more likely to scale faster and at lower cost than those that continue to negotiate access one deal at a time.

Lever 2:

Ground value in measurable results

Providers, payers and MedTech companies pursue different objectives—clinical outcomes, operational efficiency, financial performance and patient experience—and they often judge the same data-sharing effort through entirely different lenses. Without a shared value language, even well-designed solutions struggle to move beyond pilots.

Providers assess value through workflow relief, clinical efficiency and operational feasibility. Payers focus on cost, utilization, quality metrics and financial predictability. MedTech leaders must ensure their teams articulate distinct, stakeholder-specific value propositions, grounded in outcomes that matter to each audience. Frameworks such as the Quadruple Aim can help establish a shared reference point, but clarity requires discipline.[21] Leaders must trade flexibility in framing for credibility, speed and alignment.

Once the value is clear, data access and evidence generation must tie directly to those outcomes. Every data request, pilot and evidence plan should connect clearly to defined provider and payer outcomes, specifying what data is needed, how it will be used and how success will be measured. Evidence should validate value, not merely demonstrate technical performance.

This approach reduces governance friction and accelerates progress from pilot to scale. It also requires restraint. Teams gain less latitude to explore data opportunistically, but they gain faster approvals, clearer expectations and greater confidence from partners.

Value alignment must also become visible and comparable. Leaders should invest in mechanisms that allow providers and payers to observe real-world clinical, operational and economic impact within existing workflows. Consistent EHR integration reduces operational burden and makes performance observable at the point of care. Participation in third-party validation frameworks or consortium-led exchanges can further standardize measurement and enable independent assessment. The goal is to make value defensible.

Clear value narratives open the door to new commercial models. Shared savings arrangements, performance guarantees and milestone-based contracts align economics with outcomes and shift conversations from price to partnership. The model is already delivering results at scale — shared savings programs in the US Medicare system generated a record $2.5 billion in savings in 2024, demonstrating that outcome-aligned commercial models produce measurable financial returns at scale.[22] As scrutiny around cost, quality and accountability intensifies, tolerance for vague or assumed value continues to shrink.

> Organizations that institutionalize value clarity will move faster from experimentation to scale.

Lever 3:

Institutionalize execution across partnerships

Even with regulatory clarity and value alignment, data-sharing initiatives often stall in execution. Unclear pilot structures, inconsistent legal terms, variable cybersecurity expectations and fragmented communication create friction that erodes momentum. To scale, MedTech organizations must treat execution as a repeatable operating capability, not an ad hoc process.

Effective engagement begins with consistency. Providers and payers should experience a single, coherent MedTech posture rather than fragmented conversations shaped by product lines or individual relationships. Leaders must align executive messaging, value articulation, data-use positions and security commitments across the enterprise. Standardized governance documentation and recognized security frameworks such as HITRUST[23] reduce repetitive reviews and signal durability, even if they constrain local autonomy.

Scale also depends on repeatable collaboration models. Leaders should invest in structured, end-to-end engagement approaches that define objectives, data requirements, timelines and decision milestones from the outset. Standard legal agreements, adaptable contracting templates, clear pilot-to-scale pathways and maturity-based playbooks reduce negotiation burden and create predictable progress from interest to implementation.

Execution must also account for partner realities. Providers and payers consistently cite operational burden as a barrier. MedTech organizations need to support multiple data exchange pathways, clearly define minimum data requirements by use case and adapt to partners' digital maturity without allowing complexity to spiral. Consistent cybersecurity profiles and expectations further reduce friction by limiting repetitive assessments.

Partnerships scale when value is transparent and jointly governed. Leaders should hold digital and AI-enabled solutions to evidence standards comparable to traditional MedTech products, requiring demonstrated clinical, operational and economic impact.

> Executive-level co-creation models reinforce this discipline by embedding shared priorities into joint roadmaps and aligning incentives around outcomes rather than activity.

Where to start

Not all MedTech segments will apply these levers in the same way.

Data landscape maturity varies widely across the industry, from segments still navigating basic contracting and access challenges to those grappling with value alignment and data ownership at scale. As a result, a segment's maturity level shapes not only its constraints, but also the strategic sequence in which leaders must apply these levers (Figure 14).

Figure 14: Organizations face tactical issues in the early stages of the maturity, technical challenges at mid-stage, and ultimately to value misalignment in the later stages

Maturity	Early	Medium	Late
Representative segment examples	• Surgery 29%	• Cardiovascular (38%) • Diagnostics (41%) • Clinical lab (53%)	• Imaging (provider survey shows 67% secure integration)
Key issues/ barriers	• Contracting and access	• Interoperability challenges • Integration costs • Inconsistent standards	• Value misalignment • Ownership disputes • ROI expectations
Strategic implication for MedTech firms	• Focus on building initial trust • Standardize master service agreements (MSAs) and terms and conditions (T&C) • Negotiate access rights • Develop repeatable play in terms of the model, approach, etc.	• Invest in internal governance frameworks • Scale partnership selectively	• Emphasize value-sharing model • Prioritize depth over breadth in partnership strategy

Note: Healthcare provider executive survey: Secure data access and integration by department (%)

Source: Accenture analysis

Consider: Organizations at an **early stage**, including surgical device companies, where only 29% of providers report secure integration with external partners, face primarily tactical barriers around contracting and data access. For them, Lever 1 is the priority: establishing the regulatory and legal foundations that make any data exchange possible at all.

Those at **mid-stage**, largely cardiovascular, diagnostics and clinical lab segments, have moved past basic access but are constrained by interoperability challenges, integration costs and inconsistent standards. Lever 3 becomes critical here: institutionalizing execution so that partnerships scale beyond individual sites.

Companies at a **late stage**, where provider integration is relatively mature such as imaging and oncology, are primarily wrestling with value misalignment and ownership disputes. Lever 2 is where they will generate the most traction: sharpening stakeholder-specific value propositions and tying data access explicitly to measurable economic outcomes.

The sequence matters because applying the wrong lever at the wrong stage wastes capital and credibility. Leaders who correctly diagnose their maturity position can move faster, invest more precisely and avoid the common trap of building sophisticated value frameworks on foundations that are not yet solid enough to support them.

A foundation for shared growth

MedTech's shift toward AI- and data-enabled growth no longer hinges on technical feasibility. Leadership decisions now determine whether the industry can scale intelligence responsibly and predictably across a fragmented healthcare ecosystem.

The bottleneck is not algorithms; it is whether leaders choose to make the capital and operating commitments required to design, coordinate and sustain scale. System-wide harmony does not emerge organically in healthcare; it is designed, funded and governed by leadership.

Decisive leaders will redirect capital away from bespoke integrations, ad hoc compliance efforts and one-off pilots toward shared regulatory readiness, standardized data structures, evidence generation tied to economic outcomes and repeatable engagement infrastructure. These investments may not map neatly to individual product P&Ls, but the potential win for the enterprise and the ecosystem is far greater. The cost of inaction is already clear. Organizations that continue to fund customization over standardization, innovation narratives over outcome proof and relationship-driven execution over scalable models make each new partnership harder, slower and more expensive than the last. AI initiatives remain trapped in pilots, regulatory reviews lengthen and reliance on intermediaries that control data access grows.

> What comes next requires coordinated leadership across the ecosystem.

For MedTech leaders, the mandate is to lead with value. That means building the governance, evidence and engagement models that make data collaboration repeatable and investing ahead of the market in capabilities to differentiate leaders from followers. MedTech's future advantage depends on its ability to navigate and shape the environment in which those algorithms operate, as much as on the algorithms themselves. Scaling AI in MedTech now hinges on leadership decisions as much as on technology capability.

For policymakers, the imperative is to modernize and harmonize regulatory foundations so responsible data sharing becomes predictable and scalable. Clarity in existing regulations will unlock innovation far more effectively than additional ones. For providers and payers, the opportunity is to shape the next generation of data partnerships by defining the outcomes that matter most and engaging early with partners who can deliver measurable clinical, operational and financial impact.

If each group moves decisively, intelligent MedTech can move from aspiration to operating reality. The result will be a healthcare system that sings from the same dataset, that is more proactive, more personalized and more resilient than what exists today.

How Accenture can help

Scaling data-enabled intelligence in MedTech is not solely a technology challenge. It is an organizational and ecosystem challenge that requires expertise across strategy, data architecture, regulatory compliance, cybersecurity and commercial model design. Accenture works with MedTech leaders to translate the three levers outlined in this report into concrete, executable programs that help companies move from fragmented pilots to repeatable, scalable data collaboration. Our work across MedTech companies, providers, payers and the broader healthcare ecosystem positions us to bring these parties together around shared value and orchestrate the capabilities and partnerships needed to scale.

Building a predictable regulatory foundation.

Accenture helps MedTech organizations replace deal-by-deal regulatory negotiation with enterprise-wide positions that enable scale. Drawing on deep expertise in FDA, HIPAA, EU MDR/IVDR and global privacy frameworks, we work with clients to establish standardized data-use policies, reusable compliance frameworks and AI governance structures that reduce partner review cycles and increase deployment predictability. Our Digital Core practice helps clients build interoperable data and platform architectures—including FHIR-aligned integration layers and AI-ready data foundations—that make standards-based data exchange achievable across provider and payer ecosystems.

Aligning around value outcomes that matter.

Accenture's CEO Advisory and Commercial practices help MedTech leaders build the stakeholder-specific value frameworks that replace generic innovation narratives with evidence-backed propositions grounded in provider, payer and patient economics. We support clients in defining the use cases, success metrics and evidence generation plans that connect data access to measurable clinical and financial outcomes and design outcome-aligned commercial models, including shared savings arrangements and performance-based contracts, that make those outcomes credible to partners.

Institutionalizing execution across partnerships.

Accenture helps MedTech organizations make engagement predictable and repeatable at scale. We bring structured partnership models — including standardized Data Usage Agreements, cybersecurity frameworks aligned to HITRUST and maturity-based pilot-to-scale playbooks — that reduce the negotiation burden on providers and payers and compress the time from first conversation to implementation. Our cybersecurity practice helps clients build the security posture and trust infrastructure that increasingly serves as a prerequisite for data partnership at scale.

About the research

Healthcare provider executive survey

Accenture surveyed 120 senior decision-makers at US-based healthcare provider organizations with annual revenues of $1 billion or more to gain perspective on current barriers, priorities and opportunities related to data access and governance. Respondents were leaders with direct accountability for digital health strategy, data, technology or partnerships, providing insight into the operational and regulatory factors shaping scalable, trusted data collaboration across the healthcare ecosystem. The survey was conducted in August 2025.

Types of organizations surveyed

Hospital systems	(50%)
Academic research institutions	(50%)

Countries surveyed

US

Roles represented

IT Department Heads (cardiovascular, surgery, imaging/radiology, clinical laboratory, diagnostics)

Chief Medical Officers (Clinical Research)

Chief Nursing Officers

Chief Compliance Officers (CCOs)

Chief Financial Officers (CFOs)

Chief Information Officers (CIOs)

Chief Technology Officers (CTOs)

Chief Strategy Officers

Chief Operating Officers (COOs)

MedTech executive survey

Accenture surveyed 60 senior decision-makers at US and European MedTech organizations to gain perspective on current barriers, priorities and opportunities related to data access and governance. Respondents were leaders with direct accountability for digital health strategy, data, technology or partnerships, providing insight into the operational and regulatory factors shaping scalable, trusted data collaboration across the healthcare ecosystem. The survey was conducted in August 2025.

Countries surveyed

US	(60%)
Europe	(40%)

Roles represented

IT Department Heads (cardiovascular, surgery, imaging/ radiology, clinical laboratory, diagnostics)

Chief Medical Officers (Clinical Research)

Chief Nursing Officers

Chief Compliance Officers (CCOs)

Chief Financial Officers (CFOs)

Chief Information Officers (CIOs)

Chief Technology Officers (CTOs)

Chief Strategy Officers

Chief Operating Officers (COOs)

To complement the research, Accenture conducted in-depth interviews with 10 senior provider executives, 10 payers and 15 MedTech executives between July 2025 and September 2025. All participants held roles with enterprise accountability for digital health strategy, data governance and access, technology platforms or ecosystem partnerships. The interviews were structured to move beyond generic references to “data access challenges” and surface how these issues play out in real operating decisions, including where perspectives diverge across providers, payers and MedTech companies. Discussions focused on strategic priorities, regulatory and operating-model constraints, partnership economics and leadership choices required to enable scalable, trusted data exchange and accelerate the adoption of AI-enabled and connected care solutions.

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18. An Application Programming Interface (API) is a set of rules and protocols that enables different software applications to communicate, exchange data, and share functionality.

19. Digital Imaging and Communications in Medicine (DICOM) is the international standard for handling, storing, printing, and transmitting medical imaging information.

20. Trusted Exchange Framework and Common Agreement (TEFCA)—a government-sponsored nationwide framework designed to eliminate point-to-point integrations and enable scalable health information exchange across disparate networks.

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About Accenture

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