Microdosing

Why the Future Belongs to Platforms, Plug-Ins, and Stacks

Why platforms, platform-aligned solutions, and upgrade portfolios are replacing standalone products

Jared Johnson, Paul Schrimpf

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Healthcare is entering a phase where the economics of growth have fundamentally changed. The companies scaling fastest are not launching more features, more products, or more narrowly defined point solutions. Instead, they are making a different kind of investment by building platforms designed for reuse.

These are not platforms as a branding flourish or aspirational label. They are platforms in the structural sense, built on shared infrastructure, common workflows, unified data layers, and operating logic that can support many services with minimal incremental cost. As this shift accelerates, the market is drawing a sharper distinction between three roles: companies selling platforms, companies selling capabilities that clearly plug into platforms, and companies positioning themselves as part of a coordinated portfolio of upgrades, often described as stacks.

What is becoming far less viable is a fourth option. Selling an isolated product without explaining how it fits into a larger system is increasingly difficult to justify.

From Standalone Products to Reusable Infrastructure

For years, healthcare innovation followed a familiar pattern. Companies identified a discrete problem, built a solution, sold it, implemented it, and then moved on. Each new capability introduced a new vendor, a new workflow, new integrations, and new change-management demands. Scale was possible, but it was slow, expensive, and operationally fragile.

What has changed is not demand for innovation, but expectations around reuse and composability. Buyers increasingly ask whether a solution strengthens their core infrastructure or adds another layer of complexity. As one health system leader put it during a discussion on scaling care models, “Every time we add a tool that does not talk to anything else, we are just creating more work for ourselves later.”

Joe Brennan of TytoCare captured this shift succinctly when he said, “The value is not the device. The value is that the same workflow works in homes, schools, and clinics.” He followed with a line that quietly reframes the entire growth model: “If the workflow scales, the business scales.” In this framing, individual tools matter less than the system that makes them repeatable.

The same logic appears in chronic care ecosystems. Oren Nissim of Brook Health described the challenge bluntly: “You cannot keep launching new services if you do not have foundational rails underneath them.” He went on to explain that those rails include data integration, escalation logic, communication workflows, billing structures, and shared operational processes. Without them, every new service becomes a one-off project rather than a scalable capability.

Shweta Maniar of Google Health reinforced this idea from a broader digital perspective, noting, “The best systems are built once and reused everywhere.” Her point was not about technical sophistication, but about discipline. Innovation cost is driven less by what you build and more by what you are forced to rebuild. A platform approach, at its core, is a commitment to reuse.

Financial Impact: How Platforms Change the ROI Equation
The most immediate advantage of platform approaches is financial leverage. Platforms convert a one-time implementation into a recurring source of value across multiple services and populations. Instead of evaluating ROI on a per-solution basis, organizations begin evaluating ROI at the infrastructure level.

Across remote monitoring, home diagnostics, virtual care, and risk-bearing primary care, the pattern is consistent. A single operational backbone can support hypertension management, COPD monitoring, post-operative follow-ups, pediatric triage, employer health programs, and oncology survivorship. As one executive described it, “We stopped buying programs and started buying capabilities.”

This shift produces a fundamentally different return profile. Each additional service compounds the return on the original investment, while the marginal cost of expansion drops sharply. Capital becomes more efficient not because technology is cheaper, but because it is reused.

This dynamic is increasingly visible in how CFOs talk about investment risk. As one guest noted during a discussion on scaling virtual care infrastructure, “I am much more comfortable funding something that can support five future use cases than something that only solves one problem today.” Platforms create multiple ROI pathways from the same spend, while point solutions tend to peak quickly.

For companies that are not platforms themselves, this changes the selling motion. The burden shifts to explaining how a solution accelerates platform value rather than competes with it. Products that clearly plug into an existing platform or strengthen a shared data layer are easier to justify than those that stand alone.

Operating Model Simplification at Scale
Platform approaches are equally powerful on the operational side. Healthcare organizations often run dozens of parallel workflows tied to different vendors, specialties, and care models. Training multiplies, data fragments, and change-management fatigue sets in. Over time, reliability suffers.

Platforms reverse this dynamic by consolidating the operating model. When services run on shared infrastructure, training becomes standardized, escalation logic becomes consistent, and data flows become predictable. As one leader involved in scaling hospital-at-home programs explained, “The moment we standardized the workflow, everything else got easier.”

This theme appears repeatedly in conversations about virtual nursing, tele-mental health, and hybrid care models. Horizontal infrastructure reduces cognitive load while increasing execution reliability. In this sense, platform approaches are not just a technology strategy. They are an operating discipline.

This is also where stacks begin to matter. Many organizations are not buying a single platform in one move. Instead, they are assembling a coordinated portfolio of upgrades that modernize access, care delivery, engagement, and analytics together. Solutions that position themselves as part of a coherent stack perform better than those that force organizations to manage yet another silo.

Revenue Expansion Without Rebuilding the Business
Platforms enable faster revenue expansion because they reduce the cost of experimentation and extension. When infrastructure already exists, growth becomes an exercise in redeployment rather than reinvention.

A metabolic care program can be launched on top of existing workflows. Behavioral health navigation can ride on established triage rails. Employer wellness offerings can be added without reworking data models. Care-at-home programs can extend into schools, senior living communities, and rural settings with minimal incremental investment.

Joe Brennan returned to this point when describing expansion strategy, saying, “If a workflow works in one place, we can take it everywhere.” That statement explains why platform companies scale faster. Growth comes from applying the same capability in new contexts rather than building something new each time.

This is where the distinction between platforms and plug-ins becomes critical. Platforms monetize by enabling breadth. Plug-ins monetize by increasing platform utility. Stacks monetize by coordinating upgrades across multiple domains. What consistently fails is a product that requires its own implementation, its own workflows, and its own justification every time.

Strategic Optionality in a Constrained Environment
The most under-appreciated benefit of the platform approach is strategic optionality. Point solutions solve today’s problem. Platforms and platform-aligned ecosystems create flexibility for tomorrow.

Healthcare leaders are operating in an environment defined by reimbursement pressure, workforce shortages, regulatory uncertainty, and shifting consumer expectations. In that context, optionality matters more than precision. As one executive put it, “We do not need to know exactly what the next model will be. We need to know we can support it when it arrives.”

Platforms reduce integration debt, compress implementation timelines, and make capital investments safer. They allow organizations to move into new populations, new partnerships, and new care models without starting from scratch. For vendors, this raises the strategic bar. If you are not selling a platform, you must clearly articulate how you strengthen one or accelerate a broader modernization effort. It is not a single thing; it is an operating strategy.

The New Market Test

The conclusion is becoming unavoidable. Standalone point solutions are losing relevance not because they lack value, but because their economics and operating models do not compound. Platforms, plug-ins, and coordinated stacks do.

Every company in healthcare now faces a simple test. You are either building a platform, clearly integrating into one, or positioning yourself as part of a portfolio of upgrades that modernizes the system as a whole. If you cannot explain your role in those terms, buyers will struggle to justify you.

Platforms are not about technical elegance or app organization. They are about reuse, leverage, and durability. The organizations embracing this shift are not only more efficient. They are more resilient, more adaptable, and better positioned for what comes next.

References

Insights for this report were exclusively sourced from podcast interviews on Healthcare Rap

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- Nissim, Oren. The Healthcare Rap, Episode #396, “Building Chronic Care Ecosystems.”
- Maniar, Shweta. The Healthcare Rap, Episode #424, “Digital Infrastructure and Horizontal Health Systems.”
- Additional perspectives drawn from The Healthcare Rap, Episodes #375–399 (2024) and #400–444 (2025)