



2026

Industry Insights
Personas



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What VPFs Are Working on Right Now

Quantifying Policy Risk and Embedding It in Long-Range Plans

VPFs are building formal risk registers that assign probability weightings and dollar impacts to policy threats – from Medicaid provider tax reductions under H.R.1 to 340B erosion and site-neutral payment changes. They are integrating these risk-adjusted scenarios directly into long-range financial plans rather than treating policy exposure as a footnote, and using the outputs to stress-test balance sheet sustainability under correlated shocks. Several VPFs are partnering to accelerate quantification and present risk-adjusted ROI comparisons to boards.

Exploring Automation from the Finance Floor

VPFs are exploring how to take ownership of automation as process experts – whether by building internal citizen-developer programs that train finance staff on low-code tools under IT-approved guardrails, or by bringing in external talent with the capabilities to integrate AI into core finance operations. Early movers running locally led proofs of concept have compressed timelines from months to weeks compared to traditional IT-led deployments, prioritizing partial wins – such as automating routine reconciliations or tedious revenue cycle pulls – that free capacity without waiting for full-scale rollouts. For most, however, the question of whether to upskill internally or recruit new talent remains an active debate.

Driving Cost Transformation Through Contribution Margin Accountability

VPFs are pushing cost management down to the service-line level, using contribution margin data to surface variation and drive clinician-led improvement. They are pairing finance partners with operational leaders in regular close meetings, benchmarking overhead against peer systems to set targets, and requiring business-case walkthroughs with named owners before approving new fixed costs.

Redesigning the Finance Workforce and Partner Model

VPFs are abandoning old assumptions built for a reporting and cost-containment function and repositioning finance at the intersection of technology, strategy, and operations. They are offshoring routine functions – month-end support, FP&A, reporting – to consulting and outsourcing firms, while expanding both the capacity and the capability of in-house teams to meet growing expectations from senior leaders who now look to finance as a strategic function. That means fewer manual processors, more analytics-literate operators, and internal service teams held to SLAs and automation roadmaps.

Key Quotes

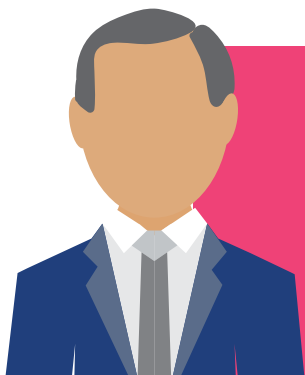
“Finance is risk-averse, paralyzed by perfection.”

“H.R.1 didn't create a sustainability crisis – it just sped up the clock.”

“State-directed Medicaid cuts are hardest – the elephant in the room.”

“We ran a proof of concept in parallel – IT estimated six months; we did it in four weeks.”

“30% of [the] top 175 hospitals have negative margins. Until their hospital closes, won't feel it.”



Get to Know the VPF Persona

VPF in Brief

VPFs oversee financial planning, analysis, and day-to-day financial management across the health system—translating strategy into budgets, forecasts, and performance targets. They typically report to the CFO and partner closely with operational leaders on cost management, revenue cycle teams on reimbursement and denial reduction, and IT on analytics and automation initiatives.



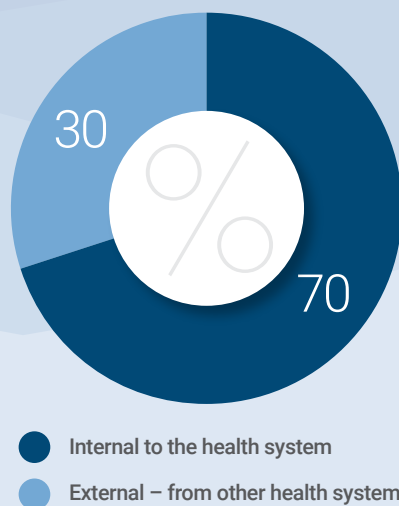
3.8
years

Average years in role

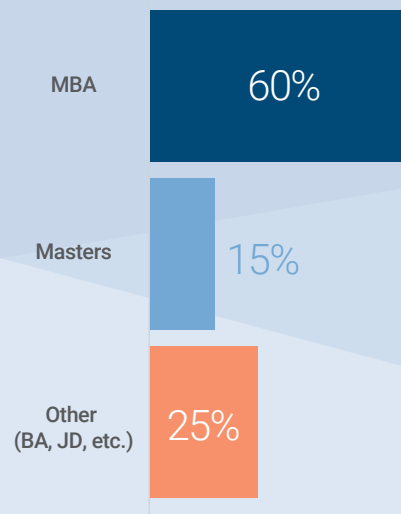
82%

Percent of VPFs with enterprise-wide financial leadership responsibilities

Where are VPFs Hired From?



What Education Do VPFs Have?



Obstacles and Investment Decision Drivers

Pain Points That May Impact Strategy Execution

- ✓ Reimbursement uncertainty compounds given potential Medicaid provider tax reductions, 340B program erosion, site-neutral payment expansion, and Medicare Advantage rate pressure – making long-range planning a moving target
- ✓ Finance teams face mounting workload and burnout pressure as policy churn accelerates the pace of analysis and re-forecasting
- ✓ Corporate cost structures are rising without clear benchmarks or ROI visibility, straining credibility with operators
- ✓ Payer data arrives late and inconsistently, limiting timely action on contract performance and denials

VPF Checklist for Choosing Solutions

- ✓ Delivers quantifiable impact within a defined pilot period before requiring scale commitment
- ✓ Enables finance-led AI deployment without full IT dependency
- ✓ Reduces manual effort on routine, repeatable processes to free capacity for higher-value analysis
- ✓ Scales across service lines with transparent cost-of-ownership and measurable financial returns
- ✓ Aligns to risk-adjusted planning frameworks and supports scenario modeling under policy volatility
- ✓ Provides benchmarking data that strengthens negotiating leverage with vendors and payers



What CRCOs Are Working on Right Now

Defending Revenue Against Escalating Payer Tactics

CRCOs are fighting a multi-front battle as payers shift from outright denials to retrospective DRG downgrades and recoupments, extending appeal timelines to six months or longer. They are investing in legal escalation, case rate contracting, and industry partnerships to protect revenue increasingly being clawed back after initial payment.

Navigating Federal Policy Disruption and Financial Exposure

CRCOs are modeling the revenue impact of Medicaid restructuring, premium tax credit expiration, and 340B program threats—policy shifts that collectively put billions in annual health system revenue at risk. They are aligning with government relations teams to translate financial data into advocacy while launching mitigation plans including cost reduction and vendor consolidation.

Tackling Rising Uncompensated Care

CRCOs are redesigning front-end financial engagement as uncompensated care climbs to as high as 20% of revenue at some systems. They are deploying pre-service payment plans, tightening eligibility verification, and using financial navigation tools to connect patients with assistance programs before bills become write-offs.

Offshoring as a Stopgap: Bridging to AI and Automation

CRCOs are moving past "hard no" positions on offshoring, viewing it as a temporary bridge toward AI and automation. They are structuring short-term contracts to maintain optionality while evaluating AI tools for prior authorization, appeal generation, and coding optimization—with cybersecurity as their top concern.

Restructuring for Accountability and Analytics

CRCOs are creating new liaison and governance roles to drive alignment between revenue cycle, IT, managed care, and clinical teams. They are centralizing operations to pinpoint accountability for performance, while working to resolve where informatics should report—keeping it connected to revenue cycle operations is seen as critical for performance insight and continuity.

Key Quotes

"[I] don't have sympathy on payers getting appeals fatigue. Then stop denying and pay us what we are owed."

"[Payers] always come out and say, yes let's reduce administrative burden but then they come back and it's the same story next month."

"It's about people. I'm concerned about what's going to happen to people because I see the future."

"We need to be thinking now of how to be strong stewards of our resources."

"It's several hundreds of millions that will be lost due to the changes in the OBBB."



Get to Know the CRCO Persona

CRCO in Brief

CRCOs oversee the conversion of patient encounters into collected revenue—spanning patient access, coding, billing, claims management, denials, and payer contracting. They typically report to the CFO and collaborate closely with IT on EHR optimization and clinical leadership on documentation accuracy and are increasingly partnering with Government Relations.

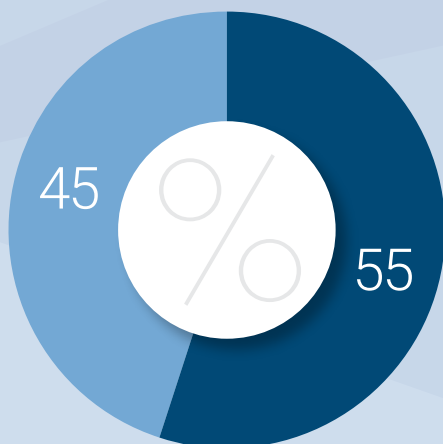


Time in Seat

3.9
years

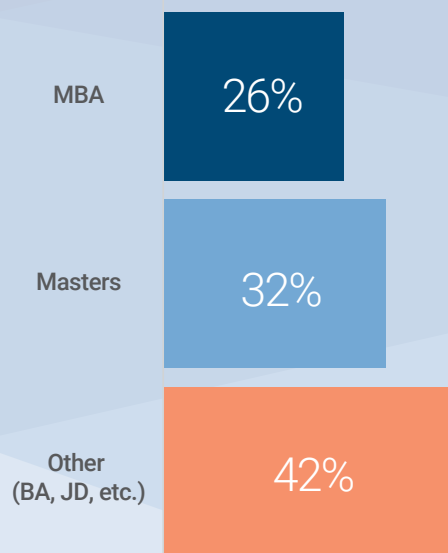
Average years in role

Where are CRCOs Hired From?



- Internal to the health system
- External - from other health system

What Education Do CRCOs Have?



Obstacles and Investment Decision Drivers

Pain Points That May Impact Strategy Execution

- Most payer relationships have deteriorated to repetitive, unproductive cycles with no improvement in denial rates despite high appeal success rates
- DRG downgrades and retrospective recoupments are growing dramatically, extending resolution timelines to a year or more
- Federal policy volatility creates compounding revenue uncertainty that outpaces systems' ability to mitigate through automation or volume growth
- Rising underinsured volumes are straining front-end teams that lack tools and training for complex financial conversations

CRCO Checklist for Choosing Solutions

- ✓ Delivers measurable cost-to-collect reductions with transparent, verifiable ROI
- ✓ Enables real-time payer accountability tracking for denial and recoupment management
- ✓ Reduces manual dependency while preserving optionality as AI and Epic-native capabilities mature
- ✓ Supports proactive patient financial engagement to reduce write-offs before they occur



2026 CRCO Priorities and Opportunities

These are the top ten rated priorities and improvement opportunities (out of a list of 21) in The Health Management Academy's survey of Leading Health System Chief Revenue Cycle Officers (CRCOs) (n=30), conducted in late 2025.

Top 10 Strategic Priorities for CRCOs

- 1 Denials management and prevention*

- 2 Prior authorization optimization and mitigation*

- 3 Automation of workflows and processes

- 4 Maximizing revenue capture

- 5 Improving patient access

- 6 AI strategy (e.g., governance, implementation, partnerships)*

- 7 Strategic cost management*

- 8 Operational efficiencies for care delivery (e.g. throughput optimization)

- 9 Revenue cycle analytics and performance management

- 10 Consumer-centered care delivery (e.g., omni-channel, personalized, on-demand)

Top 10 Improvement Opportunities

Relative to performance today

- 1 Scaling/achieving ROI on AI investments

- 2 Patient affordability

- 3 Automation of workflows and processes

- 4 AI strategy (e.g., governance, implementation, partnerships)

- 5 Healthcare policy advocacy and regulatory reform efforts

- 6 Operational efficiencies for care delivery (e.g. throughput optimization)

- 7 Prior authorization optimization and mitigation

- 8 Risk adjustment and coding compliance (e.g. CMS HCC-V28)

- 9 Consumer-centered care delivery (e.g., omni-channel, personalized, on-demand)

- 10 Supply chain efficiency and resilience

* Indicates a tie



2026 CRCO Executive Priorities Survey Results

The chart below depicts the complete results for priority and improvement opportunity rankings for CRCOs (n=30) according to The Academy's 2026 Executive Priorities Survey.

| Priority | Priority Rank | Improvement Opportunity Rank |
|---|---------------|------------------------------|
| Denials management and prevention | 1* | 18* |
| Prior authorization optimization and mitigation | 1* | 7 |
| Automation of workflows and processes | 3 | 3 |
| Maximizing revenue capture | 4 | 20* |
| Improving patient access | 5 | 12 |
| AI strategy (e.g., governance, implementation, partnerships) | 6* | 4 |
| Strategic cost management | 6* | 20* |
| Operational efficiencies for care delivery (e.g. throughput optimization) | 8 | 6 |
| Revenue cycle analytics and performance management | 9 | 18* |
| Consumer-centered care delivery (e.g., omni-channel, personalized, on-demand) | 10 | 9 |
| Healthcare policy advocacy and regulatory reform efforts | 11 | 5 |
| Site-of-service optimization (e.g., investment/mix of inpatient, ambulatory, virtual) | 12 | 11 |
| Risk adjustment and coding compliance (e.g. CMS HCC-V28) | 13 | 8 |
| Workforce optimization and development | 14 | 15 |
| Strengthening the workforce (e.g., retention, recruitment, upskilling) | 15 | 16 |
| Scaling/achieving ROI on AI investments | 16 | 1 |
| Purchased services/outsourcing optimization | 17 | 14 |
| Supply chain efficiency and resilience | 18 | 10 |
| Streamlining vendor portfolio | 19 | 13 |
| Patient affordability | 20 | 2 |
| Health equity | 21 | 17 |

* Indicates a tie



What CSCOs Are Working on Right Now

Scaling AI and Automation Beyond Pilot Projects

CSCOs are moving automation from isolated use cases to enterprise-wide deployment, starting with high-volume applications like reorder management, contract lifecycle management, and supply cabinet optimization. Data cleansing and standardization remain critical prerequisites. SCOs are also reskilling teams to work alongside automated systems as roles shift from manual execution to oversight and exception management.

Navigating Tariff Exposure and Building Supply Resilience

CSCOs are deploying country-of-origin tracking, exposure modeling, and proactive supplier pivots to manage tariff volatility. They are building safety stock for critical OR and ED supplies, monitoring invoices for hidden pass-throughs, and exploring direct overseas sourcing to diversify risk.

Expanding Organizational Scope and Strategic Influence

CSCOs are absorbing functions beyond traditional procurement—physician contracting, contingent labor, construction, and accounts payable—generating \$30M+ in annual savings at some systems. They are investing in dedicated supplier management teams and centralized analytics to transform vendor relationships from transactional to strategic.

Aligning Supply Chain with Revenue Cycle for Financial Integrity

CSCOs are partnering with revenue cycle leaders to close gaps in charge capture, item master accuracy, and documentation. They are deploying RFID tracking and data mining tools—one system reduced procedural supply waste from 17% to 7%, dramatically improving charge posting and inventory control.

Integrating Pharmacy into Enterprise Supply Chain Strategy

Some CSCOs are building hybrid models where supply chain manages procurement and logistics while pharmacy retains clinical governance. They are preparing for simultaneous 2026 regulatory pressures—Medicare drug price negotiations, 340B rebate restructuring, and potential pharmaceutical tariffs—by reworking financial models and expanding meds-to-beds and employee prescription capture programs to protect margin.

Key Quotes

“If we don't do something today [about cost discipline] it's going to be bad. We can't wait until 2026. It has to start today.”

“I believe we need a more digitally enhanced supply chain, with real-time triggers so we have perpetual inventory oversight. We know what we pushed and when we pushed it, but we don't know utilization.”

“Pharmacy and supply chain are two halves of the same financial heart—if they don't beat in rhythm, the system loses oxygen.”

“When revenue cycle and supply chain finally speak the same language, everyone wins—financially and operationally.”



Get to Know the CSCO Persona

CSCO in Brief

CSCOs oversee the end-to-end procurement, distribution, and management of supplies, equipment, and purchased services across the system. They typically report to the CFO or COO and collaborate with revenue cycle, finance, clinical leadership, and sometimes pharmacy to control costs, ensure supply continuity, and drive enterprise-wide operational efficiency.



CSCO Prior Roles

77%

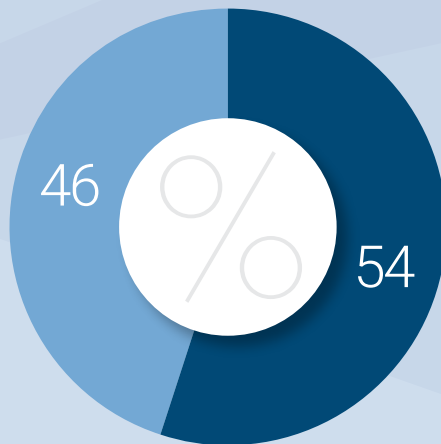
Of CSCOs that served as VP of Supply Chain or similar role prior to becoming CSCO

Time in Seat

5.4
years

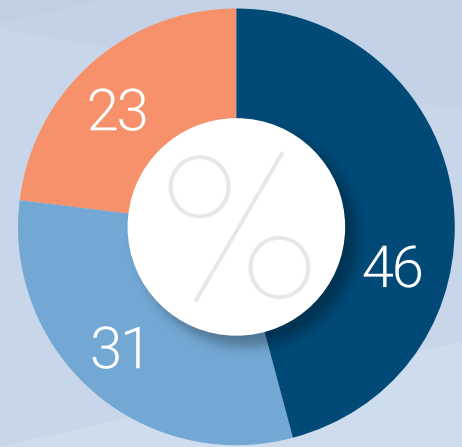
Average years in role

Where are CSCOs Hired From?



- Internal to the health system
- External - from other health system

What Titles Do CSCOs Use?



- Chief Supply Chain Officer
- Vice President
- Senior Vice President

Obstacles and Investment Decision Drivers

Pain Points That May Impact Strategy Execution

- Policy volatility across tariffs, 340B, and Medicare drug pricing is compressing planning horizons and straining cash flow forecasting
- Data fragmentation between supply chain, revenue cycle, pharmacy, and ERP systems limits visibility and slows decision-making
- A growing supply chain technology portfolio demands rationalization and interoperability, not further tool proliferation—while IT bottlenecks compound the challenge

CSCO Checklist for Choosing Solutions

- ✓ Measurable financial impact through cost reduction, charge capture improvement, or margin protection
- ✓ Enables standardized data integration across supply chain, pharmacy, and revenue cycle systems
- ✓ Scales from pilot to enterprise without requiring dedicated IT resources for each phase
- ✓ Provides real-time visibility into supply risk, utilization, and country of origin
- ✓ Aligns physician incentives with supply chain standardization through transparent utilization data or shared savings models



2026 CSCO Priorities and Opportunities

These are the top ten rated priorities and improvement opportunities (out of a list of 21) in The Health Management Academy's survey of Leading Health System Chief Supply Chain Officers (CSCOs) (n=8), conducted in late 2025.

Top 10 Strategic Priorities for CSCOs

- 1 Automation of workflows and processes

- 2 AI strategy (e.g., governance, implementation, partnerships)*

- 3 Operational efficiencies for care delivery (e.g. throughput optimization)*

- 4 Maximizing revenue capture*

- 5 Strategic cost management*

- 6 Strengthening the workforce (e.g., retention, recruitment, upskilling)*

- 7 Supply chain efficiency and resilience

- 8 AI and ML implementation*

- 9 Capital equipment planning and management*

- 10 Strategic sourcing and GPO strategy*

Top 10 Improvement Opportunities

Relative to performance today

- 1 Strengthening the workforce (e.g., retention, recruitment, upskilling)

- 2 Operational efficiencies for care delivery (e.g. throughput optimization)*

- 3 Patient affordability*

- 4 Capital equipment planning and management

- 5 AI strategy (e.g., governance, implementation, partnerships)*

- 6 Automation of workflows and processes*

- 7 Site-of-service optimization (e.g., investment/mix of inpatient, ambulatory, virtual)*

- 8 AI and ML implementation

- 9 Clinical standardization and physician engagement

- 10 Health equity

* Indicates a tie



2026 CSCO Executive Priorities Survey Results

The chart below depicts the complete results for priority and improvement opportunity rankings for CSCOs (n=8) according to The Academy's 2026 Executive Priorities Survey.

| Priority | Priority Rank | Improvement Opportunity Rank |
|---|---------------|------------------------------|
| Automation of workflows and processes | 1 | 5* |
| AI strategy (e.g., governance, implementation, partnerships) | 2* | 5* |
| Operational efficiencies for care delivery (e.g. throughput optimization) | 2* | 2* |
| Maximizing revenue capture | 4* | 19* |
| Strategic cost management | 4* | 11* |
| Strengthening the workforce (e.g., retention, recruitment, upskilling) | 4* | 1 |
| Supply chain efficiency and resilience | 7 | 19* |
| AI and ML implementation | 8* | 8 |
| Capital equipment planning and management | 8* | 4 |
| Strategic sourcing and GPO Strategy | 8* | 16* |
| Consumer-centered care delivery (e.g., omni-channel, personalized, on-demand) | 11* | 15 |
| Improving patient access | 11* | 11* |
| Clinical standardization and physician engagement | 13* | 9 |
| Inventory management and working capital optimization | 13* | 13* |
| Contract management and spend analytics | 15* | 21 |
| Procurement process automation and efficiency | 15* | 16* |
| Regulatory and safety compliance | 17 | 16* |
| Health equity | 18* | 10 |
| Patient affordability | 18* | 2* |
| Site-of-service optimization (e.g., investment/mix of inpatient, ambulatory, virtual) | 18* | 5* |
| Emergency preparedness (e.g. natural disasters, cyberthreats) | 21 | 13* |

* Indicates a tie



2026

Industry Insights
Personas



This research provides an in-depth look into the role of the health system Chief Financial Officer (CFO) within health systems, highlighting key trends, challenges, and opportunities that CFOs are navigating, offering industry executives a nuanced understanding of the CFO persona. Through comprehensive analysis, we highlight the critical issues CFOs are focused on, provide an audit of CFO profiles, and detail CFO executive priorities survey results.

What CFOs Are Working on Right Now

Playing Catch-Up with Payers

By drawing a harder line on Medicare Advantage, CFOs are gaining negotiating power—and in some cases, preparing to walk away as a last resort. Strategic partnerships in ambulatory investments are helping health systems reduce denial rates for specific procedures by aligning care delivery with payer expectations.

Moving from 'Pilot' to 'Scaled' on AI

CFOs are evaluating both soft and hard ROI when scaling AI. Soft ROI includes improved retention and recruitment over time, while hard ROI is assessed at the transition from pilot to scaled deployment—shifting from “Innovation” to “Business” mode. To move AI implementation forward, executives must secure provider buy-in by emphasizing reductions in care team burden and demonstrating success through pilot program outcomes.

Prepping for a world with site-neutrality

CFOs are now being tasked with forecasting the potential risks of site-neutrality policies. They are being advised to conduct analyses to understand how their health systems would be affected in a world where site-neutral payment models are implemented.

Creating consensus around cybersecurity strategies

CFOs are sharing best practices for mitigating cyberthreats, including appropriate levels of spending and vendor engagement strategies. Multi-vendor approaches are gaining traction as organizations seek to diversify risk and strengthen system resilience.

Key Quotes

“In rev cycle, people are overworked and underpaid. There’s a fine balance to implementing technology that improves efficiency, and how you position that to them. They’re worried about their jobs.”

“Five or seven years ago talking about the shift into ambulatory care was more of a crystal ball exercise, now it’s more of a diagnosis of what’s happened.”

“Everything that we can quantify we quantify, and all the soft returns are icing on the cake.”



Get to Know the CFO Persona

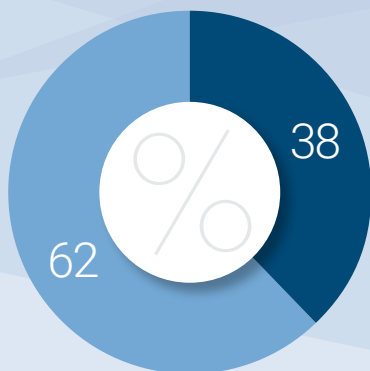
CFO in Brief

Serving as the senior-most finance leader in a health system, the CFO is responsible for overseeing budgeting, managing assets and resources, and ensuring long-term financial sustainability. CFOs typically report directly to the CEO and play a critical role in aligning financial strategy with system-wide priorities.



Audit of Leading Health System CFO Profiles

Where are CFOs Hired From?



- Internal to the health system
- External – from other health system

CFOs Prior Roles

65.5%

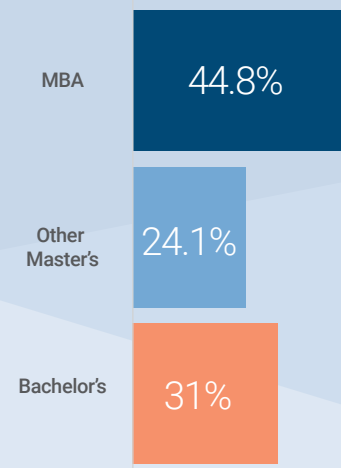
Percentage of CFOs whose prior role was VP Finance or Regional CFO

Time in Seat

4.2 years

Average years in role

What Education Do CFOs Have?



Obstacles and Investment Decision Drivers

Pain Points That May Impact Strategy Execution

- ✓ Advancing CFO affordability goals while dealing with economic headwinds (e.g., high inflation rates, supply chain issues)
- ✓ Balancing short-term margin constraints, caused by increased expenses like labor costs, with the need to invest to grow and transform the business
- ✓ Building and supporting business models across fee-for-service and value-based care
- ✓ Shifting culture towards a digital and consumer-focused business model
- ✓ Upskilling and/or recruiting different talent in finance and across the health system enterprise that aligns with shift towards more technology, analytics-driven solutions

CFO Checklist for Choosing Solutions

- ✓ Reduces labor cost, FTE load, and advances cost management strategies
- ✓ Enhances operational and/or care delivery efficiency and/or helps amplify benefits of existing systems
- ✓ Allows for flexible contracting terms given the unpredictable economic headwinds
- ✓ Clear time-table for well-defined ROI, with proven track record
- ✓ Scales across current assets and potential to grow with organization
- ✓ Enables capital-light growth
- ✓ Aligns with strategic goals and investments



Get to Know the CFO Persona (Continued)

2025 CFO Priorities and Opportunities

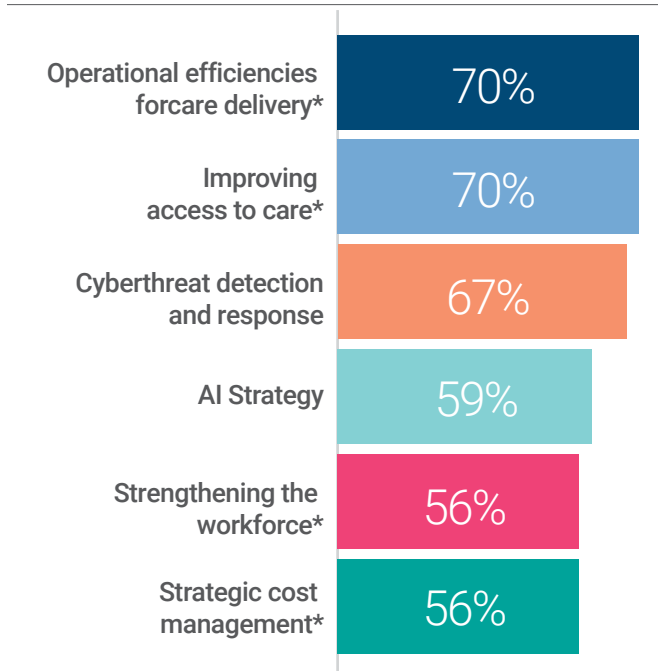
These are the top ten rated priorities (out of a list of 27) in The Health Management Academy’s survey of Leading Health System Chief Financial Officers (CFOs), conducted in late 2024.

Top 10 Strategic Priorities for CFOs

- | | |
|---|--|
| <ul style="list-style-type: none"> 1 Strengthening the workforce <hr/> 2 Operational efficiencies for care delivery <hr/> 3 Improving access to care <hr/> 4 Revenue cycle optimization <hr/> 5 Cyberthreat detection and response | <ul style="list-style-type: none"> 6 Payer strategy <hr/> 7 Supply chain efficiency and resilience <hr/> 8 Strategic cost management <hr/> 9 AI Strategy <hr/> 10 Inpatient capacity/Infrastructure |
|---|--|

Top 5 Priorities Rated “More Important”

Percentage of CFOs who rated category “More Important” in 2025 versus 2024



* Indicates a tie

Top 5 Improvement Opportunities

Relative to performance today

- 1 Divesting underperforming assets/services

- 2 Care at home strategy

- 3 Site-of-service optimization

- 4 Reducing care team administrative burden

- 5 Streamlining vendor portfolio



Get to Know the CFO Persona (Continued)

2025 CFO Executive Priorities Survey Results

The chart below depicts the complete results for priority and improvement opportunity rankings for CFOs according to The Health Management Academy's 2025 Executive Priorities Survey.

| Priority | Priority Rank | Improvement Opportunity Rank |
|---|---------------|------------------------------|
| Strengthening the workforce | 1 | 17 |
| Operational efficiencies for care delivery | 2 | 23 |
| Improving access to care | 3 | 18 |
| Revenue cycle optimization | 4 | 26* |
| Cyberthreat detection and response | 5 | 24 |
| Payer strategy | 6 | 25 |
| Supply chain efficiency and resilience | 7 | 21* |
| Strategic cost management | 8 | 11* |
| AI strategy | 9 | 16 |
| Inpatient capacity/infrastructure | 10 | 26* |
| Reducing care team administrative burden | 11 | 4 |
| Physician alignment strategy | 12 | 21* |
| Automation of workflows and processes | 13 | 11* |
| Site-of-service optimization | 14 | 3 |
| Ambulatory footprint | 15 | 19* |
| Risk-based payment strategy | 16 | 15 |
| Organizational literacy with data and technology | 17 | 9 |
| Consumer-centered care delivery | 18 | 7 |
| Health equity | 19 | 14 |
| Streamlining vendor portfolio | 20 | 5 |
| Healthcare affordability | 21 | 11* |
| ERP platform strategy | 22* | 6 |
| Revenue diversification outside core business lines | 22* | 19* |
| Care at home strategy | 24 | 2 |
| Direct-to-employer partnerships | 25 | 8 |
| Divesting underperforming assets/services | 26 | 1 |
| Outsourcing or offshoring select roles/services | 27 | 10 |

* Indicates a tie



What CHROs Are Working on Right Now

Securing The Big 3: Retention, Recruitment, and Employee Engagement

- Learning to manage technological expectations across the org: With the implementation of new technology, CHROs are preempting employee dissatisfaction by communicating realistic expectations when scaling technology.
- Practicing strong change management to secure buy-in: By demonstrating early success and communicating ROI, CHROs can use innovative technology in employee recruitment and retention. Using AI for workforce handbooks can decrease time between outreach and response.
- Managing gray areas among compensation and benefits: CHROs are getting creative in their approach to sourcing candidates by revisiting job descriptions and adjusting compensation to retain talent. Flexible and skills-based compensation models are useful in recruitment; however, they must push for greater consideration of internal equity within the gray area of compensation.

Structuring governance to enhance role clarity and ensure accountability

By better-defining workflows, CHROs are aiming to reduce tension, ensure transparency, and address concerns proactively. Work is centered around consulting key stakeholders in the creation of standardized “playbooks” or employee handbooks, which serve to guide employees through proper communication channels.

Preparing for the possibility of unionization

As rates of unionization rise, health system executives are challenged to proactively address physician concerns—beginning with strengthening supervisor-staff relationships to encourage transparent communication. Additionally, CHROs are documenting dissatisfaction via surveys, listening tours, and focus groups, while educating employees on the potential impacts of unionizing.

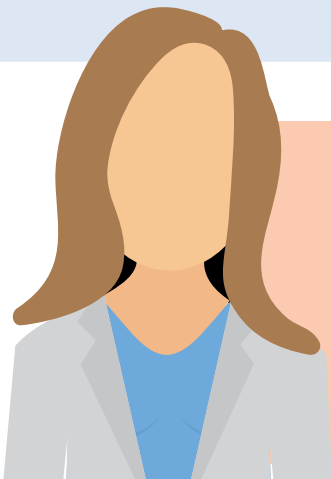
Succession planning

Strategic workforce planning remains a critical priority among CHROs. To encourage this, leading health systems have begun shifting the decision-making power of leadership teams to campus-specific leaders. This creates strong opportunities for leadership development and allows for more streamlined decision-making.

Key Quotes

“We brought a consultant in to listen to APPs, nurses, EDs, primary care physicians. A lot of the things we knew, but there was a lot we didn’t, and those were things we could take care of.”

“We wanted to improve the time it takes for our solution center to respond to our employees and for employees to get information more quickly... It was hard for them to feel comfortable using the shared services model for these resolutions, but we’re in a much better place today as we’ve come along that journey.”



Get to Know the CHRO Persona

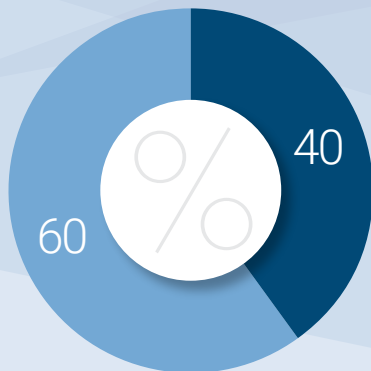
CHRO in Brief

CHROs ensure that the health system recruits, hires, and retains an exceptional workforce. They typically report to the CEO but also collaborate with many other executives, such as the CNO on nurse talent managements, CIO on data-related planning, and CFO on system costs and performance.



Audit of Leading Health System CHRO Profiles

Where are CHROs Hired From?



- Internal to the health system
- External - from other health system

How Long Have CHROs Been in Seat?

5.1 years

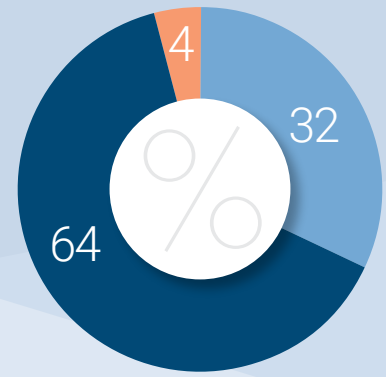
Average years in role

How Many CHROs Have HR Leadership Experience?

60%

Percent of CHROs that served as VP of HR or similar role prior to becoming CHRO

Titles for the CHRO Role



- Chief People Officer
- Chief Human Resources Officer
- Chief Administrative Officer

Obstacles and Investment Decision Drivers

Pain Points That May Impact Strategy Execution

- ✓ Balancing long term labor cost management with filling open roles with competitive compensation
- ✓ Diminishing direct connection between employee engagement and employee retention
- ✓ Progressing in D,E,&I goals amid limited applicant pool, such as in senior leader recruitment
- ✓ Continuing to promote culture and organization effectively to be an employer of choice in tough labor market
- ✓ Rescaling and reskilling the workforce as technology changes the types of roles and skills healthcare systems need
- ✓ Clunky, outdated HR systems and processes that may not be consumer-centric or cater to a more remote workforce

CHRO Checklist for Choosing Solutions

- ✓ Demonstrated ROI on relevant metrics like time to fill vacancies (i.e., interview to offer) or turnover
- ✓ Alleviates, rather than adds to, staff administrative task burden
- ✓ Effectively leverages outside-of-industry HR strategies to overcome struggles within the healthcare sector
- ✓ Ability to easily interface with existing system and remain user friendly
- ✓ Supports a hybrid workforce and can be scalable as organization evolves and grows



Get to Know the CHRO Persona

2025 CHRO Strategic Priorities and Opportunities

These are the top ten rated priorities (out of a list of 22) in the Academy’s survey of Leading Health System Chief Human Resources Officers conducted in late 2024.

Top 10 Strategic Priorities for CHROs

| | | | |
|---|--|----|--|
| 1 | Strengthening the workforce* | 7 | Controlling labor costs for full-time staff |
| 1 | Building a robust staffing pipeline* | 8 | Health Equity* |
| 3 | Improving access to care | 8 | Site of service optimization* |
| 4 | Care team succession planning and leadership development | 10 | Consumer-centered care delivery* |
| 5 | Strategic cost management | 10 | Early career training/professional growth opportunities* |
| 6 | Operational efficiencies for care delivery | 10 | Care team well-being/burnout* |

* Indicates a tie

Top 5 Priorities Rated “More Important”

Percent of CPEs who rated category “More Important” in 2025 versus 2024



Top 5 Improvement Opportunities

Relative to performance today

| | |
|---|---|
| 1 | Outsourcing or offshoring select roles/services |
| 2 | Reducing care team administrative burden |
| 3 | Flexible staffing models |
| 4 | AI strategy |
| 5 | Healthcare affordability |



Get to Know the CHRO Persona

2025 CHRO Executive Priorities Survey Results

The chart below depicts the complete results for priority and improvement opportunity rankings for CHROs according to The Academy's 2025 Executive Priorities Survey.

| Priority | Priority Rank | Improvement Opportunity Rank |
|--|---------------|------------------------------|
| Strengthening the workforce* | *1 | 16 |
| Building a more robust staffing pipeline* | *1 | *20 |
| Improving access to care | 3 | 6 |
| Succession planning and leadership development | 4 | 14 |
| Strategic cost management | 5 | 22 |
| Operational efficiencies for care delivery | 6 | 12 |
| Controlling labor costs for full-time staff | 7 | *20 |
| Site-of-service optimization* | *8 | 9 |
| Health equity* | *8 | 13 |
| Early career training/professional growth opportunities* | *10 | 10 |
| Consumer-centered care delivery* | *10 | 11 |
| Care team well-being/burnout* | *10 | 15 |
| AI strategy | 13 | 4 |
| Healthcare affordability | 14 | 5 |
| Organizational literacy with data and technology | 15 | *7 |
| Reducing care team administrative burden* | *16 | 2 |
| Automation of workflows and processes* | *16 | *7 |
| Flexible staffing models | 18 | 3 |
| Workforce diversity and inclusion | 19 | *18 |
| Improving hiring efficiency | 20 | 17 |
| Market-responsive benefits design | 21 | *18 |
| Outsourcing or offshoring select roles/services | 22 | 1 |

* Indicates a tie



What CNEs Are Working on Right Now

Supporting nurse managers in their critical mission of communication to the front-line workforce

As turnover stabilizes in the nursing workforce, health executives are shifting focus to support staff well-being and resilience. CNEs have identified nurse managers as critical in communicating with and securing buy-in from front-line staff. Retaining a strong nursing workforce now depends on how well CNEs prepare and support nurse managers in their leadership roles.

Forming peer review committees to involve front-line nurses in the decision-making

To support more inclusive decision-making, CNEs are involving inpatient nurses through the formation of peer review committees. These committees offer frontline staff a voice in managing staffing ratios, assessing workload, and identifying inappropriate assignments. They also serve as developmental pathways across multiple professional levels—demonstrating that CNEs are committed to nurturing talent from within.

Reducing administrative burden and monitoring the workforce: securing buy-in for AI

Beyond its well-known administrative uses, AI is being explored as a solution to address bedside violence in the nursing field. This emerging use positions AI as a potential equity tool—not only for the workforce, but for patient populations as well. To realize this potential, CNEs must secure frontline buy-in, despite nurses' preference for human-centered interventions. That buy-in hinges on clearly communicating implementation outcomes, reinforcing the need to expand pilot programs before scaling system-wide.

Reimagining the role of nurses in the workforce in a world with automation

With AI reducing administrative burden, inpatient nurses now have greater capacity to focus on patient care and engage in more critical thinking. CNEs are viewing this shift as a chance to reimagine the broader health workforce—exploring how to integrate new nursing roles that support a more flexible and efficient care delivery system.

Key Quote

"Wellness [is a top workforce priority]; She doesn't like to use the term burnout, but nurses need help with resilience; staying excited in their roles, instead of feeling badly about their patients and not having enough CNAs; and she feels like she needs to watch new grads carefully, which also zaps resilience."



Get to Know the CNE Persona

CNE in Brief

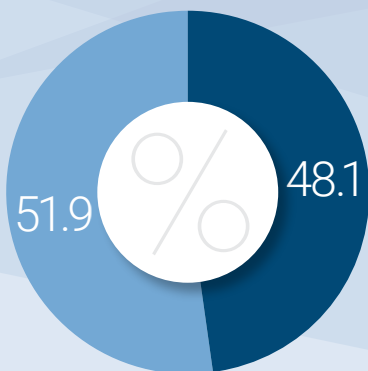
As the senior-most nursing executive in a health system, CNEs oversee both the day-to-day operations and long-term strategy of the organization's largest workforce. They typically report to the CEO and manage their own budget.

Historically focused on operations, today's CNEs are increasingly engaged in strategic planning—collaborating with other C-suite leaders on system-wide initiatives. The balance between operational and strategic responsibilities varies based on individual disposition, the structure of nursing leadership, and the size of the nursing enterprise. Understanding this balance is key, as it directly impacts the type and scale of investments CNEs are likely to pursue.



Audit of Leading Health System CNE Profiles

Where are CNEs Hired From?



- Internal to the health system
- External - from other health system

How Long Have CNEs Been in Seat?

5.7 years

Average years in role

What Education Do CNEs Have?

85.2%

Percentage of CNEs with a Masters Degree

66.7%

Percentage of CNEs with a PhD or DNP

Obstacles and Investment Decision Drivers

Pain Points That May Impact Strategy Execution

- ✓ Increasing, but still limited, sphere of influence in relation to other members of the C-suite
- ✓ Pressure to automate workflow processes to improve efficiency and lower labor costs
- ✓ Lack of highly experienced nurses while facing very complex patient environment
- ✓ Management of clinical outcomes and shifting requirements for patient experience
- ✓ Management of workflow changes such as supply chain or care variation reduction

CNE Checklist for Choosing Solutions

- ✓ Does not require significant change management to implement; interoperable with current systems
- ✓ Supports secure, unified communications across care teams, improves workflows across sites, settings
- ✓ Measurable return on investment (e.g., revenue generation, efficiency, operating expense reduction)
- ✓ Improves nurses' experience, ability to provide quality care, and patient experience
- ✓ Has buy-in, input from frontline nurses (especially for technology solutions)



Get to Know the CNE Persona (Continued)

2025 CNE Priorities and Opportunities

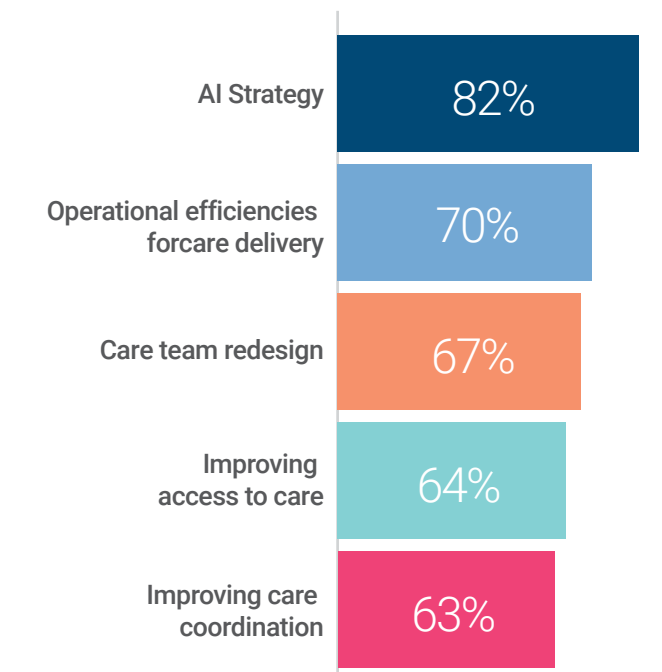
These are the top ten rated priorities (out of a list of 25) in the Academy’s survey of Leading Health System Chief Nursing Executives conducted in late 2024.

Top 10 Strategic Priorities for CNEs

- | | |
|---|---|
| <ul style="list-style-type: none"> 1 Operational efficiencies for care delivery <hr/> 2 Strengthening the workforce <hr/> 3 Improving access to care <hr/> 4 Virtual nursing models <hr/> 5 Clinical quality and standardization | <ul style="list-style-type: none"> 6 Strategic cost management <hr/> 7 Employee safety <hr/> 8 Automation of workflows and processes <hr/> 9 AI Strategy <hr/> 10 Digital & hybrid care models |
|---|---|

Top 5 Priorities Rated “More Important”

Percent of CNEs who rated category “More Important” in 2025 versus 2024



Top 5 Improvement Opportunities

Relative to performance today

- 1 Reducing care team administrative burden

- 2 Flexible staffing models

- 3 Automation of workflows and processes

- 4 Nursing’s role in ambulatory and outpatient surgery

- 5 Consumer-centered care delivery



Get to Know the CNE Persona (Continued)

2025 CNE Executive Priorities Survey Results

The chart below depicts the complete results for priority and improvement opportunity rankings for CNEs according to The Academy's 2025 Executive Priorities Survey.

| CNO/CNE Priorities | Priority Rank | Improvement Opportunity Rank |
|---|---------------|------------------------------|
| Operational efficiencies for care delivery* | 1 | 21 |
| Strengthening the workforce* | 2 | 24 |
| Improving access to care* | 3 | *9 |
| Virtual nursing models | 4 | 22 |
| Clinical quality and standardization | 5 | 20 |
| Strategic cost management* | 6 | 14 |
| Employee safety | 7 | 23 |
| Automation of workflows and processes* | 8 | 3 |
| AI strategy* | 9 | 11 |
| Digital & hybrid care models | 10 | *6 |
| Health equity* | 11 | 16 |
| Care team redesign | 12 | 19 |
| Reducing care team administrative burden* | 13 | 1 |
| Improving care coordination | 14 | *6 |
| Care team well-being/burnout | 15 | *17 |
| Succession planning and leadership development | 16 | 12 |
| Transformation of nurse manager role | 17 | *17 |
| Site-of-service optimization* | 18 | 13 |
| Workforce diversity and inclusion | 19 | 15 |
| Healthcare affordability* | 20 | *9 |
| Early career training/professional growth opportunities | 21 | 25 |
| Nursing's role in ambulatory & outpatient strategy | 22 | 4 |
| Organizational literacy with data and technology* | 23 | 8 |
| Flexible staffing models | 24 | 2 |
| Consumer-centered care delivery* | 25 | 5 |

* Indicates a tie



What CPEs Are Working on Right Now

Staying mindful of the generational gap between doctors and nurses

In many leading health systems (LHS), most physicians are over the age of 55 while most nurses are under 35—creating a generational mismatch in workplace priorities. Younger nurses are prioritizing work-life balance and flexible scheduling, which is critical for retention. In contrast, older physicians tend to hold more traditional views around work structure and expectations. To bridge this gap, organizations are adopting hybrid work models and offering more immediate and tailored benefits.

Diversifying staffing models by investing in a 'gig economy,' expanding medical residencies, and launching nurse residency programs

CPEs are focused on recruiting and retaining both clinical and non-clinical employees across the health system. To reduce administrative burden on nurses, they've partnered with staffing companies and implemented app-based tools that support on-call interaction for non-clinical roles. These investments are freeing up internal resources to expand medical residency programs and launch nursing residency initiatives—both of which are becoming essential to attract and retain recent graduates.

Balancing legacy vendor investments with ever-changing needs in capability

As AI reshapes health system operations, CPEs are finding new capacity for innovative programming in the tech space. One emerging focus is shifting the role of EMRs from data storage tools to platforms for in-house analysis. CPEs' initial instinct is to pursue a one-vendor-fits-all model to centralize efforts and reduce vendor-related costs.

Training physicians on AI literacy and slowly moving tech initiatives from pilot to scaled

Health executives are increasingly aware that clinician buy-in is essential to realizing ROI from technology investments. CPEs are working to reframe the role of clinicians—from end-users to strategic partners in tech implementation. By defining clear problem statements, aligning them with AI initiatives, and promoting AI literacy training, CPEs are paving the way for successful transitions from pilot programs to system-wide scale.

Key Quotes

"Quality assurance: Workforce inclusion. Make an AI literate and empowered organization. Do not consider workforce or clinicians as an end-receiver, they are salient partners in building and validating models and breaking down siloes."

"[We] doubled down on [our] GME program. Went from training 200-250/year to around 1000/year. Expect to hit the 1000 goal by 2030. Will make us the largest single trainer of residents in California. CA is a net exporter of Medical Students, so we need to find a way to retain them within the system. Right now at 54% resident retention."



Get to Know the CPE Persona

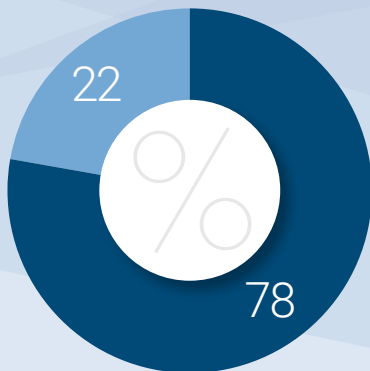
CPE in Brief

As the highest-ranking clinical executive in a health system, the CPE is always a physician. Historically focused on medical staff and physician alignment, the role has expanded to include strategic oversight of system-wide growth, service line integration, and population health. Most CPEs report directly to the CEO. As physician executives take on broader responsibilities, many organizations are moving away from the Chief Medical Officer title—opting instead to divide duties between a Chief Clinical Officer and a Chief Physician Executive.



Audit of Leading Health System CPE Profiles

Where are CPEs Hired From?

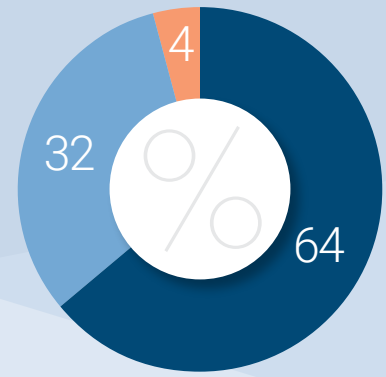


- Internal to the health system
- External – from other health system

How Long Have CPEs Been in Seat?

4 years
 Average years in role

What title does the "CPE" go by?



- Chief Medical Officer
- Chief Physician Executive
- Chief Clinical Officer

Obstacles and Investment Decision Drivers

Pain Points That May Impact Strategy Execution

- ✓ Overcoming barriers to integrating virtual care, including value skepticism, workflow changes, impact on patient interactions, and payment
- ✓ Concern over adding new documentation or process burdens to clinical staff workflows (e.g., solutions that force clinicians to toggle across multiple applications vs. a single-entry point)
- ✓ Concern when cost savings or efficiency initiatives are at odds with physician autonomy and preferences (e.g., standardization of physician preference items)
- ✓ Executing a more consumer-oriented care delivery strategy to improve patient access to services and provide a personalized care experience

CPE Checklist for Choosing Solutions

- ✓ Proof of quality and safety; CPEs are data-driven and want to see quantitative evidence to support adoption of new devices, tech, and treatment protocols
- ✓ ROI (economic, professional satisfaction) in addition to baseline metrics of quality and safety
- ✓ Frontline physician buy-in for product or service attained early in evaluation process
- ✓ Reduces physician workload and improves efficiency without disrupting workflow
- ✓ Alignment with systemwide strategic goals and the needs of their patients (e.g., patient access)
- ✓ Ability to standardize and deploy over multiple sites of care, service lines, and regions



Get to Know the CPE Persona

2025 CPE Priorities and Opportunities

These are the top ten rated priorities (out of a list of 27) in the Academy's survey of Leading Health System Chief Physician Executives conducted in late 2024.

Top 10 Strategic Priorities for CPEs

| | | | |
|---|--|---|--|
| 1 | Improving access to care | 7 | Automation of workflows and processes* |
| 2 | Operational efficiencies for care delivery | 7 | Site-of-service optimization* |
| 3 | Clinical quality and standardization | 9 | AI Strategy* |
| 4 | Strengthening the workforce | 9 | Care team redesign* |
| 5 | Strategic cost management* | 9 | Care team well-being/burnout* |
| 5 | Inpatient Capacity/Infrastructure* | 9 | Digital hybrid care models* |

* Indicates a tie

Top 5 Priorities Rated "More Important"

Percent of CPEs who rated category "More Important" in 2025 versus 2024



* Indicates a tie

Top 5 Improvement Opportunities

Relative to performance today

| | |
|---|--|
| 1 | Precision medicine |
| 2 | Care at home strategy |
| 3 | Consolidating select clinical services* |
| 3 | Divesting underperforming assets/services* |
| 5 | Automation of workflows and processes |

* Indicates a tie



Get to Know the CPE Persona Persona

2025 CPE Executive Priorities Survey Results

The chart below depicts the complete results for priority and improvement opportunity rankings for CPEs according to the Academy's 2025 Executive Priorities Survey.

| Priority | Priority Rank | Improvement Opportunity Rank |
|--|---------------|------------------------------|
| Improving access to care | 1 | *14 |
| Operational efficiencies for care delivery | *2 | *22 |
| Clinical quality and standardization | *2 | *22 |
| Strengthening the workforce | 4 | *19 |
| Inpatient capacity/infrastructure | *5 | 13 |
| Strategic cost management | *5 | *19 |
| Automation of workflows and processes | *7 | 5 |
| Site-of-service optimization | *7 | *14 |
| Care team redesign | *9 | *6 |
| Digital & hybrid care models | *9 | *6 |
| AI strategy | *9 | *14 |
| Care team well-being/burnout | *9 | 27 |
| Payer strategy | 13 | 24 |
| Reducing care team administrative burden | 14 | *6 |
| Risk-based payment strategy | *15 | *17 |
| Physician alignment strategy | *15 | 26 |
| Health equity | *17 | *17 |
| Ambulatory footprint | *17 | 25 |
| Consumer-centered care delivery | *19 | *6 |
| Population and community health | *19 | 12 |
| Care at home strategy | 21 | 2 |
| Healthcare affordability | *22 | *6 |
| Organizational literacy with data and technology | *22 | 11 |
| Succession planning and leadership development | 24 | *19 |
| Consolidating select clinical services | 25 | *3 |
| Divesting underperforming assets/services | 26 | *3 |
| Precision medicine | 27 | 1 |

* Indicates a tie



What COOs Are Working on Right Now

Shifting focus of AI governance from IT to operations

COOs are restructuring AI governance to sit under their leadership. With this model, executives can maintain alignment on the motives for integrating AI while evaluating how implementation can optimize operational efficiencies.

Transforming partnership framework to advocate for making **BETTER deals, not MORE deals**

While strategy teams are often seen as eager to make as many deals as possible, COOs are focused on shifting the emphasis toward higher-quality partnerships. This approach prioritizes impact and alignment over volume, aiming to move the dial through more thoughtful, value-driven collaborations.

Working to diagnose problems before rushing to prescribe a solution

COOs are moving away from being presented with vendor options and retroactively figuring out how to integrate them into their systems. Instead, they are shifting focus to first understanding their operational challenges and then seeking out solutions that directly address those needs.

Avoiding 'reinventing the wheel', focus on standardizing procurement decisions

Standardization gives operations teams a stronger foundation for procurement decision-making. By eliminating the need to start from scratch with vendors, teams are able to move more quickly—ultimately speeding time to procurement.

Key Quotes

*"Instead of a hammer looking for a nail, **we wanted to be grounded in a problem**, which is what the patient wants and what the right financial thing is to do."*

*"'Less is more.' We had over 600 different projects when I took over the COO role, **most of which were not impactful**. There are hundreds if not thousands of vendors who work in a space but less is more."*



Get to Know the COO Persona

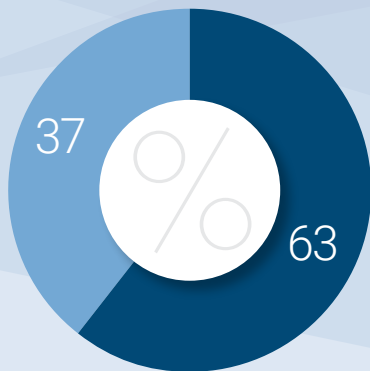
COO in Brief

COOs provide operational leadership and management across a broad scope to ensure the health system performs effectively and continues to grow. They typically report to the CEO but collaborate with other executives—such as the CSO on strategy, the CFO on budgeting and finance, and the CNO on care team strategy. As stewards of cost management, COOs often operate behind the scenes to drive organizational performance.



Audit of Leading Health System COO Profiles

Where are COOs Hired From?

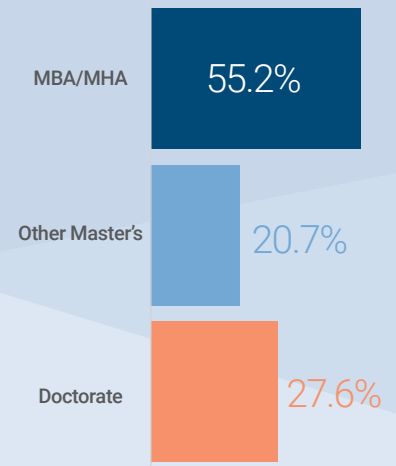


- Internal to the health system
- External - from other health system

How Long Have COOs Been in Seat?

4.8 years
Average years in role

What Education Do COOs Have?



Obstacles and Investment Decision Drivers

Pain Points That May Impact Strategy Execution

- ✓ Substantial pressure to reduce costs forcing increased level of oversight and time investment into new and existing industry partner contracts
- ✓ Increased system merger and acquisition activity, creates added hurdles in creating a unified culture with standardized processes and economies of scale
- ✓ Urgency to bend labor cost growth curve, forcing need to automate certain workforce tasks (and/or outsource) and see swift and significant ROI in reducing cost and possibly non-clinician FTE requirement
- ✓ Lack of centralized data and dashboards to keep pulse on issues across system
- ✓ Labor shortages, particularly in clinical roles; management of hybrid/remote workforce in a post-pandemic environment

COO Checklist for Choosing Solutions

- ✓ Solution reduces labor load with both hard ROI (e.g., reduced FTEs) and soft ROI (e.g., reduced admin burden, frustration)
- ✓ Solution has clear metrics that would define success across the entire health system
- ✓ Seamless interoperability with current systems
- ✓ Established continuity plans, willing to jointly scenario plan to identify risks for disruption, potential back-up plans
- ✓ Low compliance risk (e.g., data sharing, price transparency)



Get to Know the COO Persona

2025 COO Strategic Priorities and Opportunities

These are the top ten rated priorities (out of a list of 24) in The Academy’s survey of Leading Health System Chief Operating Officers conducted in late 2024

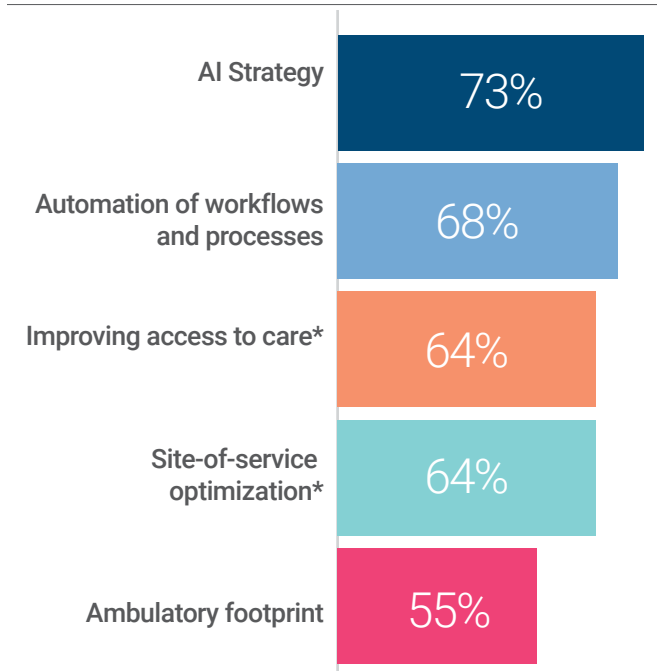
Top 10 Strategic Priorities for COOs

- | | |
|---|--|
| <ul style="list-style-type: none"> 1 Operational efficiencies for care delivery <hr/> 2 Improving access to care <hr/> 3 Strengthening the workforce <hr/> 4 Cyberthreat detection and response <hr/> 5 Ambulatory footprint | <ul style="list-style-type: none"> 6 Strategic cost management <hr/> 7 Site-of-service optimization* <hr/> 7 Inpatient capacity/infrastructure* <hr/> 9 Reducing care team administrative burden <hr/> 10 Automation of workflows and processes* <hr/> 10 Consumer-centered care delivery* |
|---|--|

* Indicates a tie

Top 5 Priorities Rated “More Important”

Percent of COOs who rated category “More Important” in 2025 versus 2024



* Indicates a tie

Top 5 Improvement Opportunities

Relative to performance today

- 1 Outsourcing or offshoring select roles/services

- 2 Divesting underperforming assets/services

- 3 Automation of workflows and processes

- 4 Risk-based payment strategy

- 5 Consolidating select clinical services



Get to Know the COO Persona

2025 COO Executive Priorities Survey Results

The chart below depicts the complete results for priority and improvement opportunity rankings for COOs according to The Health Management Academy's 2025 Executive Priorities Survey.

| Priority | Priority Rank | Improvement Opportunity Rank |
|---|---------------|------------------------------|
| Operational efficiencies for care delivery* | 1 | 19 |
| Improving access to care* | 2 | 8 |
| Strengthening the workforce* | 3 | 20 |
| Cyberthreat detection and response | 4 | 24 |
| Ambulatory footprint | 5 | 14 |
| Strategic cost management* | 6 | 21 |
| Site-of-service optimization* | *7 | *9 |
| Inpatient capacity/infrastructure | *7 | *17 |
| Reducing care team administrative burden* | 9 | 7 |
| Automation of workflows and processes* | *10 | 3 |
| Consumer-centered care delivery* | *10 | *9 |
| AI strategy* | 12 | 6 |
| Healthcare affordability* | 13 | 13 |
| Supply chain efficiency and resilience | 14 | 15 |
| Risk-based payment strategy | 15 | 4 |
| Health equity* | 16 | 23 |
| Care at home strategy | *17 | *11 |
| Organizational literacy with data and technology* | *17 | 16 |
| Consumer data & analytics | 19 | *11 |
| Consolidating select clinical services | 20 | 5 |
| Divesting underperforming assets/services | 21 | 2 |
| Streamlining vendor portfolio | 22 | *17 |
| ERP platform strategy | 23 | 22 |
| Outsourcing or offshoring select roles/services | 24 | 1 |

* Indicates a tie



What IOs Are Working on Right Now

Developing contingency plans in case of cyber/disaster-related downtime

- **Involving the workforce in planning and testing** of contingency plans through downtime exercises and workshops is one way IOs are working towards creating system-wide downtime drills. While many have established crisis plans in event of cyber-related downtime, scheduled drills are rare; few systems have the capacity to run full-scale drills for the length of time required.
- **Contingency plans must recognize that the younger workforce was not trained for paper-based workflows.** In the event of downtime, more tenured employees are being looked to for guidance in developing these plans, drawing inspiration from a world before EMR.
- **Calling for FEMA-level federal support** in the event of cyber/disaster-related incidents. Information specialists feel there is a distinct need for structured support from the government in response to large-scale disruptions to health system cybersecurity.

Shedding the complexity of EHR and bridging gaps between clinician frustration and EHR complexity

Vendor optimization, rationalization, and consolidation is top of mind for most IOs as they begin to ask themselves, "Is this new tech necessary or am I avoiding FOMO?" A rise in vendor options leaves those at the front-line confused and overwhelmed in interpreting what is crucial to maximizing operational efficiencies and reducing administrative burden. By rationalizing EHR, IOs are hoping to evolve the tools to become more 'intuitive and workflow-friendly'.

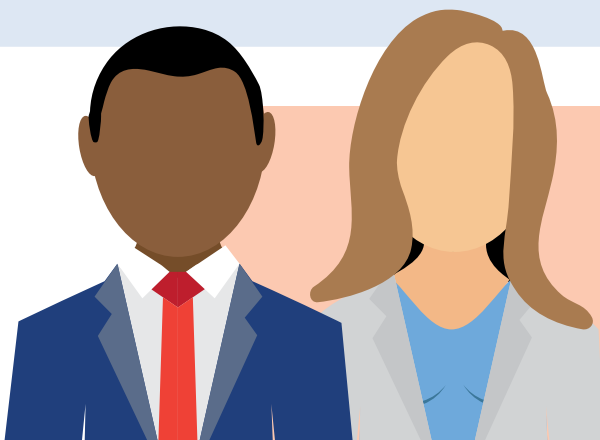
Emphasizing the importance of targeted and scalable AI training

IOs are implementing strong change management frameworks to secure clinician buy-in and are trying to better target healthcare workers based on their level of learning. This starts by moving away from a goal of retaining information on using EHR, instead moving towards training for mastery in the EHR. Part of this goal is aligning AI governance with organizational efficiency, to further scale AI at a system-wide level with support from front-line staff.

Key Quotes

*"We've had issues with core technology vendors before. **We're now paying for redundant solutions, so that if something goes down you can switch.** But it's a lot. Having terrible experience with technology vendors and application vendors."*

*"Our org has practiced to see how we can execute. Every group goes through an exercise. What happens if access to water is off, electricity is off, etc. **It took our COO taking responsibility to do this.**"*



Get to Know the IOs Persona

CIO in Brief

Serving as the senior-most technology executive at a health system, CIOs oversee tech strategy, development, implementation, and quality control. CIOs typically report to the CEO, CFO, or COO.

CMIO/CNIO in Brief

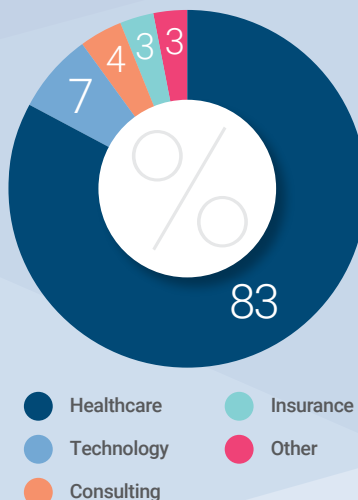
CMIOs and CNIOs report to the CIO and CPE/CNEs respectively. They oversee front-line implementation of tech and serve as liaison between informatics interests of clinical staff and executive teams.

Audit of Leading Health System IOs Profiles

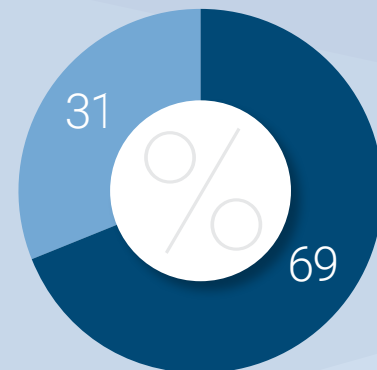
What education do CIOs have?

59% Percentage of CIOs with an MBA

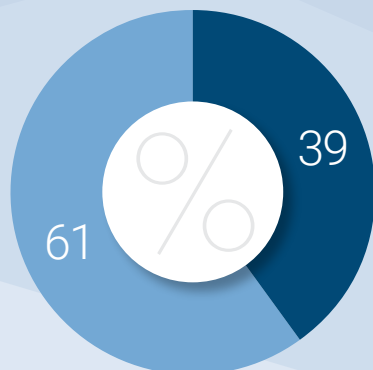
Which industries are the IOs hired from?



Where are CXIOs hired from?



Where are CIOs hired from?



● Internal to the health system
 ● External - from other health system

While most IOs are hired from within the healthcare industry, 7% transition from the tech sector into leading healthcare roles

How Long Have CXIOs Been in Seat?

6.9 years
 Average years in role

Obstacles and Investment Decision Drivers

Pain Points That May Impact Strategy Execution

- ✓ Lower IT and technology literacy across the health system may impede decision-making and broad support for IT initiatives
- ✓ Supporting requests for customization (and point solutions) while driving toward greater platform standardization
- ✓ Balancing data protections with ease of data access
- ✓ Suboptimal tools and methods for measuring ROI of technologies
- ✓ Challenging integration of new technology into workflows
- ✓ Role delineation and decision making between CXIO and other IT and analytics leaders (e.g., CISO, CMIO, CNIO, head of analytics, and Chief Digital Officer)

IOs Checklist for Choosing Solutions

- ✓ Established continuity plans and willingness to jointly scenario plan to identify risks for disruptions, outages
- ✓ Seamless interoperability with current IT solutions, particularly the EMR
- ✓ Solution can drive operational efficiency across IT functions
- ✓ Measurable hard ROI (e.g., revenue generation, efficiency, capital expense or operating expense reduction) and soft ROI (e.g., reduced admin burden, frustration)
- ✓ Low compliance risk (e.g., data sharing, information security)
- ✓ Confidence that solution company will be a trusted transformation partner



Get to Know the IOs Persona

2025 IOs Strategic Priorities and Opportunities

These are the top ten rated priorities (out of a list of 17) in The Academy's survey of Leading Health System Chief Information Officers conducted in late 2025.

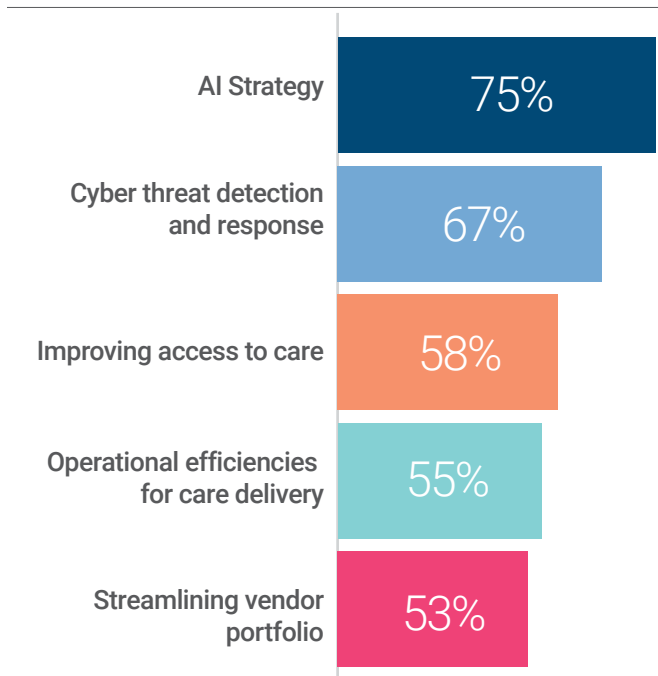
Top 10 Strategic Priorities for CHROs

| | | | |
|---|---|----|--|
| 1 | Cyberthreat detection and response | 6 | Streamlining vendor portfolio |
| 2 | AI Strategy | 7 | Strengthening the workforce* |
| 3 | Improving access to care | 7 | Alignment with clinical leaders on tech strategy and innovation* |
| 4 | Operational efficiencies for care delivery* | 9 | Automation of workflows and processes |
| 4 | Patient data security and privacy* | 10 | Reducing care team administrative burden |

* Indicates a tie

Top 5 Priorities Rated "More Important"

Percent of IOs who rated category "More Important" in 2025 versus 2024



Top 5 Improvement Opportunities

Relative to performance today

| | |
|---|--|
| 1 | Reducing care team administrative burden |
| 2 | Consumer-centered care delivery |
| 3 | Healthcare affordability |
| 4 | Improving access to care |
| 5 | AI strategy |



Get to Know the IOs Persona

2025 IOs Executive Priorities Survey Results

The chart below depicts the complete results for priority and improvement opportunity rankings for IOs according to The Academy's 2025 Executive Priorities Survey.

| Priority | Priority Rank | Improvement Opportunity Rank |
|---|---------------|------------------------------|
| Cyberthreat detection and response | 1 | 17 |
| AI strategy | 2 | 5 |
| Improving access to care | 3 | 4 |
| Operational efficiencies for care delivery | 4 | 8 |
| Patient data security and privacy | 5 | 15 |
| Streamlining vendor portfolio | 6 | 14 |
| Strengthening the workforce | 7 | 13 |
| Alignment with clinical leaders on tech strategy & innovation | 8 | 12 |
| Automation of workflows and processes | 9 | 9 |
| Reducing care team administrative burden | 10 | 1 |
| EMR platform strategy | 11 | 16 |
| Health equity | 12 | 11 |
| Site-of-service optimization | 13 | 7 |
| Consumer-centered care delivery | 14 | 2 |
| Strategic cost management | 15 | 10 |
| Organizational literacy with data and technology | 16 | 6 |
| Healthcare affordability | 17 | 3 |



What CSOs Are Working on Right Now

Diversifying Revenue to sustain mission critical work

Medicaid and Medicare Advantage (MA) denials are driving the need for revenue diversification. CSOs are investing in differentiated models to more effectively manage costs and sustain work considered “mission critical,” such as chronic disease management.

Controlling TCOC via MA investments and site-of-service optimizations

Investments in Medicare Advantage, while partially influenced by payers, are mainly driven by a commitment to patients and controlling total cost of care. This commitment also manifests in site-of-service optimization efforts, which work to CSOs’ advantage in improving operational efficiencies.

Strengthening governance structure among strategic partnerships

To instill structures of accountability, strategy teams are working to strengthen governance within their systems and across partnerships. By creating a strong system of reporting, CSOs can secure greater ROI and expect improved reporting on patient outcomes.

Rising drug cost leading to direct-to-consumer pharmacy disruption

CSOs are observing significant disruptions in specialty pharmacy access due to rising drug costs across the market. Health system strategists are working to build stronger relationships with underserved patients to better understand how to improve access to specialty prescriptions—particularly for patients experiencing menopause and those under chronic care management.

Tailoring access points according to patient demographics

By using AI tools in digital scheduling, CSOs are tailoring processes to better meet the needs of diverse patient populations. Digital scheduling helps reduce variability between provider preferences and call centers, but also introduces challenges—particularly with language barriers, leaving non-English speaking patients at risk of care coordination gaps.

Key Quotes

"You have to ask not just 'Can I do it?' but 'Should I do it?' Sometimes, a partner can operate something better than we can, and that's where real value comes in."

"Pharmacy has become a critical revenue stream—it's generating more than some of our surgical lines, and we need to think of it as more than just an operational cost."

"We've learned that digital-first scheduling is crucial, but it can't be digital-only—especially in communities with aging populations where preferences vary."



Get to Know the CSO Persona

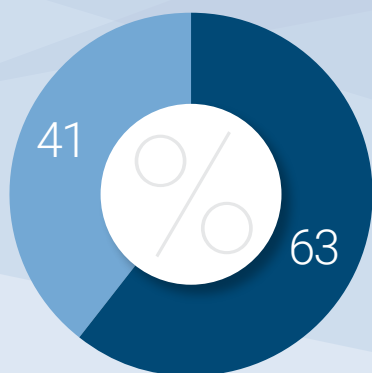
CSO in Brief

CSOs provide strategic leadership and management across a broad scope to ensure the health system performs effectively and continues to grow. They typically report to the CEO but collaborate closely with other executives—such as the COO on operations, the CFO on budgeting and finance, and the CNO on care team strategy. CSOs are often focused on defining the system’s strategic direction for the next three to five years.



Audit of Leading Health System CSO Profiles

Where are CSOs Hired From?

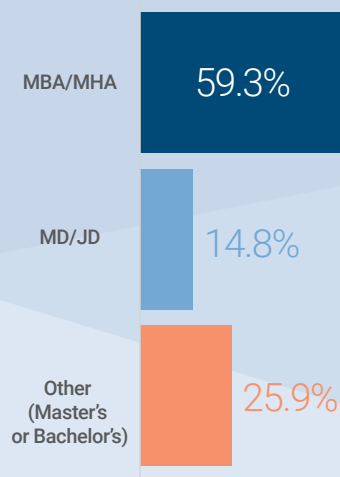


- Internal to the health system
- External - from other health system

How Long Have CSOs Been in Seat?

4.8 years
 Average years in role

What Education Do CSOs Have?



Obstacles and Investment Decision Drivers

Pain Points That May Impact Strategy Execution

- ✓ Substantial pressure to reduce costs forcing increased level of oversight and time investment into new and existing industry partner contracts
- ✓ Increased system merger and acquisition activity, creates added hurdles in creating a unified culture with standardized processes and economies of scale
- ✓ Urgency to bend labor cost growth curve, forcing need to automate certain workforce tasks (and/or outsource) and see swift and significant ROI in reducing cost and possibly non-clinician FTE requirement
- ✓ Lack of centralized data and dashboards to keep pulse on issues across system
- ✓ Labor shortages, particularly in clinical roles; management of hybrid/remote workforce in a post-pandemic environment

CSO Checklist for Choosing Solutions

- ✓ Solution reduces labor load with both hard ROI (e.g., reduced FTEs) and soft ROI (e.g., reduced admin burden, frustration)
- ✓ Solution has clear metrics that would define success across the entire health system
- ✓ Seamless interoperability with current systems
- ✓ Established continuity plans, willing to jointly scenario plan to identify risks for disruption, potential back-up plans
- ✓ Low compliance risk (e.g., data sharing, price transparency)



Get to Know the CSO Persona

2025 CSO Strategic Priorities and Opportunities

These are the top ten rated priorities (out of a list of 26) in The Academy’s survey of Leading Health System Chief Strategy Officers conducted in late 2024.

Top 10 Strategic Priorities for CSOs

- | | |
|--|---|
| <ul style="list-style-type: none"> 1 Improving access to care <hr/> 2 Operational efficiencies for care delivery <hr/> 3 Strengthening the workforce <hr/> 4 Site-of-service optimization <hr/> 5 Strategic cost management | <ul style="list-style-type: none"> 6 Provider alignment strategy <hr/> 7 Payer strategy <hr/> 8 Ambulatory footprint <hr/> 9 Partnerships or affiliations with other providers or organizations <hr/> 10 Inpatient capacity/infrastructure |
|--|---|

Top 5 Priorities Rated “More Important”

Percent of CSOs who rated category “More Important” in 2025 versus 2024



* Indicates a tie

Top 5 Improvement Opportunities

Relative to performance today

- 1 Improving access to care

- 2 Consumer-centered care delivery

- 3 Reducing care team administrative burden

- 4 Healthcare affordability

- 5 Divesting underperforming assets/services



Get to Know the CSO Persona

2025 CSO Executive Priorities Survey Results

The chart below depicts the complete results for priority and improvement opportunity rankings for CSOs according to The Academy's 2025 Executive Priorities Survey.

| Priority | Priority Rank | Improvement Opportunity Rank |
|--|---------------|------------------------------|
| Improving access to care* | 1 | 1 |
| Operational efficiencies for care delivery* | 2 | 7 |
| Strengthening the workforce* | 3 | 25 |
| Site-of-service optimization* | *4 | 10 |
| Strategic cost management* | *4 | 15 |
| Provider alignment strategy | 6 | *12 |
| Payer strategy | 7 | 26 |
| Ambulatory footprint | 8 | *21 |
| Partnerships or affiliations with other providers or organizations | 9 | *21 |
| Inpatient capacity/infrastructure | 10 | *21 |
| Reducing care team administrative burden* | *11 | 3 |
| AI strategy* | *11 | 17 |
| Consumer-centered care delivery* | 13 | 2 |
| Automation of workflows and processes* | 14 | 11 |
| Care at home strategy | *15 | *12 |
| M&A strategy | *15 | *21 |
| Digital & hybrid care models | 17 | 16 |
| Organizational literacy with data and technology* | *18 | 14 |
| Health equity* | *18 | 19 |
| Risk-based payment strategy | 20 | 18 |
| Consumer data & analytics | *21 | *8 |
| Behavioral health strategy | *21 | 20 |
| Healthcare affordability* | 23 | 4 |
| Revenue diversification outside of core care delivery | 24 | *8 |
| Direct-to-employer partnerships | 25 | 6 |
| Divesting underperforming assets/services | 26 | 5 |

* Indicates a tie



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