



▶ Jeremy Friese, MD

THE HOSPITAL OF THE FUTURE PART I

WITH INSIGHTS FROM



Nick Barcellona



Matt Cox



Sarah Hatchett



Cecelia Moore



David Nace, MD



Darshak Sanghavi, MD



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WITH SUPPORT FROM



Can healthcare leaders deliver a healthier future?

As high-tech care meets old-school constraints, the hospital of the future is not necessarily a building, but new models of care delivery.

BY JENI WILLIAMS

Senior Editor, Special Reports

It's a scene "The Jetsons" might have portrayed: A patient scheduled for surgery checks into the hospital by scanning a QR code with her smartphone, then is digitally led to her room. There, a smart TV welcomes her and orients her to the room. Soon, a robot arrives, delivering the gown she'll change into and the medication her physician requested that she take before the procedure. It will be an hour before she sees a human face.

This type of Rosey the Robot-style hospital encounter already exists in hospitals like Cedars-Sinai Medical Center in Los Angeles and Hancock Health in Greenfield, Indiana.^a But reaching this future state presents unique challenges in some older facilities.

"We don't have the infrastructure from a true 'size of the door' perspective to fit some of these robots into our platform," said Cecelia Moore, MHA, CPA, CFO and treasurer for Vanderbilt University Medical Center in Nashville, Tennessee.

"I think we'll get there, but I do think it's going to take some retrofitting and building to be able to use those types of tools. If you've got an older facility, that's going to be tough

a. "Robots help nurses get the job done - with smiles and beeps," Cedars Sinai Newsroom, YouTube, Dec. 8, 2021; and Woods, N., "Hancock Health rolls out first-of-its-kind robot in hospital to boost efficiency," WRTV Indianapolis, YouTube, Oct. 31, 2025.

“
We're at a
crossroads in
healthcare.”

Jeremy Friese, MD, founder
and CEO of Humata Health

PHOTOS BY MARSHALL CLARKE; COVER ILLUSTRATION OF AN
IMAGE BY MARSHALL CLARKE



► **Cecelia Moore, MHA, CPA, CFO** and treasurer for Vanderbilt University Medical Center in Nashville, Tennessee, says existing infrastructure can be a hurdle for tech adoption.

to do,” she said. “We went to use a little piece of technology, and we thought it was going to be great, and then we realized: ‘Oh, yeah, our infrastructure won’t support it right now.’ That was a real eye-opener for us.”

Across the industry, the pace of change in healthcare is putting pressure on healthcare leaders to develop a future-forward point of view about what’s next and what’s needed.

Nearly nine out of 10 healthcare finance professionals surveyed by HFMA believe technological innovation will be one of the forces that will reshape healthcare the fastest. Also a driving force: the need to make healthcare more affordable and reduce costs of care (66%). Regulatory and policy changes ranked third at nearly 57%.

About 44% of healthcare finance professionals also predict “significantly more” care will be provided outside hospital walls within 10 years, while nearly 37% say it will at least be “moderately more.”

But as the baseline of what’s possible in healthcare changes rapidly, there are also signs that the industry is clinging to an old model of healthcare delivery.

A recent analysis indicates that health systems are investing a record amount on new hospital construction, far more than on outpatient facilities like ambulatory surgery centers.^b And while an Oliver Wyman report projects that annual healthcare spending could rise to \$9 trillion in the next decade unless the industry recommits to affordability, healthcare leaders are concerned their organizations aren’t prepared to meet the moment.^c

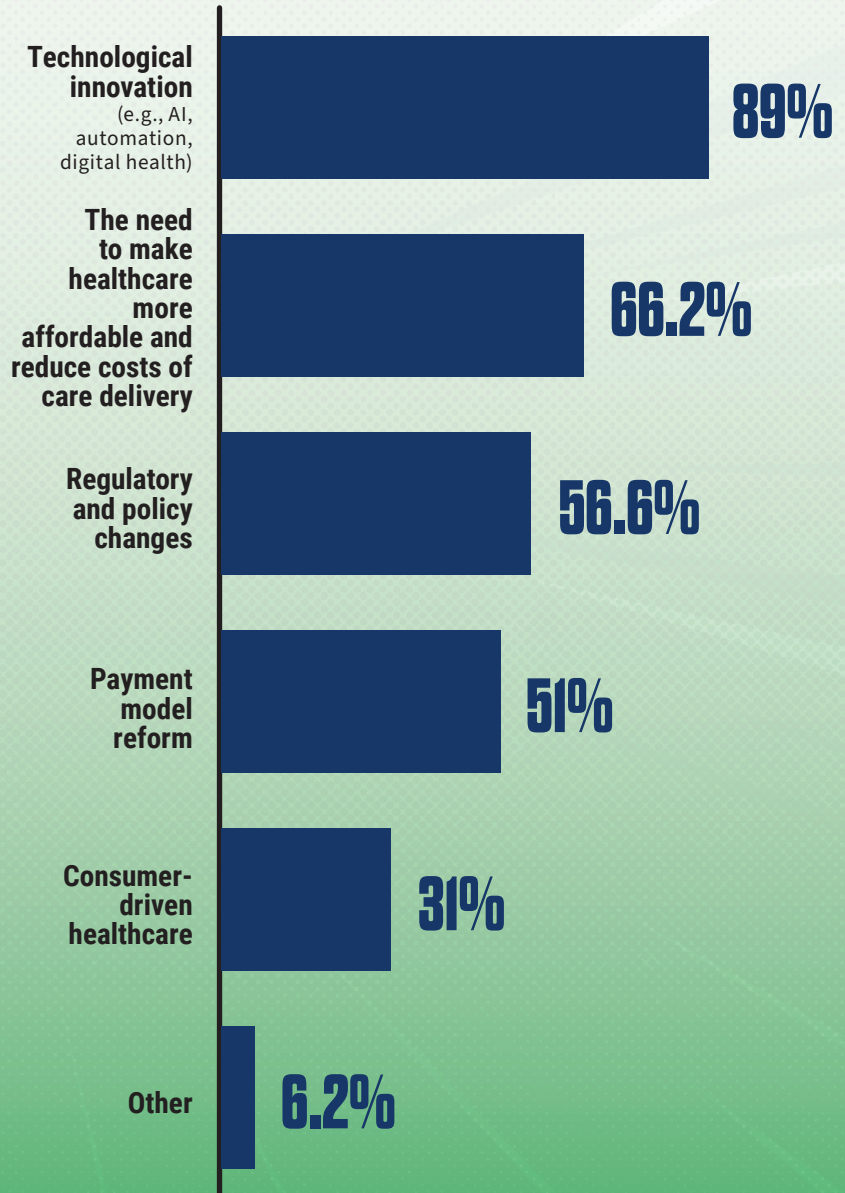
b. Daly, R., “FastFinance: Hospital building surge; AI-coding study pushback,” HFMA FastFinance Podcast, March 17, 2026.

c. Hoban, C., Strull, R., Flignor, M., and Kreutzer, Z., “Healthcare’s growing affordability crisis,” Oliver Wyman, January 2025.

SURVEY QUESTION

Tech innovation and affordability concerns drive push toward healthcare transformation

In your view, what are the forces that will reshape healthcare the fastest?



n=145

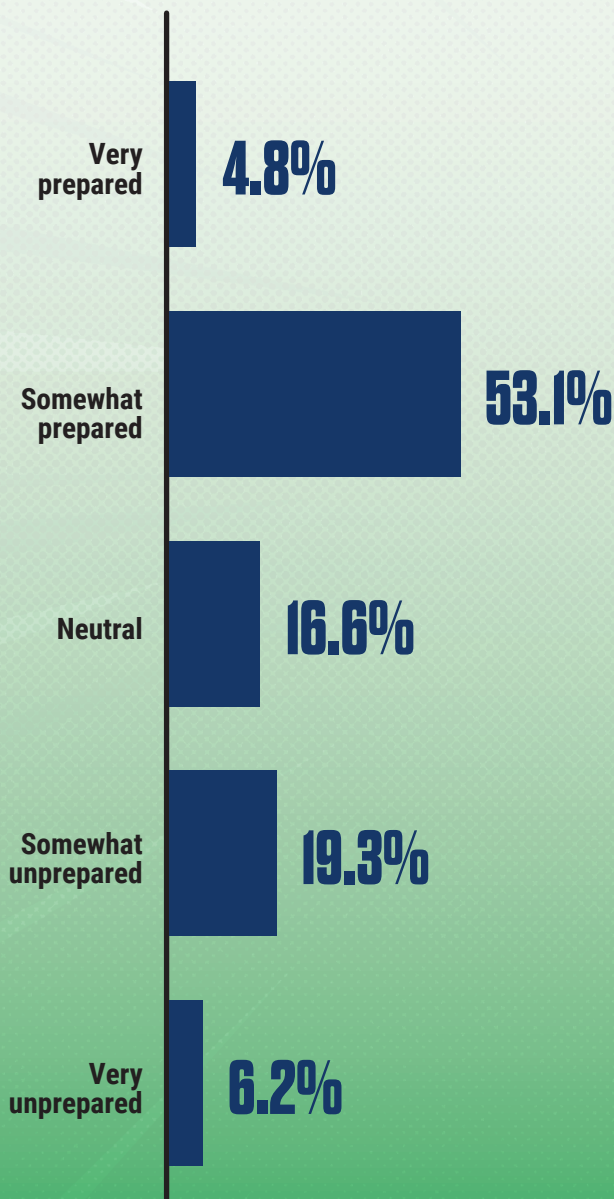
Note: Survey participants could select more than one response.

Source: HFMA survey of healthcare finance professionals, Jan. 27-Feb. 16, 2026

SURVEY QUESTION

Majority have confidence in C-suite's ability to lead the hospital of the future

How prepared do you believe senior healthcare leaders are to lead the hospital of the future?



n=145

Source: HFMA survey of healthcare finance professionals, Jan. 27-Feb. 16, 2026



► **David Nace, MD, HFMA** Healthcare Leadership Council member, believes the hospital of the future will be “a digital-first, patient-centric ecosystem that extends care beyond physical walls into homes.”

Among HFMA survey respondents, one out of four believe leaders are somewhat or very unprepared to lead the hospital of the future.

“We’re at a crossroads in healthcare,” said Jeremy Friese, MD, founder and CEO of Humata Health, a prior authorization-focused tech company.

“For the first time ever, nobody is financially on solid footing,” he said. “Historically, it’s been a situation where either the providers were OK or the payers were OK, but it was like a zero-sum game, and you were just moving money around. We’re now at the first time ever where our economy essentially revolves around healthcare, and healthcare finances are not sustainable, period. If it doesn’t change in 10 years, we’ll have a major problem.”

THE GROWING IMPERATIVE FOR A DIGITAL-FIRST DELIVERY MODEL

For healthcare leaders, one challenge of predicting what the hospital of the future will look like is the difficulty of letting go of the current model of care, according to David Nace, MD, HFMA Healthcare Leadership Council member and chief medical officer for Innovaccer, which leverages data to support value-based care.

“People don’t like change, but impermanence is just a fact of life, and it’s speeding up when it comes to the future of care delivery,” Nace said.

He believes the hospital of the future will be “a digital-first, patient-centric ecosystem that extends care beyond physical walls into homes, utilizing data-driven, predictive insights.”

In such a world, hospitals with physical walls will still be required, but their role, design and function will undergo transformation, he said. And those walls may need to be highly adaptable.

“There’s a lot of discussion around buildings needing to have prefabricated, removable, flexible walls so the configuration of a room

On whether the United States will be closer to an affordable and sustainable healthcare system by 2036:



Baby steps closer. This is a highly complex problem being regulated by people with limited understanding and personal/political agendas that are at odds with reform.”

Hospital of the Future survey respondent

could be shifted quickly depending on what’s needed in the moment,” Nace said.

Sarah Hatchett, senior vice president, CIO for Cleveland Clinic, said accelerated advancements in healthcare technology, including AI, are prompting leaders to carefully consider their facility needs in a world of tech-enabled care.

“We’re talking a lot about how the building itself needs to be designed, anticipating some of these scaling-type technologies,” Hatchett said. “How do we create buildings that are more flexible — for example, with walls that can be moved, these sorts of things, because you simply can’t know exactly what it is that will be needed in the future?”

“We have to be able to start building physical plants that can flex up and down depending on how this technology starts to show up. We’re already seeing that happen today.”

HOSPITALS COULD PLAY A REDUCED ROLE IN A MORE DIVERSIFIED ECOSYSTEM

For healthcare leaders, gauging the hospital of the future’s role in the healthcare ecosystem — and preparing their organizations for this future state — also has become a leadership imperative.

Among healthcare finance professionals surveyed by HFMA, nearly half (about 47%) envision that the hospital of the future will primarily provide care for people with advanced and critical care needs. About one in five believe hospitals will remain the acute care hub of a health system.

When Nick Barcellona, CFO for WVU Medicine, a regional health system with 25 hospitals across West Virginia, Ohio, Pennsylvania and Maryland,

considers whether the hospital of the future will be a place or more of a platform, he envisions it could be “a little of both.”

He expects hospitals will offer a higher concentration of acute services, with lower acuity care delivered via telemedicine or in outpatient or ambulatory settings or the home.

“I think technology is going to look dramatically different, and I think we’re kidding ourselves if we think we know what that’s going to look like in 10 years,” said Barcellona, whose undergraduate degree is in computer engineering.

“I do think we will be required to utilize technology in a lot of different ways in the hospital of the future, specifically when I think about the talent pipeline and the shortage of physicians and nurses and other care providers,” he said. “The advent of technology and how we utilize that to deliver care is going to dramatically transform the way we interact with our patients.

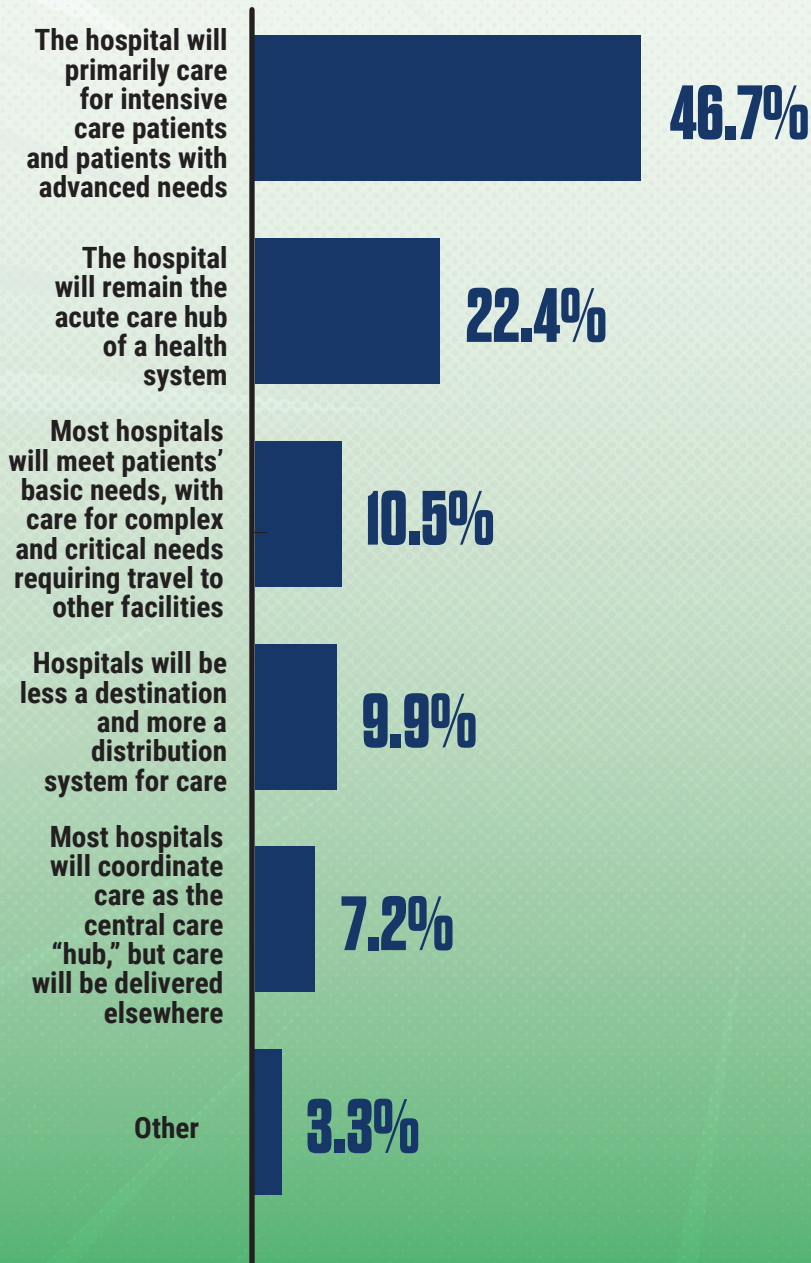
“That said, I do also think the four walls of the hospital are still going to exist. I think we are always going to need emergency departments and intensive care units or suites and, essentially, quaternary care, tertiary care. People are still going to get sick. They’re still going to need complicated heart surgery, complicated cancer care, transplants, emergent care, and I think all of those things are still going to be done within the four walls of a hospital.”

In Friese’s view, hospitals can either become a convener of care — sick care and wellness care — or their role in the healthcare ecosystem can become dramatically smaller.

SURVEY QUESTION

Opinions vary on what the hospital of the future could look like

When you think about the hospital of the future 10 years from now, do you envision that the hospital will be a place, or more of a platform?



n=145

Source: HFMA survey of healthcare finance professionals, Jan. 27-Feb. 16, 2026



► **Darshak Sanghavi, MD**, chief medical officer for Machinify, believes that complexities that have very little to do with the actual patient care system have been added to areas of healthcare for too long.

“The kind of leaders that embrace the platform approach will be the leaders that drive scalable hospital systems that deliver on the promise of well care and sick care,” Friese said.

“We need to move from a brick-and-mortar sick care model toward plotting an interconnected platform of technologies that deliver well care and sick care focused on the patient, focused on customer service and patient well-being,” he said.

ADOPTING AI AND REDUCING WASTE

As healthcare leaders think about the future of care and care delivery, some changes in approach already are occurring with advancements in technology, especially AI.

“With the introduction of AI, we’re starting to see shifting in that hospital care model from reactive to more predictive in nature,” said Hatchett of Cleveland Clinic. “Automation and AI are going to help us with coordinating and monitoring decision support around that care. So, for example, insights are going to be surfaced to clinicians as part of their workflow.”

As technology is deployed at scale throughout the care ecosystem, Hatchett anticipates this will amplify the care delivery model, but also make it “a lot less human dependent.”

There is also increased focus on the need to remove administrative waste from the U.S. healthcare system. By 2035, PwC anticipates that \$1 trillion in annual healthcare spending will be redirected from administrative overhead and brick-and-mortar facilities toward next-generation care.^d According to PwC, such a move could elevate healthcare from a model where costs are breaking the system toward a care delivery model that:

^d. PwC, *From breaking point to breakthrough: The \$1 trillion opportunity to reinvent healthcare*, Sept. 17, 2025.

- Strengthens the ability to anticipate disease before symptoms emerge
- Supports continuous, personalized and predictive care that evolves with the individual
- Empowers tech-savvy consumers to pay out of pocket for care innovations that might be incorporated by commercial health plans and government payers
- Replaces an infrastructure-heavy delivery model with virtual command centers and consumer-facing technologies that allow consumers to receive care when and where they need it and empower clinicians to focus on complex care interventions

The vision of a system where administrative strain and waste give way to more personalized, connected care is within grasp, said Darshak Sanghavi, MD, chief medical officer for Machinify, which focuses on removing waste related to healthcare payment.

Moreover, he believes it can be achieved within the next decade.

“For too long, we have dramatically added complexity to the areas of healthcare that, in fact, have very little to do with the actual patient care system,” Sanghavi said.

“I’m a pediatric cardiologist, and I still take care of children with complex heart defects and take care of children in primary care as well,” he said. “The administrative load in healthcare is already getting a little better, honestly. I think about the amount of time I used to spend trying to find a chest X-ray, or when I did an echocardiogram, sending it via a VCR videotape — and this was just 10 or 15 years ago. Now, it’s all digital. So already, technology is making that better.”

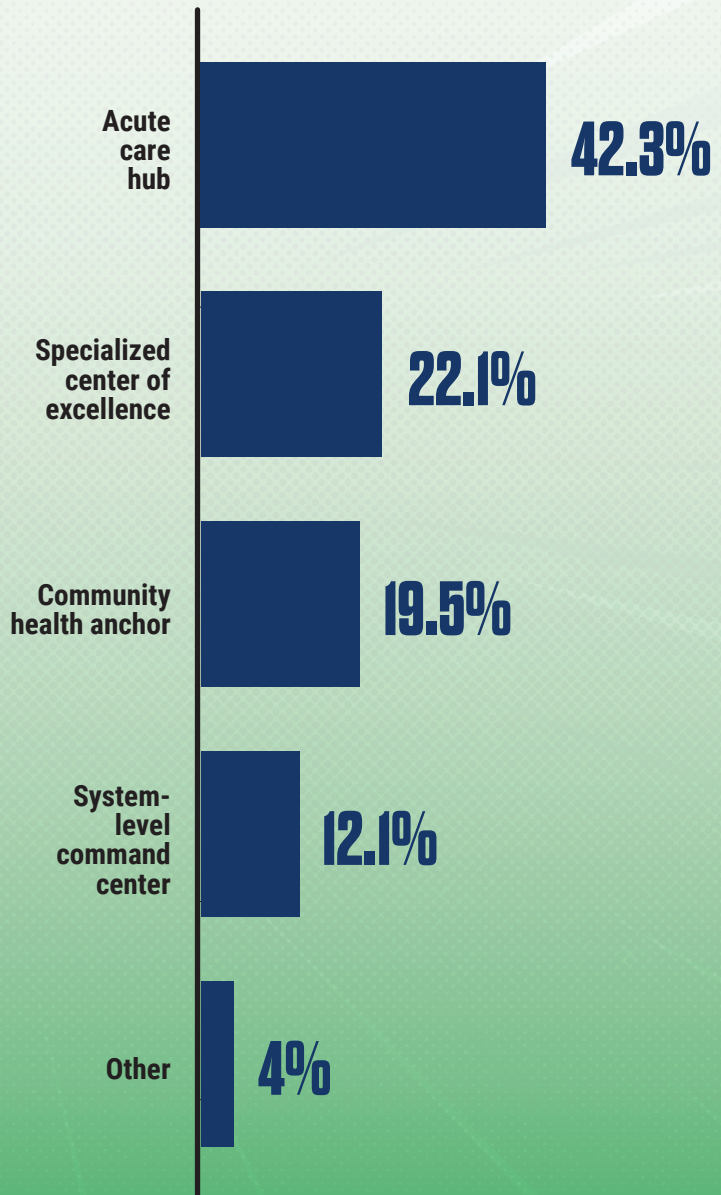
At Corewell Health, a Michigan-based not-for-profit health system that operates 21 hospitals, efforts to strip administrative waste from advanced primary care have significantly improved access to care. That, in turn, has decreased emergency department visits and hospitalizations while improving patient satisfaction scores.

For example, in 2023, Corewell Health launched an inboxologist program where a registered nurse initially reviews all incoming messages in a physician’s inbox. The nurse

SURVEY QUESTION

Acute care hub or system-level command center?

What do you view as the hospital’s primary role in the future healthcare ecosystem?



n=145

Source: HFMA survey of healthcare finance professionals, Jan. 27-Feb. 16, 2026

4 WAYS TO PREPARE FOR THE HOSPITAL OF THE FUTURE

1 Become well-versed in what AI can do — and what it can't. “I think we all need to be more technology-savvy so that we're not just asking the question, ‘What's the ROI?’ but also, ‘Are we going to do a proof of concept? How quickly? Does this allow us to provide higher quality care? Does it allow us to take care of a bigger population with the same hard footprint?’” said Cecelia Moore, MHA, CPA, CFO and treasurer for Vanderbilt University Medical Center in Nashville, Tennessee.

2 Strive to be a visionary thinker. “In general, when people are trying to advance healthcare and health technologies, there is a tendency to want to do something that feels familiar to you,” said Darshak Sanghavi, MD, chief medical officer for Machinify. “Oftentimes, hospitals — even when they're nonprofit — are incentivized by quarterly margins. It's more difficult to picture, ‘What does a patient experience look like in three years, five years or 10 years?’”

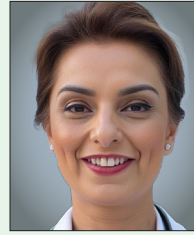
3 Take the time to fully understand an AI tool's capabilities before pushing it out to your team. “If the person who's using it doesn't find value in what's there, they're probably going to quickly forget about it and say, ‘That's not for me,’” said Sarah Hatchett, senior vice president and CIO for Cleveland Clinic. “You only get one shot with folks as far as their ability to trust and adopt the AI tools. If you try to push it too early and the product is not quite ready yet, you may miss an opportunity to improve the product.”

4 Lean into storytelling in communicating your vision for the future. “The number one skill for leaders in an AI world is storytelling,” said Jeremy Friese, MD, founder and CEO of Humata Health. “Leaders who are able to tell a story in a way that helps people understand and move in a direction of adopting advanced technologies will be the ones who thrive, and their organizations will be the ones that thrive.”



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Sarah Hatchett, senior vice president, CIO for Cleveland Clinic



► **Rima Shah, MD**, senior vice president and chief medical officer for Corewell Health, says automation helped decrease the physician's in-basket by 50%, clearing the way for more patient visits.

addresses messages that can be managed independently and then forwards the remaining messages to the advanced practice provider, or inboxologist, who handles the majority of the messages. Only messages that specifically require a physician's expertise are routed to the physician, and they are carefully teed up so that the physician doesn't spend extra time searching through the chart for relevant information.

“Prior to Covid, our primary care providers were getting about 600,000 messages a year via MyChart. After Covid, that increased to 3 million,” said Rima Shah, MD, senior vice president and chief medical officer for Corewell Health. “The inboxologist was created as a way to reduce their inbox burden.”

Corewell Health hired 30 inboxologists. The results were dramatic.

“We decreased the physician's in-basket by 50%. There has never been anything I have tried that has decreased the in-basket by 50%. That's a huge impact,” Shah said. “By doing that, we were able to add 20,000 more patient visits in eight months.”

Corewell Health also reimagined how patients under full-risk arrangements are connected with the care they need.

“In a traditional primary care clinic, let's say you have a patient who calls and says, ‘I'm on my way to my visit today, but I've got a flat tire, so I'm going to need to reschedule.’ If you're in a normal fee-for-service clinic, the receptionist would likely say, ‘OK, we'll get you in as soon as we can,’” said Matt Cox, FHFMA, CPA, executive vice president, CFO for Corewell Health and 2026-27 HFMA Chair.

“When you're in one of our advanced primary care clinics, what we would say is, ‘Wait there. We're going to come and pick you up, and we're going to get someone to fix your tire. It's really important that you get in today because we're managing your diabetes, and you need to meet with your physician.’”

Similarly, when these patients have health concerns outside of their appointments, they are connected with a nurse who assesses their needs, offers care advice and determines whether they should come into the office for care.

“It’s really about focusing on the patients who need care the most and helping them be seen when they need to be seen,” Cox said. “We keep slots open so they can get in right away if something has changed with their health.”

Ultimately, the future of primary care will be a model that shifts from visit- and physician-based care toward team-based, technology-enabled, continuous care of patients, Shah said.

That’s an area where AI could make an impact.

“We’ve got a massive labor problem in healthcare, and we need to solve that with technology,” said Friese of Humata Health. “We aren’t going to crank out more doctors, nurses and techs and revenue cycle staff. We’re just not. And so we have to solve those problems with robots and software. The manufacturing industry has been doing this with both AI and robots. We need to embrace some of that.”

HOSPITALS OF THE FUTURE START WITH IMAGINATION, COURAGE

In an episode of “The Jetsons,” the Peek-a-Boo Prober — a talking pill that gave George Jetson’s doctor a view of his esophagus and stomach in seconds — was decades ahead of its time.^e Today, that invention is awfully similar to a capsule endoscopy camera.^f But even in this

futuristic world, a human doctor still directed the care experience and assessed the results.

“The reality is, we’re still going to need good leaders. We’re going to need good caregivers. We’re going to need good problem solvers, because the AI is not perfect, either,” said Barcellona of WVU Medicine. “And we’re going to need someone who can help navigate and bridge the gap between our care delivery and what some of these tools are doing on the back end.”

For CFOs, it’s a call to embrace the technologies that are advancing care and operations, but in a controlled way, he said.

“I think we have to be out there listening and seeing what other sectors are doing and learning and then bringing that back to our teams and allowing those teams to be creative,” he said.

“You need to continue to develop and continue to learn, and that skill is transferrable regardless of the tool or technology.”

Staying curious is just as important, Cox said.

“People who are curious are going to be willing to experiment and try new things, and they’re going to take risks,” Cox said. “And I think all those things are necessary for the future.” ■

About the author

Jeni Williams is senior editor, special reports with HFMA, based in Downers Grove, Ill.

e. “Test Pilot,” Season one of “The Jetsons,” Dec. 30, 1962.

f. Mayo Clinic staff, “Capsule endoscopy,” Mayo Clinic, Oct. 30, 2025.



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Matt Cox, HFMA, CPA, executive vice president and CFO, Corewell Health



This report was developed with generous support from HFMA business partners. In this supplement, they share their perspectives on the report's findings and how healthcare leaders may prepare for healthier futures.

Focus on patient care and access transcends hospital-centric model



agshealth 

CHERYL CRUVER

President, U.S. Markets and
Chief Commercial Officer

Healthcare is undergoing a fundamental shift. The feedback highlighted in this report confirms that the physical, hospital-centric model is no longer the industry's foundation. In its place, a more distributed, digital and financially disciplined care platform is emerging.

For revenue cycle leaders, this transformation is deeply operational. As care expands across ambulatory, virtual and home-based settings, the revenue cycle must evolve into an enterprise capability that supports the entire patient financial experience.

Health systems are rapidly shifting care and revenue opportunities outside the hospital. This introduces complexity and new opportunities. The anecdote from Matthew Cox about the patient who gets a flat tire on the way to their appointment — and receives a ride to the appointment and help fixing their tire — illustrates what's possible. There are opportunities to use revenue cycle data — whether from eligibility, authorization or social determinants of health (SDOH) — to help reduce friction and guide patients to the right care at the right time.

Forward-thinking organizations are already doing this. By identifying barriers, they can intervene earlier

and help patients keep appointments, access care and avoid delays. For instance, if SDOH indicators show a patient has transportation challenges, providers can target interventions such as home health services or reimbursing ride-share fares for necessary in-person visits. What was once administrative data is now a powerful tool to improve both access and outcomes.

At the same time, AI is becoming foundational for revenue cycle management. Beyond enhancing documentation, coding accuracy and charge capture, it enables more effective orchestration and prioritization through predictive modeling, automation and next-best-action insights. These capabilities direct resources to the highest-impact activities, lowering cost to collect while improving financial outcomes and supporting a more seamless, transparent financial experience.

These changes come amid mounting financial pressure. Reimbursement shifts, rising patient responsibility and payer complexity are tightening margins across the industry. In response, health leaders are reevaluating strategies to strengthen financial resilience.

In this environment, revenue cycle management goes beyond collecting dollars to removing barriers to care and driving growth. Organizations that harness revenue cycle data and technology to simplify access and anticipate patient needs will be best positioned to succeed.

The hospital-centric model may be waning, but the revenue cycle role is only expanding.

The accuracy imperative and the hospital of the future



BEN BEADLE-RYBY

Chief Revenue Officer
and Co-founder

The hospital of the future is often imagined in visible terms: smarter facilities, digital front doors, virtual care, command centers, robotics and AI-enabled workflows.

All of that will matter. But one of the most important foundations of the future hospital will be far less cinematic: accuracy.

Healthcare is an information business wrapped around a human mission. Every clinical decision, claim, quality measure, workforce plan and financial forecast depends on whether the underlying record reflects what actually happened. When the record is incomplete or inconsistent, the consequences don't stay neatly confined to coding or billing. They ripple across reimbursement, quality performance, payer friction, staffing decisions and the patient story itself.

That is why the findings in this report are so critical. Nearly nine out of 10 healthcare finance professionals believe technological innovation will reshape healthcare the fastest.

Two-thirds point to the need to make healthcare more affordable. The next era of healthcare finance will be defined by whether technology can help health systems reduce waste while capturing a more complete picture of care.

For decades, revenue cycle teams have worked within the practical limits of human scale. They sampled. They audited. They reviewed the highest-risk encounters. They chased denials after the fact. This was not a failure of expertise. It was a failure of capacity. No health system could expect its best people to deeply review every encounter, every record, every time.

Large language models change that equation. For the first time, AI can read clinical records with context, identify documentation gaps, surface coding opportunities and help experts focus their judgment where it matters most. It's not AI instead of people. It is AI extending the reach of people.

The clean claim of the future will not simply be one that passes through the system without edits. It will be one that accurately reflects the care delivered, supports appropriate reimbursement, strengthens quality reporting and reduces avoidable friction.

The hospital of the future will need imagination, courage and new operating models. It will also need something more basic: a reliable account of the care it provides. Accuracy is not back-office hygiene. It is strategic infrastructure.



The next era of healthcare finance will be defined by whether technology can help health systems reduce waste while capturing a more complete picture of care.”

You can't build the hospital of the future on a billing model designed for the past



cedar

SETH COHEN

President

HFMA's "Hospital of the Future" report lays out a compelling vision: digital-first care, AI-enabled workflows and PwC's projection that within 10 years \$1 trillion will have been redirected from administrative waste toward next-generation care. The leaders quoted are right that hospitals are at a crossroads. They're right that the platform model is gaining ground. They're right that curiosity and storytelling matter.

But one topic deserves more airtime in the conversation: the patient financial experience.

The hospital of the future will be defined not just by how it delivers care, but also by how it gets paid for it. And increasingly, who pays.

The financial experience most health systems invested in was built for a specific kind of patient: continuously insured, financially stable, comfortable navigating a portal. That patient still exists. But across Cedar's platform, only 28% of patient dollars now resolve cleanly. The other 72% — patients cycling in and out of Medicaid, patients with commercial coverage and no financial cushion underneath it, and patients with no

coverage at all (now nearly 40% of collectible dollars, up 54% in three years) — require specialized strategies the existing workflow was never designed to handle.

And it only gets harder. When OBBBA's Medicaid cuts take effect and expired enhanced ACA subsidies ripple through the system, it is widely projected that more than 10 million patients will lose coverage over the next 10 years — the same horizon that leaders in this research were asked to imagine.

The care side is asking the right questions: *What does this patient need, and how do we respond before they disengage?* The financial side is still mostly asking: *Did the statement go out on time?*

That gap has consequences. Patients have already moved on. According to Cedar's research, half of patients are using AI tools like ChatGPT to interpret their bills, not because they prefer it, but because the system has not given them a better option. AI is already becoming part of the billing journey. Providers can either shape that experience directly or watch patients piece it together on their own.

Building the hospital of the future requires the same precision on the financial side that the care model is developing on the clinical side. A uniform billing experience applied to a non-uniform patient population is a mission problem as much as it is revenue cycle problem.

The care model is being redesigned for patients as they actually exist. The financial model has to follow.

How to protect revenue in a digital-first ecosystem



 solventum

THEA CAMPBELL

Business Director, Revenue Cycle /
Revenue Integrity

As the hospital of the future evolves into a more digitally enabled, connected ecosystem, revenue cycle operations must evolve in parallel. HFMA's reporting points to a "digital-first, patient-centric ecosystem" that extends beyond hospital walls and leans on predictive, proactive insights. In that world, the revenue cycle can't be built primarily around downstream correction. It must become a continuous discipline of prevention, validation and learning embedded across the care continuum before issues surface as avoidable financial risk.

A practical starting point is to treat data integrity as a financial control, not an IT project. Automation and AI can reduce administrative burden, but only when the underlying data are trustworthy. Otherwise, organizations scale rework instead of eliminating it. This is especially true in areas where small upstream gaps produce outsized downstream consequences: medical necessity signals, authorization requirements, documentation completeness and denials.

HFMA survey findings highlight both the speed of technological change and the affordability imperative

reshaping healthcare. For finance leaders, that means building an operating model where revenue integrity is proactive and measurable, grounded in clear ownership and closed-loop feedback. Instead of asking teams to chase denials after the fact, organizations can use patterns to identify root causes and hardwire fixes into workflows, so issues are prevented before they become revenue leakage.

This requires governance as much as technology. HFMA emphasizes that leaders need to understand what AI can do and what it can't before scaling tools because trust is difficult to earn and easy to lose. A lightweight, repeatable approach is to:

1. Define the decision points where prediction or automation is truly helpful
2. Establish performance metrics tied to financial and operational outcomes
3. Embed human review where risk is highest
4. Continually retrain people and processes based on results

As hospital priorities shift toward AI strategies and revenue cycle transformation, the winners will be those who connect the dots by aligning data, workflows, accountability and technology so revenue protection becomes part of everyday care delivery not an after-action cleanup effort.



Leaders need to understand what AI can do and what it can't before scaling tools because trust is difficult to earn and easy to lose."

Intelligent, trustworthy operating model key to the hospital of the future



**KYLE
FETTER**
COO



**SANJAY
KUMAR**
CTO

The HFMA “Hospital of the Future” survey makes clear that technology is no longer a supporting function in healthcare — it is becoming foundational to how hospitals operate, deliver care and sustain financial performance. Nearly nine in 10 healthcare finance leaders identified technological innovation, including AI and automation, as being the force most rapidly reshaping the industry, with revenue cycle performance cited as the area where AI is expected to deliver the greatest value.

Most notable is the pragmatic mindset behind this shift. Leaders are not simply looking to automate tasks. They also are aiming to build intelligent, connected operating models that reduce friction, surface coverage risk earlier and improve decision making. Capabilities such as situation-response AI, denials prevention and payer performance intelligence reflect a move away from reactive rework toward proactive, standardized operations grounded in reliable data.

As care continues to move beyond the hospital’s physical walls into virtual, ambulatory and home-based settings, the need for secure, interoperable systems becomes even more critical. The hospital of the future will rely on technology that connects data across the continuum while maintaining trust through strong governance, security controls and ethical AI practices that protect patients, providers and organizations. Responsible AI is not optional. Transparency, auditability and avoidance of bias must be designed from the start to ensure technology augments, rather than undermines, confidence and outcomes.

Workforce dynamics further reinforce the need for change. Survey respondents identified workforce as the largest future cost pressure and expect hybrid staffing models — particularly in revenue cycle operations. The goal is not workforce elimination, but relief and empowerment, using AI to address growing work backlogs, reduce avoidable manual effort, provide intelligent decision-making support and free experienced teams to focus on higher-value problem-solving and innovation. In many ways, AI will be a trusted assistant to the medical staff.

The organizations best positioned for the next decade will treat transformation as an operating model shift, not a technology implementation. Success will come from deploying secure, ethical AI that is embedded in real workflows and measured by meaningful financial and operational results. The hospital of the future will ultimately be defined not by the tools it deploys, but by how intelligently — and responsibly — it applies them.

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healthcare financial management association

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Healthcare Financial Management Association

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