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# THE HOSPITAL OF THE FUTURE PART 2

▶ Jonathan Witenko

WITH INSIGHTS FROM


Chris Allen


Nick Barcellona


Matt Cox


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WITH SUPPORT FROM

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▶ **Jonathan Witenko**, system director of digital transformation for Lee Health in Fort Myers, Florida, said new technology allows the hospital room to become part of the care team.

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

# Technology drives a new era of healthcare

## *As technology reshapes hospitals and health systems, leaders weigh investments that aim to improve care, reduce costs and strengthen financial sustainability.*

**BY JENI WILLIAMS**
Senior Editor, Special Reports

Ten years ago, Lee Health set out to create smart hospital rooms that would improve the patient experience by providing real-time health information, connecting patients and families and supporting clinical workflows. Today, leaders say one of the greatest returns is the extent to which clinicians have embraced the innovation.

"It's really about making the room part of the care team," said Jonathan Witenko, system director of digital transformation for Lee Health, a five-hospital, not-for-profit health system in Southwest Florida.

As the health system continues on its smart-room journey, every bed in its children's hospital, Golisano Children's Hospital in Fort Myers, Florida, is outfitted with futuristic technologies, from interactive televisions to digital whiteboards — including a custom-designed whiteboard for neonatal intensive care unit (NICU) patients.

"We took a close look at, 'How do we use the room to augment the coverage of nurses, doctors and other professionals to gain as much insight into the patient's health as possible while offloading some of the manual, repetitive tasks they perform, like checking a patient's blood pressure at 2 a.m.?'" Witenko said.

"For instance, we're exploring an incontinence sensor in our skilled nursing and memory care units that can alert teams to the need for assistance," he said. "There are also ambient technologies that can continuously track vital signs and patient movement and prompt nurses to check up on the patient. And all of this information can be integrated directly into the EHR in real time, capturing trends for the care team."

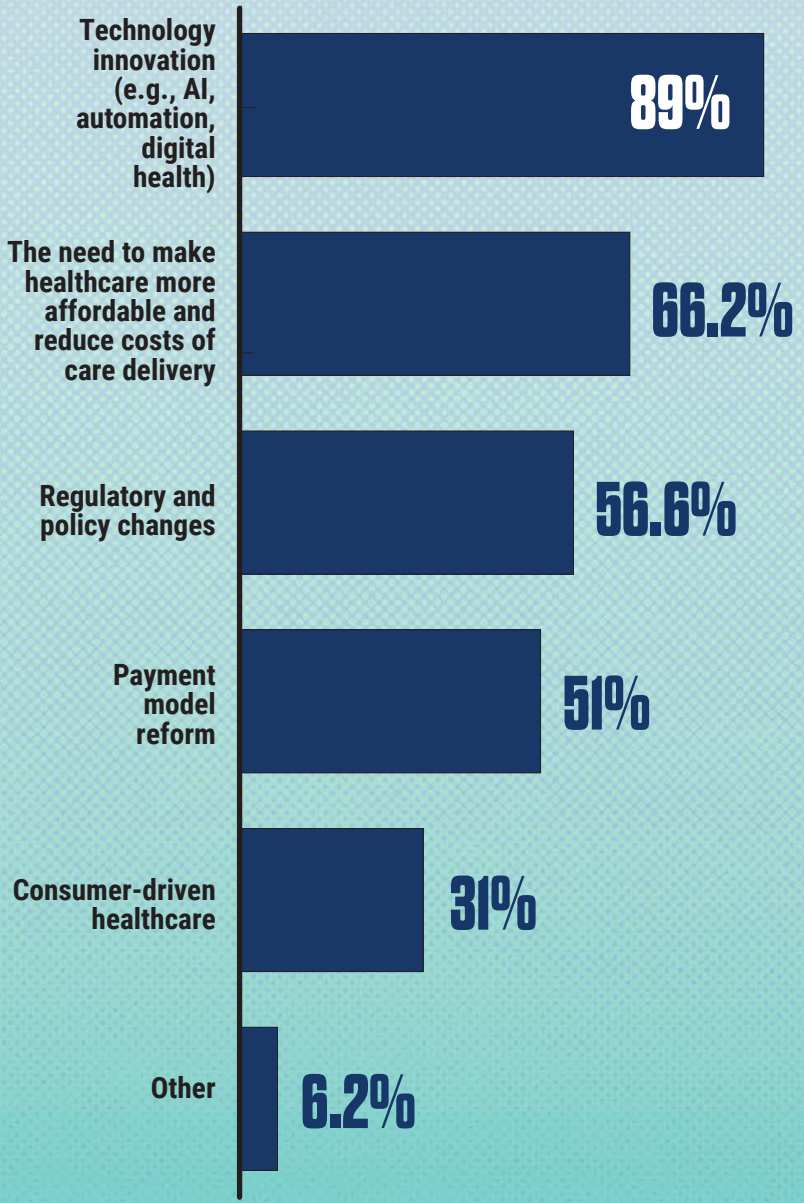



PHOTO COURTESY OF LEE HEALTH

▶ **Lee Health is building the infrastructure for smart rooms at its facilities.** At Golisano, in Southwest Florida, smart patient rooms enable parents who can't be at the bedside to join physician rounds virtually, hear updates from their child's care team and ask questions in real time.

## SURVEY QUESTION

### *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

**A FUTURE-FOCUSED STRATEGY WITH A SYSTEMWIDE VISION**

Now, Lee Health is building the infrastructure to expand the approach across all its hospitals. Future iterations of smart rooms will be able to detect which physician or nurse has walked into the room and display their information on the whiteboard for patients and families to see. One important aspect of this process: rethinking the experience of care with technology and applying that vision fully to plans for investment, Witenko said.

At Golisano, smart patient rooms enable parents who can't be at the bedside to join physician rounds virtually, hear updates from their child's care team and ask questions in real time. Pediatric patients enjoy TVs equipped with a PlayStation and children's movies. For NICU parents, access to educational videos via a TV at their infant's bedside ensures they stay on top of discharge requirements.

"Now, we can start to work toward, 'What does the future look like?'" Witenko said.

"Even for technologies that haven't been invented yet, we can create a foundation to incorporate those technologies into the patient room."

Nearly nine out of 10 healthcare finance professionals surveyed by HFMA believe technological innovation will be the force that reshapes healthcare the fastest over the next decade.

Among the specific technologies leaders say will push hospital innovation forward, AI/automation overwhelmingly ranks at the top at nearly 84%, according to an HFMA survey. Predictive analytics ranks second at nearly 37%, closely followed by precision medicine/genomics at 35%. (See the exhibit on the next page.)

**DETERMINING HOW TO APPROACH HEALTH TECH INVESTMENT**

As healthcare leaders significantly ramp up investments in digital tech, two questions will demand their attention:

- Where are the best places to deploy tech investments to improve quality of care and the patient experience while protecting financial sustainability?
- What will new capabilities — including AI and automation — mean for operations and the hospital workforce?



▶ **Chris Allen,** executive vice president and CFO for UChicago Medicine, said making the wrong decisions today about technology may cost an organization far more in the future.



▶ **Jeff Gautney,** senior vice president and CIO for Rush University System for Health in Chicago, envisions a healthcare model where patients are more empowered to take care of themselves.

Forward-thinking leaders are evaluating ways to drive innovation and protect the long-term financial health of their organizations.

"It's not always about dollars and cents in today's space, because making the wrong decision today will cost us far more in the future," said Chris Allen, executive vice president and CFO for UChicago Medicine.

"Whether to replace equipment on a nursing floor with today's technology or look at tomorrow's technology, knowing that it might be more expensive, but it could advance patient care for the future — that is the type of question we ask ourselves every time we consider a new technology investment," Allen said.

**HEALTHCARE INNOVATION REQUIRES FINANCIAL DISCIPLINE**

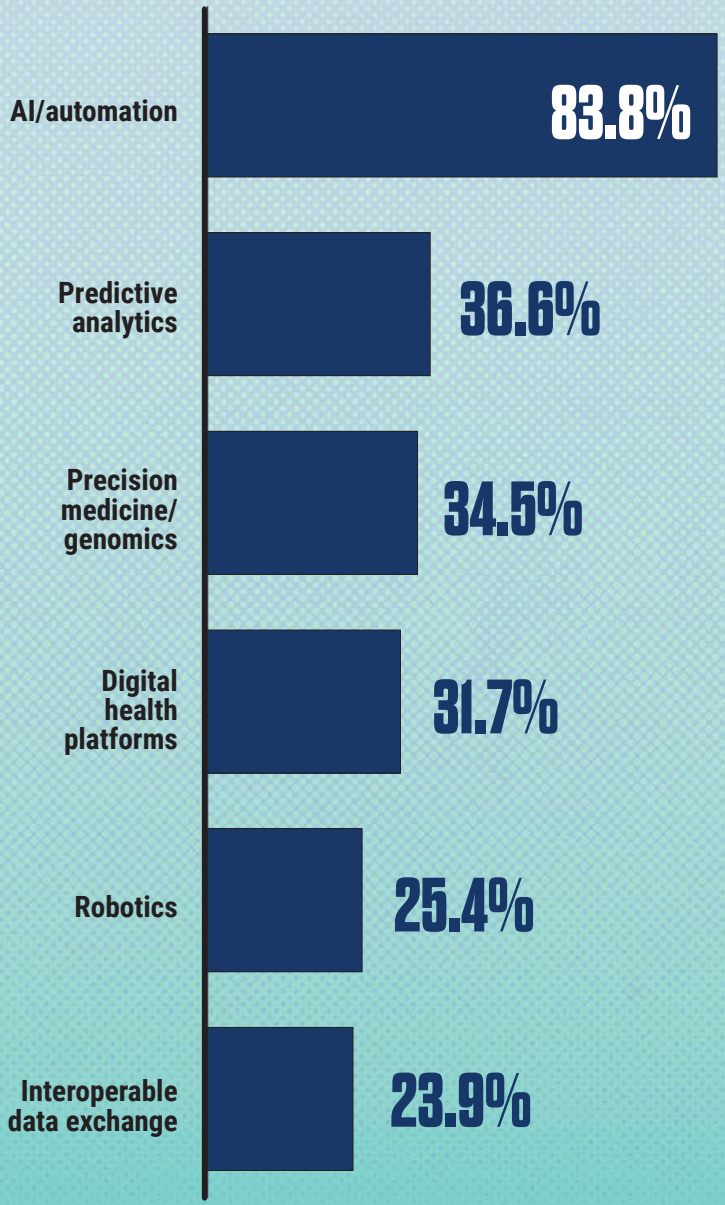
When Jeff Gautney, senior vice president and CIO for Rush University System for Health in Chicago, thinks about the future of healthcare, he envisions a model where patients are more empowered to take care of themselves and live longer lives.

He believes the hospital of the future will equip consumers with the tools they need to manage their health, connect with their care teams and navigate care more easily.

"It's essential to our survival to be an AI and digital organization," Gautney said. "We're becoming known in our market as an organization that is learning how to wield these technologies and is comfortable putting out solutions that meet the needs and desires of our patients and our consumers — and that positions us to grow.

## SURVEY QUESTION

### *Hospitals will be most fundamentally reshaped by which technologies in the next decade?*




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

### *In your view, where will AI deliver the most value for hospitals in the next decade?*

**Participants' top three responses:**




n=145

Note: Survey participants could select more than one response.
Source: HFMA survey of healthcare finance professionals, Jan. 27-Feb. 16, 2026

"It's not a question of whether we need to invest in digital transformation. When we weigh digital investments, there's a lot of discussion with our digital transformation committee."

Gautney said key discussion points have included:

- Can we be successful at this?
- Do we have the right sponsorship?
- Is there a market for this?
- Is this a capability we could grow into?

"We're not a poor organization, but we're also not a gigantically wealthy organization, so we need to be very careful with the choices we make and choose the technologies that we know we can be successful in deploying," Gautney said.

As leaders commit to digital transformation, one HFMA survey respondent anticipates access to real-time intelligence will be a defining characteristic of the hospital of the future.

"AI will shift healthcare finance from retrospective reporting to predictive analytics, enabling proactive intervention for both clinical outcomes and financial performance before issues materialize," the survey respondent wrote.

**PERSONALIZING CARE WITH TECHNOLOGY**

At Peoria, Illinois-based OSF HealthCare, leaders launched an automation imperative in 2024 aimed at generating $200 million in financial impact from the use of automation and AI over a 10-year period. Today, the health system has documented nearly $98 million in positive financial impact in expense savings and revenue gains through AI and automation initiatives, said CFO Kirsten Largent. One initiative — My Visit Guide, a digital tool that personalizes the care preparation experience for colonoscopy visits — decreased colonoscopy cancellation rates by 18% in one year. It did so by reducing the fear and uncertainty associated with this procedure.



▶ **Kirsten Largent,** CFO of OSF HealthCare in Peoria, Illinois, said that AI and automation have contributed to financial savings and improved care for patients.

**SURVEY RESPONSE**

> **The hospital of the future will decisively integrate AI with human potential. We will harness AI to enhance both everyday essential tasks and complex procedures. ... Sustainability will be a top priority, ensuring optimal care to patients while keeping healthcare costs manageable for both patients and facilities and maintaining a steady revenue stream."**
>
> **HFMA survey respondent**

Developed by the OSF Innovation Studio and the health system's digital innovation development team, My Visit Guide generated estimated financial savings of more than $900,000 in its first year.

Largent acknowledges that the $200 million automation imperative initially drew concern from staff.

"It was a bold goal," she said. "We tried to break it down to: 'What does that really mean as far as a percentage of our overall expense and our cost structure?'"

Sharing successes has been key, she said.

"We have a dedicated team for margin sustainability, and we do a monthly report-out to our One OSF team, which includes all of the presidents from our OSF hospitals and the senior vice presidents at our central ministry services," she said. "That continuous transparency and measurement and showing of the wins helps get all of our mission partners excited about how they can make an impact."

But for many organizations, financial ROI from digital investments has so far proven challenging to achieve. As a result, some have started to judge transformational technology investments by their long-term operational value, rather than immediate ROI.

### SMART WALLS AND LONG-TERM PAYOFFS

When discussing high-cost, high-impact technology investments like a smart wall initiative, Alyssa Kasiewicz, Lee Health vice president and chief nurse and operations executive for children's health, frames discussions around the performance metrics that demonstrate value.

"We're not going to have dollar-for-dollar ROI, but having the patience to wait for the impact on metrics like coordination of care, length of stay and readmissions is critical," Kasiewicz said.

"Those types of metrics, I think, will be lagging, but I think we'll see them. We had philanthropic support to install [smart walls] at our children's hospital, which is why it was an easy win. But it's an investment to install that in all of your legacy infrastructure.

"When I think about the hospital of the future, or the hospital room of the future, it really is about using technology to the highest capable level to ease the burden for our clinical teams that are caring for our patients. And we've only just begun."



**Alyssa Kasiewicz,** vice president and chief nurse and operations executive for children's health at Lee Health, frames discussions on technology investments around performance metrics.

# 4 WAYS CFOs CAN BE ARCHITECTS OF DIGITAL INNOVATION



**1 Strive to be technology savvy.** Establish a strong relationship with the organization's chief AI officer or another top IT lead. "Having a safe space where I can ask questions about what a particular technology can do has been really critical," said **Nick Barcellona, CFO, WVU Medicine, based in West Virginia.**



**2 Double down on workplace culture.** "Technology alone isn't going to cause the transformation or improvements," said **Kirsten Largent, CFO for Peoria, Illinois-based OSF HealthCare.** "We really have to pay attention to workflow redesign to help ensure technology initiatives are successful. As we empower teams to be more successful with innovation, we've intentionally focused on culture, measurement and transparency in areas with high turnover or where we have difficulty recruiting. This allows us to learn from challenges quickly and pivot when needed."



**3 Look for opportunities to gain more from existing tech partnerships.** Among those surveyed by HFMA, 44% expect technology vendor partnerships to be critical to hospital success.[a] "There's so much new technology that's coming out, and a lot of it is from small companies that have figured out new ways to do things," said **Matt Cox, FHFMA, CPA, executive vice president, CFO for Corewell Health in Grand Rapids, Michigan**, and 2026-27 HFMA Chair. "There are a lot of opportunities to partner with these vendors in new and different ways."



**4 Be intentional in determining where to deploy new technologies.** "As leaders, we're going to have to be really specific about selecting use cases and giving people the tools they need," said **Cecelia Moore, MHA, CPA, CFO and treasurer for Vanderbilt University Medical Center in Nashville, Tennessee**. "We're going to have to say: 'These are the 10 tools that we know other organizations are using. Let's try to do this project. Let's use the technology in this particular manner.' I don't think we're there yet, based on the conversations I'm hearing — and we need to be."

**a.** HFMA survey of healthcare finance professionals, Jan. 27-Feb. 16, 2026.

### ALIGNING TECH INVESTMENTS WITH STRATEGIC PRIORITIES

When it comes to determining where to deploy transformational tech, leaders agree: There must be a business case associated with investment.

"We don't pursue technology just for technology's sake," said Gautney of Rush. "It really is about ensuring that those are investments that align with our strategic priorities and position us for the future of healthcare delivery."

For Gautney, other key considerations include whether the health system has:

- The finances to support the technology
- Teams that are willing to sponsor and own the tech
- Executive leadership support for the investment
- Confidence in the potential for ROI

"It should be core to how we think about the future of how we're going to deliver care," he said.

One digital initiative at Rush is Rush Connect, which delivers virtual specialty care in 10 specialty areas, from women's health to sports cardiology, cancer second opinions, transplant intakes and more. The impact on reputation scores and net promoter scores has been striking: 93% of patients who use the virtual specialty care program would recommend Rush to their family and friends.

Digital initiatives like this are also expanding the health system's reach. Among cancer second opinion patients, 92 of 113 patients seen during a recent four-month period were new to Rush.

"We're expanding the different types of people we can provide service to, which is a big part of the goal," Gautney said.

Taking a measured, disciplined approach to digital innovation ensures teams don't lose sight of the objectives for the deployment, according to Allen of UChicago Medicine. It also positions teams to move quickly when it comes to implementation.

"We forget sometimes that if you throw 15 projects at the same group of people at one time, nothing gets done," Allen said. "So, setting priorities around what is most important — and making sure that initiatives get done in an efficient, effective manner — is essential. And then, you know, speed is everything. It's everybody's mantra: 'We've got to get it done fast so we can move on.'"

> **I think the health systems out there that are overwhelmed with digital transformation because it's expensive need to know: You don't have to eat the elephant in one bite. It's really one bite at a time."**
>
> **Jonathan Witenko,** system director, digital transformation for Lee Health



**ASSESSING THE HUMAN IMPACT OF INNOVATION**

Increasingly, healthcare leaders are being called on to increase efficiency and remove administrative burden that limits the time clinicians can spend with patients and increases healthcare costs. By 2035, PwC anticipates that $1 trillion in annual healthcare spending will be redirected toward next-generation, AI-supported care.[a]

"This has a benefit not just in reducing staff turnover, but also in improving clinician satisfaction and patient satisfaction," Gautney said. "Patients feel like they're being heard and have more time with their clinician, while clinicians gain the capacity to treat more patients because technology is helping them become more efficient and effective."

But there's no denying that engineering the hospital of the future is a difficult and highly complex endeavor. Such work comes at a time when many hospitals face intense pressure to increase human capacity with AI amid staffing and resource constraints.

Lee Health's Witenko has this advice: Create a digital transformation road map — and implement it at a pace that aligns with your organization's priorities.

"I think the health systems out there that are overwhelmed with digital transformation because it's expensive need to know: You don't have to eat the elephant in one bite. It's really one bite at a time," Witenko said. ∎

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

## About the author

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




## MISSED PART 1?

Read *The Hospital of the Future: Can healthcare leaders deliver a healthier future?* to explore how healthcare leaders envision the hospital of the future — and the challenges they'll face in getting there.

THE HOSPITAL OF THE FUTURE
PART 2 SUPPLEMENT

**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.**

# AI must earn its place in healthcare operations by showing its value




agshealth

**MAXIM ABRAMSKY**
Chief Product Officer


For healthcare finance leaders, every technology investment competes for capital, staff attention and implementation capacity. The discipline is in deciding where technology can create sustained, measurable value. As with any capital investment, AI and automation must earn their place through validated outcomes aligned to each healthcare organization's unique goals and priorities.

AI and automation solutions can appear deceptively simple. They process information and perform tasks faster than people, but they cannot repair poor workflows, clarify accountability or supply the judgment required. Without a defined purpose, AI can become an expensive technology layer for stretched teams to manage.

The opportunity is clear, given that 45% of surveyed leaders identify revenue cycle accuracy and efficiency as the areas where AI will deliver the most value. We see this daily in clinical appeals. AI can locate and summarize information in medical records, organize evidence and prepare a foundation for analysis. But a physician must interpret the patient's circumstances, evaluate the output and take responsibility for explaining why care is medically necessary. Technology accelerates the process; expertise determines its quality.

Corewell Health CFO Matt Cox points to new ways of partnering with technology vendors. And 44% of surveyed leaders see value in such partnerships and expect them to be critical. The instinct is right: The constraint is rarely the tool. The constraint is who owns the outcome.

AI automation is powerful, but technical capability alone cannot show where it creates value. That takes deep revenue cycle knowledge and an understanding of how technology affects workflows, staff, financial performance and patient experience.

Healthcare leaders need a pragmatic perspective that challenges assumptions and offers guidance on where automation should and should not be used. Recommendations begin with outcomes, then orchestrate technology, governance, workflows and expertise around them.

Before scaling, set the target: what improves, by how much and by when. If the gain is not visible at that mark, the technology has not earned its role. The hospital of the future will be defined by how deliberately leaders invest, how effectively technology is put to work and whether the result gives people greater capacity for the decisions, relationships and care that require human judgment.

# The autonomous mid-cycle keeps the patient story intact



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**BEN BEADLE-RYBY**

Chief Revenue Officer
and Co-founder

The middle revenue cycle has one job: carry an accurate account of care from documentation through coding and onto the claim.

Today, that story passes through separate teams, systems and review queues. Each handoff creates another chance for context to be lost.

Health system leaders see both the problem and the opportunity. In this report, 45% say revenue cycle accuracy and efficiency are where AI will deliver the greatest value, more than double any other response.

That makes sense. The record shapes reimbursement, quality reporting and risk adjustment. When it misses the complexity of the care delivered, the consequences move downstream.

Earlier automation solutions worked best in simpler outpatient facility coding, where records are shorter and patterns more predictable.

Inpatient care is different. A single stay can generate more than 60 documents, with important details spread across notes, labs, orders and discharge summaries. Rules and keyword searches can't reliably assemble that clinical picture.

Large language models (LLMs) can. They can interpret the full record in context, connect evidence documented at different points in the encounter and be fine-tuned to a health system's patient population, clinical criteria and documentation practices. That advance makes broader autonomy finally possible.

The longer-term opportunity is one LLM-based platform that follows the patient story across the entire mid-cycle: inpatient and outpatient, clinical documentation integrity and coding. During the encounter, it can surface documentation opportunities. After discharge, it can code encounters within approved confidence thresholds. Pre-bill optimization can review the broader population and catch what remains. Every result stays tied to the source record, and each health system decides where autonomy has earned its trust.

Some cases will still need experienced professionals. The difference is that their time can go to the cases where judgment matters, instead of reviewing work that the technology has already proven it can handle.

The destination is not just a faster version of today's revenue cycle. It is a fundamentally different operating model, where AI handles an increasing share of the work and healthcare professionals can focus their expertise where human judgment matters most.

> **"The destination is not just a faster version of today's revenue cycle. It is a fundamentally different operating model."**

# Patients, 'the fastest-growing payer,' could also be the best-performing one



cedar

**DUGAN WINKIE**
Chief Strategy Officer

Artificial intelligence is becoming part of nearly every layer of the hospital of the future: the exam room, the nurse's inbox, the supply chain and predictions of readmissions. The next frontier is the patient's financial experience, the moment care becomes a bill for patients and providers alike.

That matters because finance leaders expect AI to deliver the most value in revenue cycle accuracy and efficiency, alongside clinical quality and workforce productivity. Hospitals already sense where the return sits, but their EHRs haven't caught up, and neither will generic AI layered on top. The fix is automation that is purpose-built for this problem.

Patients are now healthcare's "fastest-growing payer," according to one CFO in Cedar's 2026 study, and system-of-record billing portals were not built for the variability of patients' financial lives. Cedar's *2026 Healthcare Financial Experience Study* found nearly 77% of patient dollars fall into difficult-to-collect cohorts: patients who are uninsured, underinsured, digitally disengaged or managing complex bills.

Bolting generic AI onto a one-size-fits-all bill simply accelerates the friction. What patients need is technology that can interpret context, explain responsibility and move a balance toward resolution.

Multi-year road maps are costly, but speed cannot come at the expense of judgment. The goal isn't automation alone. It's a financial experience that is clearer, more responsive and more trustworthy.

There's a trust question here, and the stakes are high. Getting a payment request wrong tells an already-stretched patient that the system doesn't understand them. That breaks trust. Untrusting patients then disengage instead of working to resolve the issue.

For some providers, a bad review is a real risk. For all, the bigger risk is the balance that never gets paid, showing up months later as bad debt.

Either way, AI that can't answer and resolve what a patient owes isn't a value-accruing pillar of your financial strategy. It's a shiny object.

The strategic test for financial AI is not whether it sounds human. It is whether it can tell patients what they owe, explain why and help resolve the issue without adding friction. Clinical AI helps hospitals deliver care. Patient financial AI determines whether patients can understand what comes after.

The modern hospital cannot be intelligent in the exam room and primitive at the point of payment. The question is not whether hospitals will use AI, but whether they apply it where financial complexity, patient trust and provider economics meet.

# The hospital of the future runs on connected intelligence



solventum

**HARI BALA**
Chief Technology Officer

Healthcare leaders are investing heavily in digital transformation, but technology alone won't define the hospital of the future. The organizations that succeed will be those that connect people with technology and workflows in ways that make care more efficient, more sustainable and more human.

Across healthcare, leaders are looking to AI and automation to reduce administrative burden, improve operational performance and create capacity for clinicians. Yet many organizations continue to struggle with fragmented processes, disconnected systems and manual work that slow decision-making and introduce unnecessary complexity. The challenge is no longer access to technology. It's turning technology into action.

The next evolution of healthcare will be driven by connected intelligence, where information flows seamlessly across clinical, operational and financial workflows. When documentation, clinical insight, coding, quality measures and revenue integrity processes work together, organizations are better positioned to identify risks earlier, improve accuracy and support more informed decisions.

This shift has implications far beyond the revenue cycle. Clinicians spend less time searching for information. Teams gain greater visibility into opportunities for improvement. Leaders can move from retrospective review and correction to proactive intervention and prevention.

AI plays an important role, but its value is greatest when embedded directly into everyday workflows. Rather than creating more alerts or more work, AI should help healthcare organizations gain meaningful insights, automate routine tasks and guide teams toward the actions that matter most.

The hospital of the future will not be defined by any single technology. It will be defined by how effectively organizations connect people, processes and intelligence across the continuum of care.

As healthcare leaders evaluate where to invest, one principle remains clear: Technology delivers its greatest impact when it helps organizations improve both the experience of care and the business of care. By creating more connected, intelligent workflows, health systems can reduce friction, strengthen financial resilience and give clinicians more time to focus on what matters most: caring for patients.

> "Technology delivers its greatest impact when it helps organizations improve both the experience of care and the business of care."

# Future-forward RCM: deterministic at the core, agentic at the edge



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**SANJAY KUMAR**
Chief Technology Officer

Healthcare revenue cycle technology has reached an inflection point. For years, innovation has focused on automating deterministic workflows such as eligibility, coding edits, claim validation, submission and payment posting. Those capabilities delivered meaningful gains and remain essential to modern revenue cycle operations.

Yet much of today's financial and operational burden exists outside those routine transactions. Denials, prior authorizations, missing documentation, policy ambiguity and changing payer requirements consume disproportionate effort, delay reimbursement and add pressure to constrained workforces.

Traditional automation excels when rules are clear and outcomes are predictable. Healthcare reimbursement, however, increasingly requires interpretation, investigation and judgment. The opportunity is not to replace human expertise, but to apply it only where it creates the greatest value.

The next generation of revenue cycle management will therefore be deterministic at the core and agentic at the edge. The core will continue processing predictable transactions accurately and at scale through governed business rules. Agentic AI will engage at the edge, where ambiguity prevents deterministic processing from moving forward with sufficient confidence.

At the center of this vision is the digital billing agent. Unlike traditional automation, which executes predefined tasks, a digital billing agent is outcome driven. Its objective is to resolve reimbursement obstacles and help secure payment.

When a claim encounters an exception, the agent can investigate the issue, gather relevant clinical and payer context, evaluate resolution strategies and determine the next best action. It may resolve high-confidence issues autonomously, prepare medium-confidence recommendations for approval and escalate lower-confidence situations with supporting evidence and a clear rationale.

This capability changes exception management from static backlogs and manual research to continuously advancing resolution processes. Revenue cycle professionals will spend less time gathering information and more time applying judgment where it matters most.

Trust must be designed into this model. Agentic reasoning should remain separate from the system of record, with actions governed, explainable and auditable. Human oversight remains central, but the work reaching people will be more informed, focused and valuable.

The future of RCM will not be defined by more automation alone. It will be defined by intelligent systems that know when rules are sufficient, when reasoning is required and when human expertise must take the lead.

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healthcare financial management association

The Healthcare Financial Management Association (HFMA) equips its more than 150,000 members nationwide to navigate a complex healthcare landscape. Finance professionals in the full range of work settings, including hospitals, health systems, physician practices and health plans, trust HFMA to provide the guidance and tools to help them lead their organizations, and the industry, forward. HFMA is a not-for-profit, nonpartisan organization that advances healthcare by collaborating with other key stakeholders to address industry challenges and providing guidance, education, practical tools and solutions, and thought leadership. We lead the financial management of healthcare.

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