



2026

Industry Insights
**Chief Physician
Executive (CPE)**
Persona

What CPEs Are Working on Right Now

Building Agile Infrastructure to Navigate Policy Volatility

CPEs are standing up cross-functional command structures and policy task forces to absorb the pace of executive orders, Medicaid reforms, and funding shifts coming out of Washington. They are scrubbing public-facing language, issuing weekly leadership digests, and coordinating with government affairs to make real-time decisions about which services to protect, consolidate, or sunset. The goal is less about reacting to each directive and more about embedding regulatory monitoring into everyday operations.

Translating Policy Impact into Community Stories

CPEs are positioning clinicians as the translators-in-chief for legislators and communities, pairing data with human impact to make the consequences of funding cuts and access losses tangible.

Moving AI from Pilot to Scaled Clinical Impact

CPEs are shifting AI conversations from vision to deployment, prioritizing a focused set of problems rather than chasing every available tool. They are deploying AI for administrative relief (discharge workflows, patient transfer decisions, ambient documentation) and exploring clinical applications—such as using AI to identify at-risk patients awaiting procedures and drive adherence to evidence-based care protocols across multiple hospitals. Clinician involvement in validation and explainability has become the gating criterion for partner selection.

Rethinking Workforce Models to Extend Capacity and Retain Physicians

CPEs are moving away from one-size-fits-all employment toward flexible engagement models — including hybrid arrangements, shared-savings agreements, and streamlined contracting — designed around what individual physicians value, whether that's schedule control, practice autonomy, or academic involvement. At the same time, they are extending clinical capacity by embedding pharmacists, APPs, and virtual care teams alongside physicians, and investing in residency expansion to build longer-term physician pipelines in high-growth markets.

Exploring Genomics as a Standard of Care Through Partnership

A growing number of CPEs are treating genomics as clinically essential rather than financially rewarding, using external partnerships to avoid capital-intensive lab builds and accelerate time to market. They are investing in governance structures, early legal alignment, and transparent consent models to protect patient trust as data sensitivity grows.

Key Quotes

"We can't wait for things to happen — we have to plan proactively. These changes are going to completely decimate margins."

"We've been terrible storytellers. We're the translators-in-chief."

"Start with the problem, not the technology. Pick 5 things that are most important and go after them."

"We as a group have to figure out how to see more patients without doctors. We can't keep throwing people at the problem."

"None of us can do this [genomics work] alone, but the power of coming together and the scale of data is really important."



Get to Know the CPE Persona

CPE in Brief

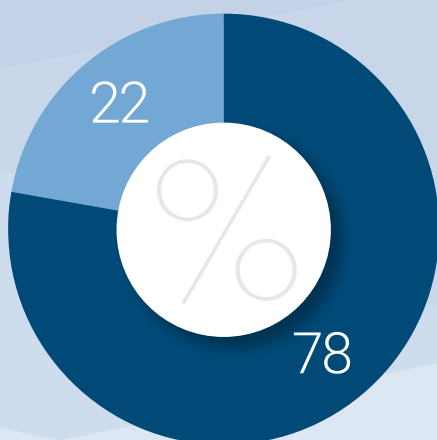
As the highest-level clinical executive at a health system, CPEs are always physicians and typically report to the CEO. The role spans clinical quality, service line integration, physician workforce strategy, and population health. Many systems are now splitting the former CMO role into a Chief Clinical Officer and a Chief Physician Executive.



Time in Seat

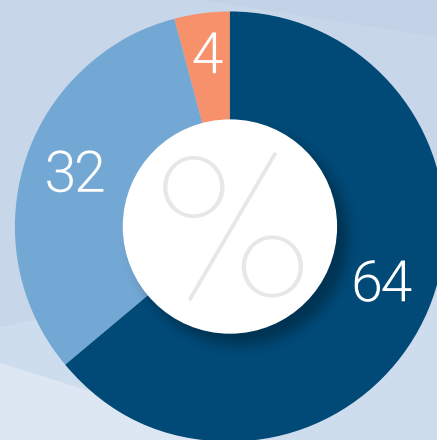
4 years
Average years in role

Where are CPEs Hired From?



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

What Titles Do CPEs Use?



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

Obstacles and Investment Decision Drivers

Pain Points That May Impact Strategy Execution

- ✓ Mounting financial pressure from Medicaid reforms, expired ACA subsidies, and 340B scrutiny, compressing clinical investment capacity
- ✓ Moral distress among middle managers executing cost cuts while protecting patient care
- ✓ AI tool sprawl without consistent governance, creating overlapping algorithms and vendor fatigue
- ✓ Public perception of declining quality driven by access bottlenecks, even as clinical outcomes improve

CPE Checklist for Choosing Solutions

- ✓ Delivers clinician-validated evidence of success with comparable physician groups
- ✓ Reduces administrative burden without forcing workflow toggling across applications
- ✓ Aligns with a shared-risk or shared-savings partnership model, not transactional contracting
- ✓ Demonstrates transparency and explainability in clinical recommendations
- ✓ Enables rapid pilot-to-scale pathways with measurable outcomes at each phase



2026 CPE Priorities and Opportunities

These are the top ten rated priorities and improvement opportunities (out of a list of 27) in The Health Management Academy's survey of Leading Health System Chief Physician Executives (CPEs) (n=16), conducted in late 2025.

Top 10 Strategic Priorities for CFOs

- 1 AI strategy (e.g., governance, implementation, partnerships)*
- 2 Maximizing revenue capture
- 3 Improving clinical care quality and standardization*
- 4 Improving patient access*
- 5 Operational efficiencies for care delivery (e.g. throughput optimization)
- 6 Automation of workflows and processes
- 7 Consumer-centered care delivery (e.g., omni-channel, personalized, on-demand)*
- 8 Strengthening the workforce (e.g., retention, recruitment, upskilling)*
- 9 Strategic cost management*
- 10 Supply chain efficiency and resilience*

Top 10 Improvement Opportunities *Relative to performance today*

- 1 Care at home strategy (e.g. acute services, infusion)*
- 2 Patient affordability
- 3 Automation of workflows and processes
- 4 Divesting underperforming assets/services
- 5 AI strategy (e.g., governance, implementation, partnerships)*
- 6 Consolidating select clinical services*
- 7 Investment in cutting edge services/innovation (e.g. precision medicine)
- 8 Site-of-service optimization (e.g., investment/mix of inpatient, ambulatory, virtual)
- 9 Care team well-being/burnout*
- 10 Consumer-centered care delivery (e.g., omni-channel, personalized, on-demand)*

* Indicates a tie

2026 CPE Executive Priorities Survey Results

The chart below depicts the complete results for priority and improvement opportunity rankings for CPEs (n=16) according to The Academy's 2026 Executive Priorities Survey.

Priority	Priority Rank	Improvement Opportunity Rank
AI strategy (e.g., governance, implementation, partnerships)*	1*	5*
Maximizing revenue capture	2	18*
Improving clinical care quality and standardization*	3*	26*
Improving patient access*	3*	12*
Operational efficiencies for care delivery (e.g. throughput optimization)	5	24
Automation of workflows and processes	6	3
Consumer-centered care delivery (e.g., omni-channel, personalized, on-demand)*	7*	9*
Strengthening the workforce (e.g., retention, recruitment, upskilling)*	7*	26*
Strategic cost management*	9*	17
Supply chain efficiency and resilience*	9*	25
Digitally-enabled care delivery (e.g., telehealth, remote monitoring)*	11*	14
Payer strategy (e.g., contract management, increasing yield)*	11*	18*
Site-of-service optimization (e.g., investment/mix of inpatient, ambulatory, virtual)*	11*	8
Physician alignment strategy (e.g., compensation model, JVs)	14	15*
Ambulatory footprint (e.g., asset mix, capacity, coverage)*	15*	15*
Value-based care performance*	15*	18*
Care team well-being/burnout	17	9*
Inpatient capacity/infrastructure*	18*	18*
Leadership development and succession planning*	18*	23
Enterprise-wide clinician capacity and deployment strategy	20	9*
Consolidating select clinical services	21	5*
Health equity*	22*	12*
Patient affordability*	22*	2
Population and community health initiatives*	22*	18*
Care at home strategy (e.g. acute services, infusion)*	25*	1*
Divesting underperforming assets/services*	25*	4
Investment in cutting edge services/innovation (e.g. precision medicine)*	25*	7

*Indicates a tie



28+

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