



What Industry Executives Need to Know: How Economic & Policy Shifts Are Impacting Health Systems

June 5th, 2025

Robin Brand, VP, Member Insights

Your presenter



Robin Brand

Vice President
Research and Member Insights
The Health Management Academy

Agenda

1

Health system financial recovery is at risk, with early 2025 margins threatened by macroeconomic headwinds

2

Policy & regulatory upheaval is occurring as foundational programs like Medicaid and 340B face unprecedented scrutiny and reform

3

Survey Sneak Peak: Workforce pressures continue, as health systems turn to AI for long-term, scalable relief from labor strain



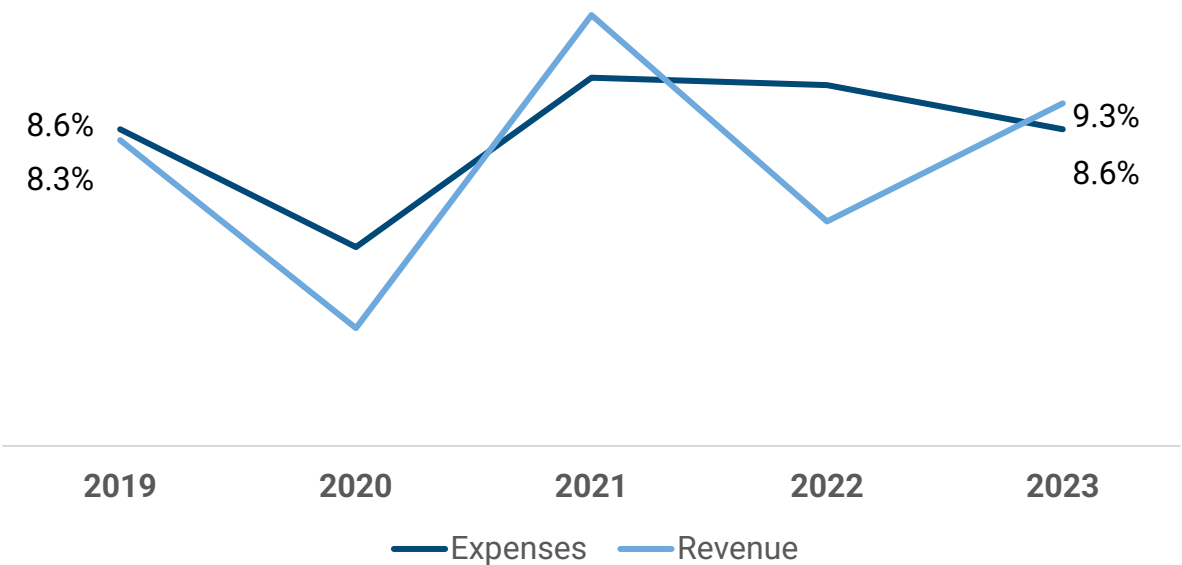
Health system financial recovery is at risk, with early 2025 margins threatened by macroeconomic headwinds (and tariff uncertainty)

The LHS Financial Environment (Had) Improved

A Tentative Financial Recovery Built on Hard-Won Efficiencies

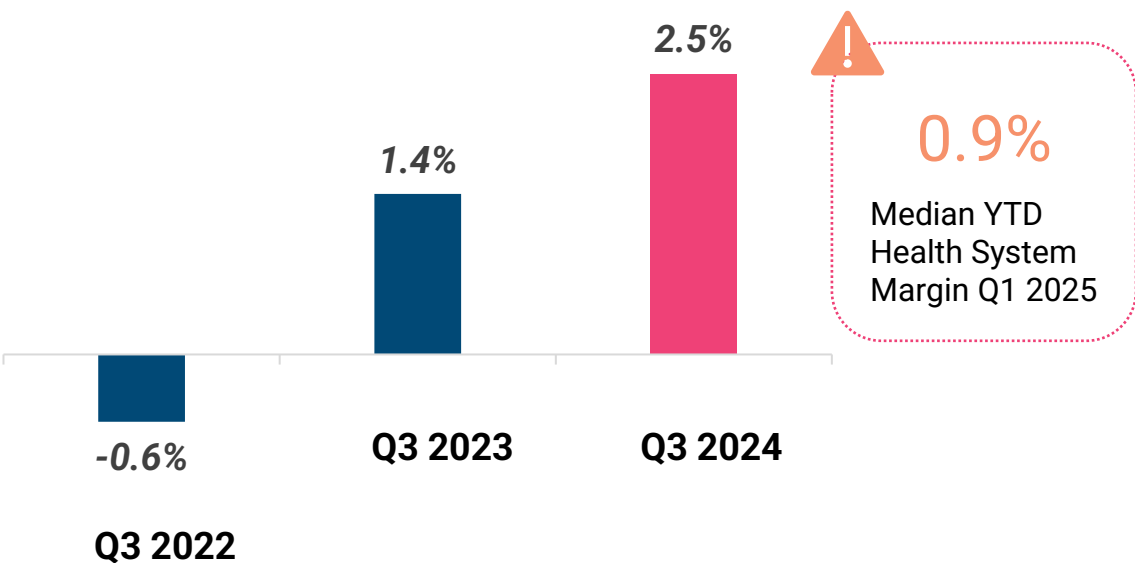
Revenue Growth Eclipsed Cost Growth in 2023

Year-over-year change in revenue & expenses of 50 of the largest hospitals/health systems



Operating Margins Gradually Improved Through 2024

Academy Leading Health Systems Financial Database



Balancing Revenue-Cost Mismatch Depends Upon Three Things



Major FY2025 Federal Payment Rates Locked

- 2.9%** Inpatient rate increase¹
- 2.9%** Outpatient rate increase²
- 2.8%** Physician fee schedule decrease

One bright spot

5.1% Proposed FY26 Medicare Advantage plan update (v 2.2% proposed)



Health System Expenses Continue to Rise

Driven by accelerating drug and supply costs

7.4% Expense growth year-over-year

10.0% Non-labor expense growth year-over-year

Three Forces Impacting Margins



Economic Strain

- Slow GDP growth
- Persistent inflation
- Rising interest rates



Healthcare Policy

- Lagging CMS reimbursement
- Regulatory uncertainty
- Site-neutrality and transparency mandates



Mission-Critical Priorities

- Access
- Workforce
- AI/automation

Health Systems Have Already Begun Shoring Up Costs Via Layoffs

Most RIFs in Administrative, IT Roles, or Due to Site Closures

Selection of Announced Layoffs Across Q1

Jefferson Health and Lehigh Valley Health Network

Jefferson **outsourced 171 administrative roles** post-merger.
Lehigh Valley **laid off about 100 workers** to align staffing with community needs.

Kaiser Permanente

Laid off **64 employees in business and IT roles**
Laid off **52 positions tied to its Educational Theatre initiative**.

Corewell Health

Reduced **non-patient-facing administrative roles**.
Plans to shutter its Lakeview, MI hospital in October of 2025.

NewYork-Presbyterian

Plans to **layoff 1,000 employees**, roughly 2% of its total workforce.

Catholic Health

Plans to **layoff roughly 1%** of its more than 17,000 employees.

Mass General Brigham

Conducted two rounds of layoffs in early 2025, to address a **projected \$250 million revenue shortfall**.

Orlando Health

Closed Rockledge Hospital and four outpatient departments, impacting **940 jobs**.

Baystate Health

Cut **98 corporate positions amid a \$225 million transformation** to focus on core operations and strategic growth.

Cleveland Clinic

Cut **114 managerial positions** following **lower-than-expected margin** in 2024.

Vanderbilt University Medical Center

Eliminated an unspecified number of positions and **paused hiring research and administrative roles** as part of a **\$250 million cost-reduction plan**.

Tracking the Tariffs and Impact to Health Systems

Tariff policy	Status	Health system impact	Notes
China	In effect	★★★★★	Original: 145%, but some goods subject to tariffs as high as 245%; NOW: 90 day pause, 30% drawdown
Pharmaceuticals	Coming soon	★★★★★	Exempted so far, but a new tariff coming "shortly," with est. \$51B in costs to US
Raw materials	In effect	★★★★★	Steel, aluminum. Considering copper, lumber/timber
Semiconductors & electronics	Coming soon	★★★★☆	Exempted so far, but a new tariff coming in "a month or two"
"Reciprocal" tariffs; vessels ¹	Paused	★★★★☆	Paused for 90 days (through July 2025)
10% across-the-board	In effect	★★★★☆	
Mexico & Canada	In effect	★★★★☆	25%, USMCA compliance exemption still in effect
Automobiles	In effect	★☆☆☆☆	Ambulance manufacturers impacted

~\$41B
in Imported Medical
Supplies in 2024

1) Vessels: \$1M-\$3.5M per vessel per port call (If ship is Chinese manufactured, owned, operated).

2) Latest comprehensive data; mix has shifted since 2019. For instance, approximately \$2.1B pharmaceutical products imported from China in 2019, grew to \$10.3B in 2022, and shrank to \$6B in 2023 (which represents just 3.5% of US pharmaceutical imports).

Forecasting the Impacts on Health Systems

Primary effects

- Immediate and long-term increases in supply costs
- Disruptions and shortages for critical medical supplies
- “Force majeure” clauses in contracts (e.g., GPOs)
- Cost increases and delays for facility construction, renovation, and equipment maintenance

Secondary effects

- Patient and payer price/utilization sensitivity
- Health system credit ratings impact (possible decrease in days cash on hand, margin)
- Increased cost of debt (rising bond yields)
- Domestic supply chain disruptions from high input costs
- Cost of labor (inflation tempered by rising unemployment?)
- Suppressed M&A activity

Black Book Survey Results (prior to April):

82%

of healthcare executives predict that hospital systems will face a cost increase of at least 15%.

Providence projected an annual cost increase of **\$10M to \$25M**

62%

of healthcare supply chain leaders say they plan to collaborate with domestic manufacturers.

72%

of healthcare organizations have integrated tariff scenario planning into their financial models.

Join us on **June 2nd at 1pm ET** for Supply Chain’s Pivot: How Health Systems Are Reshaping Vendor Partnerships in an Era of Tariffs and Economic Uncertainty

Three Main Responses from Health Systems Toward Tariffs

Intensive risk mitigation

“What feels different (from Covid) is you can’t wait 24 hours for an answer—this **takes agility and scenario planning to another stratosphere.**”

Delaying innovation in other areas

“We had to put a hold on creating a 3-year plan—**estimating a \$30M impact this year alone.** Between tariffs and other policy action, we’re shifting from long-term strategy to near-term triage.”

Evolving vendor relationships

“**We’re rejecting vendor price hikes daily**—working closely with legal and finance teams to push back. It’s a bold stance (by vendor), especially with competitors staying quiet, but we need to be as professionally aggressive as possible.”

Imperative for Industry: What levers can you pull to provide outsized value to health system partners in this environment, regardless of the type of product you sell?

Recession Warning Signs Mount, But Signals are Mixed

“Soft data” deteriorates—will GDP and jobs follow suit?

Signals of Slowdown

Drop in GDP¹

(0.3%) Q1 2025 US **GDP Growth Rate**

Declining Consumer Sentiment

26.5% **Decline in consumer sentiment YOY**
second-lowest level on record

Corporate Forecast Revisions

“Delta Air Lines pulls financial forecast, saying Trump tariffs hit demand”
“GM cuts 2025 profit forecast, expects up to \$5 billion tariff impact”

Signs of Resilience

Strong Corporate Earnings

75% Percentage of the **S&P 500** that
exceeded profit expectations in Q1 2025

Job Growth

177,000 **Payroll additions** in April (vs.
estimate of 133,000)

“

“Even with the latest step-back...what remains is still enough to push the U.S. and China – and thus likely the global economy – into a recession.”

–Bruce Kasman, Chief Global Economist, J.P. Morgan

1) Imports increased 41% in Q1 to get ahead of tariffs; decreased GDP by 5%; slight reduction in government spending also negatively impacted GDP, as did pullback in consumer spending.

Patient Access: Existing Challenges Exacerbated by Affordability Issues

Consumers Struggling with Healthcare Costs

Continued Rise in Cost of Coverage

7% Increase in annual premiums for employer-sponsored family health coverage

63% Of uninsured adults cite inability to afford coverage as reason for being uninsured

Improving access to care was the **top priority** across CXOs coming into 2025, while **affordability** was the **top improvement opportunity**

Health Systems See Increasing Rise in Uncompensated Care

9% Increase in YOY bad debt and charity per calendar day (Mar 24 v. Mar 25)

14M US adults owe \$1,000+ in medical debt

3M US adults owe \$10,000+ in medical debt

“We’ve found that our **biggest source of bad debt is our own employees**. How can we expect other patients to pay if our own employees can’t?”

venue Cycle Officer, AMC in the Midwest

Digital Health Posts Strong Q1, Though Some Delays in IPOs

Hesitancy Earlier in the Year Seems to be Thawing, Offering Alternatives to Patient Care

Frozen or Delayed IPOs



“

“Based on client conversations, **those close to filing or launching roadshows are taking a ‘wait-and-see’ approach**, while earlier-stage companies continue preparing to keep their options open for better market conditions.”

--Mark Schwartz, IPO Advisory Leader, EY

Deal Number and Size on Par with Previous Years

\$3.0B Q1 2025 U.S. digital health funding across **122 deals**

\$8.9M Increase in avg. deal size from Q4 2024 to Q1 2025

Resurgence in Late-stage Megadeals



- ✓ Both companies filed for IPO in May 2024
- ✓ Omada Health: reported \$122.8 M in revenue in 2023, up 38% YOY
- ✓ Hinge Health: reported \$390M revenue in 2023, near breakeven on adjusted EBITDA

**Policy & regulatory
upheaval is occurring**
as foundational
programs like Medicaid
and 340B face
unprecedented scrutiny

Policy and Regulatory Changes Directly Impacting HS Finance

Impacts

Policy Change

Immediate Margin Pressures for Health Systems

Medicaid cuts and new restrictions could significantly **reduce coverage, strain safety nets, and destabilize hospital finances** due to a proposed cuts, tighter limits on provider taxes and payments, and stricter eligibility redetermination rules

340B reforms and potential site-neutral payment changes **threaten hospital revenue and outpatient service lines as HHS moves to rebase payments** and evaluate shifts in care settings, despite temporary policy omissions.

Targeted Impacts

Deep NIH funding cuts **jeopardize academic medical center stability by slashing vital research grants** that many AMCs depend on to offset narrow clinical margins.

New federal drug pricing EO calling for MFN revives **international benchmarking, pressuring manufacturers to match lowest global prices** as HHS moves to notify drugmakers of targets and enable direct U.S. access to most-favored-nation rates

Strategic Uncertainty from Policy Overhaul

CMMI’s strategic overhaul creates **model disruption and compliance risk** with expectations of ending more voluntary models and mandating new, potentially burdensome alternatives.

Massive HHS restructuring signals centralized control and regulatory volatility through workforce cuts, office closures, and department consolidations that may slow or shift policy execution.

Medicaid Reform Tops Finance Leaders Concerns

Four looming possibilities would force health systems to rapidly evolve to survive



Medicaid Cuts

\$32B

Estimated 2026 reimbursement loss to hospitals in expansion states from Federal Medicaid cuts

\$6.3B

Estimated 2026 increase in uncompensated care costs to hospitals from Federal Medicaid cuts



340B Reform

\$66B

Cumulative amount of 340B discounts in 2023



If 340B isn't in the equation, then our doors close.
—Chief Pharmacy Officer, Leading Health System



Site-Neutral Payments

\$231B

Estimated savings to Medicare over 10 years from site-neutrality, according to study by BCBSA



It is part of the conversation that we've had over the last couple of years, and I think now is a timely opportunity to really drive that in a serious way
—David Merritt, SVP External Affairs, BCBSA



Elimination of NFP Status

\$13.8B

Estimated value of federal tax exemptions for NFP health systems in 2021

\$37.4B

Estimated value of all tax exemptions for NFP health systems in 2021

Sources: McAuliffe, M, "Site Neutral Medicare Pay Eyed for Trump Tax Cuts," Modern Healthcare, March 2025. Plummer, et al, "Estimation of Tax Benefit of US Not for Profit Hospitals, JAMA, Sept. 2024 Includes value of forgone federal and state income taxes, sales tax, property tax, federal unemployment tax, charitable contributions from donors, and savings from issuing tax-exempt bonds. Blavin, et al. Urban Institute, Robert Wood Johnson Foundation, "Hospital Losses and Increased Uncompensated Care if Medicaid Funding is Cut."

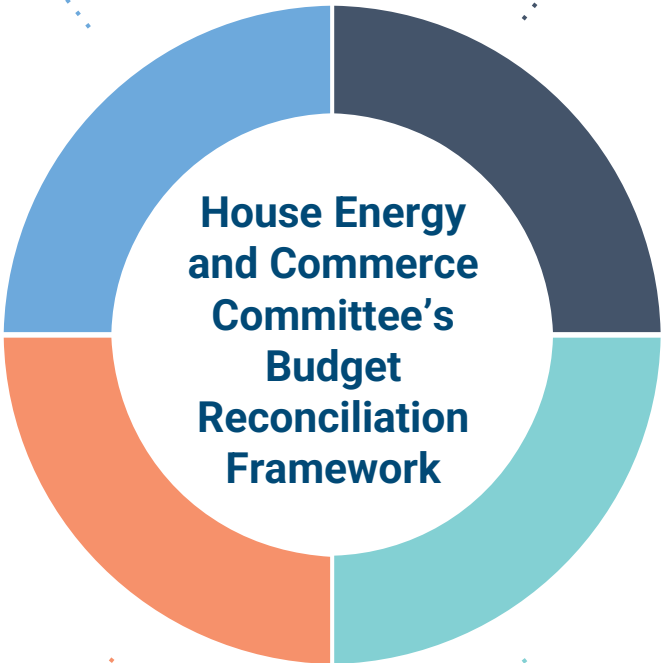
Medicaid Reform Takes Shape, But Still a Long Way to Go

Provider tax and directed payment provisions

- Limits on **provider taxes and state-directed payments** (capped at Medicare rates) would create budget shortfalls, especially in states where these mechanisms fund a large portion of Medicaid reimbursements.

Work requirements

- Legal and logistical challenges remain, but if implemented, they **would likely reduce coverage and raise hospital burdens**.



Eligibility redetermination and documentation

- A 6-month recertification cycle and stricter immigration verification **could drive widespread disenrollment, reduce 340B eligibility, and increase uncompensated care**.

Notable omissions

- The bill **avoids earlier floated proposals** like site-neutral payments, 340B restrictions, and tax-exemption changes—but those **remain live threats**.

Reconciliation Timeline Could Take Days or Weeks



Imperative for Industry: Know
your customer/prospects payer
mix to understand exposure to
Medicaid reforms

Proposed NIH Cuts Have Outsized Impact on AMCs

What's proposed

\$47B —————→ \$27B

Proposed Cut to NIH Budget

27 —————→ 5

Consolidation and elimination of NIH's institutes and centers, including:



National Institute of Minority Health and Health Disparities



National Institute of Nursing Research

Direct Impact to AMCs

0.5% Average Academic Medical System margin

Largest NIH Grant Recipient Hospitals

Hospital	Total 2024 Funding	Estimated Reduction
Massachusetts General Hospital	\$641M	\$98M
Vanderbilt University Medical Center	\$468M	\$71M
Brigham and Women's Hospital	\$364M	\$77M
Boston Children's Hospital	\$218M	\$54M
UT MD Anderson Cancer Center	\$180M	\$39M

Cuts to HHS Threaten Care Innovation, Oversight, and Access

Rural Hospitals Specifically Are Put at (Further) Risk

HHS Cuts

- ~**25% of workforce** downsized.
- ~**20,000 departures** since Trump took office
- Discretionary budget projected to be cut from ~\$121B in FY2024 to \$80B in FY 2025

FDA Cuts

- **20% of the workforce** cut (**3,500 roles**)
- Federal health officials now reviewing firings and bringing back some experts to fill critical gaps

Rural Health Cuts

Eliminations include:

- Rural Hospital Flexibility Grants
- State Offices of Rural Health
- Rural Residency Development Program
- At-Risk Rural Hospitals Program Grants



Impacts

- Weakened patient safety and drug oversight
- Disruption to innovation pipeline
- Declining access in rural communities
- Thinning public health infrastructure
- Decreasing institutional knowledge and continuity at HHS

Important to Note: Even non rural health providers will see the impact of cuts as patients seek care in other places

CMMI Model Cuts and New Direction Create Ambiguity

CMS Innovation Center 2025 Strategy to Make America Healthy Again

Announced May 13th

- #1

Promoting evidence-base prevention
- #2

Empowering people to achieve health goals
- #3

Drive choice and competition

4 VBC Models Terminated Early

- ✖

Primary Care First
- ✖

Making Care Primary
- ✖

Maryland Total Cost of Care
- ✖

End-Stage Renal Disease Treatment Choices

Healthcare Executives Still Bullish on the Concept

Health System Leaders



79%

Expect moderate or significant impact from payment reforms in the next 5-10 years

Payer Executives



59%

Think fee-for-service-based shared risk, procedure-based bundled/episode payments APM activity will increase the most

22%

Think traditional shared savings, utilization-based shared savings APM activity will increase the most

Things We Continue to Track: Trump Executive Orders



Price Transparency EO 14221 (2/25/25)

- Builds on President Trump's 2019 EO (13877) on price transparency
- Since 2021, hospitals have been required to disclose standard charges for all items and services in a machine-readable format (MRF), as well as display online standard charges for 300 shoppable services
- New EO directs Treasury, Labor, and HHS to **accelerate regulatory enforcement of existing transparency rules**
- Hospitals and insurers will be required to disclose "**actual prices**," not estimates
- Directs agencies to issue guidance on enforcement policies to ensure compliance
- Rulemaking expected late by May ("within 90 days")



340B EO 14273 (4/15/25)

- Directs HHS to **survey hospital acquisition costs for outpatient drugs** and propose appropriate budget-neutral adjustments
- Response to 2022 SCOTUS ruling (*AHA v. Becerra*) striking down cuts to outpatient drug reimbursements for 340B hospitals
- The Court held that HHS could not vary reimbursement rates only for 340B hospitals without a survey of hospitals' acquisition costs
- Instructs HHS to evaluate whether Part B payment is driving drug administration volume from physician offices to costlier hospital settings, **setting the stage for limited expansion of site-neutral payment**
- Acquisition survey rulemaking and Part B evaluation and proposals expected by mid-Oct ("within 180 days")



Drug Prices EO 14297 (5/12/25)

- Executive Order geared towards forcing drug companies to match lower drug prices paid in other countries
- HHS is directed to enable Americans to buy directly from manufacturers at the most-favored-nation price, where legally permitted.
- Within 30 days, HHS must notify drugmakers of price targets aligned with global benchmarks.
- The previous Trump administration issued a CMMI model called the "Most Favored Nation Model," which would have tied Medicare Part B drug pricing to those in other countries. This faced legal challenges and was ultimately rescinded by the Biden Administration

Survey Sneak Peak:
Workforce pressures
continue, as health
systems turn to AI for long-
term, scalable relief from
labor strain

Introducing the 2025 Health System Workforce Survey

Participating Health Systems Represent Leading Executive Voices in Healthcare

Methodology in Brief

In Spring 2025, THMA conducted a double-blind quantitative survey of senior workforce executives at large U.S. health systems to **assess workforce strategy, staffing models, and the role of technology and AI in addressing labor challenges**. The research captures insights on investment priorities, evolving care models, and long-term sustainability from **54 CHROs, CNOs/CNEs, CPEs, and Medical Group Leaders** across systems with over \$1B in operating revenue.

Survey Topics Captured Related to Workforce



Workforce Strategy and Challenges



Staffing Gap Mitigation Strategies

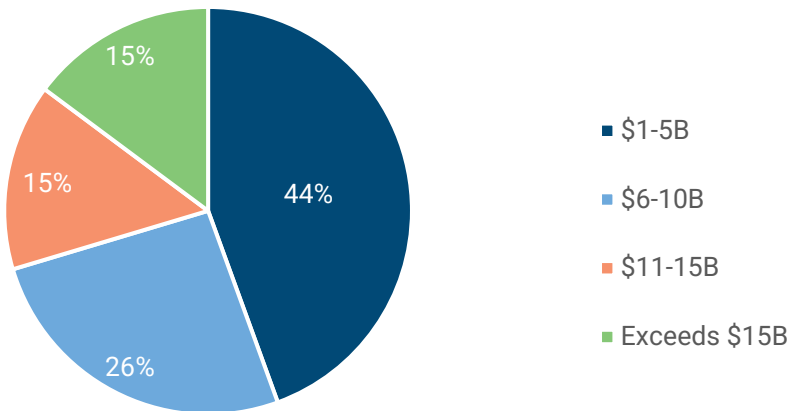


Expanding Workforce Capacity via Tech

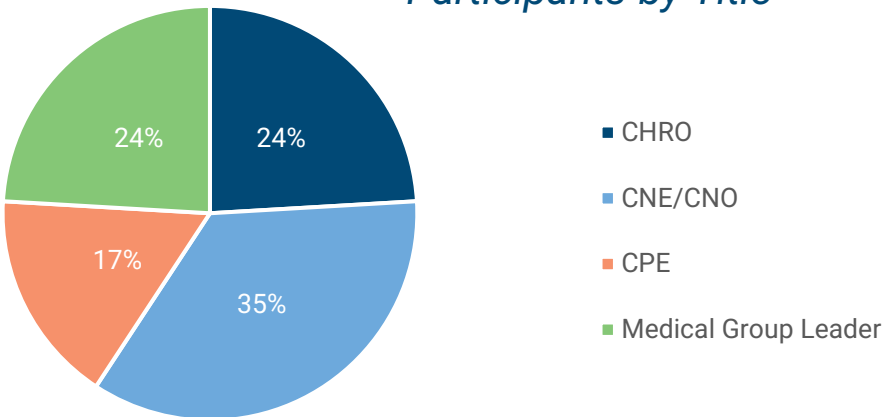


Care Model Redesign & Transformation

Health System Size (Operating Revenue)



Participants by Title



¹ Leading Health Systems (LHS) are defined as innovative integrated delivery systems with over \$2B in net patient revenue. Regional Health Systems (RHS) are defined as those with over \$500M in net patient revenue but less than \$2B.

Labor Pressure Continues to Drive Financial Strain

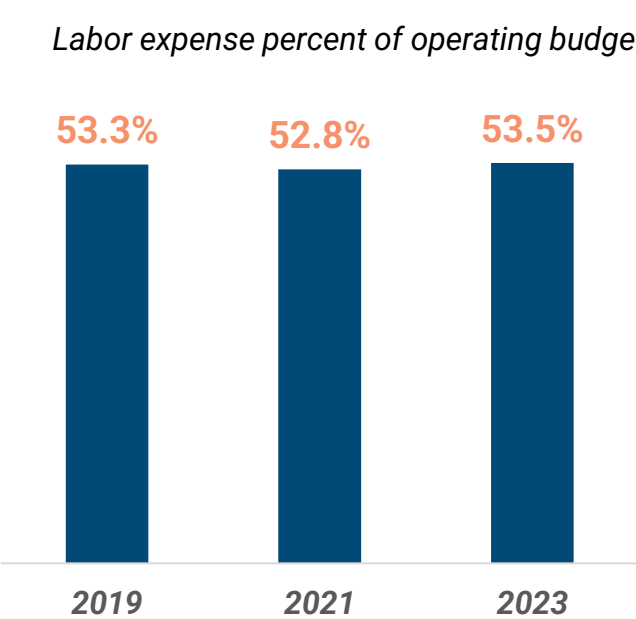
Top Workforce Challenges Preventing Leaders from Advancing System Strategy and Goals

THMA 2025 Workforce Market Outlook Survey

- #1 **Staffing costs**
- #2 **Unsustainable fixed labor cost structure**
- #3 **Staying competitive with other employers in the area**
- #4 **Premium labor costs**
- #5 **Retention of newly hired staff**

Labor Expenses Are Not Budging, and Continue to be Thorn in Executives Side

Labor expense percent of operating budget



45%

Growth in hospital employee compensation from 2014 to 2023

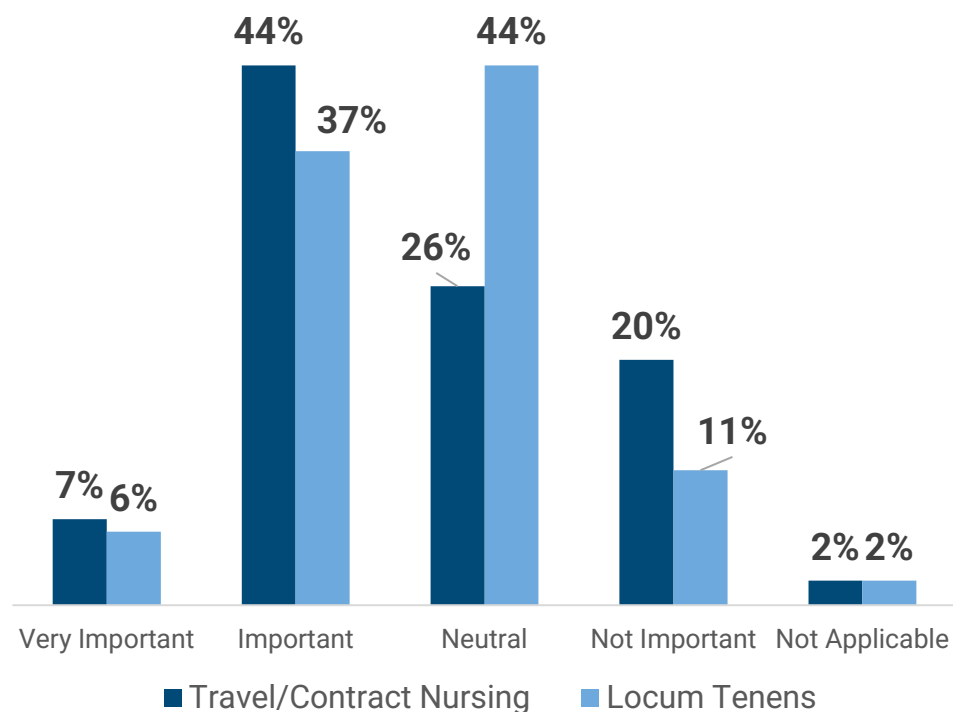
96%

Of health system CFOs cited higher labor costs as a driver of margin pressure

Leaders Still See Staffing Agencies as Part of the Long-Term Mix

Leaders View of Staffing Agencies Role in Long-Term Workforce Strategy

THMA 2025 Workforce Market Outlook Survey



Mixed Perceptions on Travel Nurses, Locum Tenens

THMA 2025 Workforce Market Outlook Survey

	Positive	Neutral	Negative
Travel	30%	35%	35%
Locum	15%	59%	26%

- “ They don’t have the same alignment to values that team members have.”
-Chief Human Resource Officer
- “ The costs are prohibitive, and the quality is inconsistent.”
-Chief Physician Executive
- “ Quality of the staffing provided – there’s a wide variability in skill, bedside manner, and more yet minimal input in vetting and selection process.”
-Medical Group Leader

Physician Unionization is on the Rise, and It's Not About Compensation

67K



Est. physician union membership in 2019
(7% of the workforce)

33



Union petitions filed in 2023
and H1 2024, **compared to
44 over the past 22 years**

51%



Of clinicians indicated
willingness to join a union

Only 4% of Union Supporters Cited Compensation as Their Primary Motivation

Factors Driving Physician Utilization

1 Clinical Marginalization

- Declining influence over practice decisions
- Limited input on staffing and scheduling
- Growing disconnect with administration

3 Generational Shift

- Work-life balance prioritization
- Residents and new physicians demanding flexibility

2 Erosion of Decision-Making Power

- Limited representation in operational decisions
- Need for formal seat at the table

4 Patient Safety Concerns

- Concerns about care quality amid staffing changes
- Questions about AI implementation impacts

AI Offers Help to Clinician Burden...and Margin

Challenges

Staffing shortages & burnout



Operational efficiency & throughput



Financial & revenue cycle complexity



Patient engagement & access roadblocks



Care delivery & management gaps



Regulatory burden and risk management



Representative AI-enabled solutions



Demand forecasts, intelligent schedules, task automation, ambient documentation, staff engagement risk surveillance



Discharge prediction, dynamic bed and site of care allocation, optimized schedules (OR, imaging, etc.), team member recruitment



NLP-driven coding, denial risk flagging and management, pre-auth prep, supply chain monitoring, risk-adjusted financial planning



Agentic AI, chatbot navigation, in-basket response, prescription management, symptom check, triage, self-scheduling



Deterioration risk flags, personalized care management intervention, referral management, care gap closure (screening, missed care), AI-enabled therapy models, enhanced diagnosis and care planning, smart remote monitoring

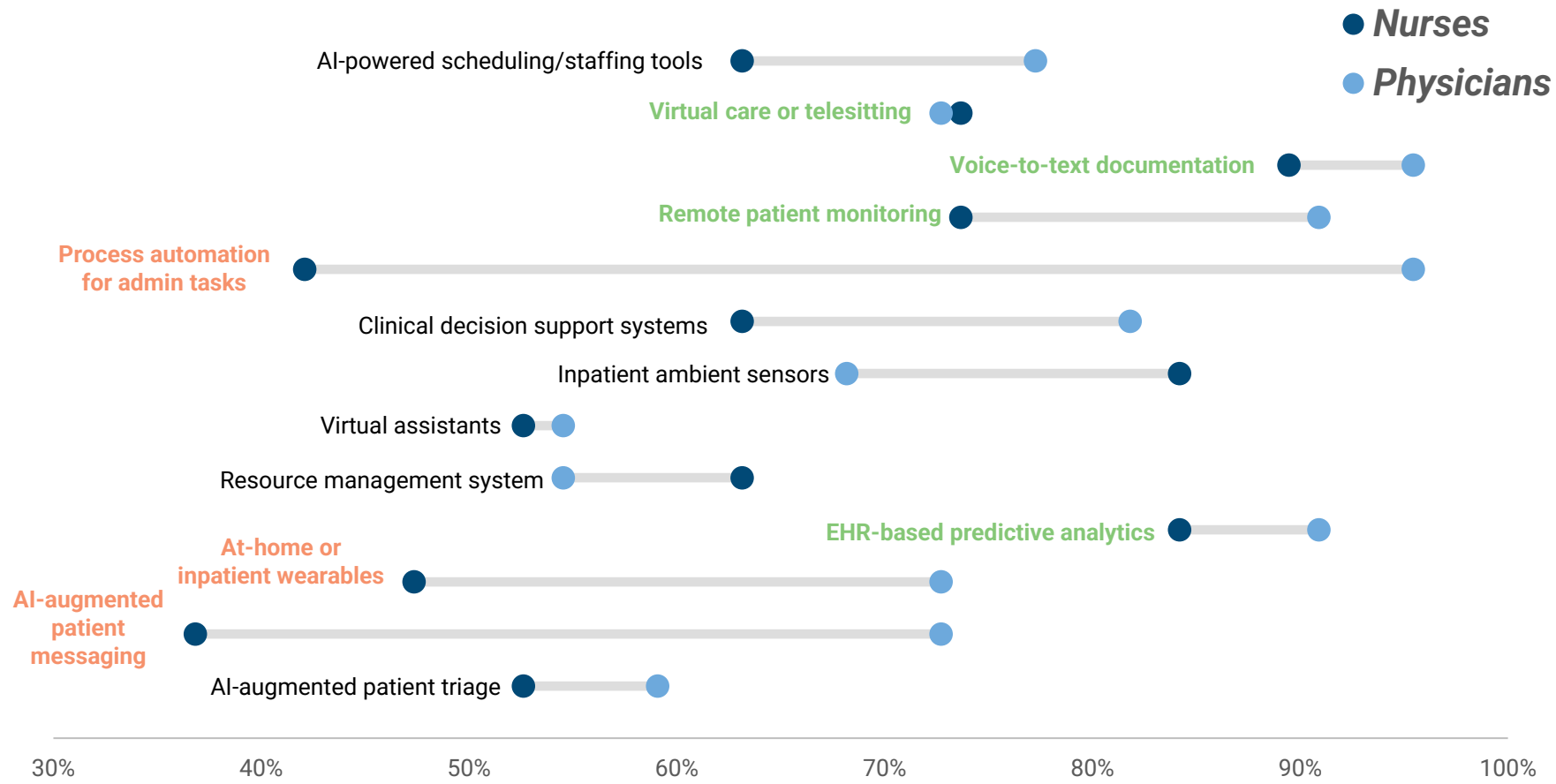


Automated data extraction, audit risk detection, new reg alerts, policy/event risk impact simulation, cyber threat detection

Gaps in Support for Tools Between Nurse and Physician Executives

Difference Between Physician and Nurse Leader Support for AI Tools and Technology

THMA 2025 Workforce Survey

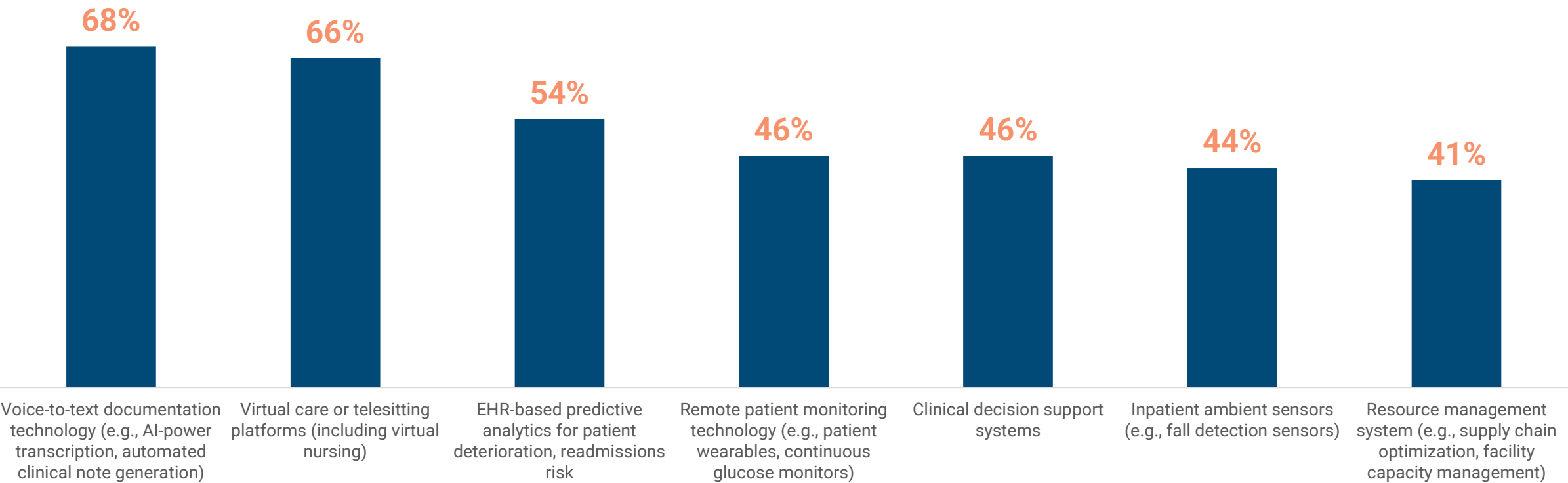


- **Voice-to-text tools earn strongest support** from both physicians (95%) and nurses (89%).
- **Physicians favor clinically focused AI** like predictive analytics (91%) and clinical decision support (82%).
- **Nurses show greater caution**, with higher neutrality and uncertainty toward tools like automation and triage.
- **Support drops for workflow-heavy tools** like virtual assistants and AI-powered triage, especially among nurses.
- Overall **sentiment highlights differing priorities** — physicians seek diagnostic insight, nurses value workflow fit.

Documentation, Virtual Care Platforms Most Common Solutions Deployed to Solve Workforce Challenges

Tech and Automation Solutions that Health Systems Have Implemented to Offset Workforce Challenges

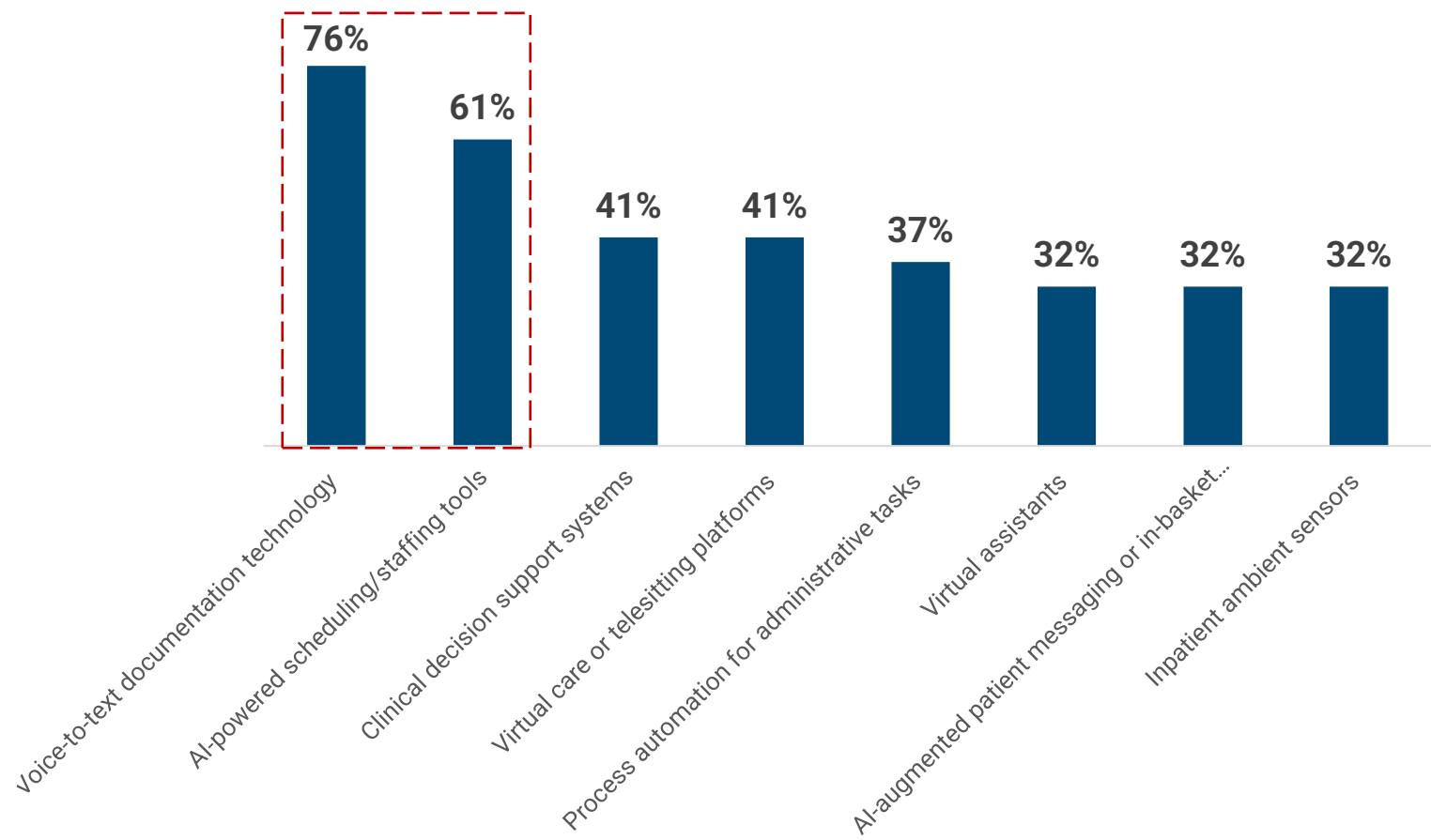
THMA 2025 Workforce Market Outlook Survey



Ambient Listening and AI-Powered Scheduling Critical for Recruitment

Tech and Automation Solutions Most Helpful for Clinician Recruitment, Retention

THMA 2025 Workforce Market Outlook Survey



“

“[DAX] is the only technology we’ve ever rolled out to a **group of physicians that they’ve just raved about**”

-Chief Financial Officer

“

“**Ambient listening – if you want to do one thing to satisfy physicians it’s this. Cuts burnout and allows to work at top of license**”

-Chief Financial Officer

“

“We’re having a conversation today that we won’t be having two-three year from now; you will need it [ambient listening] later. **You won’t be able to hire doctors without it in a few years**”

-VP, Clinical Informatics Engineering

Sneak Peak: Key Takeaways from the Workforce Survey Results Report



Voice-to-text Documentation and Clinical Decision Support are the Most Widely Deployed Tools

- Documentation tools are used most broadly across primary care, hospital medicine, specialty care, and emergency medicine
- Clinical decision support tools are used most broadly across the ICU, hospital medicine, and emergency medicine



Hospital Medicine is the hotbed for AI tool adoption.

- This area is in the top 3 of deployment across nearly all tools and saw the highest overall deployment
- Virtual care or telesitting platforms is the most deployed tool in Hospital Medicine



Primary Care Significant Deployment of Documentation and Patient Communication Tools

- Voice-to-text documentation and patient messaging/in-basket management are most deployed
- These tools help address burnout and access challenges by improving workflow efficiency and communication at scale



Low Adoption in Support Services Like Lab & Pathology, Pharmacy Services, and Radiology & Imaging.

- Most tools saw no to low adoption in these areas, except for Resource management tools in Lab and Pharmacy Services and Voice-to-text documentation in Radiology & Imaging



Tools with Lower Clinician Support, such as AI-augmented Triage and Virtual Assistants, Have Gained Minimal Traction

- AI-augmented triage so almost no traction, except in Emergency Medicine
- Virtual Assistants saw minimal usage outside of Primary Care and Hospital Medicine, but is primed for future investment



We Power our Community to Drive Health Forward

Who We Power

Leading Health Systems

The approximately 150 innovative integrated delivery systems with over \$2B in total operating revenue

Regional Health Systems

Health systems with less than \$2B and flagship hospitals with >\$100M in total operating revenue.

Industry Partners

Industry innovators, from early stage to Fortune 50 organizations, that are working alongside health systems to drive health forward

1,600+

LHS Executive
Relationships

450+

LHS C-suite
Members

150+

Innovative Industry
Members

How We Serve Industry Members



Convene exceptional peer groups that facilitate meaningful relationships and knowledge exchange



Deliver custom services and market insights supporting new partnership growth between industry and health systems



Produce original research leveraging member insights on healthcare's greatest challenges and opportunities



Create world-class leadership development programs designed to prepare next generation healthcare leaders



Facilitate novel partnerships to address critical industry issues that demand collective action

Become a Member of Executive Convening

THMA Executive Convening programs bring together an exclusive group of C-suite healthcare executives from large health systems such as Ochsner Health, WellSpan Health, Cleveland Clinic, and Providence, alongside a select group of industry company executives creating the ideal environment for sharing actionable insights, building trust, and sparking collaborations that drive systemic healthcare transformation.



Fall 2025 Executive Convening Program Dates and Locations:

Chief Medical Information Officer Forum: September 8-10, 2025, The Seabird Resort, CA

Chief Nurse Information Officer Forum: September 8-10, 2025, The Seabird Resort, CA

Chief Revenue Cycle Officer Forum: October 6-8, 2025, Live! By Loews, TX

Chief Information Officer Forum: October 6-8, 2025, Pendry San Diego, CA

Chief Marketing Officer Forum: October 6-8, 2025, Pendry San Diego, CA

Chief Physician Executive Forum: October 8-10, 2025, Pendry San Diego, CA

Vice President, Finance Forum: October 20-22, 2025, The Seabird Resort, CA

Chief Executive Officer Forum: November 10-12, 2025, Park Hyatt Washington, DC

Chief Financial Officer Circle: November 12-14, 2025, Park Hyatt Washington, DC

Chief Operating Officer Forum: November 17-19, 2025, Park Hyatt Aviara Resort, CA

Chief Nurse Executive Forum: November 19-21, 2025, Park Hyatt Aviara Resort, CA

Chief Human Resources Officer Forum: November 19-21, 2025, Park Hyatt Aviara, CA

Chief Financial Officer Forum: November 19-21, 2025, Montage Laguna, CA

Be Part of the Experience

Additional Fall 2025 Events can be found [here](#)

Contact

Robin Brand

Vice President

Research and Member Insights

rbrand@hmacademy.com

Disclosure

This report is provided for informational purposes only. The information and opinions in this report were prepared by The Health Management Academy. The information herein is believed to be reliable and has been obtained from sources believed to be reliable. Opinions, estimates and projections in this report constitute the current judgment of The Health Management Academy as of the date of this report and are subject to change without notice. Any reproduction by any person for any purpose without The Health Management Academy's written consent is prohibited.