THE
ACCESS-DRIVEN
ENTERPRISE

How Health Systems Are Defining, Enabling, and Advancing Access Strategy

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HEALTH MANAGEMENT
TheAcademy | **Tegria**

Executive Summary

Access transformation has reached an inflection point. While most health systems have elevated it to a strategic priority, the majority also lack the financial flexibility, organizational alignment, and technical integration needed. As a result, a widening gap emerges between what leaders want to achieve and what they can actually deliver.

This report synthesizes findings from a survey of senior health system executives (COOs, CIOs, CMIOs, and Strategy leaders) from leading U.S. health systems. To understand the financial backdrop that influences access strategy, survey results were augmented with data from a survey and follow-up conversations with health system finance leaders. CFOs offer a critical lens often missing from access discussions: They control capital allocation, shape ROI discipline, and balance digital investments with budgetary pressures. Their perspective reveals how financial constraint, not just strategic intent, informs access transformation.

Four key findings emerged:

1. **Strategic elevation does not immediately lead to operational execution.** 82% treat access as an enterprise strategic pillar, yet most struggle with basic appointment availability. Systems have the governance and visibility but not the coordination, capital, or capacity to follow through.

2. **Risk capacity drives strategy.** Systems with stronger balance sheets and diversified revenue can afford longer-term bets on predictive analytics and AI-enabled engagement. Systems under acute financial pressure must prioritize billable services and immediate workflow improvements. As such, access strategy is increasingly shaped by financial position, not ambition alone.

3. **Post-acute care sites continue to face declining investment.** Systems are doubling down on sites they control (ambulatory clinics, hospital outpatient, telehealth) while deprioritizing post-acute settings that create the biggest throughput bottlenecks. This investment pattern will worsen capacity constraints unless systems address the full continuum.

4. **Technology consolidation slows innovation.** While 78% agree access strategy depends on a single enterprise platform, 45% say vendor consolidation has limited flexibility. The shift toward EHR-embedded AI tools favors stability over experimentation, creating a capability restraint for organizations still actively managing integration.

The path forward requires prioritizing fewer and more concentrated bets. Health systems that align finance, strategy, digital, and operations around a small number of high-impact initiatives will outpace those spreading resources across fragmented pilots. **In this new era of access, systems must move beyond building and acquiring digital tools to embrace strategy, alignment, and integration.**

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Section 1

Defining Access as an Enterprise Strategy

Access has entered a new strategic era. Health systems are reframing it as a multidimensional enterprise priority that connects growth, quality, and financial performance through integrated clinical and digital approaches. While governance structures and review cadence now reflect access as an executive-level commitment, true alignment requires tighter financial integration and clearer accountability pathways between strategy formulation and operational execution. The systems that succeed will treat access not as an outcome, but as a core strategic capability that shapes how care, technology, and strategy converge to deliver value.

Our priorities 1-2-3 are access, access, and access.

Chief Financial Officer
**Midwestern U.S. Academic Medical Center**

Defining Access as an Enterprise Strategy

Access Takes Its Place Among Core Strategic Pillars

Eighty-two percent (82%) of surveyed organizations now position access as a strategic pillar that underpins growth, quality, and financial sustainability, rather than a narrow operational or technical patient experience initiative; another 50% view it as an operational goal supported by digital and IT teams. Despite this wide recognition, 32% of respondents still primarily categorize access as a technical initiative tied to scheduling or EHR optimization, revealing pervasive inconsistency in how the healthcare industry, and health systems in particular, define and govern access work.

These misalignments have real consequences. Without a shared, enterprise-wide definition of access and disciplined governance around it, systems struggle to execute consistently, coordinate stakeholders, and deliver on growth, revenue, and experience goals. In a strained healthcare environment, clarity and alignment around access are becoming competitive differentiators.

Health system leaders overwhelmingly view access as a core enterprise priority.

82%
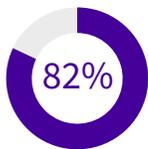
report access is positioned as a **strategic pillar** on par with growth, quality, and finance
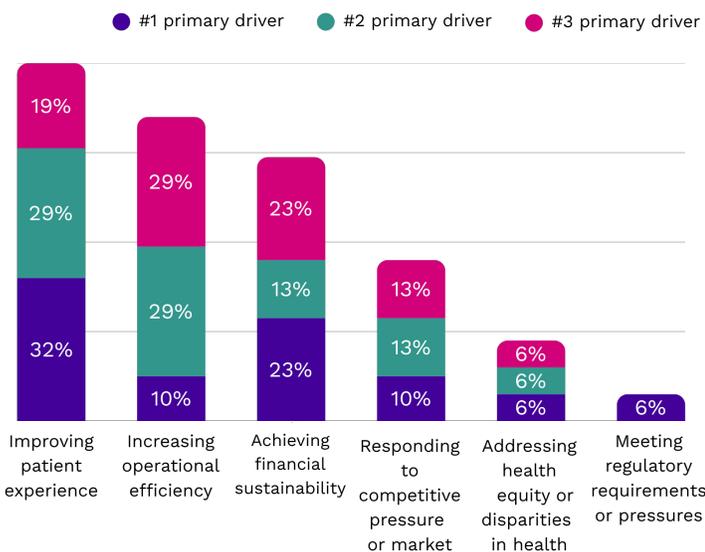
50%

view it as an **operational goal** supported by digital and IT

32%

see it as a **technical or patient experience** initiative

Core Forces Shaping Access Priorities

What are the primary drivers of your organization's access strategy today?

- #1 primary driver
- #2 primary driver
- #3 primary driver

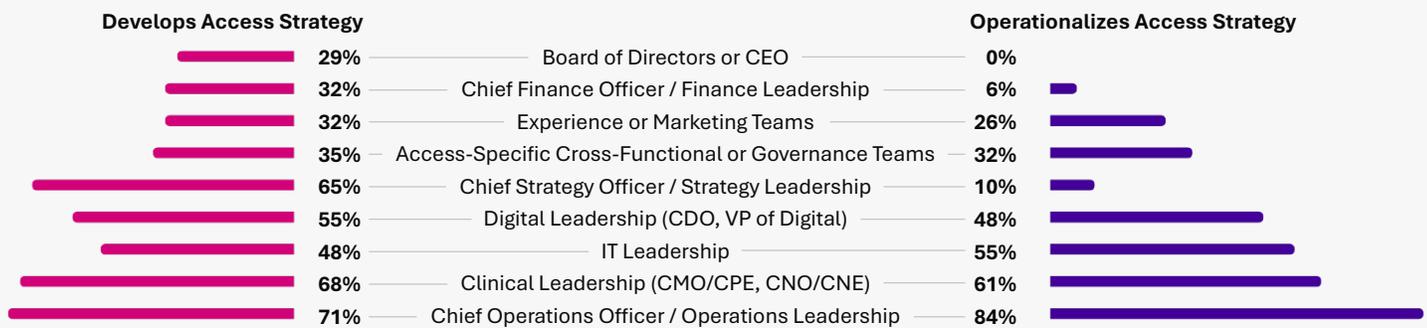|	#1 primary driver	#2 primary driver	#3 primary driver
Improving patient experience	32%	29%	19%
Increasing operational efficiency	10%	29%	29%
Achieving financial sustainability	23%	13%	23%
Responding to competitive pressure or market	10%	13%	13%
Addressing health equity or disparities in health	6%	6%	6%
Meeting regulatory requirements or pressures			6%

Today, access strategy is focused on driving patient experience and outcomes in the most operationally and financially efficient way. Nearly all respondents identify **improving patient experience as a primary driver of access strategy,** underscoring the centrality of patient-centered design. Increasing operational efficiency (68%) and achieving financial sustainability (59%) were also identified as key drivers of access strategy, as health systems balance capacity, cost, and growth in face of workforce and margin pressures.

In contrast, few leaders identified competitive pressures or health equity-related pressures as primary drivers of access strategy. This isn't to suggest these areas lack relevance, but rather that leaders are prioritizing foundational goals related to experience and operational/financial sustainability—focusing on the core aspects of the healthcare operating model.

Designing vs. Doing: The Access Leadership Gap

Responsibility for access strategy spans multiple layers of leadership, underscoring its **enterprise-wide importance**. Most systems employ a multi-stakeholder model for strategy development, led by Operations, Clinical, and Strategy executives. However, Finance is notably absent from these efforts, with only 32% reporting Finance involvement in strategic development. This limited participation may hinder long-term financial backing and ROI discipline for access investments.

Effective access strategy depends on close partnership between those designing and those implementing it. Health systems that align strategy, digital, finance, and operations when developing their digital access framework demonstrate how cross-functional engagement sustains both strategic intent and executional follow-through.

Develops Access Strategy		Operationalizes Access Strategy
29%	Board of Directors or CEO	0%
32%	Chief Finance Officer / Finance Leadership	6%
32%	Experience or Marketing Teams	26%
35%	Access-Specific Cross-Functional or Governance Teams	32%
65%	Chief Strategy Officer / Strategy Leadership	10%
55%	Digital Leadership (CDO, VP of Digital)	48%
48%	IT Leadership	55%
68%	Clinical Leadership (CMO/CPE, CNO/CNE)	61%
71%	Chief Operations Officer / Operations Leadership	84%

Conventionally, the majority of access strategy operationalization should fall within operational, clinical, and IT domains. That stated, the lack of involvement from finance and strategy leaders in access strategy deployment may hinder their ability to make informed planning decisions. Systems should ensure these stakeholder groups remain active participants in the oversight and governance of current access initiatives. Especially finance, whose lack of perceived involvement may surface key priorities and ROI attribution discrepancies between finance leaders and other stakeholder groups.

Making Access a Standing Executive Priority

How frequently is access strategy reviewed or discussed at the executive/board level?

- Monthly 43%
- Quarterly 50%
- Annually 7%
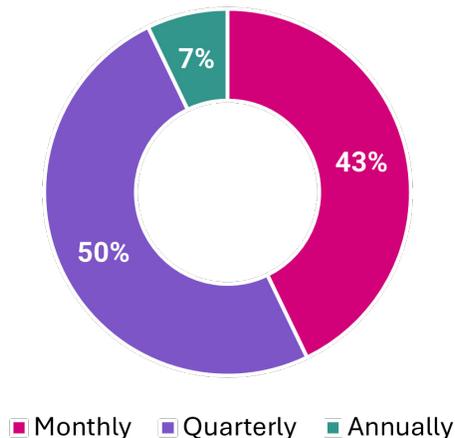
Access strategy remains a high-visibility board priority; 93% of organizations review their access strategy at least quarterly. Executive sponsorship most often lies with COOs (32%), clinical leaders (29%), and strategy executives (24%), signaling shared accountability across clinical and operational domains. However, finance leaders remain underrepresented, fueling a disconnect between access goals and ROI expectations.

Executive Sponsorship for Access

CFO	Strategy Leadership	Clinical Leadership	COO
15%	24%	29%	32%
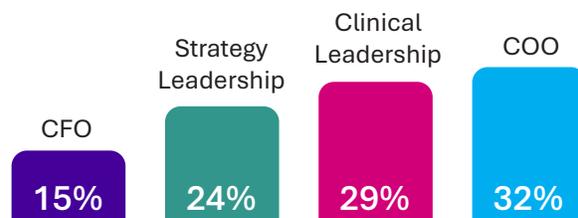
Section 2

Enabling Access Through Strategic Investment

Access is no longer confined to operations or patient experience teams but integrated across sites of care. To achieve their access goals, health systems are doubling down on strategic infrastructure investments, while simultaneously deprioritizing post-acute expenditures. As a result, this recalibration promotes tighter alignment with planned investments, current capabilities, and future growth objectives.

> *With the limited capital at our fingertips …*
> *our focus is going to be more on what is that*
> *direct throughline to ROI.*

Chief Financial Officer
Western U.S. Integrated Delivery Network

Enabling Access Through Strategic Investment

Changing Site-of-Care Investment Priorities

Access investment priorities remain broad, and multifaceted—reflecting increased care demand and pressure to shift to more cost-effective site-of-care strategies. The data shows that health systems are prioritizing investments across several domains, including:

- ○ Digitally enabled care (e.g., telehealth)
- ○ Surgical and non-surgical ambulatory sites
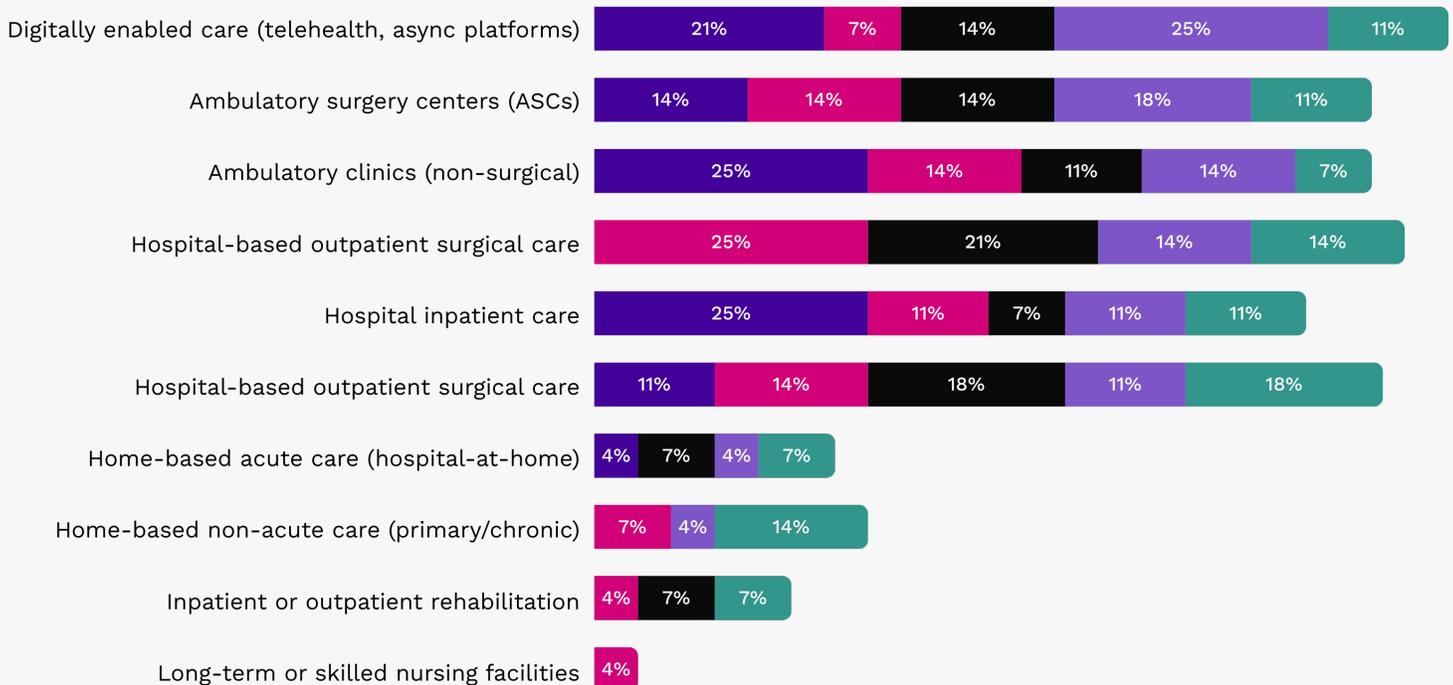- ○ Surgical and non-surgical hospital-based sites

This emphasis shows that health systems remain focused on optimizing their core operating model, largely in response to market pressures. In contrast, post-acute settings are deprioritized. Long-term and skilled nursing facilities, rehabilitation, and home-based acute settings rank at the bottom of the investment priorities. Notably, this de-emphasis exists despite post-acute bottlenecks' remaining a key barrier to access and throughput.

The data reveals a persistent gap in innovation and investment across the post-acute ecosystem. Health systems continue to focus investments on high-volume settings they directly control and operate, while sites of care often operated by external partners, like SNFs, LTACHs, and emerging (hospital-at-home) models are deprioritized, receiving less investment despite their growing importance.

Access investment priorities for the next 1-3 years

By level of priority (relative to other access investments)

● 1 (Highest priority)   ● 2   ● 3   ● 4   ● 5

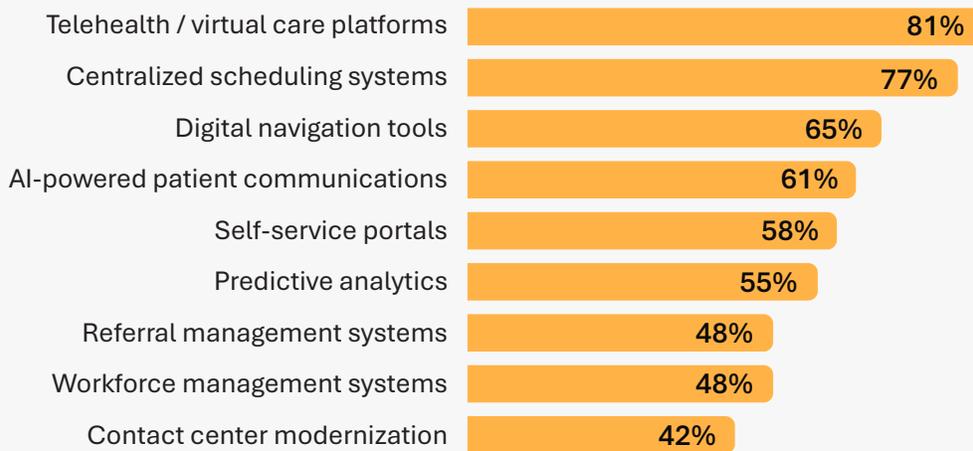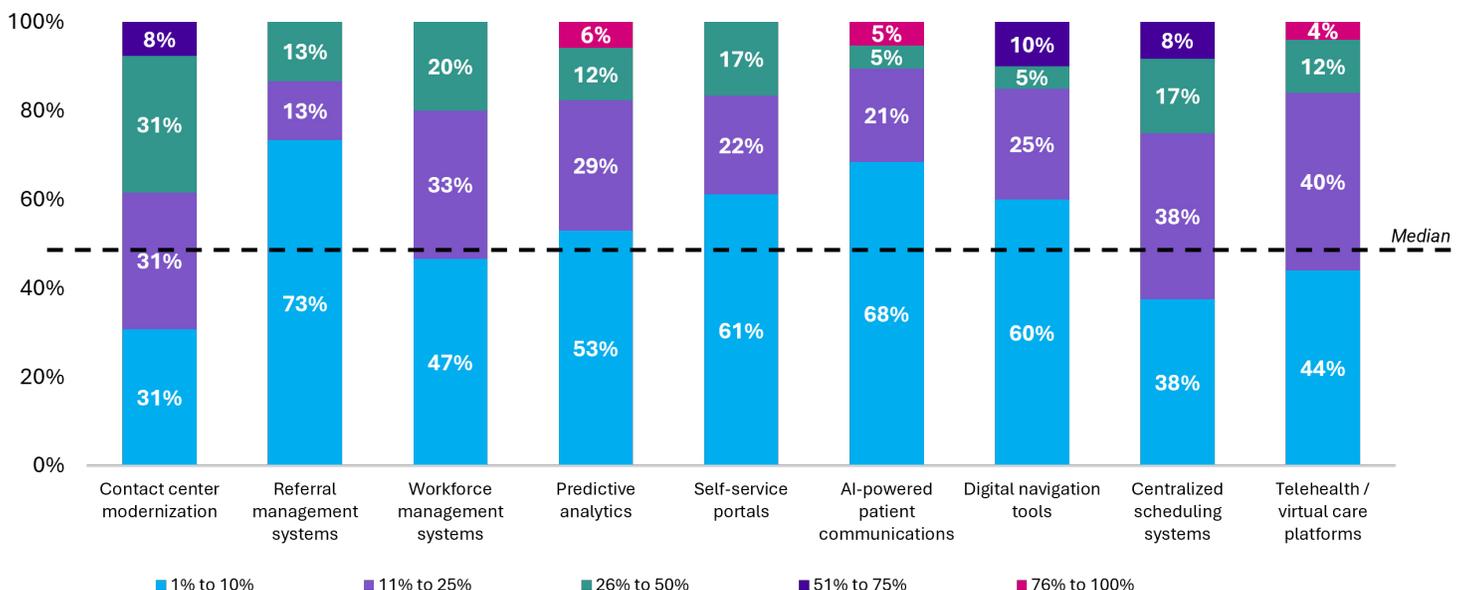|	1	2	3	4	5
Digitally enabled care (telehealth, async platforms)	21%	7%	14%	25%	11%
Ambulatory surgery centers (ASCs)	14%	14%	14%	18%	11%
Ambulatory clinics (non-surgical)	25%	14%	11%	14%	7%
Hospital-based outpatient surgical care		25%	21%	14%	14%
Hospital inpatient care	25%	11%	7%	11%	11%
Hospital-based outpatient surgical care	11%	14%	18%	11%	18%
Home-based acute care (hospital-at-home)	4%		7%	4%	7%
Home-based non-acute care (primary/chronic)		7%		4%	14%
Inpatient or outpatient rehabilitation		4%	7%		7%
Long-term or skilled nursing facilities		4%			

Investment in Access-Enabling Capabilities

Recalibrating the Digital Investment Strategy

Beyond building physical capacity, **health systems are also recalibrating their access strategy** using several patient-facing digital tools. Overall, systems are focusing on optimization over expansion. According to respondents, health systems are most widely adopting and dedicating budgets to virtual care platforms, centralized scheduling platforms, and digital navigation tools; this aligns with the substantial digital infrastructure investments that occurred during and immediately following COVID-19 as systems rapidly deployed telehealth platforms, patient portals, and scheduling systems. With many core digital capabilities implemented, systems are now shifting their focus to **optimizing existing platforms**.

Which access-enabling capabilities is your organization actively investing in?

Capability	%
Telehealth / virtual care platforms	81%
Centralized scheduling systems	77%
Digital navigation tools	65%
AI-powered patient communications	61%
Self-service portals	58%
Predictive analytics	55%
Referral management systems	48%
Workforce management systems	48%
Contact center modernization	42%

Please indicate the approximate level of investment each receives as a share of your organization's total access transformation investments.

	Contact center modernization	Referral management systems	Workforce management systems	Predictive analytics	Self-service portals	AI-powered patient communications	Digital navigation tools	Centralized scheduling systems	Telehealth / virtual care platforms
76% to 100%				6%		5%			4%
51% to 75%	8%						10%	8%	
26% to 50%	31%	13%	20%	12%	17%	5%	5%	17%	12%
11% to 25%	31%	13%	33%	29%	22%	21%	25%	38%	40%
1% to 10%	31%	73%	47%	53%	61%	68%	60%	38%	44%

Median

Legend: ■ 1% to 10% ■ 11% to 25% ■ 26% to 50% ■ 51% to 75% ■ 76% to 100%

For new access-enabling technologies, like AI-enabled patient communications or predictive analytics, financial realities and risk tolerance constrain investment decisions—despite the notable interest reflected in the survey results. Interviews with health system CFOs revealed this tension directly: While they broadly recognize how digital innovation will shape healthcare's future, near-term reimbursement constraints force a difficult trade-off; **systems must prioritize billable services that generate immediate value** or drive downstream utilization.

Risk Tolerance Varies by System Characteristics

Risk-Averse Systems
- Typically IDNs and academic medical centers
- Take a more practical, reserved approach to access strategy
- CFOs prioritize immediate ROI and maintain financial discipline around digital enablement; their focus centers on billable services with clear revenue connections and a lower inclination for risky investment

Risk-Neutral Systems
- Have partial vertical integration, regional market considerations, or mixed operational performance that significantly shapes their risk capacity
- Balance strategic ambition with measured execution
- CFOs counterweigh near-term financial discipline with selective longer-term investments, evaluating access opportunities based on market competitiveness and proven execution capability

Risk-Accepting Systems
- Usually strong-performing vertically integrated systems
- Demonstrate greater willingness to make bets on digital innovation, access strategies, and longer-term capability-building
- CFOs leverage their diversified revenue portfolio (e.g., health plan), stronger operating margins, and organizational maturity to pursue investments where value may emerge through multiple degrees of separation

Lower ← **RISK CAPACITY** → *Higher*

Across systems, CFOs shared the same central question: Does this investment deliver immediate ROI, or does the value emerge only after several degrees of separation? This calculation determines which digital tools secure funding and which stagnate despite strategic potential.

Systems favor technology stack consolidation and interoperability over experimentation

78%
agree access strategy depends on a single enterprise platform.

65%
say vendor consolidation improved integration.

36%
cite technology integration as a top barrier.

Health system leaders emphasize the value of consolidating to a single, enterprise-wide platform to support access strategy—although platform consolidation does come with drawbacks. While 31% report that consolidation limits customization and 18% agree that it slows innovation, 78% agree that access strategy depends on a single enterprise platform and nearly two-thirds report that vendor consolidation has improved integration.

Broad investment priorities, fragmented technology architecture, and innovation gaps underscore the complexity of executing integrated access strategies. While health systems invest heavily in their sites and tools, strategic recalibration demands coordination across settings to connect digital infrastructure, physical capacity, and care transitions; this includes those outside direct health system ownership.

Competitive positioning adds another layer of complexity to this issue. A system that significantly reduces time-to-next-appointment may still fail to gain market traction if competitors outperform them. Without a multipronged focus on connection and comparative performance, systems risk over-optimizing individual components rather than strengthening access at the enterprise level.

Section 3

Persistent Gaps and Market Challenges

Even as access becomes a strategic priority, major operational barriers like workforce shortages, financial strain, and fragmented technology stall progress. These findings highlight that sustainable access transformation requires coordinated action across departments, supported by clear governance and measurable ROI.

Our biggest gap is do we have enough [providers], which I think everybody is struggling with … and so we're looking at things like how do we increase the capacity of our own infrastructure … is there a different model?

Chief Financial Officer
Eastern U.S. Integrated Delivery Network

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Persistent Gaps and Market Challenges

Health systems continue to struggle translating ambition into execution. According to leaders, primary operational barriers including workforce shortages (54%), financial strain (43%), and fragmented technology (36%) slow progress toward a more connected, consumer-centric access model. These internal challenges are further exacerbated by external market forces, reemphasizing that sustainable access transformation requires coordinated leadership, investment discipline, and clear accountability across the enterprise.

Health Systems' Greatest Opportunities for Improvement

Across surveyed systems, the widest gap between access goals and current execution lies in **appointment availability and wait times**. Most respondents cite this as their greatest or second-greatest gap, reflecting the persistent mismatch between patient demand and provider capacity.

Digital access and navigation capabilities also remain underdeveloped. Nearly half of respondents identify patient scheduling and navigation and the digital front door experience as a weakness. These challenges suggest that, while organizations have invested heavily in their digital ecosystems, few have yet realized the seamless, omnichannel experience patients expect.

Workforce enablement and resourcing rank high among capability gaps. As health systems expand virtual and hybrid care models, many lack the staffing structures or data visibility to optimize access across sites and modalities.
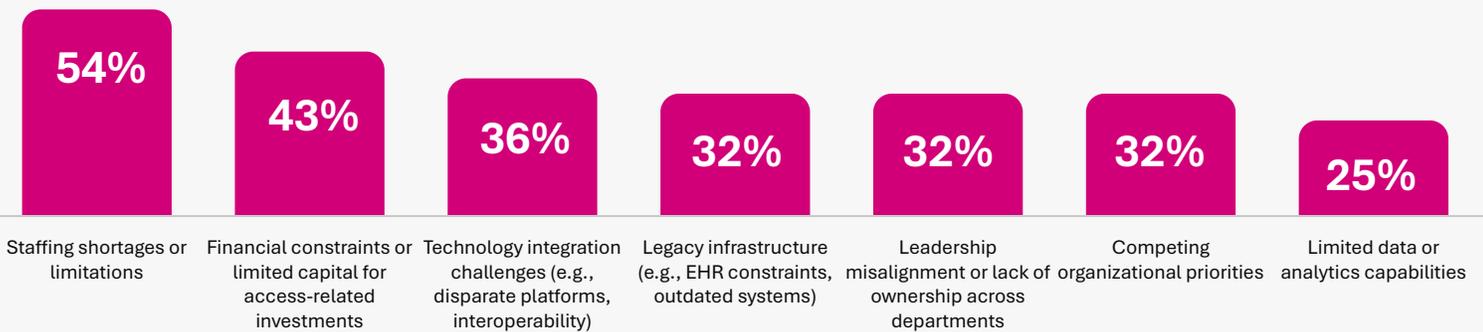
Where is the gap greatest between your organization's access ambitions and its current execution?

● #1 greatest gap   ● #2 greatest gap   ● #3 greatest gap

	#1 greatest gap	#2 greatest gap	#3 greatest gap
Appointment availability and wait times	62%	24%	14%
Patient scheduling and navigation	38%	38%	25%
Digital front door tools and experience	31%	44%	25%
Cross-functional coordination or ownership	31%	38%	31%
Consumer engagement and communication	25%	25%	50%
Analytics performance monitoring	17%	17%	67%
Workforce enablement or resourcing		42%	58%

Most Significant Barriers to Achieving Access Transformation Goals

The greatest barrier to access transformation is the **workforce shortage**, cited by 54% of health system leaders. This aligns with broader workforce supply pressures across the care continuum and underscores how capacity constraints are undermining both patient access and operational efficiency.

Which external market dynamics are most influencing your organization's current access strategy?

54%	43%	36%	32%	32%	32%	25%
Staffing shortages or limitations	Financial constraints or limited capital for access-related investments	Technology integration challenges (e.g., disparate platforms, interoperability)	Legacy infrastructure (e.g., EHR constraints, outdated systems)	Leadership misalignment or lack of ownership across departments	Competing organizational priorities	Limited data or analytics capabilities

However, while leaders rank workforce shortage as the top barrier, workforce enablement was not identified as a primary ambition-execution gap. One explanation lies within health systems' framing workforce challenges primarily as a supply problem to be solved through recruitment and retention, rather than as a productivity opportunity that could be addressed through tools, workflow optimization, and top-of-license enablement. This distinction helps explain the dynamic reflected in the data.

> *It's hard to attract people to [the state] … I think that's probably our biggest gap … everybody is struggling with it.*

Chief Financial Officer
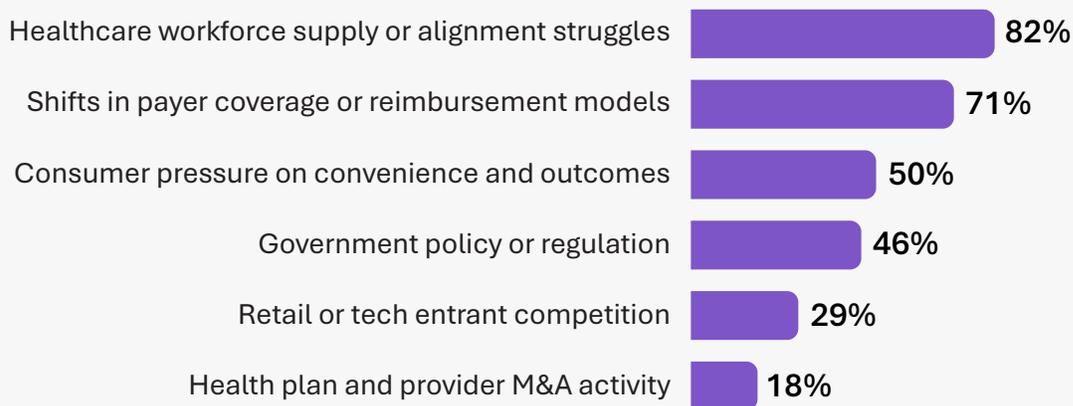**Eastern U.S. Regional Integrated Delivery Network**

Health systems are not deprioritizing provider productivity. Across conversations with LHS CFOs, productivity emerged as one of the most persistent and widely acknowledged barriers to achieving access goals. This finding is at odds with survey data that likely reflects a different interpretation of urgency: Leaders other than CFOs are gravitating toward challenges that feel more actionable in the next six to 12 months. Workforce supply is viewed as an existential, long-horizon threat that materially constrains access across the enterprise. In contrast, improving provider productivity remains a critical need but one with fewer clear levers, given years of mixed results and increasing workforce strain. The result is not reduced importance but a pragmatic sequencing of priorities, where leaders address what can meaningfully move now while continuing to grapple with a much harder, longer-term productivity challenge.

Financial constraints (43%) are the next most common barrier as capital budgets tighten to sustain positive operating margin and cashflow. Technology integration challenges (36%) is another roadblock, highlighting ongoing struggles with disparate platforms, data silos, and EHR interoperability. Leadership alignment and legacy infrastructure (32% each) further compound these challenges. Many organizations continue to operate with unclear ownership of access strategy, dispersed across scheduling, IT, and operations teams, creating governance blind spots that slow decision-making and blur accountability.

External Market Dynamics Most Influencing Access Strategy

While internal barriers limit execution, external dynamics intensify the urgency for access transformation. Workforce supply and alignment struggles (82%) are noted as the dominant external barrier organizations face in achieving their access goals, followed by shifts in payer coverage and reimbursement models (71%). Combined, these pressures demand efficiency and resource optimization.

What are the most significant barriers your organization faces in achieving access transformation goals?

Barrier	Percentage
Healthcare workforce supply or alignment struggles	82%
Shifts in payer coverage or reimbursement models	71%
Consumer pressure on convenience and outcomes	50%
Government policy or regulation	46%
Retail or tech entrant competition	29%
Health plan and provider M&A activity	18%

Pressure to improve convenience and outcomes is a significant barrier for half of respondents—representative of rising healthcare costs and increased demand for services. Meanwhile, evolving government regulations (46%) and new payer mandates are pushing systems to demonstrate measurable performance on access and population health, while reducing cost.

Our biggest challenge … is just do we have enough providers.

Chief Financial Officer
Eastern U.S. Regional Integrated Delivery Network

Retail and tech disruptors continue to threaten access strategy for some markets. However, the relatively lower frequency of this threat is indicative of their own struggles navigating the current market and economy, as well as the sizable need to address workforce and payer coverage sustainability.

Findings show how internal and external pressures have made access both an operational challenge and a strategic imperative. Financial strain and workforce shortages are limiting near-term execution, even as consumer and payer expectations demand faster innovation. To close the gap, health systems must balance financial discipline, digital innovation, and workforce sustainability by investing in scalable infrastructure, embedding cross-functional governance, and using analytics to demonstrate ROI. Access transformation extends beyond traditional tenets of scheduling and navigation, but about system capacity, workforce alignment, and enterprise resilience.

Section 4

The Role of Digital and AI in the Next Stage of Access

The next phase of access transformation will be defined by how effectively systems operationalize AI and automation. While adoption is widespread, maturity levels vary, and most organizations remain early in integrating predictive and generative tools into workflows.
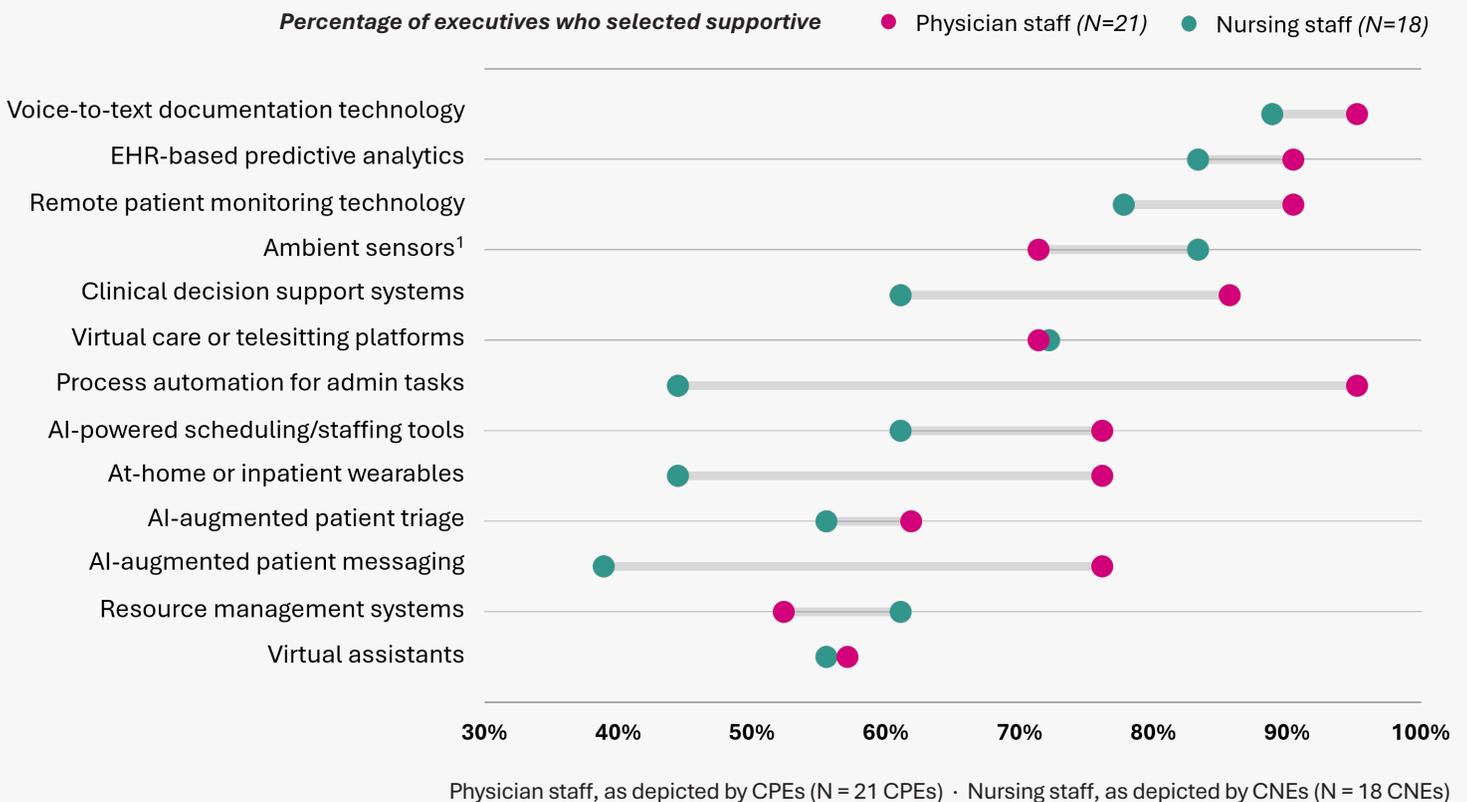
I'm seeing AI as an ability to be a veneer on top rather than tearing up the sidewalk and laying new concrete.

Chief Financial Officer
Midwestern U.S. Academic Medical Center

Digital Leadership and AI: Catalysts for Access Transformation

As access becomes more digitally enabled, wide gaps persist in clinical leaders' attitudes toward AI tools and technology adoption. The acceleration of AI-enabled tools across operational, clinical, and patient-facing workflows must align with clear prioritization and executive-level sponsorship to drive adoption. The chart below highlights where adoption expectations are converging across a wide range of technologies.

Which statement best describes staff's attitude toward AI tools and technology adoption? *

Percentage of executives who selected supportive ● Physician staff *(N=21)* ● Nursing staff *(N=18)*

Voice-to-text documentation technology
EHR-based predictive analytics
Remote patient monitoring technology
Ambient sensors[1]
Clinical decision support systems
Virtual care or telesitting platforms
Process automation for admin tasks
AI-powered scheduling/staffing tools
At-home or inpatient wearables
AI-augmented patient triage
AI-augmented patient messaging
Resource management systems
Virtual assistants

30% 40% 50% 60% 70% 80% 90% 100%

Physician staff, as depicted by CPEs (N = 21 CPEs) · Nursing staff, as depicted by CNEs (N = 18 CNEs)

The adoption chart highlights an important nuance: Physicians lead in exposure and adoption across most AI tools, while nurses lead or match physicians in a few key areas such as ambient sensors, virtual care or remote monitoring platforms, and virtual assistants. Wide differences in attitudes signal an uneven adoption landscape with tangible risks for enterprise scalability and change management and underscore the need for coordinated enablement strategies across both physician and nursing teams.
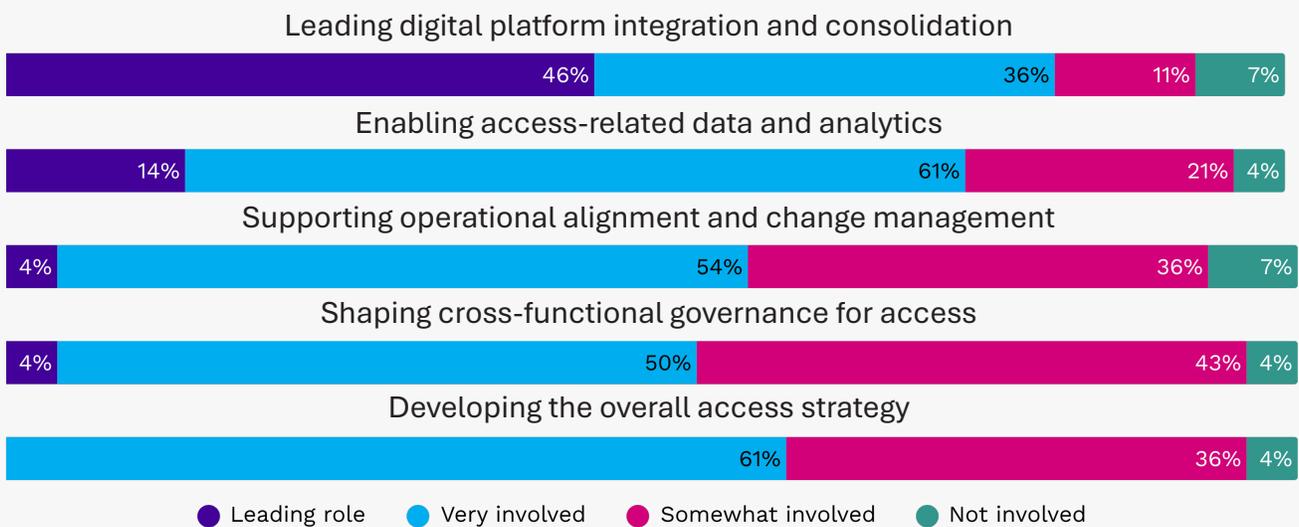
Accordingly, enterprise IT and digital leaders play a central role in shaping access strategies, integrating platforms, and enabling data-driven decision-making. While technology leaders are heavily involved in execution, opportunities remain to formalize governance, accelerate data readiness, and prepare for the transformative potential of emerging AI tools.

* Source: THMA 2025 Workforce Survey

The Expanding Role of Digital and IT Leadership

Across health systems, IT and digital teams are heavily involved in developing access strategies, managing technology integration, and enabling analytics capabilities. Their influence is strongest in areas that directly involve technology infrastructure, such as platform integration and consolidation, as well as enabling data and analytics. However, their role in shaping governance for access is often less formalized as responsibility for access transformation is shared across clinical, operational, and digital leaders, which can blur ownership and slow decision-making. **As access becomes increasingly dependent on digital enablement, stronger governance models that align leadership across functions will be essential to sustain momentum.**

To what extent are enterprise IT and/or Digital leadership involved in the following areas of your organization's access strategy?

Leading digital platform integration and consolidation

| 46% | 36% | 11% | 7% |

Enabling access-related data and analytics

| 14% | 61% | 21% | 4% |

Supporting operational alignment and change management

| 4% | 54% | 36% | 7% |

Shaping cross-functional governance for access

| 4% | 50% | 43% | 4% |

Developing the overall access strategy

| 61% | 36% | 4% |

● Leading role   ● Very involved   ● Somewhat involved   ● Not involved

AI and Automation Are Elevating IT's Strategic Role

The rise of AI and automation is expanding the responsibility of IT and digital leaders within access strategy. Nearly four in five respondents (79%) report at least moderate changes to IT involvement as a result of emerging AI capabilities.

A majority (61%) note a "moderate impact," where digital leaders are more involved in defining and supporting access initiatives. Another 18% describe a "significant impact," with leadership driving strategy shifts due to new AI and automation capabilities. Only 4% say AI has had no impact on IT's role, underscoring how pervasive these technologies have become in shaping digital access priorities.

How are emerging AI and advanced automation technologies impacting the involvement of enterprise IT and/or Digital leadership in your organization's access strategy?

4% No impact

18% Significant impact

18% Minor impact

61% Moderate impact
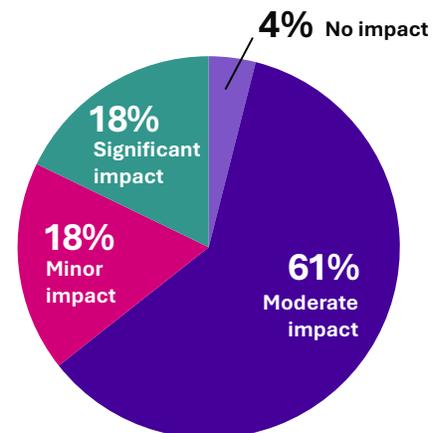
Conclusion: Redefining Access Through Embedded AI and Enterprise Integration

These findings mark a pivotal moment in the health system access journey, as digital and IT leaders shift from supporting roles to strategic drivers of transformation. The convergence of workforce shortages, digital complexity, and AI-innovation is reshaping how organizations define and deliver access. Rather than treating access as a series of disconnected operational fixes, health systems are beginning to view it as a systemwide capability that integrates clinical, operational, and digital functions.

AI and Automation Technologies Most Influencing Access Strategy
AI adoption in access strategy follows a clear progression from process automation to advanced intelligence.

Workflow automation	Predictive analytics	Generative AI	Agentic AI
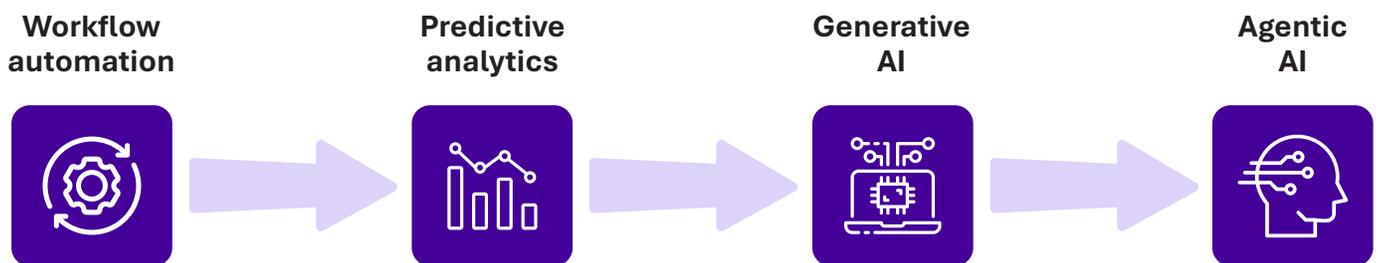
| Workflow automation is serving as the entry point, improving scheduling, revenue cycle efficiency, and administrative coordination. | Predictive analytics is helping leaders anticipate patient demand, forecast no-shows, and optimize capacity utilization. | Generative AI is being explored for documentation, communication, and patient experience functions, with early pilots showing promise in clinical and operational workflows. | Agentic AI is on the horizon, with organizations testing consumer-facing assistants and automated process management to streamline repetitive work. |

This evolution requires moving beyond short-term problem-solving toward long-term redesign of how patients enter, move through, and engage with the health system. Health systems continue to invest in AI despite budgetary constraints,* and are increasingly focused on operationalizing it within existing enterprise platforms like EHRs, embedding automation, predictive analytics, and decision-support tools directly into core workflows. These embedded capabilities enable leaders to enhance scheduling efficiency, improve care coordination, and surface insights at the point of need without layering on additional systems or creating digital silos.

For leading health systems, this shift also redefines what success looks like. Improving access is no longer measured solely by appointment availability or call center responsiveness, but by how **seamlessly patients can find the right care at the right time**, through any channel. Organizations that align governance across disciplines, invest in interoperable infrastructure, and scale AI capabilities within existing platforms to drive both efficiency and experience will be best positioned to close the gap between access ambition and execution, **transforming access into a true strategic advantage**.

Appendix

Methodology, Demographics, and Partnership

Methodology Overview and Demographics

This data reflects insights from **31 senior health system executives** who participated in a survey conducted by The Health Management Academy. The survey was administered in Q3/Q4 2025, and responses were collected to capture executive perspectives on organizational structure, digital strategy, and market dynamics. Participants represent a broad cross-section of U.S. health systems, varying in size, geography, and leadership focus, offering a comprehensive view of how large providers are navigating transformation and technology adoption.

Roles Represented
Respondents held a range of executive titles spanning both clinical and operational leadership. Chief Operating Officers composed the largest share (25%), followed by Vice Presidents of Digital Transformation (18%) and Chief Information Officers (14%). Additional participants included Chief Medical Information Officers, Chief Strategy Officers, and Vice Presidents of Information Technology, Operations, and Strategy—reflecting a multidisciplinary perspective on systemwide transformation.

Health System Size
Participants represented systems of varying scale. The largest segment (39%) reported annual net patient revenue between $1B and $5B, while 36% represented systems generating more than $10B annually. Another 21% reported revenues between $5B and $10B, and a small minority (4%) came from organizations with less than $1B in total operating revenue.

Geographic Footprint
Most respondents reported health systems with broad regional reach. Nearly one-third (32%) operate in a single state, while an equal share (32%) span operations across five or more states. Another 25% operate in two states, and 11% in three or four states, underscoring a balance between localized and multi-state systems.

EHR Landscape
Epic remains the dominant electronic health record (EHR) platform among participating systems, used by 75% of respondents. Oracle Health (Cerner) followed at 14%, with MEDITECH and other platforms composing the remaining share.

Mergers and Acquisitions
M&A activity remains an active feature of the health system landscape. Over 40% of respondents indicated their organization had acquired another health system within the past 12–18 months, while 4% reported being acquired and another 54% had not engaged in recent merger activity.

Partnership Overview

The Health Management Academy (THMA) and Tegria Partnership

Tegria and THMA have partnered on the Access-Driven Enterprise Research Initiative to examine how leading health systems are reimagining enterprise IT and organizational strategy around access. The collaboration combines THMA's proprietary research and executive network with Tegria's expertise in digital transformation to uncover how systems are aligning governance, investment, and technology to improve access across clinical, digital, and operational domains. Through original research including surveys of health system executives, in-depth interviews, and data integration, this partnership will generate actionable insights to guide leaders in advancing access as a core enterprise capability.

About The Health Management Academy

Since 1998, The Health Management Academy has cultivated the premier community of influential changemakers in healthcare. Our members are aligned around a common goal of improving health for all, and a core belief that partnership will accelerate progress. Our member community includes Leading Health Systems—the approximately 150 innovative integrated delivery systems with over $2B in total operating revenue—and innovative Industry Partners that are working alongside health systems to drive health forward. We power our members by building our community and fostering connections through executive peer learning. We support professional growth through talent and development. We accelerate understanding by delivering timely and actionable data and insights on key challenges. And we catalyze transformation by building alliances in areas where the power of the collective is greater than the power of one. Learn more about The Health Management Academy at hmacademy.com.

About Tegria

Tegria is a global healthcare consulting and services firm that helps organizations simplify complexity, accelerate modernization, and deliver better experiences for patients and care teams. Built from a community of experienced healthcare operators, clinicians, technologists, and strategists, Tegria works alongside providers and payers to advance critical priorities such as strengthening patient access, modernizing digital and data ecosystems, and improving financial performance. With deep expertise across EHR platforms, data and analytics, cloud and infrastructure, revenue cycle, and payer services, Tegria brings practical end-to-end solutions that meet organizations where they are and enable measurable improvements, lasting impact, and meaningful progress. Learn more at tegria.com.

For more information on the research or to request additional data, please email marketing@tegria.com.

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