

What CPEs Are Working on Right Now

Staying mindful of the generational gap between doctors and nurses

In many leading health systems (LHS), most physicians are over the age of 55 while most nurses are under 35—creating a generational mismatch in workplace priorities. Younger nurses are prioritizing work-life balance and flexible scheduling, which is critical for retention. In contrast, older physicians tend to hold more traditional views around work structure and expectations. To bridge this gap, organizations are adopting hybrid work models and offering more immediate and tailored benefits.

Diversifying staffing models by investing in a 'gig economy,' expanding medical residencies, and launching nurse residency programs

CPEs are focused on recruiting and retaining both clinical and non-clinical employees across the health system. To reduce administrative burden on nurses, they've partnered with staffing companies and implemented app-based tools that support on-call interaction for non-clinical roles. These investments are freeing up internal resources to expand medical residency programs and launch nursing residency initiatives—both of which are becoming essential to attract and retain recent graduates.

Balancing legacy vendor investments with ever-changing needs in capability

As AI reshapes health system operations, CPEs are finding new capacity for innovative programming in the tech space. One emerging focus is shifting the role of EMRs from data storage tools to platforms for in-house analysis. CPEs' initial instinct is to pursue a one-vendor-fits-all model to centralize efforts and reduce vendor-related costs.

Training physicians on AI literacy and slowly moving tech initiatives from pilot to scaled

Health executives are increasingly aware that clinician buy-in is essential to realizing ROI from technology investments. CPEs are working to reframe the role of clinicians—from end-users to strategic partners in tech implementation. By defining clear problem statements, aligning them with AI initiatives, and promoting AI literacy training, CPEs are paving the way for successful transitions from pilot programs to system-wide scale.

Key Quotes

"Quality assurance: Workforce inclusion. Make an AI literate and empowered organization. Do not consider workforce or clinicians as an end-receiver, they are salient partners in building and validating models and breaking down siloes."

"[We] doubled down on [our] GME program. Went from training 200-250/year to around 1000/year. Expect to hit the 1000 goal by 2030. Will make us the largest single trainer of residents in California. CA is a net exporter of Medical Students, so we need to find a way to retain them within the system. Right now at 54% resident retention."



Get to Know the CPE Persona

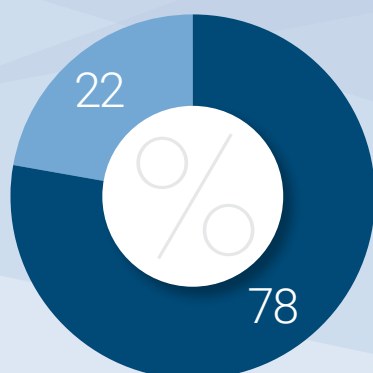
CPE in Brief

As the highest-ranking clinical executive in a health system, the CPE is always a physician. Historically focused on medical staff and physician alignment, the role has expanded to include strategic oversight of system-wide growth, service line integration, and population health. Most CPEs report directly to the CEO. As physician executives take on broader responsibilities, many organizations are moving away from the Chief Medical Officer title—opting instead to divide duties between a Chief Clinical Officer and a Chief Physician Executive.



Audit of Leading Health System CPE Profiles

Where are CPEs Hired From?

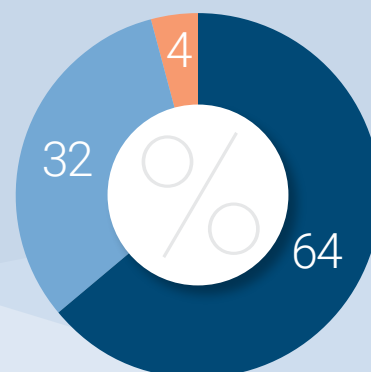


- Internal to the health system
- External – from other health system

How Long Have CPEs Been in Seat?

4 years
Average years in role

What title does the "CPE" go by?



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

Obstacles and Investment Decision Drivers

Pain Points That May Impact Strategy Execution

- ✓ Overcoming barriers to integrating virtual care, including value skepticism, workflow changes, impact on patient interactions, and payment
- ✓ Concern over adding new documentation or process burdens to clinical staff workflows (e.g., solutions that force clinicians to toggle across multiple applications vs. a single-entry point)
- ✓ Concern when cost savings or efficiency initiatives are at odds with physician autonomy and preferences (e.g., standardization of physician preference items)
- ✓ Executing a more consumer-oriented care delivery strategy to improve patient access to services and provide a personalized care experience

CPE Checklist for Choosing Solutions

- ✓ Proof of quality and safety; CPEs are data-driven and want to see quantitative evidence to support adoption of new devices, tech, and treatment protocols
- ✓ ROI (economic, professional satisfaction) in addition to baseline metrics of quality and safety
- ✓ Frontline physician buy-in for product or service attained early in evaluation process
- ✓ Reduces physician workload and improves efficiency without disrupting workflow
- ✓ Alignment with systemwide strategic goals and the needs of their patients (e.g., patient access)
- ✓ Ability to standardize and deploy over multiple sites of care, service lines, and regions



Get to Know the CPE Persona

2025 CPE Priorities and Opportunities

These are the top ten rated priorities (out of a list of 27) in the Academy’s survey of Leading Health System Chief Physician Executives conducted in late 2024.

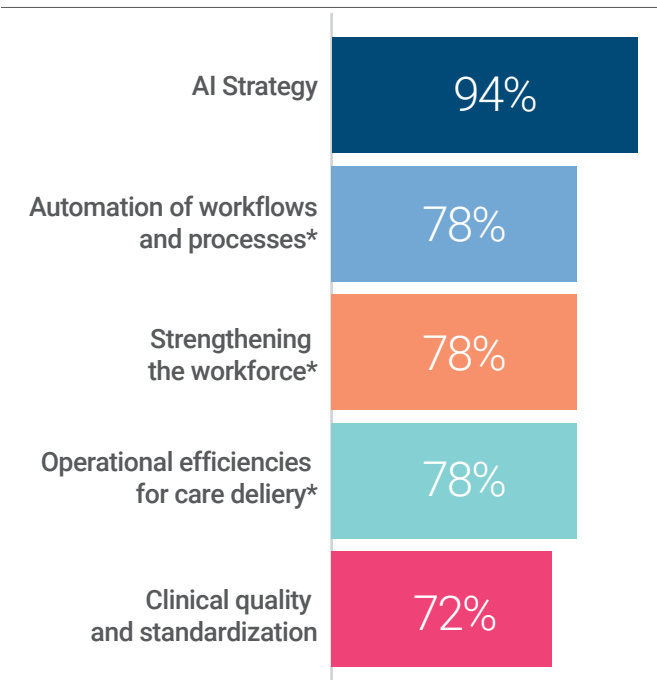
Top 10 Strategic Priorities for CPEs

1	Improving access to care	7	Automation of workflows and processes*
2	Operational efficiencies for care delivery	7	Site-of-service optimization*
3	Clinical quality and standardization	9	AI Strategy*
4	Strengthening the workforce	9	Care team redesign*
5	Strategic cost management*	9	Care team well-being/burnout*
5	Inpatient Capacity/Infrastructure*	9	Digital hybrid care models*

* Indicates a tie

Top 5 Priorities Rated “More Important”

Percent of CPEs who rated category “More Important” in 2025 versus 2024



* Indicates a tie

Top 5 Improvement Opportunities

Relative to performance today

1	Precision medicine
2	Care at home strategy
3	Consolidating select clinical services*
3	Divesting underperforming assets/services*
5	Automation of workflows and processes

* Indicates a tie



Get to Know the CPE Persona Persona

2025 CPE Executive Priorities Survey Results

The chart below depicts the complete results for priority and improvement opportunity rankings for CPEs according to the Academy's 2025 Executive Priorities Survey.

Priority	Priority Rank	Improvement Opportunity Rank
Improving access to care	1	*14
Operational efficiencies for care delivery	*2	*22
Clinical quality and standardization	*2	*22
Strengthening the workforce	4	*19
Inpatient capacity/infrastructure	*5	13
Strategic cost management	*5	*19
Automation of workflows and processes	*7	5
Site-of-service optimization	*7	*14
Care team redesign	*9	*6
Digital & hybrid care models	*9	*6
AI strategy	*9	*14
Care team well-being/burnout	*9	27
Payer strategy	13	24
Reducing care team administrative burden	14	*6
Risk-based payment strategy	*15	*17
Physician alignment strategy	*15	26
Health equity	*17	*17
Ambulatory footprint	*17	25
Consumer-centered care delivery	*19	*6
Population and community health	*19	12
Care at home strategy	21	2
Healthcare affordability	*22	*6
Organizational literacy with data and technology	*22	11
Succession planning and leadership development	24	*19
Consolidating select clinical services	25	*3
Divesting underperforming assets/services	26	*3
Precision medicine	27	1

* Indicates a tie