As our nation emerges slowly from the devastating effects of the pandemic, the value of America’s hospitals and health systems—and the women and men who work there—has never been more clear. Whether treating patients with compassion and bravery, providing life-saving care or stepping in to plug the gaps in the nation’s ailing public health infrastructure in other ways, hospitals and health systems were there for all of us when we needed them the most.

This commitment to caring remains steadfast even as the financial fall-out of the COVID-19 crisis is far from over. The grim reality is that many hospitals and health systems faced tough financial situations before this global pandemic arrived and that strain has only gotten worse.

One of the many ways hospitals are continuing to meet the mission of advancing health in America is through building integrated systems of care. This enabled them to build the financial and staffing resources needed to quickly stand up and maintain intensive care units when the pandemic hit and also provide access to a wider range of services. Scale also enabled them to find and purchase large amounts of protective equipment needed to help keep their caregivers and other patients safe from the virus.

During the pandemic we saw hospitals caring for their communities in tremendous ways, but many were doing so under pressure and some at risk of closure. That would have threatened access to health care for many Americans. Being part of an integrated system of care kept hospitals operating, especially those in rural areas, that otherwise might have succumbed to the devastating financial effects of the virus. While we appreciate the support from Congress thus far, hospitals and health systems will continue to fight as long as it takes — we will continue to care for those who depend on us — but we need the tools and resources to win this battle.

- Hospitals are projected to lose between $53 billion and $122 billion in revenue in 2021. This comes on top of losses of $320 billion in 2020 and full recovery is years away.
- More than 100 rural hospitals have closed since 2013 and more likely would have without the benefit of being part of an integrated system of care.

Being a part of an integrated health system can provide a lifeline of financial and professional support for some hospitals in some communities. Many health systems were able to respond rapidly to the evolving crisis, expanding telemedicine services, developing and enhancing testing, and igniting innovations that improved care delivery and advanced other clinical services for patients. For example:

- Advocate Aurora Health in Illinois and Wisconsin was able to move staff among its hospitals to those that were experiencing surges in their emergency departments, critical care, medical and surgical units.
- OhioHealth staffing and system support readiness provided ready access to COVID-19 testing when it could be hard to find elsewhere, and ramped up quickly to vaccinate 5,000 people per day.

Integrated health systems have the critical scale, resources and expertise needed to decrease costs and enhance quality for patients and communities. They respond to patients’ needs with alternate sites of care making access more convenient.

Simply put: integration can lead to meaningful benefits for patients and help hospitals best serve the health needs of their communities.

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