American Hospital Association™

Advancing Health in America

KNOWLEDGE EXCHANGE

Ecosystem Strategies for the Next Era of Health Care

Redesigning care models and operating structures beyond the four walls

Sponsored by: Guidehouse

Introduction

Ecosystem Strategies for the Next Era of Health Care

Redesigning care models and operating structures beyond the four walls

As hospitals and health systems confront intensifying market headwinds and accelerating technology tailwinds, the traditional concept of systemness is no longer sufficient to drive sustainable transformation. Increasingly, success depends on an organization's ability to extend beyond its own walls by creating interconnected networks of partners, technologies and care delivery touchpoints that improve how patients access, experience and engage with care.

This Knowledge Exchange ebook explores the emerging concept of ecosystem-ness: a strategic approach that combines human expertise, digital capabilities and AI-enabled innovation to create more adaptive, resilient and patient-centered operating models. Healthcare executives discuss how ecosystem strategies can strengthen organizational performance, reshape governance and board oversight, expand access to care, deepen community impact and position health systems for long-term success in a rapidly evolving healthcare landscape.

8 strategies leaders can use to build resilient, patient-centered ecosystems for the future

Engage boards in shaping a shared vision for human-technology collaboration.

Boards play a critical role in positioning AI and ecosystem development as strategic imperatives, prioritizing investments, defining measures of success and advancing cultural change. Effective governance balances innovation, accountability and organizational mission.

Expand from "systemness" to ecosystem thinking.

Build stronger connections beyond hospitals and clinics by partnering with community organizations, employers, technology companies, academic institutions and other providers. Success will increasingly depend on how effectively organizations connect patients with resources across the broader care ecosystem.

Align ecosystem strategies with long-term value and investment.

Transforming care delivery requires sustained investment and recognition that returns may not occur immediately. Focus on continuity of care, patient loyalty and population health outcomes rather than short-term results.

Design around the patient journey, not organizational silos.

Map the entire patient experience across care settings and eliminate friction points. Focus on creating seamless transitions between services, care settings and partners so patients experience a coordinated journey rather than a series of disconnected encounters.

Standardize platforms while enabling local innovation.

Enterprise-wide technology platforms can support scale, consistency and interoperability, while allowing local teams to adapt workflows to community needs, balancing standardization with flexibility.

Use AI to augment caregivers and strengthen human connections.

The greatest early opportunity for AI is reducing administrative burden and documentation demands so clinicians can spend more time engaging with patients.

Establish innovation environments to redesign care delivery.

Create pilot programs or "sandbox" settings where teams can test new care models, technologies, and workflows free from traditional productivity and operational constraints, generating insights for broader transformation efforts.

Create a digital front door that simplifies access.

Consumers increasingly expect convenient, personalized and low-friction experiences. Invest in digital tools that support scheduling, navigation, communication and care coordination while maintaining a human-centered experience

Participants

Marjorie Bessel, M.D.
Chief Clinical Officer
Banner Health
Phoenix

Brent Davis
CEO, Primary Health Division
AdventHealth
Orlando, Fla.

Sandee Gehrke, FACHE, MBAH
Executive Vice President, Chief Operating Officer
St. Luke's Health System
Boise, Idaho

James (Jay) Higgins, MHSA, FACHE
Executive Director, National Network Development
Mass General Brigham
Somerville, Mass.

Jaya Kumar, M.D., MBA
Executive Vice President and System Chief Medical Officer
Fairview Health Services
President, Fairview Health Medical group
Minneapolis

Lindsey Lehman, MPH, MHA, FACHE
Associate Administrator, Hospital Operations
Mayo Clinic
Rochester, Minn.

Thomas McGinn, M.D., MPH
Senior Executive Vice President, Chief Physician Executive Officer
CommonSpirit Health
NewYork, N.Y.

Jennifer O'Neill, DNP, APN, NEA-BC
Chief Operating Officer and Senior Vice President for Clinical Operations
RWJBH/Cooperman Barnabas Medical Center
Livingston, N. J.

Tipu Puri, M.D., PhD
Chief Medical Officer
UChicago Medicine
Chicago

David Zaas, M.D., MBA
CEO
Duke University Health System
Durham, N.C.

MODERATOR
Elisa Arespacochaga
Group Vice President, Clinical Affairs and Workforce
American Hospital Association
Chicago

MODERATOR ELISA ARESPACOCHAGA *(American Hospital Association):* **How do you define ecosystemness for your organization, and how is it shaping how you think about what your care delivery will look like, who you target as a partner and how you engage your patients?**

DAVID ZAAS *(Duke University Health System)*: We are in a fundamental shift from a health care system centered on hospitals to one focused on communities. At Duke Health, we view our ecosystem as concentric circles. Within our local community, the ecosystem is broad and includes community organizations, local governments, major employers and other health systems. Each plays a distinct role in improving the health and well-being of the population we serve.

As we move to the regional level, the ecosystem changes. The focus shifts to identifying capabilities we lack internally and to building connections with partners across the region. Rather than focusing on driving volume back to the hospital, the focus shifts to extending our reach, creating value for more people, and measuring our impact by the lives we improve.

At the national and international levels, our focus turns to scale. We ask which technology partners can help us maintain meaningful care relationships across great distances and which organizations share our values, culture, and commitment to improving health. The challenge is that the ecosystem is constantly evolving. Its shape and priorities depend on the lens you're using at any given time, which is why defining and managing it is both important and complex.

SANDEE GEHRKE *(St. Luke's Health System)*: As a nonprofit integrated health system with eight hospitals, 330 clinics, a clinically integrated network and a health plan, we've begun defining our role in the ecosystem through three functions: delivering care, connecting care and funding care. We focus on how these roles work together to benefit patients, providers and communities across the 20 counties we serve.

While our geography allows us to build strong local connections, partnerships help us extend care coordination beyond our immediate market. Whether members live outside our region or have children in other states, our goal is to ensure they experience the same continuity of care wherever they are.

JAYA KUMAR *(Fairview Health Services):* At Fairview, we believe our ecosystem is the community. Our approach remains simple: meet patients where they are and work alongside the community to ensure they receive the care they need. We use technology and community-based services to help patients navigate barriers such as transportation, access and other social needs, ensuring they don't fall through the cracks.

For decades, we've invested in programs such as Food Is Medicine and our Cultural Broker Program because our goal is to own the complexity of patient care, particularly for those from diverse and underserved populations. That commitment was recognized with the AHA's Foster G. McGaw Prize, reflecting years of collaboration among Fairview, community partners and local organizations. More recently, when disruptions in our community affected access to care, we expanded virtual visits, home nursing services and prenatal care outreach rather than scaling back.

JAY HIGGINS *(Mass General Brigham):* As health systems expand collaborations through joint ventures, program development and advisory services, there is a tremendous opportunity to learn from one another. This bidirectional knowledge sharing of best practices and expertise across organizations accelerates innovation, strengthens care delivery, and ultimately improves outcomes for the patients we serve.

JAYA KUMAR | FAIRVIEW HEALTH SERVICES

// At Fairview, we believe our ecosystem is the community. Our approach remains simple: meet patients where they are and work alongside the community to ensure they receive the care they need. //

MODERATOR: You've described ecosystems that operate at very different scales, from deep community partnerships that support care delivery to regional, national and even global networks. As healthcare organizations expand their reach, how are technologies such as AI, telehealth and digital tools accelerating that transformation?

BRENT DAVIS *(AdventHealth):* Each of our markets is different, but our strategy is to create consistency through shared technology platforms. We operate a single Epic instance across 55 hospitals and one Workday platform across the organization, giving us a standardized foundation that allows us to scale innovation more effectively.

When it comes to AI, we're not trying to pioneer AI in healthcare. Instead, we're focused on leveraging the best capabilities from our platform partners and applying them to targeted use cases that create value. For example, we're piloting an AI-enabled primary care model in Chicago. Our priority is to deploy technology at scale, with consistency across the enterprise.

TIPU PURI *(UChicago Medicine):* We talk a lot about AI, sometimes more than we execute on it. In medicine, we strive for perfection, but we don't wait for perfection in other aspects of care, so we shouldn't wait for it in AI either. Today, our most mature AI applications focus on improving workflow efficiency through ambient documentation and reducing administrative burden. Another major priority is expanding access by helping patients get answers, schedule appointments and navigate care more easily across the system.

Clinical decision support and imaging remain works in progress, but all these capabilities will need to come together as healthcare faces growing workforce shortages and rising demand. Technology will be essential to helping providers meet community needs.

One challenge is how AI is positioned. Too often, discussions focus on cost reduction and workforce replacement, which can create fear and resistance among clinicians and staff. A better narrative is that AI can augment the workforce, improve care delivery and help people do their jobs more effectively.

MODERATOR: Consumer expectations are changing rapidly. People expect greater convenience, less friction and seamless access to services. How are you using technology to meet those expectations, strengthen connections across your ecosystem and improve the patient experience? For organizations that span multiple states or regions, how are you leveraging technology to coordinate care and maintain those relationships at scale?

MARJORIE BESSEL *(Banner Health)*: One of our core strategic pillars at Banner Health is One Team, which extends beyond our organization to include community partners and the broader healthcare ecosystem. The focus is on creating a more connected, seamless patient journey across care settings.

One area where we've seen success is in addressing friction in the billing experience. Patients often receive multiple, disconnected bills from different providers and partners, creating confusion and frustration. By bringing those parties together through a single billing portal, we've created a more unified experience.

It's a reminder that improving the patient journey isn't just about clinical care. By working closely with partners across the community, health systems can simplify every aspect of the experience and better align operations with how patients navigate care.

THOMAS MCGINN *(CommonSpirit Health):* At CommonSpirit Health, we view ourselves as a network of

BRENT DAVIS | ADVENTHEALTH

"AI can help us deliver both scale and personalization. It can bring the rigor of the best evidence-based care while tailoring guidance, support and communication to each individual patient and family."

interconnected local ecosystems united by a common goal: human kindness at every touchpoint. The real test of an integrated system is not whether organizations are connected on paper, but whether patients and families experience seamless, coordinated care throughout their journey.

While health systems continue to strengthen partnerships with community-based organizations and improve internal coordination, fragmentation remains a significant challenge. Across a large, multi-state system, the question is whether patients truly feel supported and connected as they move from hospital discharge to primary care, imaging, ambulatory surgery and other services.

The most meaningful measure of integration is the patient experience itself. By asking patients, particularly those with multiple chronic conditions, whether they felt supported throughout their care journey, health systems can gain a clearer picture of network effectiveness. The challenge for all health systems is to reduce fragmentation and create a more seamless, coordinated experience that patients and their families can see and feel.

DAVIS: What I appreciate about this discussion is its focus on helping patients navigate their unique care journeys. A senior with multiple chronic conditions has very different needs and experiences than a younger, healthier patient.

Looking ahead, I believe AI can help us deliver both scale and personalization. It can bring the rigor of the best evidence-based care while tailoring guidance, support and communication to each individual patient and family. Every patient arrives with different questions, concerns and circumstances. The opportunity is to use AI to create a more personalized experience without sacrificing efficiency, consistency or quality.

MODERATOR: Health care will always be people caring for people. Technology cannot replace human compassion, but it can help clinicians deliver more personalized care by improving access, quality and efficiency. Where do you see the most immediate opportunities for human technology collaboration to improve access, quality or operational performance?

MCGINN: Of all the AI tools emerging in healthcare, ambient scribing may be the most transformative because it gives clinicians what they need most: time with patients. By reducing documentation burdens, it allows caregivers to focus on listening, making eye contact and building relationships. The real opportunity isn't to see more patients faster, but to use that reclaimed time to deliver more meaningful, patient-centered care.

GEHRKE: Ambient listening is improving the patient experience as much as the clinician experience. Patients gain greater visibility into the clinician's thought process, creating greater transparency and engagement. Our patients consistently tell us they value hearing how their care is being assessed and discussed in real time, while maintaining a more direct connection with their caregiver, rather than having clinicians focused on documenting in the chart.

LINDSEY LEHMAN *(Mayo Clinic):* At Mayo Clinic, we're investing in AI and digital tools to help patients navigate care more effectively and connect with the right expertise. The opportunity is to create a digital front door that patients trust and want to use, one that gathers the information needed to help guide their care while preserving a personal, human experience and providing reliable, clinically informed guidance.

MODERATOR: As AI becomes an enterprise wide priority, how are you aligning people, processes

SANDEE GEHRKE | ST. LUKE'S HEALTH SYSTEM
// Ambient listening is improving the patient experience as much as the clinician experience. Patients gain greater visibility into the clinician's thought process, creating greater transparency and engagement.//

and governance to support responsible and effective adoption?

ZAAS: While today's AI tools are improving workflows, most are still layered onto existing processes. Compared with friction in other industries, we still have a long way to go to make care seamless, highly reliable and interconnected, so patients don't fall through the cracks and data drives decision-making. The bigger opportunity is to rethink care delivery entirely, redesigning how physicians, nurses, care teams and technology work together to create a seamless, connected experience. Health systems that move beyond incremental change and reimagine care models will achieve the greatest benefits for clinicians and patients alike.

GEHRKE: It's difficult to redesign the airplane while you're still flying it. To test new approaches, we created a sandbox clinic free from many of our traditional models and practices, and asked, "If we could start over, what would this look like?" The experiment produced valuable insights, but it's not a simple lift-and-shift into existing operations. The model was built on a different foundation with different structures. We've scaled pieces of it successfully, but transforming an established clinic is much harder because of legacy processes and culture. For a period, you're effectively operating two systems at once.

LEHMAN: We took a similar approach inside the hospital, creating space to test new ideas and care models to best meet our patient's needs. We're now exploring how to extend that approach beyond the hospital walls and adapt it for different care settings. The opportunity is to translate what we learn into models that can scale and deliver broader benefit more quickly.

MODERATOR: What I'm hearing is that AI and other technologies are essential tools for improving productivity, but success depends on more than automation. We need to rethink and redesign processes, not simply accelerate inefficient ones. The goal isn't just to do things faster, but to do them better and more effectively for patients, caregivers and the health system.

PURI: One of the foundational challenges is that we still assume humans can manage this level of complexity on their own. The reality is that health care systems, patient needs, payer requirements, and the volume of medical knowledge have far exceeded any individual's capacity to process it all. Research studies have demonstrated that the amount of available information has long surpassed what the human brain can effectively absorb.

Personalized care requires synthesizing enormous amounts of data for each patient. In the past, experienced staff might have known exactly which specialist a patient should see, but that knowledge was difficult to scale and often depended on a few key individuals. Technology can restore that level of personalization by helping staff quickly match patients with the right clinicians, locations, and appointment availability. As health care grows more complex, AI and other digital tools can manage information at a scale no longer possible through human effort alone.

BESSEL: We can't overlook the funding challenge. Achieving truly transformative, population-based care requires payment models that support it. While organizations are committed to improving care and making progress in specific areas, scaling these efforts requires a different approach to reimbursement. Technology, scale and human-centered care are important, but sustainable

DAVID ZAAS | DUKE UNIVERSITY HEALTH SYSTEM

// Compared with friction in other industries, we still have a long way to go to make care seamless, highly reliable and interconnected, so patients don't fall through the cracks and data drives decision-making. The bigger opportunity is to rethink care delivery entirely, redesigning how physicians, nurses, care teams and technology work together to create a seamless, connected experience. //

funding is essential to making this vision a reality.

MODERATOR: That's an important point. Telehealth showed what's possible when reimbursement aligns with innovation. Organizations rapidly expanded these services during the pandemic, but long-term investment becomes difficult when future funding remains uncertain. Hospital-at-home programs face a similar challenge.

As you work with boards and leadership teams, how are you deciding where to invest, where external support or policy changes are needed, and how to advance priorities that will help move your organization toward this future model of care?

JENNIFER O'NEILL *(RWJBH/Cooperman Barnabas Medical Center):* At RWJBarnabas Health, we've had many of the same conversations about transforming care delivery and determining when to take meaningful action. We work closely with the New Jersey Hospital Association, policymakers and industry partners, while engaging both local and system boards in those discussions.

One of our biggest challenges is building a unified culture across a large, diverse system. While we're advancing a "One System, One Family" approach, standardizing care and operations across 14 hospitals, ambulatory sites and medical groups is complex. Every community has different needs, resources and patient populations, making it difficult to create consistency while remaining responsive to local realities. Ultimately, aligning culture and operations across such a diverse system remains one of the most significant hurdles.

McGINN: I encourage leaders to think at the market and community level, recognizing that care ecosystems exist wherever patients receive services across the continuum. Value-based care and the broader care ecosystem share the same foundation: aligning incentives so that continuity of care benefits both patients and organizations.

Building a connected experience, where patients move seamlessly through the system and feel their care is coordinated, takes time and sustained commitment. While the benefits may not appear immediately in financial results, strong continuity of care can build patient loyalty and long-term value for both patients and health systems.

ZAAS: As an academic health system, we see this transformation extending far beyond health care. One of our core beliefs is that solutions will come from cross-disciplinary collaboration, bringing together expertise from medicine, engineering, business and other fields.

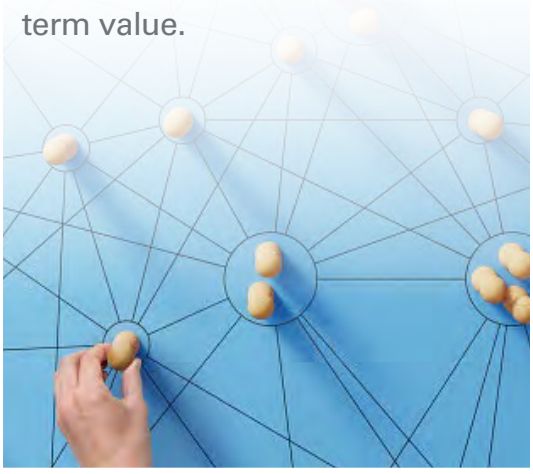
Our boards are focused on how these changes will reshape care delivery and education. As medical knowledge continues to expand, success will depend less on memorization and more on judgment, communication, empathy and team leadership. We are building connections across the broader innovation ecosystem, engaging startups, universities and students to drive change.

At the same time, we have to remain focused. The opportunities are enormous, but so are the distractions. New technologies and ideas emerge every day, and the challenge is distinguishing what's novel from what's truly aligned with our clinical and academic

THOMAS McGINN | COMMONSPIRIT HEALTH
// Building a connected experience, where patients move seamlessly through the system and feel their care is coordinated, takes time and sustained commitment. While the benefits may not appear immediately in financial results, strong continuity of care can build patient loyalty and long-term value for both patients and health systems.//

Strategic Takeaway

As health systems shift from a focus on internal operations to a broader ecosystem approach, leaders are rethinking how care is delivered, connected and funded. That transformation will continue to rely on a combination of human expertise and technology, with AI serving as an enabler rather than a replacement for people. Equally important is defining new measures of success. Traditional benchmarks help evaluate current performance, but they may not reflect the capabilities needed in the future. Health systems have an opportunity to help set those new standards by focusing on outcomes, connectivity and long-term value.



missions. The organizations that succeed will be those that stay disciplined, prioritize what matters most and use technology to support meaningful transformation rather than chasing every new tool.

KUMAR: Our board has moved beyond asking whether AI will replace jobs. They see it as a strategic imperative and want a clear plan for how it will improve both patient care and the caregiver experience. The focus is on identifying the initiatives that deliver the greatest value and align with our mission, whether that's ambient documentation, revenue cycle improvements or other operational efficiencies.

The key shift in mindset is viewing AI as an opportunity rather than a risk. Our board recognizes that this transformation is necessary and is ready to support investments that are strategically aligned and mission driven.

GEHRKE: We've tried to move away from talking about automation and instead focus on augmentation, using technology to enhance capabilities while keeping people at the center of decision-making and care.

THE GUIDELINE

What does tech modernization look like for regulators and the regulated?

Join Guidehouse Global Technology Leader Stuart Brown for conversations with tech and transformation experts across healthcare, government, and other highly-regulated industries.

Tune in today to learn how senior leaders are advancing innovation, adapting to policy complexity, and modernizing for what's next.

Listen now

guidehouse.com/TheGuideLine

Guidehouse®