



SOCIETY FOR  
Healthcare Strategy & Market Development<sup>SM</sup>  
*of the American Hospital Association*

# BRIDGING WORLDS

THE FUTURE ROLE OF THE  
HEALTHCARE STRATEGIST  
SECOND EDITION

**GLOSSARY**

# Skills and Attributes of the Healthcare Strategist

02

*Bridging Worlds* provides an opportunity for healthcare strategists to add increasingly greater value to their organizations, to broaden the impact of their roles, and to shape the future of the healthcare field. Superior performance calls for the expansion or development of characteristics in the form of skills and attributes, otherwise known as competencies.

The skills and attributes offered in *Bridging Worlds* are relevant to both aspiring new strategists and experienced or senior level strategists. They present an opportunity to delineate learning focus and identify development opportunities for individuals and teams.

- **Skills** reflect areas of technical and specialized expertise, competencies, abilities, or aptitudes.
- **Attributes** refer to behavioral characteristics, qualities, or traits.

Excluded from the skills and attributes are knowledge areas, such as business management, healthcare IT, and financial management, since these represent foundational learnings for most healthcare professionals.

The behavioral attributes identified through *Bridging Worlds* encompass key concepts common

to healthcare leaders, such as adaptability, collaborative leadership, open communication, conflict management, continuous learning, discernment / judgment, influence, interpersonal savvy, and innovation.

*“If a person has all of the skills and foundation knowledge, but is still struggling, not advancing, etc., it is a strong indication that the person’s challenges are more likely behavioral.”*

— Richard Metheny  
Leadership Solutions Practice Leader,  
Witt/Kieffer

In 2014, the first edition of *Bridging Worlds* included its first set of skills and attributes, which have been assessed by more than 300 strategists using SHSMD ADVANCE™. Aggregate data findings have provided insights to less critical and redundant skills, which have been modified or removed in this edition. Other skills were added or modified to reflect current thinking identified through leadership interviews and recent expert input. Presented in the diagram that follows is a reflection of the most current thought leadership about strategist skills and attributes, all of which have been updated in the SHSMD ADVANCE™ platform at [shsmc.org/ADVANCE](http://shsmc.org/ADVANCE).

The specific application of the *Bridging Worlds* skills and attributes will vary, based on the type of organization and the individuals’ roles within it. In some instances, organizations may elect to hire for new skills and experiences not currently represented in-house. Others may elect to develop existing leaders, using emerging skills and tools of strategy as a guide to map professional growth. Some will seek out generalists—professionals who are adept in wearing multiple hats simultaneously. Others might prefer multispecialty positions staffed by employees with deep subject matter expertise in two or more specific disciplines (e.g., analytic modeling, strategy formation, design, and social media). Recognizing the scale of organizational types and sizes, we intentionally make no recommendations on a preferred approach. Rather, we suggest paying more attention to the implications as well as the skills and tools that healthcare strategists will need.

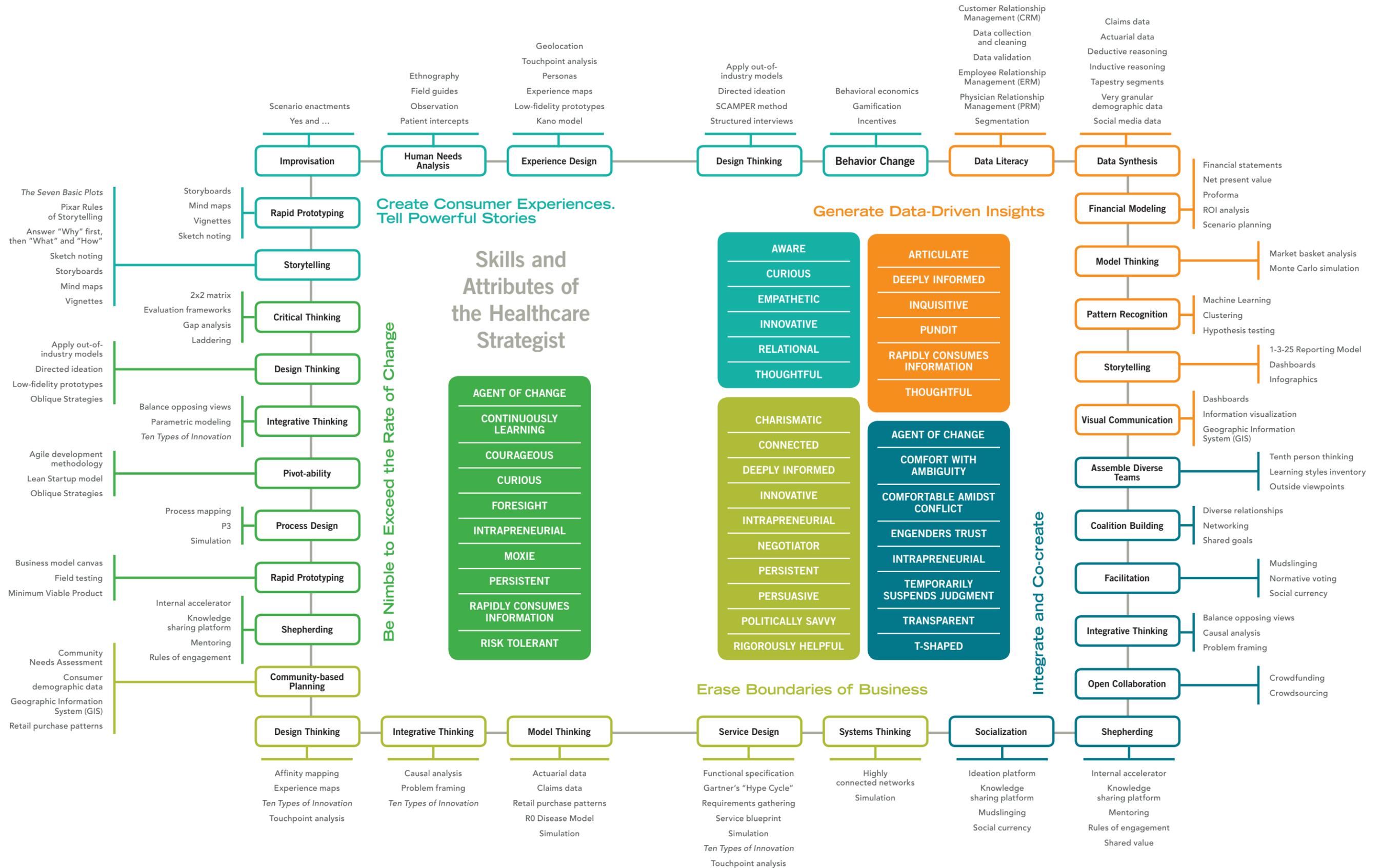
03

*“We’ve used Bridging Worlds as a team read where we’ve asked our strategy team to read it, digest it, and then do some self-reflection. We actually use it for career planning for all of our team members.”*

— Caryn Esten  
Vice President of Strategic Planning and  
Performance Measurement,  
Froedtert Health

Examples of tools used to successfully perform skills are also provided for consideration and further learning.

The diagram that follows presents the skills, attributes, and tools from all five implications in a single view. Use this diagram as a roadmap for professional development by identifying your areas of interest as well as any gaps in your current skills. Use SHSMD ADVANCE™ to assess and identify skill levels among individuals and teams, then build those skills using SHSMD’s online resource library containing hundreds of articles, books, courses, and tools to help you develop your abilities.



# Glossary

## Skills

**ASSEMBLE DIVERSE TEAMS:** Engage individuals with diverse skills, backgrounds, and viewpoints to build highly functional teams. (Example: Select participants according to world view and experience rather than job title.)

**BEHAVIORAL RESEARCH:** Understand principles of human behavior; observe and analyze behavior to understand and influence decision making. (Example: Use nudge-type interventions for better outcomes.)

**COALITION BUILDING:** Use shared interest and common ground to build alliances among individuals with conflicting viewpoints, leading to productive action. (Example: Identify common objectives to align strategists, physicians, and IT professionals in creating a clinical technology roadmap.)

**COMMUNITY-BASED PLANNING:** Analyze and plan care delivery to meet community health needs; consider socioeconomic determinants; understand how people live, work, and play. (Example: Identify potential care sites through analysis of traffic patterns, demographic data, and proximity to other amenities.)

**CRITICAL THINKING:** Demonstrate skill for evaluating, clarifying, prioritizing, and synthesizing information. (Example: Ask questions to assess the accuracy, relevance, and completeness of data.)

**DATA LITERACY:** Understand the principles of statistics, analytics, computer science, and predictive modeling to analyze and address complex problems and issues. (Example: Direct the analysis of future outcomes using predictive modeling.)

**DATA SYNTHESIS:** Bring together data from single or multiple disparate data sets into an overall conclusion and judgment, often around complex problems. (Example: Connect consumer spending data with patient volumes to inform planning.)

**DESIGN THINKING:** Solve complex problems using an approach that understands human needs, creativity, and rapid iteration. (Example: Take time to properly frame the problem to be solved; uncover the needs of end users to generate ideas for improvement.)

**FACILITATION:** Engage a group of people to understand their common objectives and help them to plan how to achieve these objectives; remain “neutral” and supportive in the discussion. (Example: Develop structured strategic activities and lead a group through them.)

**FINANCIAL MODELING:** Build a mathematical model designed to represent a simplified version of the performance of a business, project, or another investment. (Example: Assess the business impact of various scenarios within the overall strategic plan.)

**HUMAN NEEDS ANALYSIS:** Explore and analyze underlying human values, beliefs, and motivations to gain insights into a problem and develop solutions. (Example: Observe the flow of patients and family members at registration to identify a sequence of events and pain points.)

**IMPROVISATION:** Work outside of your comfort zone; spontaneously play out an idea to problem solve and collaborate. (Example: Act out what a prospective patient sees and thinks when visiting the health system’s website.)

**INTEGRATIVE THINKING:** Make meaningful connections between unrelated elements. (Example: Connect the health needs of a population to appropriate care services; forecast the impact on operational resources and financial implications.)

**MODEL THINKING:** Develop simplified constructs to solve complex problems; use multiple representations and recognize the strengths and weaknesses of each to better inform decision making. (Example: Create simulations of relocating services to calculate impact.)

**OPEN COLLABORATION:** Create new products or services by engaging a large number of contributors and making the results readily accessible to all. (Example: Issue an internal challenge, supplying data and success criteria, to solve a persistent problem.)

**PATTERN RECOGNITION:** Use inference to look within and beyond the numbers to detect underlying patterns and trends. (Example: Estimate future population health needs based on demographic and other data trends.)

**PIVOT-ABILITY:** Adjust strategy without changing the vision. (Example: Create or adapt a product offering based on customer needs and emerging trends.)

**PROCESS DESIGN:** Create workflows, roles, and tools to intentionally and efficiently deliver a product or service. (Example: Evaluate and improve the discharge process.)

**RAPID PROTOTYPING:** Build hypotheses and working models to test ideas. (Example: Create a paper mock-up to demonstrate the sequence of interactions of a mobile app.)

**SERVICE DESIGN:** Visualize human reactions and responses to an interaction between a person and product or service; create value by improving the interaction between customers and organizations by using a multidisciplinary approach. (Example: Incorporate process improvement, patient experience, branding, and technology into the design of a new clinic.)

**SHEPHERDING:** Lead through gentle and persistent redirection toward the objective. (Example: Allow the project team adequate exploration time; discuss alternatives before selecting the way forward.)

**SOCIALIZATION:** Deliberately use informal communication with influential stakeholders to gauge their level of acceptance and support of new ideas. (Example: Discuss strategic initiatives with key leaders well ahead of formal meetings and decisions.)

**STORYTELLING:** Capture people's imagination and interest by creating a narrative that appeals to the heart (inspiring vision), mind (credible evidence), and how-to (personal evidence). (Example: Combine data insights with consumer observation to help a team envision the positive impact of a new product.)

**SYSTEMS THINKING:** Understand how components interrelate and create a larger whole. (Example: Analyze the related components within a highly distributed ambulatory network; identify how social determinants of health affect population health needs in your community.)

**VISUAL COMMUNICATION:** Communicate information in visual form for optimal comprehension and comparison; translate numerical and qualitative information into visual form for rapid comprehension and comparison. (Example: Use infographics and images to communicate quantitative data instead of charts and tables.)

## Attributes

**AGENT OF CHANGE:** Advocate for positive change; understand how to effectively persuade and implement new solutions or improvements.

**ARTICULATE:** Create and convey a clear vision; express ideas fluently and coherently.

**AWARE:** Have realization, perception, or knowledge of conditions or problems that exist across the organization and culture.

**CHARISMATIC:** Connect to others on an emotional level; attract and motivate others to achieve.

**COMFORT WITH AMBIGUITY:** Recognize that developing new concepts involves uncertainty; be able to push forward with incomplete information.

**COMFORTABLE AMIDST CONFLICT:** Accept that some conflict is healthy and productive; consider different viewpoints, especially those that differ from your own; manage conflict effectively toward positive dialogue and outcomes.

**CONNECTED:** Cultivate an active network of relationships inside and outside of the organization; create linkages based on interest and common objectives; develop key partnerships.

**CONTINUOUSLY LEARNING:** Grow and change continuously across your career; acquire new skills proactively to advance your career expertise.

**COURAGEOUS:** Challenge the status quo; stand up and advocate for an idea or position even in the face of uncertainty and opposition.

**CURIOUS:** Open to exploration, always learning; ask questions, seek opinions, listen, and pursue information to become more informed; seek out and learn from new experiences.

**DEEPLY INFORMED:** Expand intellectual depth as a key to creativity and adaptability; understand knowledge is a pathway to finding insights in disparate data.

**EMPATHETIC:** Identify and understand other's situations, feelings, and motives; recognize other's concerns and needs.

**ENGENDERS TRUST:** Interact with others in a way that is authentic; instill confidence in one's intentions and those of the organization.

**FORESIGHT:** Anticipate and respond to potential consequences of internal and external events, trends, or patterns; avoid unintended consequences.

**INNOVATIVE:** Generate new and unique ideas; make connections among unrelated concepts; generate new thinking.

**INQUISITIVE:** Intellectually curious and willing to ask questions to further understanding.

**INTRAPRENEURIAL:** Demonstrate innovation and risk taking; observe the market and champion breakthrough opportunities within an organization; pursue new business opportunities for the organization.

**METHODICAL:** Approach an issue or question systematically.

**MOXIE:** Show charismatic boldness, assertiveness, vigor, and verve; aware of when to clarify perceptions with facts.

**NEGOTIATOR:** Balance multiple interests to reach a mutually satisfactory agreement.

**PERSISTENT:** Drive to follow through; focus on the end goal; avoid being discouraged by setbacks or competing interests along the way.

**PERSUASIVE:** Connect with stakeholders to activate and influence them to achieve mutually beneficial outcomes; have a knack for motivating people.

**POLITICALLY SAVVY:** Maneuver through complex political situations effectively and quietly; sensitive to individual and organizational motivations.

**PUNDIT:** Established expert; able to communicate data and recommendations effectively; show willingness to be frequently called on to give opinions to the organization.

**RAPIDLY CONSUMES INFORMATION:** Find, consume, and process information to become highly knowledgeable and functional in a short timeframe when faced with a new challenge.

**RELATIONAL:** Establish and maintain effective relationships with others through formal and informal communication inside and outside the organization; actively listen, engage, and seek to understand varied interests and perspectives; connect relevant interests to develop partnerships.

**RIGOROUSLY HELPFUL:** Foster a reputation for sharing knowledge; resourceful and proactively assist others to solve problems; connect others with available resources.

**RISK TOLERANT:** Recognize that developing new ideas involves uncertainty; analyze and acknowledge risk, mitigate it, and continue to move forward.

**TEMPORARILY SUSPENDS JUDGMENT:** Aware of own biases; allow concepts to develop; seek to understand before passing judgment.

**THOUGHTFUL:** Reflective and intentional, incorporating relevant input and data for the best possible outcome.

**TRANSPARENT:** Communicate with candor, consistency, honesty, and authenticity; behave in a way that is predictable; inclusive.

**T-SHAPED:** A generalist-specialist hybrid; broad, “horizontal” knowledge across multiple disciplines and deep “vertical” expertise in at least one subject area.

## Tools

**1-3-25 REPORTING MODEL:** a user-oriented report format that presents the recommendations in a one-page handout and three-page executive summary; the recommendations are supported by additional details in a 25-page report and appendix. (See <http://stephanieevergreen.com/the-1-3-25-reporting-model>)

**2X2 MATRIX:** a simple, visual tool to analyze elements by scoring them from low to high in two dimensions in order to draw inferences and aid in decision making.

**ACCELERATOR:** a selective program for entrepreneurs that provides seed investment and intensive mentoring for a fixed period of time. The program culminates with a demo-day pitch to potential investors. (See [entrepreneur.com/topic/accelerators](http://entrepreneur.com/topic/accelerators).)

**ACTUARIAL DATA:** demographic data used by insurance companies to assess risk.

**AGILE SOFTWARE DEVELOPMENT METHODOLOGY:** an approach to software development that focuses on collaboration, rapid iteration, and adaptive planning. (See the Manifesto for Agile Software Development, [agilemanifesto.org](http://agilemanifesto.org).)

**ANSWER “WHY” FIRST, THEN “WHAT” AND “HOW”:** (See Simon Sinek’s TED Talk How great leaders inspire action, [ted.com/talks/simon\\_sinek\\_how\\_great\\_leaders\\_inspire\\_action](http://ted.com/talks/simon_sinek_how_great_leaders_inspire_action).)

**BAKE OFF:** a process of demonstrating, comparing, and evaluating two or more solutions to select the preferred option.

**BUILD-MEASURE-LEARN LOOP:** a process advocated in The Lean Startup by Eric Ries to accelerate product development by actively seeking customer feedback. (See the Lean Startup Process Diagram, [theleanstartup.com/principles](http://theleanstartup.com/principles).)

**BUSINESS CASE:** a justification for allocating resources to a project that communicates the business need and expected benefits.

**BUSINESS MODEL CANVAS:** a visual template proposed by Alexander Osterwalder that breaks down business models into nine components: key partners, key activities, key resources, cost structure, value propositions, client relationships, customer segments, channels, and revenue streams. (See [businessmodelgeneration.com/canvas/bmc](http://businessmodelgeneration.com/canvas/bmc).)

**BUSINESS MODEL GENERATION:** a book and website by Alexander Osterwalder that outlines common business model patterns and provides guidance on developing new business models. (See [businessmodelgeneration.com](http://businessmodelgeneration.com).)

**CLOUD COMPUTING:** an approach to deliver computing as an on-demand service rather than managing discrete hardware, software, and network components.

**CRM (CUSTOMER RELATIONSHIP MANAGEMENT):** a strategy, system, and analytic tool for developing and maintaining a relationship with customers.

**CROWDFUNDING:** a fundraising technique that pools the money of many individuals to achieve a goal. Supporters may receive product or service benefit in exchange for their financial support, but do not have an equity stake.

**CROWDSOURCING:** the process of soliciting input from a large group of people, typically through an online presence.

**D3 (DATA-DRIVEN DOCUMENTS):** an open source JavaScript library for creating data visualizations for the web. (See [d3js.org](https://d3js.org).)

**DEDUCTIVE REASONING:** a set of logical rules for linking premise statements to conclusions; if the premises are true, the conclusions must be true.

**DIRECTED IDEATION:** a form of idea generation that uses facilitated activities to guide participants toward a common purpose.

**ERM (EMPLOYER RELATIONSHIP MANAGEMENT):** a strategy, system, and analytic tool for maintaining relationships with employers.

**ETHNOGRAPHY:** a social science that examines people and culture through observational research.

**EXPERIENCE MAPS:** a timeline of interactions between a person and a product or service in the course of executing a task. Experience maps are used to identify gaps and pain points in order to create a better customer experience. (See the Adaptive Path's Guide to Journey Mapping, [mappingexperiences.com](https://mappingexperiences.com).)

**FIELD GUIDE:** a short document used by ethnographic researchers to inform and structure field observations.

**FUNCTIONAL SPECIFICATION:** documentation used in software development that describes how a system behaves, including inputs, processing, and outputs.

**GAMIFICATION:** the use of competition, status, and game elements outside the context of games, especially to engage and motivate users.

**GAP ANALYSIS:** a tool for critical thinking that compares an actual state to an ideal state.

**GEOLOCATION:** technology to determine the real-world geographic position of a person or object.

**GIS (GEOGRAPHIC INFORMATION SYSTEM):** computer software to capture, store, analyze, and visualize geographical data, including spatial relationships, patterns, and trends.

**HADOOP:** a scalable open-source framework for the distributed processing of large data sets. (See [hadoop.apache.org](https://hadoop.apache.org).)

**HYPE CYCLE:** a visual chart used by the IT research firm Gartner to evaluate the maturity and adoption of emerging technologies. The Hype Cycle consists of a technology trigger, peak of inflated expectations, trough of disillusionment, slope of enlightenment, and plateau of productivity. (See [gartner.com/technology/research/methodologies/hype-cycle.jsp](https://gartner.com/technology/research/methodologies/hype-cycle.jsp).)

**IDEATION PLATFORM:** a web application that combines elements of crowdsourcing and community to generate ideas.

**INDUCTIVE REASONING:** a form of reasoning that uses premises to build support for a conclusion; the conclusion is probable, but not certain.

**JAVASCRIPT:** a programming language commonly used in web browsers for interactivity, document manipulation, and communication.

**KANO MODEL:** a theory and diagram developed by Noriaki Kano to explain the relationship between product features and customer satisfaction. (See Leveraging the Kano Model for Optimal Results, [uxmag.com/articles/leveraging-the-kano-model-for-optimal-results](https://uxmag.com/articles/leveraging-the-kano-model-for-optimal-results).)

**LADDERING:** a technique for making concepts more specific or more general in order to understand relationships and comparisons; also known as abstract laddering.

**LEAN STARTUP MODEL:** a set of principles for creating successful new businesses articulated by Eric Ries in the book *The Lean Startup*. The book advocates using a minimum viable product (MVP) to test and refine product offerings with real-world customers in order to have a higher certainty of success.

**LOW FIDELITY PROTOTYPES:** a method of refinement that uses the simplest, least expensive representation of a concept to solicit user feedback; effort is invested into improving the concept rather than the prototype.

**MARKET BASKET ANALYSIS:** a data analysis technique for understanding buyer behavior by examining the relationship between products purchased together.

**MICROGRANT:** a microfinance practice of providing minimal funding to start a new income-generating project.

**MICRO MARKET:** a small pocket of potential demand within a zip code.

**MIND MAP:** a visual method for capturing discrete information elements and the relationship between those elements.

**MVP (MINIMUM VIABLE PRODUCT):** a “version of a new product which allows a team to collect the maximum amount of validated learning about customers with the least effort,” according to Eric Ries.<sup>10</sup>

**MONTE CARLO SIMULATION:** a simulation technique that uses iterative evaluation of random inputs and probability to evaluate possible outcomes.

**MUDSLINGING:** a socialization technique for gaining support by allowing participants to identify potential flaws and input for resolving those flaws.

**NORMATIVE VOTING:** a process for building consensus by allowing participants to use a limited number of votes to select the best ideas.

**OBLIQUE STRATEGIES:** a card deck produced by Brian Eno and Peter Schmidt that contains over 100 aphorisms intended to break through creative blockages by encouraging lateral thinking.

**OPEN SOURCE:** a software development model that makes the application source code available at no cost, with permission to modify the source code and redistribute under the same license terms.

**PARAMETRIC MODELING:** a discipline of architecture, engineering, and product design that uses adjustable input variables and computational algorithms to produce design concepts.

**PATIENT INTERCEPTS:** a research method that employs brief surveys of patients within the clinical environment.

**PERSONA:** a composite character created to represent the motivations, goals, and behaviors of a user segment.

**PERSONALIZATION:** aligning service offerings and messaging to the needs and context of an individual consumer, rather than addressing the consumer as a member of a larger group.

**PERTINENT NEGATIVE:** a term to describe medical symptoms that are conspicuously absent, which help guide diagnosis; absent signs or indicators in a situation can help identify problems and potential solutions.

**PIVOT:** a “structured course correction designed to test a new fundamental hypothesis about the product, strategy, and engine of growth,” according to Eric Ries.<sup>11</sup>

**PIXAR’S RULES OF STORYTELLING:** a list of 22 rules tweeted by former Pixar employee Emma Coats and republished by Fast Company. (See [fastcocrete.com/3018559/pixars-22-rules-of-storytelling-visualized](https://www.fastcompany.com/3018559/pixars-22-rules-of-storytelling-visualized).)

**PRM (PHYSICIAN RELATIONSHIP MANAGEMENT):** a strategy, system, and analytic tool for maintaining a relationship with physicians.

**PROCESS MAPPING:** a methodology for documenting the inputs, sequence of steps, actors, technologies, and outputs of a process for analysis and improvement.

**QLIK:** a suite of applications for analytics, business intelligence, and data visualization. (See [qlik.com](http://qlik.com).)

**R0 DISEASE MODEL:** a numerical model for the rate of infection in epidemiology; this model has wide applications in marketing, such as social media influence and net promoter score; usually pronounced "R nought."

**RULES OF ENGAGEMENT:** a leadership directive that defines what is on the table for discussion and what is off limits.

**SCAMPER METHOD:** Bob Eberle developed a list of seven types of thinking that help generate creative ideas. These types are substitute, combine, adapt, modify, purpose, eliminate, and reverse.

**SCENARIO ENACTMENTS:** a method for testing processes and service models by having participants act out loosely scripted interactions.

**SEGMENTATION:** using demographic data to identify subsets of consumers within a market; also known as market segmentation.

**SKETCH NOTING:** a visual form of note taking that combines graphical typography and illustration to improve comprehension and retention. (See [rohdesign.com/handbook](http://rohdesign.com/handbook).)

**SOCIAL CURRENCY:** the sense of status and trustworthiness produced by social network participation, content creation, and user feedback.

**SOCIAL GRAPH:** a representation of a person's social network relationships and their level of influence.

**STORYBOARDING:** a process for organizing information and refining content by creating a sequence of simple illustrations.

**STRUCTURED INTERVIEWS:** a research method aimed at presenting each interview subject with the same questions to allow responses to be compared and evaluated.

**TABLEAU:** a suite of data visualization and business intelligence applications created by Tableau Software. (See [tableausoftware.com](http://tableausoftware.com).)

**TAPESTRY SEGMENTS:** a demographic data product from ESRI that shows changes in population growth, diversity, households, aging, and income as interactive map layers. (See [esri.com/data/esri\\_data/tapestry](http://esri.com/data/esri_data/tapestry).)

**TEN TYPES OF INNOVATION:** a framework for understanding innovation created by Adam Doblin. Doblin suggests that companies who integrate multiple types of innovation earn higher returns and are more difficult for competitors to imitate. (See [doblin.com/tentypes](http://doblin.com/tentypes).)

**THE SEVEN BASIC PLOTS:** a book by Christopher Booker that deconstructs storytelling into seven basic plots: overcoming the monster, rags to riches, the quest, voyage and return, comedy, tragedy, and rebirth.

**TOUCHPOINT:** an interaction between a customer or user and a product, service, or brand.

**TOUCHPOINT ANALYSIS:** a method for improving customer experience by evaluating the interactions between an organization and its customers; a component of experience mapping.

**VIGNETTE:** a brief scene or single interaction.



The Society for Healthcare Strategy & Market Development (SHSMD), a personal membership group of the American Hospital Association, is the largest and most prominent voice and resource for healthcare strategists, planners, marketers, communications, public relations, business development, and physician strategists.

SHSMD is committed to helping its members meet the future with greater knowledge and opportunity as their organizations work to improve the health status and quality of life in their communities.

[shsmd.org](http://shsmd.org)

Over 50 strategists contributed to the second edition of *Bridging Worlds*, including CEOs, chief strategy officers, chief experience officers, marketing and communication leaders, business developers, researchers, analysts, and physician strategists. Special thanks to the *Bridging Worlds* project committee, the SHSMD Board of Directors, SHSMD member subject matter experts, and HDR. HDR, a multidisciplinary healthcare design firm, has been our innovation consultant in developing this project.

This publication is intended to provide accurate and authoritative information regarding the subject matter covered. It is provided with the understanding that SHSMD is not engaged in rendering professional services. If professional advice or other expert assistance is required, the services of a competent professional should be sought. All situations and examples discussed in this report are for illustrative purposes

only. Unless expressly noted otherwise, the information has been collected through publicly available sources and the respective conclusions have not been endorsed by any third-party. Opinions expressed in this publication are those of the survey respondents and do not represent the official positions of SHSMD or the American Hospital Association.



# ONE NETWORK THAT HAS IT ALL

Strengthen your healthcare strategists—planners, marketers, communicators, and business developers—with SHSMD membership.

As the healthcare landscape rapidly transforms, your strategy team plays a critical role in leading change at your organization—taking innovative ideas and leading strategies and bringing them to fruition.



Support your organization's strategic efforts by arming your team with SHSMD membership. Hand them trusted resources, like *Bridging Worlds: The Future Role of the Healthcare Strategist, Second Edition* and SHSMD ADVANCE™, and access to a 4,000-strong network of healthcare strategy peers.

Amplify and grow your team's talents with SHSMD membership and propel your organization to new levels.

Join today at [shsm.org/membership](https://shsm.org/membership)