

Catalyst Conversation: Strategic Planners & Business Developers

Session Discussion Notes & Summary Guide

1. Integrating AI and Generative Technologies into Clinical Strategy

Discussion Question: *How are you integrating AI and generative technologies into your clinical strategy to offset workforce shortages?*

- **Clinical & Administrative AI Applications:**
 - Utilizing chatbots and LLMs to answer questions, alongside ambient listening (which overcame initial physician pushback by demonstrating significant time savings, despite ongoing concerns regarding hallucinations and tech liabilities).
 - Deploying AI applications in strategy for market intelligence, environmental scans, data scraping (competitor MDs and locations), building exploratory financial models, and presentation editing.
 - Implementing advanced tools like Copilot Studio, custom agents, and Epic EHR integrations (such as ambient dictation, bolt-ins for EMR, and AI/Doc solutions to address radiology shortages).
- **Data Governance & Guardrails:**
 - Managing data governance, risk acceptance, board vs. executive alignment, and contracting agents to safeguard partnerships.
 - Shifting away from fragmented tech switching toward centralized, normalized data platforms that enable meaningful analytics rather than siloed tools.

2. Agile Planning Horizons (18-Month to 5-Year / 2031 Targets)

Discussion Question: *As horizons shift toward 18-month and 5-year targets (2031), how has your planning process evolved to remain agile against rapid policy and financial shifts?*

- **Iterative & Scenario Planning:**
 - Moving from static 5-year plans to compressed 3-year horizons utilizing rapid-cycle scenario planning and rolling methodologies.

- Developing manufacturing-style planning timelines with built-in fallbacks and agile pivots.
- **Frameworks & Staff Communication:**
 - Using HRO (High Reliability Organization) as a vehicle strategy framework to keep real constraints and awareness front and center during disruptions.
 - Ensuring consistent communication with staff through tiered huddles to foster commitment, resilience, and alignment during organizational change.

3. Evaluating Service Lines for Mission and Financial Sustainability

Discussion Question: *What criteria or data points do you use to identify service lines that are no longer core to your mission or financial sustainability?*

- **Criteria in Theory vs. Practice:**
 - Core criteria evaluate direct financial contribution margins ("does this make money?") and market essentiality ("can someone else do this well?").
 - The greatest tension arises when data reveals a clear need for closure, but closing threatens institutional identity or community trust.
- **Risks & Quantitative Metrics:**
 - Unintended consequences of quantitative goals can backfire; for instance, aggressive market share goals can drive growth in negative-margin procedures, or closing behavioral health services can result in the loss of 340B status, outweighing initial cost savings.
 - Evaluation metrics include contribution margin, downstream financial influence, quality variants, state disclosures, and claims data.

4. The Single Most Important Investment in the Next 3 Years

Discussion Question: *What is the single most important investment a health system can make in the next 3 years to remain competitive?*

- **Workforce Investments:**
 - Enhancing workforce compensation (sign-on bonuses, higher pay for CRNAs/MDs), reducing working hours, and partnering with local medical universities and schools of medical education to combat nursing and physician shortages.

- **Care Navigation & Patient Experience:**

- Investing in patient navigation and personalized care ("holding hands") to guide patients through treatments and visits seamlessly.
- Prioritizing human-centric technologies that support the pursuit of empathetic and compassionate care delivery.

- **Redefining Care Models:**

- Developing better, more flexible entry points to care and flipping traditional models "on their head" (e.g., reimagining Free Standing EDs with observation/inpatient beds, home health options, or digital models).