



# **HIMSS25 Executive Summit Recap: Strategic Themes for Healthcare Leaders**

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# INTRODUCTION

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At HIMSS25, the Executive Summit convened healthcare's senior-most leaders to confront the pressures and opportunities reshaping the industry. From the role of AI in clinical workflows to cybersecurity as a leadership function, the conversations were rooted in reality: health systems must deliver measurable outcomes while adapting to complex, fast-moving change.

What emerged wasn't just a list of talking points, but a clear signal. Healthcare leadership today demands more than domain expertise or long-term vision. It requires the ability to operationalize innovation, build cultures of trust and accountability, and align every investment - technological, human, or structural - with value.

This report distills those insights into six critical leadership imperatives: scaling AI responsibly, designing projects that deliver real ROI, building precision care models through cross-functional collaboration, treating cybersecurity as a shared clinical priority, redefining how leaders lead, and embracing emotional wellness as a strategic advantage.

These aren't abstract themes. They are guiding priorities for healthcare's executive decision-makers. The pages that follow offer a focused view into how leaders across systems are translating challenge into momentum and vision into execution.

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# OPERATIONALIZING AI AT SCALE: From Vision to Value

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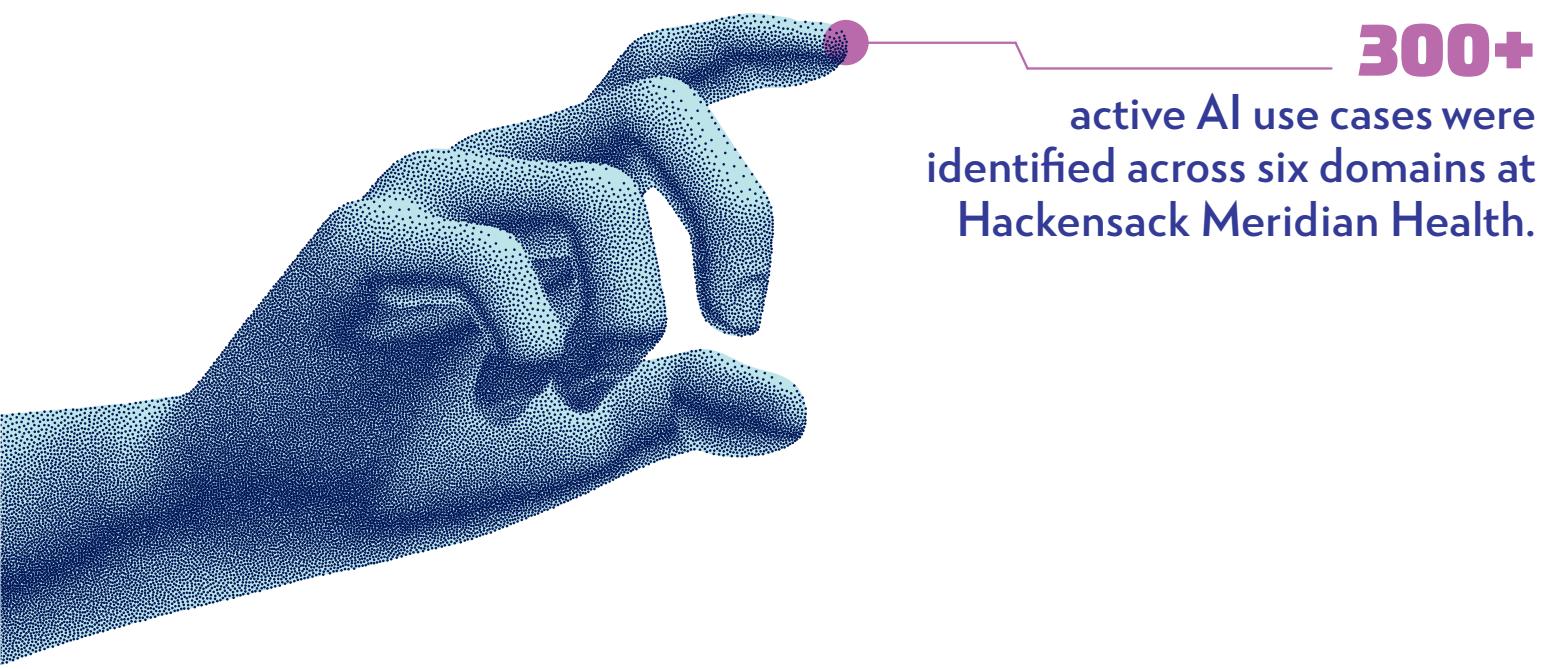
AI continues to dominate executive healthcare conversations, but realizing its value takes more than pilots, dashboards, or hype. It requires disciplined strategy, cross-functional collaboration, and relentless alignment to outcomes.

At the Executive Summit, leaders including Robert Garret (Hackensack Meridian Health), Mac Marlow (Southwestern Health Resources), Michael Meucci (Arcadia), and Aneesh Chopra (Arcadia) shared how their organizations are moving from experimentation to enterprise execution.

## From Pilot to Platform

Hackensack Meridian Health CEO Robert Garrett emphasized that AI should be treated not as a project or technology trend, but as an enterprise-wide capability. His system has identified more than 300 active AI use cases across six domains: disease prevention, precision treatment, administrative and clinical efficiencies, capacity management and burnout reduction, equitable experiences, and research and innovation.

The key to scale? Defined goals, strong governance, and patient-centered execution. Garrett's team encourages grassroots innovation from clinical and operational staff, but all AI initiatives are evaluated centrally for security, ethical compliance, and strategic fit.



## Build with Guardrails

Garrett stressed that AI efforts must show results on realistic timelines. Innovation for its own sake is unsustainable. What drives performance is architecture, governance that ensures explainability, compliance, and impact.

That idea carried through in the Chopra-led session on acting on abundance, where speakers redefined AI success as not how much data you have, but what you do with it.

Mac Marlow described his health system's approach: map AI capabilities to actual services and outcomes, then standardize where appropriate while allowing for personalized interventions. AI becomes a tool for care consistency, earlier intervention, and scalable improvement, not an abstract investment.

## The Hidden Workforce

Michael Meucci framed AI as a “hidden workforce,” supporting decision-making behind the scenes, triaging longitudinal data, and escalating only what matters to clinical teams. But without careful design, these tools risk burdening rather than helping.

Meucci warned against “shiny object syndrome.” The real value lies in building systems that connect the right data to the right person at the right moment - governed, trusted, and integrated with frontline realities.

## Execution Over Excitement

Across their sessions, speakers converged on a single point: AI implementation is no longer about exploration. It's about execution. Systems must move from experimentation to enterprise - with rigorous evaluation, workforce buy-in, and alignment to measurable goals like reduced readmissions, improved access, or clinician satisfaction.

Above all, technology must enhance, not replace, the human role in care.

**“Technology must serve the mission. If it's not improving care, supporting staff, or solving real problems, it's noise.”**

*– Robert Garrett,  
Hackensack Meridian Health*

# DESIGNING PROJECTS THAT DELIVER:

## Strategy, Structure, and ROI

In today's climate of tighter budgets and heightened accountability, delivering projects on time and on budget isn't enough. At the Executive Summit, Patti Phillips (ROI Institute) challenged healthcare leaders to think beyond execution, urging them to lead with ROI from day one and treat measurable value as a core leadership responsibility.

### Build ROI Into the Foundation

Phillips emphasized that success starts with alignment. Leaders must define what success looks like at kickoff and engage stakeholders early to ensure shared accountability. Rather than retrofitting ROI at the end, she advocated embedding it throughout the project lifecycle - connecting goals, metrics, and outcomes from start to finish.

This approach doesn't just improve project performance; it strengthens strategic clarity and makes it easier to adapt when priorities shift. As Phillips noted, "If you build ROI in from the beginning, you're always measuring what matters."

### Focus Where It Counts

Not every initiative requires exhaustive ROI analysis. Phillips encouraged leaders to zero in on the 20% of projects that drive 80% of the impact - those that affect systemwide outcomes, resource planning, and long-term growth.

Even when projects underperform, the data they generate is valuable. "Results aren't always perfect," she said, "but the insight you gain is what drives smarter decisions next time." For leaders operating under pressure, that mindset shift - from perfection to progress - is often the real ROI.

**“ ROI isn't just a measurement. It's a mindset.”**

*- Patti Phillips,  
ROI Institute*

# BUILDING PRECISION CARE

## Through Systemwide Collaboration

Precision care is often framed as a technology story, but at the HIMSS25 Executive Summit, Shez Partovi (Philips), Curt Langlotz (Stanford University), Terri Couts (The Guthrie Clinic), and Timothy Zoph (McKinsey & Company) emphasized that the real story is one of integration, trust, and operational discipline.

Health systems are flooded with data and tools, yet the challenge is aligning them to real outcomes. The path forward isn't more innovation in isolation. It's building the governance, workflows, and partnerships needed to deliver personalized care at scale.

### Start With the Clinical Problem, Not the Platform

Partovi reframed precision care as a care delivery transformation, not just a data initiative. The goal isn't to deploy more algorithms. It's to redesign systems around the right care, at the right time, for the right patient. He emphasized shared infrastructure, clinician involvement, and true interoperability.

Couts grounded that perspective in operational reality. At Guthrie, precision efforts are mapped directly to strategic goals and community needs. Her teams lead with the question, what problem are we solving, then link solutions to metrics, governance, and culture. Transparency and frontline engagement are essential to sustaining trust and avoiding tech fatigue.

### Precision Requires Process, Not Just Data

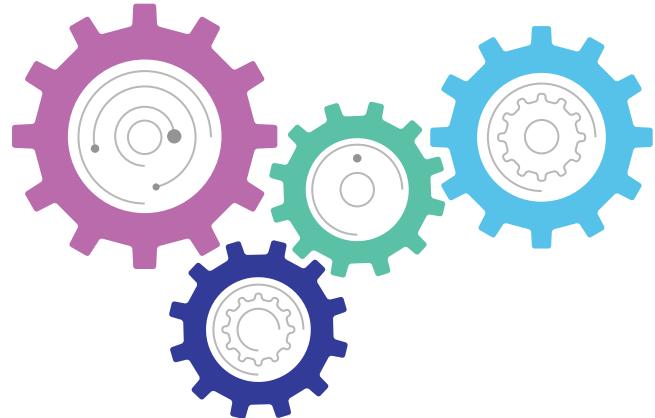
Langlotz cautioned against focusing on data without clinical integration. Predictive models must be embedded in workflows, continuously monitored, and delivered at the point of care. Otherwise, even the best analytics risk reinforcing disparities instead of reducing them.

Zoph pushed the governance imperative further. He urged systems to link innovation efforts directly to outcomes like access, efficiency, and experience. Innovation doesn't have to be perfect, but it does have to be accountable.

**KEY TAKEAWAY:**  
Precision care isn't a standalone initiative. It's a systemwide shift from isolated insights to accountable outcomes that improve access, experience, and equity.

Up to **80%** of health outcomes are driven by social, behavioral, and environmental factors, underscoring the need for systemwide coordination.

Source: CDC via NEJM Catalyst, 2024



# CYBERSECURITY

## as a Clinical and Cultural Imperative

Cybersecurity is no longer just an IT concern. Bill O'Connell and Michelle Kelsey (Roche), and Benjamin Kesler (Mayo Clinic) emphasized that security now sits at the center of enterprise resilience, clinical safety, and patient trust.

Healthcare's attack surface is expanding rapidly, driven by connected devices, AI tools, third-party platforms, and hybrid cloud environments. In this landscape, a purely technical or compliance-based approach falls short. Leaders must treat cybersecurity as both a strategic priority and a shared responsibility.

### Build Security Into the Workflow

Kelsey opened by urging organizations to embed security into every layer of the system, from vendor management to AI model design. That means making sure clinicians and operational staff understand their role in safeguarding data, not just relying on IT to "own" risk.

O'Connell expanded on this by highlighting the vulnerabilities introduced by emerging technologies. AI models must be explainable and auditable. Systems must track software components through tools like software bills of materials (SBOMs), and leaders must move beyond checklists to true governance over what's running in their environments.

### Security Is a Team Sport

Kesler brought the discussion to the front lines. At Mayo Clinic, security is operationalized through small, multidisciplinary task forces that build institutional trust and move quickly to mitigate threats. He stressed the importance of making telemetry and anomaly detection digestible for clinical leaders, not just cybersecurity teams.

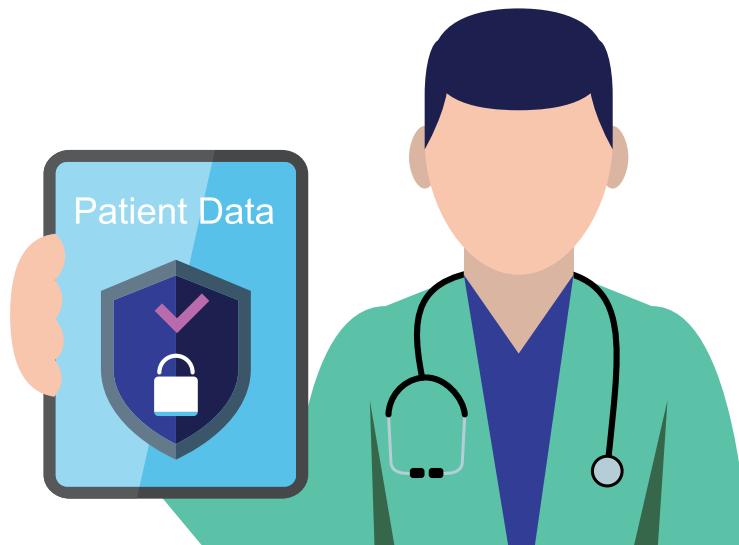
All three panelists agreed: security culture must move beyond technical teams. That means upskilling staff, creating shared language, and designing systems that support secure workflows without friction.

**More than 88%  
of healthcare  
organizations  
experienced  
at least one  
cyberattack  
in the  
past year.**

Source: Proofpoint/Ponemon  
Institute, 2024.

#### KEY TAKEAWAY:

Cybersecurity isn't just about preventing breaches. It's about protecting trust clinically, culturally, and organizationally.



# EVOLVING LEADERSHIP:

## Mindsets, Legacy, and Influence

Today's healthcare leaders face more than operational pressure. They face the challenge of leading through uncertainty while staying grounded in purpose. Henna Pryor (Priority Group), Sara Johnson (KS Leadership Advisors), and David Schreiner explored how leadership is being redefined in real time.

What emerged was a call for intentional, emotionally intelligent leadership - anchored in reflection, risk-taking, and daily behaviors that build long-term trust.

### Discomfort Drives Growth

Pryor challenged attendees to rethink their relationship with discomfort. Excellence, she warned, can lead to stagnation when it discourages risk. Leaders who only operate in their comfort zone may limit both innovation and influence.

Her concept of "good awkward" reframed discomfort as a growth signal, not a warning sign. She urged executives to seek out stretch moments, take imperfect action, and build cultures that reward curiosity, not just outcomes.

**KEY TAKEAWAY:**  
Growth doesn't wait for confidence - it follows action.

Only **31%** of employees strongly agree that their leader makes them feel valued.

Source: Gallup, 2023

### Lead With Legacy in Mind

Johnson and Schreiner shifted the focus to long-term impact. Leadership legacy, they argued, isn't something you build at the end of a career. It's shaped every day by how you show up, listen, and respond.

Schreiner emphasized the importance of seeking feedback, especially as positional power grows. Johnson guided leaders to reflect on their core values and how those values are lived across both professional and personal settings. Leadership isn't about perfection. It's about consistency, presence, and self-awareness.

The speakers also offered tactical ideas: shorten meeting lengths, create transition time in hybrid schedules, and give team members space to recover. Micro-behaviors like these build psychological safety and set the tone for lasting influence.



# WELLNESS AS STRATEGY:

## Happiness, Habits, and Sustainable Leadership

Burnout is no longer a side effect of healthcare, but a core leadership challenge. In the HIMSS25 Executive Summit's closing keynote, author and leadership expert Neil Pasricha, Author and Speaker, reframed wellness as not just a personal concern, but a strategic priority for high-performing teams and resilient organizations.

His message was grounded in behavioral science: when leaders model well-being and cultivate positive mindsets, they create conditions for stronger performance, better collaboration, and long-term retention.

### Happiness Comes First, Not After

Pasricha challenged the assumption that success leads to happiness. Research shows the opposite: when people feel supported, connected, and purposeful, performance improves.

He introduced three micro-habits, each taking less than two minutes, that leaders can implement daily:



**Morning reflection:** What will I let go of?  
What am I grateful for? What will I focus on?



**Midday connection:** Send a short voice message to someone you care about.



**Evening reset:** Read two pages of fiction before bed to unplug and restore focus.

### Protecting Focus in a Distracted World

Pasricha also warned about the cost of distraction. Constant digital stimulation erodes clarity, empathy, and executive presence. He encouraged leaders to treat focus as a limited resource—protecting it through intentional boundaries, simplified workflows, and daily routines that reinforce purpose.

His parting message: don't wait for ideal conditions. Start small. Be consistent. Over time, those habits shape not only personal well-being, but organizational culture.



Teams with thriving well-being report  
**81% LOWER ABSENTEEISM** and  
**41% LOWER TURNOVER.**

# CONCLUSION

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The HIMSS25 Executive Summit didn't offer one solution to healthcare's challenges, it offered a set of imperatives. Across AI, cybersecurity, precision care, project delivery, leadership development, and workforce well-being, one consistent message emerged: the future belongs to leaders who can move beyond vision into execution.

These aren't abstract conversations. They're tied to real decisions being made in real systems under pressure, under budget constraints, and in environments where trust and performance are equally essential.

The leaders who gathered at the Executive Summit are already reshaping how healthcare operates. They're aligning innovation to strategy. Measuring what matters. Governing with intention. And building cultures that don't just respond to change, but lead through it.

For every healthcare executive navigating complexity, the opportunity is here. The blueprint is emerging.

**The conversation continues at HIMSS26, March 9-12 in Las Vegas.**

Join us as the global health ecosystem reconvenes to share what's working, explore what's next, and lead the future of care, together.

