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7 MUST-READS ON ADAPTING TECH IN AN EVER-CHANGING LANDSCAPE

Introduction

Hospital operations, care delivery and patient expectations are radically different today than before the COVID-19 pandemic — and if anything in the industry is constant, it's the promise of persistent change. To keep up, hospital and health system leaders have put digital strategies front and center, deploying automation, virtual care, artificial intelligence and cutting-edge clinical devices to address their biggest operational pain points and drive differentiation.

But building the "hospital of the future" isn't easy. While the shift away from manual processes and siloed environments is inevitable and necessary, the

transformation process is rife with barriers and often introduces compliance, regulatory and cybersecurity issues (among other concerns).

These seven articles offer a view into leading hospitals and health systems' digital transformation strategies, challenges and outlooks, as well as key considerations for managing risk during these changes and working toward a unified digital environment.

Digital transformation: A healthcare buzzword that is hard to pull off

By Naomi Diaz, Becker's Healthcare

Even though 53 percent of hospital IT and clinical leaders see digital transformation as one of the most important goals for 2023 and 2024, the concept is still a work in progress for the industry.

"Digital transformation is a tall order," Kathy Azeez-Narain, chief digital officer at Newport Beach, Calif.-based Hoag, told *Becker's*. "While it's the buzz across healthcare systems, it's an incredibly hard thing to pull off in healthcare for many reasons."

Ms. Azeez-Narain said the challenges to digital transformation are endless.

"Operations, the walled garden of the EMR systems, the missing technical foundations to drive consumer level experiences and products, data privacy, regulatory needs, the data fragmentation, the processes and people needed to drive to change are all barriers," she said.

But the two most challenging, according to Ms. Azeez-Narain, are cultural change and speed at which health systems can upgrade and adopt new technology.

Ms. Azeez-Narain also said a lot of healthcare companies that are coming to market are building products with a tech-forward focus. She said they have to learn that healthcare demands human connection.

"They can move very fast and the entire culture of their organizations believe in technology powering where they go," she said. "The good news is that this is not a unique journey for healthcare, and based on my past experience, all industries face varying degrees of these challenges, but the two I called out can also be very daunting."

Hospitals will be 'rare exception': What healthcare will look like in 100 years

By Mariah Taylor, Ashleigh Hollowell and Giles Bruce Becker's Healthcare

Healthcare is advancing more swiftly by the year with new technologies, treatment options and artificial intelligence models hitting hospitals across the world.

With the acceleration of advancements, it is hard to imagine how the industry will change. While some believe racial equity challenges might remain, others expect personalized care by genomics to be the standard and that there will be medications that will prevent disease before it takes root.

Becker's asked eight leaders to speculate on what healthcare might look like in 2123:

Tony Ambrozie. Senior Vice President and Chief Digital and Information Officer of Baptist Health South Florida (Coral Gables): One hundred years is a very long time to predict anything given the exponential rate of developments in technology, bioengineering and medicine. But I think we will see a number of trends that will probably happen in the next 50 years or less:

— Healthcare and well-being will be personalized to the extreme, driven by personal genomics as well as continuous and comprehensive real-time monitoring based on a variety of sensors, worn or implanted, as well as fixed diagnostics devices in homes and other locations.

— AI will, based on the real-time data, diagnose anomalies and afflictions and provide and continuously adjust treatments.

— A variety of diseases, including cancer, will either be avoided altogether through gene therapy or treated and cured through biomedication.

— Surgeries, if required, will be performed by AI-enabled robots.

— Hospitals will be the rare exception and not the norm for care.

All these trends combined will lead, I strongly believe, to much longer and of higher quality life spans for humans.

Scott Arnold. Executive Vice President and CIO of Tampa (Fla.) General Hospital: In our near future, I expect AI will continue to play an assistive role on clinical and administrative fronts like it does today, but even better. For clinicians, AI used properly should support quicker decisions for clinical diagnosis and treatment by summarizing data in milliseconds and replacing the lag that exists for hunting and gathering data, reviewing data, making sense of data and narrowing possible diagnosis and treatment tracts for human consideration.

I don't expect AI will replace humans in the process, rather it will maintain an assistive role. In healthcare, humans play an important role in knowledge, critical thinking,

intuition, treatment empathy and understanding. AI has the potential to create additional capacity for humans in a high-demand environment — that is value.

Atul Butte, MD, PhD. Chief Data Scientist at University of California Health (Oakland): One hundred years ago, the 1923 Nobel Prize in physiology or medicine was awarded to Dr. Frederick Grant Banting and professor John James Richard Macleod for the discovery of insulin. So now imagine how far medicine would seem to have been unrecognizably transformed in the subsequent 100 years, if one were present in those days for that significant, lifesaving discovery. In other words, medicine in 2123 will likely be barely recognizable to us.

Surely we will have more medicines and medical devices to use. We will certainly have medicines that target proteins and DNA in ways we can't imagine today. … I'm imagining magical "scalpels" for tomorrow's genomic surgeons, to fix things in utero or in cancer. I am also guessing we will have more medicines to compensate for our environment: drugs that protect our lungs from airborne pollutants and drugs that protect our organs from chronically ingested and imbibed toxins.

We will be measuring much more from patients (think about serum proteins and molecules, circulating DNA, sugars and fats), and measuring those components much more frequently. If so many people today are already thinking about continuous glucose monitoring even before they have diabetes, imagine how many molecules we will want to measure continuously in 100 years. Networks of clinical data sharing will exist to help share the very best medical care practices, so that more care providers can see how to provide care in unfamiliar cases.

Anthony Chang, MD. Chief Intelligence and Innovation Officer of Children's Hospital of Orange County (Orange, Calif.): In 2123, healthcare will be about the convergence of historically separated paradigms:

1. Healthcare and artificial intelligence will involve advanced AI tools, such as deep reinforcement learning, routinely embedded within most if not all aspects of healthcare so there are no longer discussions about AI in healthcare.

2. Health delivery and clinical research will be intertwined with deployment of health digital twins so "researchers" will be more reliant on real-world data and experience versus the current structured randomized controlled trials that have become obsolete.

3. Precision medicine and population health will be an intimate dyad so both are carefully monitored with both genetic profiles including pharmacogenomic information and social determinants of health so there is a global health learning system.

4. Human-centered healthcare and virtual health will be deployed to maintain the human-to-human touch in medicine, and concomitantly healthcare will be primarily delivered via extended reality to improve the quality of the experience.

5. Healthcare and medical care will be mainly focused on preventive physical and mental health due to advances in AI and emerging technologies and will no longer be concentrated only on the delivery of acute medical care.

John Halamka, MD. President of Mayo Clinic Platform (Rochester, Minn.): One hundred years from now, every human will be fully sequenced at birth and a care journey will be laid out looking at all the probabilities from phenotype, genotype and lifestyle. Rather than treat disease, we will prevent disease. Not only will longevity increase, but the number of quality years of life will markedly increase. We will democratize access to this kind of knowledge and care via extensive use of automation so it will be available to most humans on the planet.

Christopher Longhurst, MD. Chief Medical Officer and Chief Digital Officer of UC San Diego Health: Healthcare advancements 100 years from now will have eclipsed the pace of the progress that has taken place over the past 100 years. Considering the changes we are seeing right now, I predict all routine healthcare will be personalized to an individual's unique genetics, proteomics and environment by an AI co-pilot that is constantly monitoring physiologic status through implanted wearables and circulating nanosensors.

Many cancers will be detected at an unthinkably early stage by real-time molecular diagnostics and curable through tailored therapies. Advancements in regenerative medicine will extend the average lifespan through cellular regeneration and tissue engineering. However, arriving at this future nirvana and closing healthcare disparities will require a laser focus on the ethics and equity of data science and digital health.

Gary Small, MD. Behavioral Health Physician-in-Chief at Hackensack Meridian Health (Edison, N.J.): I think there will always be a need for people who are trained in specialty, but they'll be more educators, and consultants and the computers and the primary doctors will take care of tomorrow, but that kind of gets us into the area of healthcare in general. These same principles will hold true in medical care in general, where there'll be more remote care. There'll be more reliance on technology.

Now, if you want to fast-forward to 100 years from now, I think it's going to be even more exciting and in some ways, a bit scary. Because of artificial intelligence, right? It may eventually be where you have an avatar therapist right in your living room talking to you and helping you. And you won't have to wait for 15 minutes to get an hour with them at the end of the week. You could just pull that person up a moment in terms of the technology.

Airica Steed, EdD, RN. CEO of MetroHealth (Cleveland): One hundred years from now our biggest concern will be the same as it is today, ensuring everyone, regardless of their skin color, ethnicity, economic status, who they love, or where they live has access to the highest quality of care. Advances in technology can help us accomplish this goal by supporting our efforts to expand healthcare access, zero out the death gap and better target treatments to the needs of individual patients. We do need to be vigilant in ensuring new advances are implemented equitably and are used to eradicate

healthcare disparities not exacerbate them. Unfortunately, in this last century we did not see nearly enough progress in this area, but I believe the alarm has been sounded and we now have the momentum necessary to better utilize technology to achieve equity for all. My ultimate hope is we will not be talking about health equity in 100 years because it is no longer a problem.

Artificial intelligence, including intelligent automation, has a significant role to play in improving healthcare but AI cannot replace people. We need to be intentional in how we implement automation in all its forms so that the outcomes lead to better patient care and better patient access without reducing interpersonal connection or damaging doctor-patient relationships.

Look at how virtual care was transformed by COVID-19. We will have to balance the benefits of both moving forward. We need to ensure the human touch continues because of its effectiveness in improving overall patient care, but virtual medicine can augment and enhance treatment. It can also improve access, allowing individuals in rural communities or people who face transportation barriers to take further advantage of all available medical services. Being intentional about how we implement and utilize virtual care moving forward will help us take full advantage of its positive benefits while preserving in-person treatment as a central component of medical care.

Why the pandemic-era acceleration of health tech isn't going away

By Naomi Diaz, Becker's Healthcare

The COVID-19 pandemic intensified the need for new healthcare technology adoption at hospitals and health systems, and CIOs predict that this accelerated pace is likely to continue as organizations look for ways to optimize workflows, operations and increase efficiency.

"The COVID-19 pandemic dramatically changed how healthcare was provided and, in many respects, accelerated care beyond the walls of a hospital or clinic, magnifying the immense need for telehealth medicine and services," Raymond Lowe, senior vice president and CIO of Commerce, Calif.-based AltaMed, told Becker's.

During the pandemic, hospitals and health systems had to innovate and digitize their end-to-end operations rapidly in order to get care to patients at a time when many people could not leave their homes. But, although the pandemic is over, the pressure on the sector to continue to innovate and develop better technologies hasn't slowed, according to CIOs.

"The COVID-19 pandemic has acted as a catalyst for the adoption and advancement of digital health technologies, and many of the changes brought about during this time are likely to have a lasting impact," Zafar Chaudry, MD, senior vice president and CIO at Seattle Children's, told Becker's.

With the industry putting more emphasis on "data-driven healthcare," according to Dr. Chaudry, health tech acceleration continues to gain prominence.

Michael Ward, CIO of Maryville, Ill.-based Anderson Healthcare, attributed the continued acceleration to the financial pressures the healthcare industry is facing.

"I believe the need for tech will continue for several years. I believe there will be considerable pressure put on the revenue cycle process to reduce the amount of money that is stuck in these all too often convoluted payer processes," Mr. Ward told Becker's.

B.J. Moore, CIO and executive vice president of real estate operations and strategy for Renton, Wash.-based Providence, sees efficiency as the greatest force behind health tech's continued growth.

"The growth will continue to be accelerated," Mr. Moore said. "This is due to the amount of technical debt, how far behind healthcare is compared to other verticals, and the emergence of generative AI and the opportunities to create efficiencies and improved health outcomes for our patients."

Dr. Chaudry agreed, citing AI and machine learning as a potential accelerator for health tech.

"AI and machine learning in healthcare will see significant potential acceleration assisting in tasks such as medical imaging analysis, drug discovery, disease diagnosis, and treatment planning," Dr. Chaudry said. "AI-driven chatbots and virtual assistants will enhance patient engagement and provide personalized health recommendations."

According to Siggy Tetteh, vice president and CIO of Houston Healthcare, investments in health technology are also on the rise, showing the prominence of the industry even after COVID's influence.

"In 2021, venture capital funding for health tech reached $23.8 billion, which is a significant increase from the previous year," he told Becker's. "This investment is being driven by the growing demand for digital health solutions and the belief that these solutions have the potential to improve the quality and efficiency of care."

'Digital health will just be healthcare': What hospital digital chiefs expect in 5 years

By Giles Bruce, Becker's Healthcare

Healthcare will be more virtual, automated and consumer-friendly five years from now, while digital integration will feel seamless, several health system digital leaders told Becker's.

"Just as we no longer talk about electronic commerce as different from business generally, we are at the point where digital health is simply health," said Daniel Barchi, executive vice president and CIO of Chicago-based CommonSpirit Health.

At CommonSpirit, which has 143 hospitals across 22 states, that digital shift includes using the Catholic health system's scale, mission and digital population health tools to "aggregate data and help clinicians and patients partner to manage their wellness," Mr. Barchi said.

"In five years, we will have adopted, integrated and implemented several different technologies at Jefferson," predicted Nassar Nizami, executive vice president and chief information and digital officer of Philadelphia-based Thomas Jefferson University and Jefferson Health. "Digital health encompasses a cultural transformation of traditional healthcare."

The health system plans to improve upon its AI technology that already helps physicians access the risk of cancer in lumps or nodules, the risk of stroke in CT scans, and patients' chances of needing blood transfusions, Mr. Nizami said. Jefferson is using automation to reduce administrative tasks in IT, human resources, sourcing and through its virtual nursing pilot. Its JeffConnect telemedicine program encompasses mobile health and remote patient monitoring and has been a model to other health systems it has advised on launching similar initiatives.

Pittsburgh-based UPMC is focusing its digital efforts on boosting access to care and driving efficiencies through automation in departments like the call center and scheduling, said Brenton Burns, executive vice president of UPMC Enterprises, the health system's innovation and venture capital arm, where he oversees digital solutions.

"Digital tools are allowing us to think outside of our traditional walls to provide care across a diversity of formats and settings, including via telemedicine or in the home," Mr. Burns said. "Clean, accessible and interoperable data are critical to ensuring our success, so we are continuing to build those capabilities internally."

Cincinnati-based Bon Secours Mercy Health is not only working to build up its own digital capacity but support other health systems through its digital health subsidiary, Accrete Health Partners.

"As an organization, we are developing, investing in and partnering with industry leaders to provide services and opportunities for systems wanting to optimize their IT operations, improve patient access to care by leveraging leading patient-care solutions, and unlock data, analytics and automation needed to engage patient populations," said Jason Szczuka, chief digital officer of Bon Secours Mercy Health.

New Orleans-based Ochsner Health is planning to scale its asynchronous virtual tools like e-visits and e-consults, make online scheduling more available, and boost its AI and remote monitoring capabilities, said Denise Basow, MD, executive vice president and chief digital officer.

"We are using technology to be more predictive, preventive and personalized in our approach to health, to manage patients efficiently and effectively in ambulatory and home settings, and to lower the total cost of care in a value-based environment," Dr. Basow said.

Orlando (Fla.) Health is investing in its foundational IT platforms, infrastructure, data and analytics to better connect providers and patients wherever they are physically located, said Novlet Mattis, senior vice president and chief digital and information officer. The health system also plans to establish an enterprise digital platform embedded with clinical decision support tools.

"By prioritizing digital engagement using simple, secure, fully integrated products and services — whether that be for virtual visits with your care team, care within the hospital, or for advanced hospital care at home — we

envision digital health in five years as more of a norm rather than a new innovation in one's health and wellness journey," Ms. Mattis said.

Charlotte, N.C.-based Advocate Health, which was recently formed through the merger of Atrium Health in Charlotte and Advocate Aurora Health in Illinois and Wisconsin, is using its increased reach to accelerate its digital transformation, said Kelly Jo Golson, executive vice president and chief brand, communications and consumer experience officer.

"This will only be achieved by putting the consumer first in all that we do," Ms. Golson said. "It means meeting our patients where they are, anywhere, anytime; building a flexible, dynamic platform with a consistent experience and simplified scheduling for every Advocate Health touchpoint; interconnected programs that tap into advances in remote patient monitoring; and new care delivery systems that embed 24-7 virtual access into our clinical workflows."

Nashville, Tenn.-based Ardent Health Services is working to make care easier to access, whether it's in person or digital, by building, investing in or partnering around solutions, said chief consumer officer Reed Smith.

"Digital health will just be healthcare — there will be no segmentation between how it is delivered," Mr. Smith predicted. "The consumer will have more at their fingertips, and we will leverage our care teams to support patients through interdependent locations. Individuals want to find information and take action on their own in a DIY fashion — care will follow suit, especially for lower acuity needs."

As clinical engineering and IT merge, KPMG recommends a single platform for clinical device management

In Collaboration with KPMG and ServiceNow

Clinical devices play a central role in a healthcare organization's ability to deliver the best possible care to patients. In recent years, however, the number and complexity of devices has grown exponentially. Biomedical and clinical engineering teams are finding it increasingly difficult to manage and service these assets while also handling device-related regulatory and compliance requirements.

Becker's Hospital Review recently spoke with two specialists from KPMG LLP (KPMG) — Chris Adedeji, director, technology advisory, and Drew Cobb, director, healthcare advisor — about these challenges and the benefits of digitizing the entire clinical device management (CDM) life cycle, and how ServiceNow technology can help:

Note: Responses edited for length and clarity.

Question: What major activities are involved in managing a clinical device?

Drew Cobb: The first question is whether you even need the device. Before bringing a device into the organization, you must perform an evaluation process to justify the need. Determining how to acquire the device is the next step. For example, will you bring in the device on a trial basis or lease before buying to ensure you have the necessary patient volume? Once you bring in a

device, you must manage it throughout its life cycle. This includes preventive maintenance activities through to decommissioning.

Q: What are key challenges that healthcare organizations face in managing clinical devices?

DC: Knowing where your devices are located is a challenge, because many devices are mobile. Some organizations implement real-time location services to ensure they can find devices as needed. A lot of devices are also computer systems, so proper security is a concern. This is why many biomedical and clinical engineering departments now report to the CIO rather than the facilities leader. The primary challenge is adapting to the new capabilities of devices — adding them to your network and making sure you have the right cybersecurity around them.

Chris Adedeji: Also, when we think about life cycle utilization, we need to consider inventory management. Do we have the right number of devices based on demand, and can we adapt if needed? Another key question is whether you are managing devices effectively across their life cycles or are they sitting unused in a stockroom most of the time?

DC: You need a preventive maintenance schedule for all devices based on manufacturer recommendations and based on how much you have used them. One primary

Q: What capabilities in the ServiceNow platform can help solve for some of these challenges?

DC: Since biomed has moved into the world of IT, one of ServiceNow's biggest advantages is that it brings many IT capabilities into one universe. Organizations can take a holistic approach to asset tracking, cybersecurity, network management and more. A platform like ServiceNow can help change an organization's culture because it brings together IT and biomed. Workflows like preventative maintenance and corrective actions can be executed in an integrated way across IT and Biomed teams.

CA: Many stakeholders want a platform that provides a single view across the enterprise regardless of the type of asset. A lot of clinical devices are essentially computers on the network, so they face cyber threats. ServiceNow's configuration management database (CMDB) is very flexible and can be used with either clinical or IT devices. ServiceNow also provides a single view so organizations can align different types of asset information on one platform, such as financial, utilization and procurement data.

Q: Why is it so important to understand what's happening – end-to-end – with connected medical devices?

CA: Organizations need to understand what assets are on their networks, where they are, who is using them and whether these devices have been properly sanitized and secured. Also, teams must know that devices and any data residing on them, at the end of their useful lives, have been properly disposed of. Teams need touch points at each of those critical milestones. Since quality of care is front and center, teams need to feel confident they've done all they can to support patients.

DC: ServiceNow has capabilities that can proactively alert healthcare organizations even before a device may have a problem. Since devices are connected to the network and they have onboard diagnostics, ServiceNow can automatically route messages to biomedical engineers about potential device issues. Using ServiceNow proactively, not just reactively, is a huge plus.

Q: What are the business advantages to taking a holistic approach to CDM by leveraging solutions like the KPMG and ServiceNow offering?

DC: We believe that approaching Clinical Device Management from a holistic perspective allows organizations to drive the most value. We start by evaluating our clients' CDM processes against leading practices. We look for gaps in existing practices to help

improve the processes before enabling the processes in the ServiceNow platform. A platform like ServiceNow offers economies of scale so healthcare organizations can leverage their scarce biomedical engineering resources across a wider population of devices. By automating manual activities, employees can focus on higher-value activities.

CA: As part of strategy alignment, understanding the stakeholders is key because the organization is moving to a platform that will be leveraged by multiple teams. KPMG works with organizations on the strategy — we find out what our clients want to do with the data and what workflows need to be factored in. In some cases, users may already have been interfacing with ServiceNow for IT requests. Expanding the use of ServiceNow to CDM provides a single platform view, user experience and workflow. Employees don't have to work across multiple platforms and tools.

We've walked in the clients' shoes and we understand the underlying CDM from a process perspective. It is difficult to do asset management in a vacuum because there are so many stakeholders from finance to procurement, planning and facilities. KPMG helps connect the dots. We bring an enterprise-wide approach paired with Healthcare industry know-how, as well as team of ServiceNow practitioners that specialize in the platform.

DC: With a platform like ServiceNow, teams need to be educated about how to use it and the governance of processes may need to change. It's a cultural shift. We are also very patient centric. We work backwards from the patient to the processes and technologies that engineering will need to support devices. It's about the patient first and foremost; otherwise, why are you doing it?

'Complexity' the name of the IT game for MD Anderson CIO Craig Owen

By Giles Bruce, Becker's Healthcare

Making sure IT systems are running — and running effectively — is a concern of every hospital and health system CIO. That's most definitely true when they help inform life-saving chemotherapy.

"The complexity of our patients really ratchets up the complexity of the work that we do," Craig Owen, vice president and CIO of Houston-based MD Anderson Cancer Center, told *Becker's*.

He compared an MD Anderson radiologist reviewing images of a chemotherapy patient going back months — or even years — to one at a regular hospital assessing someone who broke a pelvis in a car accident.

"The tech stack is very different when you're looking at a pelvic exam that was just done 30 minutes ago versus a list of priors that may go back five or 10 years," Mr. Owen said. "When you're seeing 800-plus new cancer patients a week, you start to understand the complexity."

He said he talked to peers from Burlington, Vt.-based UVM Medical Center about their biggest challenges in dealing with a 2020 ransomware attack. Their top one: oncology.

While Mr. Owen took over as CIO in 2020, he's been with the institution more than 30 years — proving, he says, the type of loyalty it breeds among employees.
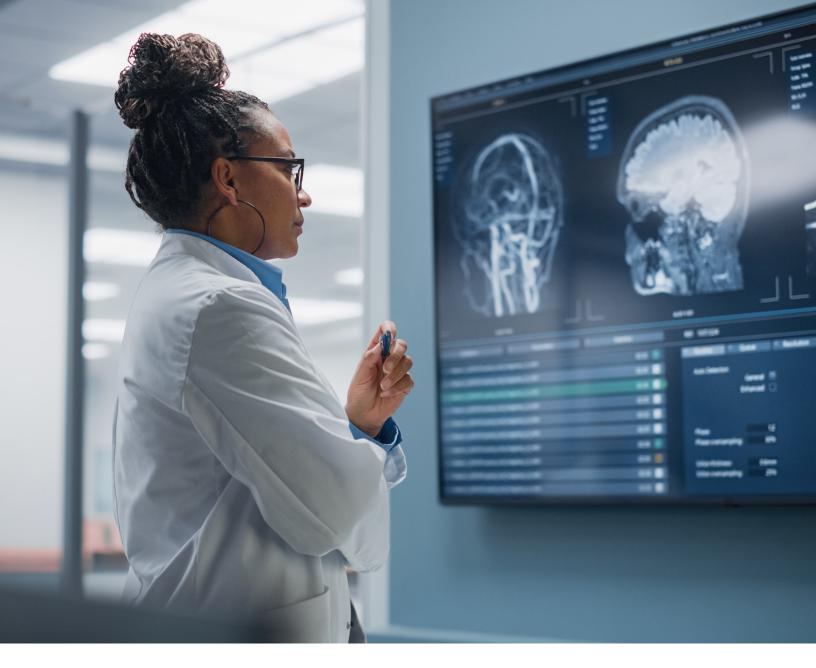
"Making cancer history is not just a slogan, it's a passion of 23,500 people," he said. "If you work here more than six months, you will likely have a friend or loved one come through MD Anderson, and it will bind you to that mission."

Still, he aims to go beyond that to retain the more than 900 IT staffers in his department, emphasizing trust, autonomy and accountability. MD Anderson had flex scheduling even before COVID-19, allowing employees to work from home a day or two a week back then.

For recruitment, Mr. Owen sometimes gets IT workers who are tired of the cyclical nature of nearby Big Oil, but he hasn't seen any trickle down from all the recent Big Tech job cuts. He said he expects he might in the coming months as those laid-off workers' severance packages end.

MD Anderson is the biggest user of Epic's Beacon oncology EHR module, which allows providers to build chemotherapy protocols digitally, he said. The cancer center has also been going live with a clinical trial management system and recently adopted ServiceNow's digital IT workflow platform.

Mr. Owen reports to the chief technology and digital officer at MD Anderson, which also has a chief innovation officer, chief information security officer and chief data officer, a position it added about a year ago.

He said CIOs nowadays need to have a tight connection with the clinical side. "You cannot just know technology, you have to understand how you leverage technology to digitally enable clinical operations in the rest of the organization," Mr. Owen said. "You have to be able to connect with the clinicians and the patients and understand what they're going through."

90% of healthcare organizations look to adopt digital health platforms

By Noah Schwartz, Becker's Healthcare

More than 90 percent of healthcare executives have adopted digital health tools, even while 47 percent report financial pressures, according to a survey of healthcare executives from digital health company Xealth.

The survey also found that 81 percent of executives have integrated digital health tools into their EHR workflows. While 19 percent of executives had achieved advanced EHR integration with digital health platforms, according to an Aug. 7 Xealth news release.

"In an industry that is notoriously slow to change, digital health has been relatively fast at reaching a tipping point," Xealth CEO Mike McSherry said in the news release. "This research shows the opportunity with digital health. It is gratifying to see widespread C-level support and health systems beginning to tie bottom-line growth and reduced readmissions to digital health. We expect that percentage to grow as digital programs mature and establish best practices."

Conclusion

Digital transformation is the complex but necessary pathway to better patient care, greater efficiency and a connected digital environment that supports the ever-constant changes and demands in healthcare.

Within every hospital and health system, however, there are myriad platforms, technologies and clinical devices — often thousands — that must be accounted for early on in the transformation process and ultimately connected. If the digital environment isn't unified, risks to compliance, security and patient care proliferate. It's a critical approach that future-forward healthcare leaders must build into technology strategies if they want to realize satisfying, modernized and scalable care delivery.

About ServiceNow

ServiceNow (NYSE: NOW) is the fastest-growing enterprise cloud software company in the world above $1 billion. Founded in 2004, our cloud-based platform and solutions deliver digital workflows that create great experiences and unlock productivity for more than 6,200 enterprise customers worldwide, including approximately 80% of the Fortune 500. For more information, visit www.servicenow.com.