Better care for more people
Bridging the gaps in healthcare

Global report
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Research premise

This is the largest global survey of its kind, analyzing the priorities and perspectives of healthcare leaders.

In 2024, the Future Health Index, now in its ninth edition, explores how healthcare leaders view their organization’s ability to deliver timely, high-quality care to everyone. The report focuses on the gaps that stand in the way, as well as examining ways of overcoming them.

This year, the Future Health Index is based on proprietary quantitative research conducted in 14 countries and supported by qualitative interviews in four of these countries: Singapore, South Africa, the United Kingdom, and the United States.

Responses from almost
3,000 healthcare leaders

Across 14 countries
Timely access to care is a cornerstone of a well-functioning healthcare system. But increasingly, long wait times and staff shortages are making it difficult for people to get the care they need, when they need it. Not just in remote and rural regions, but even in metropolitan areas. And for those who already struggled to get timely and appropriate care, the barriers may only be getting bigger. The result: delays in screening, diagnosis, treatment and follow-up care, which are putting patients at risk and adding even further pressure to healthcare systems in the long run.

That’s the stark reality painted by healthcare leaders in this year’s Future Health Index. They recognize that to keep healthcare systems sustainable in the face of growing patient demand, we urgently need to rethink how and where care is delivered. The good news is that healthcare leaders are addressing the critical gaps in today’s healthcare systems. Increasingly, they are automating workflows to free up time for staff and reduce waiting lists. They are embracing virtual care and remote patient monitoring to extend the reach of care. And they are implementing AI to turn information overload into meaningful insights that elevate the expertise of healthcare professionals, helping them to consistently deliver high-quality care.

At Philips, we are committed to partnering with healthcare providers on this journey. We see the potential for a future where people everywhere, no matter who they are or where they live, can access the care they need, when they need it. As we shape this future together, we must do so in a sustainable way. By now, it has been well demonstrated that environmental health and human health are inextricably linked. Encouragingly, a vast majority of healthcare leaders in our report recognize that reducing the environmental impact of healthcare should be a top priority. But many grapple with unprecedented financial pressures at the same time. This shows the urgent need for technological solutions that are both green and help reduce the cost of care. It can’t be either/or – because we can’t have healthy people without a healthy planet.

As you navigate these challenges with your organization, I hope you take inspiration from the path that other healthcare leaders set out in this report.

How can healthcare providers deliver high-quality care everywhere regardless of patient location, staff availability, and other resource constraints? That’s the question we must address through innovation and collaboration.”

Shez Partovi
Chief Innovation & Strategy Officer
and Chief Business Leader of Enterprise Informatics at Philips
Executive summary

The 2024 Future Health Index examines three gaps that stand in the way of delivering better care for all. For each of these gaps, it outlines actions that healthcare leaders are taking to overcome them, and highlights their benefits for both healthcare professionals and patients.

1. Bridging the staffing gap
   In the face of widespread staffing shortages, healthcare leaders are turning to automation, virtual care and remote patient monitoring to alleviate the pressure on hospital staff, reduce waiting lists and extend the reach of patient care.

2. Bridging the insights gap
   To turn a growing volume of data into meaningful insights, healthcare leaders are increasingly implementing AI for clinical decision support within and beyond hospital walls – while also calling for guardrails to ensure the safe and responsible use of AI.

3. Bridging the sustainability gap
   Balancing financial viability with the need to reduce environmental impact, healthcare leaders are looking for sustainable strategies that will not only ensure the future of healthcare but also contribute to a healthier planet.
Bridging the staffing gap

A lack of qualified healthcare professionals is putting a heavy strain on health systems worldwide. Healthcare leaders believe automation and virtual care are part of the answer.
Staff shortages are taking a toll

Our survey findings show the extent to which staff shortages in healthcare are impacting both caregivers and patients.

Healthcare professionals are burning out

The global statistics paint an alarming picture: healthcare professionals are overloaded, overworked, and overwhelmed.

Almost two-thirds (66%) of healthcare leaders in our survey report increased incidence of burnout, stress and mental health issues in their workforce, deterioration of work-life balance, and/or reduced morale and engagement.

The unrelenting workload is making many healthcare professionals question whether they want to keep working under the same conditions – or even pursue a different career altogether. More than half of healthcare leaders (55%) are concerned about an increased likelihood of staff leaving.

This can create a vicious cycle of mounting stress and declining well-being among remaining staff, which then leads to further turnover.

More than 1 in 3 healthcare leaders (37%) believe attracting and retaining staff requires help from external partnerships. Leaders interviewed as part of our qualitative study in the US and South Africa noted the value of partnering more closely with local colleges and universities, to ensure a steady pipeline of qualified healthcare professionals. They also emphasized the importance of offering more educational opportunities to existing staff, to keep them engaged in their careers and prevent further attrition.

“Healthcare leaders report staff impacts from workforce shortages

Healthcare professionals are burning out

66% see deteriorating staff well-being and mental health

55% see an increased likelihood of staff leaving

In healthcare, the number one issue everywhere is staffing.”

National Patient Liaison Manager
Hospital, UK
Patients have to wait longer for care

Patients, too, are experiencing the consequences of staff shortages and the burden that under-staffed medical units put on their healthcare professionals. More than three in four healthcare leaders (77%) say delays in care are an issue – whether it’s because of increased waiting lists for appointments (60%), longer waiting times for treatments or procedures (57%), or delayed or limited access to screening, diagnosis, and preventive care (54%).

The impact on patients can be significant, as delays in care can result in worse health outcomes, lower quality of life, and higher healthcare costs in the long run.

One leader in our qualitative research raised concerns that healthcare professionals are being asked to fill staffing gaps by working beyond their professional scope. This may lead to patient safety risks if these professionals lack the appropriate training, experience, or support.

Let’s say we have 15 or 20 patients in our emergency department (ED) for triage. We only have one ED doctor on and two nurses. They’re going to be really stressed to get those patients through in a timely manner. So, you might have patients that wait 8, 10, 12 hours to be seen in an ED.”

Chief Information Officer
Hospital, US

Staff shortages impact underserved communities

While timely access to care is a challenge everywhere, healthcare leaders recognize that staff shortages may disproportionately affect some patients. More than half of leaders (53%) say that decreased capacity to meet the needs of underserved communities is an issue in their organization.

This could be due to several reasons, including challenges in recruiting qualified staff in remote areas, difficulty in attracting staff from backgrounds who are representative of the communities they serve, or increased pressure on the affordability of care due to higher costs associated with hiring (temporary) staff.

As a result, patients who encounter economic, geographic, cultural, or linguistic barriers may experience limited access to care and longer wait times for appointments.

In addition, one in two healthcare leaders (50%) is concerned about patients having to travel farther to receive appropriate care – highlighting the importance of new care delivery models that improve access to care for patients in both rural and urban areas.

For example, in our interviews, healthcare leaders in the UK and the US mentioned how they are investing in smaller and specialized community-based clinics, such as diabetes centers, as well as mobile care vehicles equipped with imaging solutions so that clinical staff can scan patients closer to their home.
Automation can ease staff shortages, if used right

With staff being chronically stretched, healthcare leaders are turning to automation to alleviate the burden on healthcare professionals. But they also face skepticism from staff about its use.

Leaders optimistic, staff skeptical about automation

A vast majority of healthcare leaders (92%) think automation is critical for addressing staff shortages in healthcare by automating repetitive tasks and processes. They believe it will save healthcare professionals time by reducing their day-to-day administrative tasks, and allow them to perform at their highest skill level.

Yet their own people seem not so sure. Almost two-thirds (65%) of healthcare leaders say that healthcare professionals are skeptical about the use of automation in healthcare. An even higher number of radiology leaders (77%) have that concern.

When probed more deeply as to why some staff are skeptical about automation, interviewed healthcare leaders offered several reasons. Quality assurance stood out in particular, with several leaders stressing the importance of appropriate research and validation before implementing automation.

Another concern that some healthcare leaders expressed about automation is that if healthcare professionals become overly reliant on it, they may lose touch with essential skills and knowledge in their field. Healthcare organizations therefore need to ensure that staff continue to receive adequate training and opportunities to develop their expertise, with automation supporting rather than replacing their professional judgment.

If you invest in automation, then you’re able to do far more scans and far more procedures in a day, which can help reduce patient waiting lists.”

Chief Purchasing Officer
Hospital, UK
Healthcare leaders seek time savings through automation

Today, healthcare leaders are mainly using automation to reduce the administrative burden on healthcare professionals and streamline services for patients, such as appointment scheduling.

In the next three years, they see workflow prioritization as the biggest opportunity for automation. This can help healthcare professionals deal with high volumes of patients without compromising on quality – for example, through automated triaging systems that can assist emergency department staff, or through initial screening of medical images that can prioritize cases and delegate them to the right sub-specialty radiologist.

Equipment maintenance and monitoring is another area for planned automation. By identifying potential repair needs before they occur, healthcare organizations can prevent costly equipment downtime and interruptions to patient care. Healthcare leaders are also keen to automate manual notetaking, allowing clinicians to spend more time focusing on patient care and less on documentation.

“We have automated point-of-care systems which can triage patients immediately based on a urine sample or a blood sample.”

Chief Purchasing Officer
Hospital, UK

Current and future implementation of automation

<table>
<thead>
<tr>
<th>Service</th>
<th>Automation has already been implemented</th>
<th>Plan to implement automation in the next three years</th>
<th>Not implemented or don’t know</th>
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<tr>
<td>Workflow prioritization</td>
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<td>41</td>
<td>23 %*</td>
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<tr>
<td>Equipment maintenance and monitoring</td>
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<td>38</td>
<td>20</td>
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<tr>
<td>Clinical documentation/notetaking</td>
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<td>37</td>
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<tr>
<td>Medication management</td>
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<td>Clinical data entry</td>
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<tr>
<td>Staff scheduling</td>
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<td>Patient check-in</td>
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<tr>
<td>Appointment scheduling</td>
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<tr>
<td>Billing processes</td>
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*Due to rounding, totals may add to more or less than 100%
Virtual care extends the reach of patient care

Healthcare leaders see virtual care as another way of bridging the staffing gap, by connecting healthcare professionals and patients regardless of location.

Virtual care helps ease staff shortages across care locations

Last year’s Future Health Index showed how healthcare leaders continued to build out virtual care services – both within and beyond the walls of their organization – after investments peaked during the pandemic. This year, almost 9 in 10 (89%) are seeing a positive impact on easing staff shortages in their organization.

Some of the most-cited benefits of virtual care include increased capacity to serve patients (38%), improved collaboration between healthcare professionals in different locations (37%), and reduced on-site staff required for certain roles (34%). Several healthcare leaders interviewed for our research shared how virtual care has helped them elevate their facility’s standards of care, improve patient throughput, and reduce waiting times. Patients can now get many basic care needs met in the comfort of their home through telehealth consultations, freeing up hospital staff to focus on acute or complex cases.

Almost 1 in 3 healthcare leaders worldwide (32%) say virtual care is also enabling them to expand specialist care to underserved communities in the face of staff shortages. This is especially the case in China (42%), India (41%), and the US (40%), where patients may have to travel long distances to access specialist care. As a result, healthcare leaders from those countries also report decreased clinical response time in our survey. This gives patients a better chance of early screening, diagnosis, and treatment, which in turn can lead to improved health outcomes.

“There are many situations where we would be unable to provide a certain procedure or a certain type of care due to staff shortages, so having care delivered virtually improves overall quality, timeliness, and accessibility of care.”

Chief Information Officer
Hospital, US

89% of leaders see the positive impact of virtual care in easing staff shortages
Virtual care creates more flexible career options

Healthcare leaders also see investments in virtual care as a strategy to keep staff on board, recognizing that workforce expectations have changed. More than half (54%) believe virtual care enables more flexible work schedules and creates new career options for healthcare professionals who want to work remotely.

By using virtual care to offer flexible work arrangements, healthcare organizations can attract and retain staff seeking a better work-life balance – including older, experienced staff who may not want to continue providing bedside care, but who have a wealth of knowledge. Offering new career paths to seasoned staff, such as virtual nursing, can prevent a critical loss of expertise while supporting the ongoing professional development of frontline caregivers. Workplace flexibility is also likely to appeal to future generations of healthcare professionals, who have grown up in a digital world and value autonomy in their schedule and location.

However, our data show large cross-country variability in how healthcare leaders assess the career benefits of virtual care for healthcare professionals. These benefits are rated most positively in countries where healthcare leaders believe staff have a positive attitude toward virtual care.

Healthcare leaders who agree integrating virtual care enables more flexible work schedules and/or creates new career options for healthcare professionals

Virtual care helps to attract doctors and nurses to stay at our facilities, because they want to see how these new technologies work and can assist them.”

Chief Purchasing Officer
Hospital, UK
Remote patient monitoring brings the hospital to the home

As most healthcare leaders around the world continue to embrace virtual care, the message from our research is clear: remote patient monitoring is here to stay. In fact, healthcare leaders see an even bigger role for it in the future.

Remote patient monitoring solutions can help healthcare professionals offer the same level of care outside of conventional clinical settings, for example in the comfort of a patient’s home – offering a better experience to the patient while reducing the strain on overstretched hospital staff.

Among the most used types of remote patient monitoring today are chronic disease management, medication adherence and post-operative monitoring. Healthcare leaders plan expansion of remote patient monitoring into areas such as telestroke care, maternal and fetal health, and post-operative monitoring – further supporting the health and well-being of patients outside the hospital.

When asked about their predictions for healthcare in 2030, leaders interviewed for our qualitative research mentioned a continued shift to out-of-hospital care, with one leader envisioning “a huge reduction in in-patient care and a transition to outpatient and home care – all relieving the stress and burnout of providing care in inpatient settings”. This will need to be met by appropriate investments in primary care and community health services to ensure that patients receive adequate care and support before and after receiving hospital treatment.

To advance the effective delivery of virtual care, 66% of healthcare leaders say accessibility and internet connectivity are critical success factors. They also highlight the importance of digital literacy for patients (41%).

To leave no patient behind, while virtual care can help make healthcare services more accessible for patients regardless of location, healthcare leaders recognize that it can also contribute to a growing digital divide by limiting access to care for those who lack the necessary technology or skills.

For example, in an interview one healthcare leader pointed out how not all elderly patients may feel comfortable using virtual care, unless they receive the appropriate support from caregivers or family members. In addition, internet connectivity in some areas or among certain populations may be limited.

As healthcare organizations continue to adopt virtual care, it is important no patient gets left behind. Collaboration between government, non-profit, and private sector partners is needed to expand the necessary digital infrastructure. These efforts should be accompanied by accessible user experience design and investments in digital literacy programs to help patients navigate virtual care technologies more easily.
Bridging the insights gap

Healthcare organizations have a wealth of data but a poverty of insights, which is hampering their ability to provide timely, high-quality care. To bridge this insights gap, healthcare leaders are increasingly embracing AI for clinical decision support.
Healthcare leaders aim for better data integration

Our findings show healthcare leaders grappling with a lack of integration of data across different systems and devices. But they also recognize the potential to improve patient care through data-driven insights.

Staff lose precious time pulling patient data together

Effective patient care relies on accurate and timely access to data, but healthcare professionals often face significant challenges in accessing disparate data and then integrating it into a cohesive patient story.

The vast majority of healthcare leaders (94%) say their organization experiences data integration challenges that impact its ability to provide timely, high-quality care.

As a result, almost 4 in 10 healthcare leaders (38%) say that staff lose precious time pulling patient data together, leaving less time to care for patients.

They also see increased operational costs due to data inefficiencies and limited coordination between care providers or departments, as well as unnecessary repeat scans and increased risk of errors.

94% of healthcare leaders say their organization experiences at least one data integration challenge that impacts its ability to provide timely, high-quality care.

38% of healthcare leaders say that spending time accessing/integrating data results means less time caring for patients.

34% of healthcare leaders say increased risk of errors, reduced patient safety and/or quality of care.

38% of healthcare leaders say increased operational costs due to inefficiencies.

37% of healthcare leaders say limited coordination between care providers/departments.

35% of healthcare leaders say unnecessary repeat tests/scans due to data inefficiencies.

*Respondents were able to select multiple answers, therefore all combined answers exceed 94%.
Healthcare leaders see potential to improve patient care through data

Healthcare leaders see a wide range of opportunities to improve patient care by bringing data from disparate sources together in a meaningful way. For example, they believe data-driven insights could help optimize treatment plans and care pathways (43%), identify evidence-based practices (37%), and reduce waiting lists for diagnostic and elective procedures (36%).

But to deliver on these possibilities, healthcare leaders recognize they need to get the foundations right first.

When asked what needs to change in how healthcare data is handled, they highlight the importance of improved accuracy of patient data (40%), interoperability among different platforms and healthcare settings (39%), and data security and privacy (38%) – long-standing challenges in healthcare that must be effectively addressed to harness the full potential of data-driven insights for better patient care. Echoing last year’s Future Health Index findings, this is where many healthcare leaders see an important role for external partnerships.

Forecasting and managing patient demand

Spotlight

Improving access to care with data-driven insights

For too many patients, access to care remains out of reach. Can data-driven insights help make a difference?

Our survey shows that healthcare leaders recognize the potential of data-driven insights to facilitate targeted outreach and interventions for specific populations (42%). They also believe such insights can help identify and address delays in care delivery that may disproportionately affect certain communities (41%).

For example, by analyzing data on patient demographics, medical histories, and social determinants of health, providers can identify patient populations who may be at high risk for chronic conditions and take proactive steps to provide preventive care, such as offering screenings for diabetes and heart disease.

However, despite seeing the benefits of data-driven insights for improving access to care, 76% of healthcare leaders face the challenge of inadequate healthcare data for underserved communities in their area, and 69% lack data on social determinants of health. These challenges underscore the need for more comprehensive data collection and analysis to reduce health disparities. Addressing gaps in data can provide healthcare leaders with valuable insights that enable them to deliver better care to more patients.
The AI evolution: from exploration to implementation

For the past few years, AI in healthcare has been an area of intense research and development. Now, it is increasingly finding its way into clinical practice. However, concerns about data bias remain.

Healthcare leaders are implementing AI from the hospital to the home

This year’s Future Health Index findings show how healthcare leaders have already implemented AI for clinical decision support across different areas of the hospital, with in-hospital patient monitoring, medication management, treatment planning, radiology, and preventative care leading the pack. As healthcare leaders increasingly focus on expanding care beyond hospital walls, implementing AI in remote patient monitoring is an area of focus for the next three years.

Current and planned implementation of AI for clinical decision support

- In-hospital patient monitoring: 26% implemented, 31% plan to implement
- Medication management: 25% implemented, 37% plan to implement
- Treatment planning: 28% implemented, 35% plan to implement
- Radiology: 29% implemented, 35% plan to implement
- Preventive care: 28% implemented, 36% plan to implement
- Pathology: 33% implemented, 33% plan to implement
- Remote patient monitoring: 26% implemented, 41% plan to implement
- Clinical command centres: 32% implemented, 37% plan to implement

*Due to rounding, totals may add to more or less than 100%
Generative AI adoption in healthcare set to rise within the next three years

Generative AI has caught the attention of healthcare leaders in the past year, since its rapid emergence into the public domain. They recognize the benefits that generative AI could bring to patient care by unlocking new efficiencies and insights from patient data.

Our research shows that 85% of healthcare leaders across the surveyed countries are already investing or plan to invest in generative AI within the next three years. However, there are significant cross-country differences in how quickly healthcare leaders plan to invest in generative AI, which are consistent with overall differences in speed of adoption of AI for clinical decision support.

"[Future adoption of AI] is going to be driven by our clinical leadership working together with our technology leadership, to make sure we have a deep understanding of how the technology is used but also how it benefits patients."

Chief Information Officer
Hospital, US

Investments in generative AI by healthcare leaders globally

<table>
<thead>
<tr>
<th>Currently investing</th>
<th>Plan to invest within the next three years</th>
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<tr>
<td>85%</td>
<td>56%</td>
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Top countries planning to invest in generative AI within the next three years

- US: 56%
- UK: 60%
- Poland: 58%
- Saudi Arabia: 60%
- India: 70%
- China: 69%
- Singapore: 64%
- Indonesia: 74%

Future Health Index 2024 Better care for more people
Responsible use of AI requires appropriate safeguards

While there is widespread excitement about the possibilities of AI in healthcare, there is also a shared recognition that it needs to be implemented in a responsible way to avoid unintended consequences.

Almost 9 in 10 healthcare leaders (87%) are concerned about the possibility of data bias in AI applications widening existing disparities in health outcomes.

To address this risk, healthcare leaders say it is important to make AI more transparent and interpretable for healthcare professionals and offer continuous training and education in AI. Another strategy that healthcare leaders pointed to is policies for the ethical use of data and AI. This can only be achieved through cross-sector collaboration and coalition-building.

In our qualitative interviews, several leaders also raised concerns about who is accountable and liable when AI gives faulty recommendations, which could have potentially serious consequences for patient safety and well-being. It’s critical to ensure that appropriate checks and balances are in place to mitigate these risks, including adequate human oversight in clinical decision-making.

87% of healthcare leaders are concerned about the possibility of data bias in AI applications widening disparities in health outcomes.

Strategies for mitigating risk of data bias in AI applications for healthcare:

- Making AI more transparent and interpretable (48%)
- Continuous training and education in AI (46%)
- Policies for ethical use of data and AI (43%)
- Bias detection and monitoring (41%)
- Ensuring staff diversity in data and AI (38%)
- Diverse and representative data collection (37%)

87% of healthcare leaders are concerned about the possibility of data bias in AI applications widening disparities in health outcomes.
Bridging the sustainability gap

Healthcare leaders are facing financial challenges, while at the same time grappling with the need to reduce their environmental footprint. Our research shows they are embracing new strategies to balance these two priorities to ensure healthcare systems remain sustainable in the long term.
Healthcare leaders pursue new financial strategies

The economic sustainability of healthcare systems is under increasing pressure as the cost of care delivery continues to rise. Operating on razor-thin or even negative margins, healthcare leaders are adapting their financial strategies accordingly.

Financial challenges are impacting patient care

Our survey findings show that an overwhelming majority of healthcare leaders (96%) report that their organization is experiencing financial challenges. This is directly impacting the quality and timeliness of care, according to 81% of leaders, because limited resources are resulting in longer waiting times, treatments are being offered more selectively, and patients are more frequently referred to other healthcare organizations. Financial challenges are also limiting the ability of healthcare organizations to implement new innovations.

Almost 3 in 5 leaders (59%) are unable to invest in new or more advanced medical equipment or technologies, or they have to delay or limit such investments.

How financial challenges are impacting patient care

- 96% of healthcare leaders report that their organization is experiencing financial challenges.
- 81% of leaders say financial challenges are having a direct impact on patient care.
- 59% of leaders are delaying investment or unable to invest in new medical technology due to financial challenges.
Healthcare leaders are taking necessary measures within their organizations to remain financially viable and ensure continuity of care. Their most frequently used or planned strategies to address financial challenges are improving operational efficiencies (92%) and implementing cost reductions (91%).

At the same time, healthcare leaders realize they cannot cut or streamline their way to long-term financial sustainability, with 89% of them using or planning strategies to serve more patients or expand services. Thinking long term, healthcare leaders also plan to invest in preventive care and community health to lower overall healthcare costs, supported by new business models (such as community care centers) and value-based care models that incentivize improved patient outcomes rather than the volume of care delivered. These models can drive down the cost per patient, by minimizing the need for avoidable acute or chronic care further down the track.

Financial strategies currently used or being considered

Current
Not currently using or considering using in the next three years
Considering using within the next three years

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Currently using</th>
<th>Considering within the next three years</th>
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<tr>
<td>Improving operational efficiencies</td>
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<tr>
<td>Implementing cost reductions</td>
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<tr>
<td>Increasing patient volumes or expanding services</td>
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<tr>
<td>Investing in preventive care to reduce long-term healthcare costs</td>
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<td>Value-based care models</td>
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<td>Better reimbursement rates with payers</td>
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<tr>
<td>Investing in community health to lower overall healthcare costs</td>
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<tr>
<td>New business models (e.g., community care centers)</td>
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<td>43</td>
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</table>

*Due to rounding, totals may add to more or less than 100%

Healthcare leaders embrace subscription-based buying models

Rapid advances in technology are outpacing budget availability for many healthcare organizations. This is prompting healthcare leaders to consider new ways of purchasing technology solutions without large upfront capital expenditures – including subscription-based models.

Almost three in four (74%) of healthcare leaders are considering using at least one type of healthcare technology subscription within the next three years, with usage-based models being most popular today.

Adoption of subscription-based models can reduce the need for upfront capital investments and improve the predictability of expenses. Subscription-based models can also help healthcare organizations stay up to date with the latest technology and software more easily, offering them a way to address financial challenges while supporting continual optimization of patient care.
Environmental sustainability is a key priority

Healthcare leaders overwhelmingly acknowledge that addressing the impact of the healthcare sector on the planet is no longer a matter of if – it is a matter of how.

Healthcare leaders cut back on waste, energy, and water

The vast majority (86%) of healthcare leaders believe that reducing CO₂ emissions and the environmental impact of healthcare should be a top priority for healthcare organizations, and an even larger percentage (90%) thinks it should be a top priority for governments.

With this sense of urgency in mind, healthcare leaders are actively implementing sustainability strategies to reduce their environmental impact.

The most implemented strategies today include recycling waste, reduction or elimination of hazardous substances, water conservation, and reducing energy usage.

In the next three years, healthcare leaders plan to implement further strategies, such as selecting suppliers with sustainability targets, implementing sustainable procurement, including circular equipment, and investing in green buildings and infrastructure.

"Our doctors want products that can be reused or that are recyclable, so that our facility doesn’t generate so much waste.”

Chief Executive Officer
Hospital, South Africa
These sustainability strategies demonstrate how healthcare leaders are taking significant steps to reduce their environmental impact, but there is still a long way to go toward achieving a carbon-neutral healthcare sector. Encouragingly, 71% of healthcare leaders have set targets for decarbonization and tracking emissions, or plan to do so in the next three years. However, 29% either do not have, or are not sure about, plans for decarbonization.

Moreover, in our interviews with healthcare leaders, we found that, when exploring sustainability initiatives, they need to strike a balance between economic and environmental considerations. This is in line with findings from last year’s Future Health Index, which showed that many healthcare leaders struggle to balance sustainability with other (financial) priorities. As one US healthcare leader said during this year’s interviews, “We’re fighting for survival – so being very frank, sustainability is lower on the list.”

While it is crucial to maintain financial viability, sustainability and economic considerations are not mutually exclusive. Rather, sustainable practices can help healthcare organizations achieve economic sustainability, both in the short term (for example, through waste reduction and energy savings) and in the long term (for example, through circular financing structures that help customers maximize the lifetime value of their medical equipment).

This shows the need for further collaboration across the healthcare ecosystem – including healthcare systems, policymakers, health technology companies, the supply chain, and other stakeholders – to address health systems’ environmental challenges and at the same time lower the total cost of care.

We obviously want to operate as greenly as possible, but also as financially efficiently as possible. So, if the greener ways are the cheaper ways, that will definitely sway our opinion on pursuing them more quickly.”

National Patient Liaison Manager
Hospital, UK

Decarbonization of healthcare requires further collective effort
Appendices
Research methodology

2024 quantitative survey methodology

The quantitative study was executed by GemSeek, a global business and consumer research services firm employing a methodology of online (CAWI) surveying.

2,800 healthcare leaders, 200 in each of the 14 countries included (Australia, Brazil, China*, India, Indonesia, Italy, Japan, the Netherlands, Poland, Saudi Arabia, Singapore, South Africa, the United Kingdom, and the United States), participated in a 15-to-20-minute survey from December 2023 to February 2024. Where relevant, the survey was translated into the local language. In some instances, certain questions needed to be adjusted slightly for relevance within specific countries. Care was taken to ensure the meaning of the question remained as close to the original, English, version as possible.

Below shows the specific sample size, estimated margin of error** at the 95% confidence level, and interviewing methodology used for each country.

<table>
<thead>
<tr>
<th></th>
<th>Unweighted sample size (N=)</th>
<th>Estimated margin of error (percentage points)</th>
<th>Interview methodology</th>
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<td>Australia</td>
<td>200</td>
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<td>Brazil</td>
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<td>China</td>
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<td>India</td>
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<td>South Africa</td>
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<td>United Kingdom</td>
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<tr>
<td>United States</td>
<td>200</td>
<td>+/- 7.0</td>
<td>Online</td>
</tr>
<tr>
<td>Total</td>
<td>2,800</td>
<td>+/- 2.0</td>
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</tbody>
</table>

* Survey data is representative of mainland China only and does not include Taiwan or Hong Kong.
** Estimated margin of error is the margin of error that would be associated with a sample of this size for the full healthcare leader population in each country. However, this is estimated since robust data is not available on the number of healthcare leaders in each country surveyed.

2024 qualitative interview methodology

The qualitative portion of the Future Health Index 2024 was also conducted by GemSeek. To provide context and additional depth to the quantitative data, the survey results were supplemented with findings from a series of 45-minute, English language interviews with healthcare leaders. These interviews were conducted February to March 2024. There were eight participants, two from each of the following countries: Singapore, South Africa, the United Kingdom, and the United States.
Glossary of terms

Artificial intelligence (AI)
AI refers to the use of machine learning and other methods that may mimic intelligent human behaviors, resulting in a machine or program that can sense, reason, act and adapt to assist with different tasks.

Automation
The use of technology and software solutions to perform tasks and processes with limited human involvement. It may involve the application of digital tools, machines, and computer systems to streamline and optimize various aspects of healthcare delivery, administration, and management.

Clinical decision support
The provision of information to help inform decisions about patient care.

Data bias
A flaw that occurs when certain elements of a dataset are missing, underrepresented or overrepresented.

Data-driven insights
Information gathered from the analysis of raw data and used to inform decision-making.

Data integration
Used here to refer to a variety of clinical and/or operational information amassed from numerous sources including but not limited to electronic medical records (EMRs), medical devices, and workflow management tools.

Decarbonization
The process of removing carbon, or material containing carbon, from a substance or object.

Generative AI
Artificial intelligence algorithms that can be used to produce content such as text, images, audio or other data in response to inputted prompts.

Healthcare ecosystem
Describes the locations of care and services provided, the people involved in care delivery (including patients, family members and caregivers), and how they work together to improve efficiencies and optimize experiences.

Healthcare leader
A C-suite or senior executive working in a hospital, medical practice, imaging center/office-based lab, or urgent care facility who is a final decision-maker or has influence in making decisions.

Healthcare organization
The hospital or healthcare facility for or in which the healthcare leader works.

Healthcare professional
Individuals who are directly involved in providing healthcare services to patients (including doctors, nurses, surgeons, specialists, technologists, technicians, etc.).

Interoperability
The ability of health information systems to work together within and across organizational boundaries, regardless of brand, operating system or hardware.

Remote patient monitoring
Technology that provides care teams with the tools they need to remotely track the health of their patients outside of conventional clinical settings (e.g., at home), collaborate with the patients’ other healthcare professional(s) and help detect problems before they lead to readmissions. Examples of this include cardiac implant surveillance, vital-sign sensors at home, etc.

Social determinants of health
Non-medical factors that influence health outcomes, such as the conditions in which people are born, grow, work and live.

Staff
This refers to all employees within a healthcare organization, including healthcare professionals, IT, financial services, administrative support, facilities, etc.

Sustainability
Meeting the environmental needs of the present without compromising the ability of future generations to meet their own needs.

Technology infrastructure
Foundational technology services, software, equipment, facilities and structures upon which the capabilities of nations, cities and organizations are built. This includes both IT infrastructure and traditional infrastructure that is sufficiently advanced such that it can be considered modern technology.

Timely, high-quality care
For the purposes of this survey, this phrase reflects healthcare being provided to all patients and the communities served by a healthcare organization.

Underserved communities
Includes people who receive fewer health care services and/or encounter barriers to accessing health care services (e.g., economic, geographic, cultural, and/or linguistic barriers).

Virtual care
The use of telecommunication technologies that remotely connect a patient to a healthcare professional, or a healthcare professional to a healthcare professional.

Workflows
A process involving a series of tasks performed by various people within and between work environments to deliver care. Accomplishing each task may require actions by one person, between people, or across organizations — and can occur sequentially or simultaneously.
The Future Health Index is commissioned by Philips.

To see the full report, visit www.philips.com/futurehealthindex-2024

The Future Health Index 2024 report explores how healthcare leaders view their hospital’s ability to deliver timely, high-quality care to everyone. A quantitative survey was conducted among almost 3,000 healthcare leaders from 14 countries (Australia, Brazil, China, India, Indonesia, Italy, Japan, the Netherlands, Poland, Saudi Arabia, Singapore, South Africa, the United Kingdom and the United States). This was supplemented by eight qualitative interviews of healthcare leaders, two from each of the following countries: Singapore, South Africa, the United Kingdom and the United States. Both the quantitative and qualitative research stages were conducted between December 2023 – March 2024.