COMPASS SURVEY REPORT 2025

PROGRESS STALLED:

HOW CRISIS CULTURE IS COSTING HEALTHCARE

Despite an understanding of where it needs to go, the industry remains tangled in a reactive cycle that diverts teams and undermines momentum

symplr®

Table of Contents

Forward 3

Executive summary 4

Chapter 1: Always Reacting, Never Advancing: Why Progress Keeps Getting Postponed 8

Chapter 2: Crisis Culture and Decision Disarray 15

Chapter 3: Strategic Revival: Reigniting Momentum 18

Chapter 4: Calming the Chaos: Deactivating Crisis Mode 20

Methodology 23

Healthcare Is at a Turning Point

The pressures are real from staffing shortages to financial strain to looming legislation like the One Big Beautiful Bill Act (OBBBA) but so are the possibilities. The industry stands to either buckle further under the weight of "crisis culture" or break free by embracing innovation, alignment and strategic resilience.

At symplr, we've run our Compass Survey for the past four years to understand how health systems are navigating these critical moments and how technology can support them in delivering high-quality care. Through our survey and ongoing conversations with healthcare leaders, one thing is clear: the constant barrage of challenges, such as burnout, cyber threats, rising costs, is no longer sustainable. Crisis culture, where organizations operate in a reactive mode, prevents progress and fractures even the best-intentioned teams, and has the potential to negatively impact patient outcomes. Nurse burnout, for example, is associated with lower patient safety climates and care quality.

There is a powerful source of optimism on the horizon: Artificial Intelligence. According to a recent Bain survey 95% of healthcare executives believe generative AI will transform the industry. AI holds immense promise from improving patient safety to boosting margins. Perhaps its most important potential lies in reducing administrative burden and unlocking clinician capacity, an area where an estimated $265 billion could be reduced without compromising care quality or access, according to a report from McKinsey.

Just as technology is evolving at a rapid pace, so are decision-making models. We're starting to see pushes for more centralized, IT-driven approaches to replace siloed, department-by-department choices. One of the most rewarding parts of my job is speaking with leaders across clinical, IT and operational roles and working with all of them towards better outcomes. Our ability to connect those dots, and unify those teams, is something we take seriously and with great pride.

The fact of the matter is that when funding shrinks, time becomes currency. Optimization is no longer negotiable. It's imperative. These moments of constraint can provide opportunities for transformation. The future belongs to those who step back from the chaos, align their people, processes and partners to move with clarity and purpose. The time is now. And we are here to help.

— BJ Schaknowski, CEO, symplr

1

Crisis culture is paralyzing strategic progress

For years, hospitals and health systems have battled new crises emerging as fast as previous ones are addressed. Persistent financial strain, burnout, and cyber security threats are keeping systems locked in reactive mode. As a result, long-term planning is constantly deferred, and fragmentation in decision-making, such as the ongoing purchase of Shadow IT, is worsening risk and inefficiency.

2

Operational efficiency is the top priority—and AI can help unlock it

A shift toward integrated technology promises real efficiency gains and relief from crushing administrative burdens.

More than 75% of leaders agree that a consolidated healthcare operations platform could reduce administrative burden. AI also offers near-term promise, especially in automating non-clinical workflows like scheduling and billing—but only if layered on top of clean data and trusted processes.

3

Alignment, not just innovation, will define the winners

Breaking the cycle of chaos requires cross-functional alignment. Clinicians, IT, and operations leaders all want more influence over tech decisions. Adding to the confusion, various groups continue to differ, and even change their minds, on which issues they perceive as the most critical. Without shared language, clear roles, and unified governance, tech investments will continue to under perform and progress will stall.

How Did We Draw These Conclusions?

We partnered with CHIME for the fourth annual symplr Compass Survey to better understand technology's impact on healthcare organizations' ability to provide excellent patient care and outcomes, while addressing operational inefficiencies and the industry's biggest challenges and pain points.

Data from 400+ clinical, operational, and IT decision-makers at top U.S. health systems shows their perspectives on healthcare operations, defined as the essential administrative, non-clinical tasks that help run a hospital or health system, including provider data management and credentialing, workforce, scheduling, team-based communication, quality and compliance management, and supply chain management. The survey also covers threats to their organizations, and the roles they should play in improving and managing successful business operations.

While there's work ahead to unify stakeholders and define maturity models, a deeper understanding of the unique priorities and viewpoints of each group—clinical, operations, and IT—is a crucial first step. This will help chart a mutually beneficial path forward, ultimately leading to better patient outcomes.

Four years in: the trends that still define healthcare

Over four years of Compass reporting, one trend is clear: the pressures may shift in form, but the underlying dysfunction remains constant and unresolved. This year's findings not only reaffirm that reality but underscore the mounting urgency for health systems to move from reactive tactics to long-term transformation.

Competing threats remain entrenched
Financial pressure returns in 2025 as the most pervasive concern across all roles and titles. In 2022 and 2023, this pressure competed neck and neck with clinician burnout, and while burnout temporarily overtook finances last year, both have persisted in the top two spots year after year. Despite shifting headlines, these core challenges remain stubbornly unsolved.

Burnout is no longer a crisis. It's a chronic condition
Clinician burnout continues to top the list of threats in 2025 for 41% of clinicians and 33% of operations leaders, especially those in frontline or managerial roles. These numbers have barely budged since 2023, reflecting how deeply embedded these issues have become. In the 2022 survey, burnout was beginning to spike; today, it's normalized and that's a red flag.

Cybersecurity concerns persist even as attention shifts
While cybersecurity dipped slightly in this year's rankings (34% vs. 40% in 2024), this does not reflect reduced risk. Instead, it's only competition from other urgent issues. Since first rising into the top three concerns during the 2023 Compass report (largely driven by ransomware attacks), cyber threats have remained a constant concern, particularly among IT leaders managing increasingly fragmented systems.

Time lost to admin work keeps climbing
The average clinician now spends 88 minutes a day on administrative tasks—up from 83 minutes in 2024 and 79 minutes in 2023. In 2022, this stat was already sounding alarms. It's only evidence of stagnation now. More than half of clinicians still report wasting over an hour daily on work that could be reduced or eliminated with better software and automation.

Clinicians demand a bigger role in tech decisions

In 2022, only 51% of clinicians reported having influence in software purchasing. That number jumped to 72% last year and has reached 85% in 2025. This sharp rise speaks to a broader cultural shift: frontline care teams no longer see technology as "IT's job"—they see it as fundamental to care delivery.

Shadow IT continues to surge

The percentage of IT leaders reporting department-level software purchases outside formal governance has grown steadily from 74% in 2022 to 81% in 2024 and now 86% in 2025. This surge reflects both the appetite for autonomy and the frustration with slow or unclear purchasing processes. But it's also increasing cyber risk and interoperability problems across systems.

AI's appeal is pragmatic, not futuristic

In 2023, excitement around AI centered mostly on clinical diagnostics and theoretical breakthroughs. In 2025, leaders are gravitating toward practical, non-clinical applications: workflow agents, scheduling, claims management, and supply chain optimization. These are the use cases health systems believe can make an immediate operational impact, especially for IT leaders (69%) and executive leaders (64%).

Platform consolidation is no longer optional

More than 75% of leaders say a consolidated healthcare operations platform would help address inefficiency and administrative burden. In 2022, most organizations were still evaluating individual point solutions. By 2024, platform conversations had taken hold. Today, it's clear that fragmented systems are fueling crisis culture and consolidation is seen as the clearest path forward.

Efficiency and automation top the investment list

When asked what actions they're taking to respond to external challenges like burnout and financial pressure, leaders consistently point to operational efficiency and automation. In fact, across all four years of the Compass Survey, this is the first time these actions have overtaken staffing increases or cost-cutting measures as the dominant strategy.

CHAPTER 1

Always Reacting, Never Advancing: Why Progress Keeps Getting Postponed

Despite role, title, or region, those working in hospitals and health systems share a singular goal: to improve patient outcomes. But in the face of unrelenting pressure—from staffing shortages to financial instability to mounting regulatory change—teams are forced to view problems through increasingly narrow lenses. This reactive posture is fragmenting operations, stalling innovation, and diverting attention away from systemic transformation.

The 2025 Compass Survey reveals that environmental threats to health systems are not only compounding, they're evolving differently by role. While burnout dominates for clinicians and operations managers, financial strain now eclipses all other concerns across the executive suite. That divergence makes progress difficult to coordinate.

And looming on the horizon is OBBBA—a policy change expected to dramatically shrink reimbursements and widen access gaps. Without a new operating model, health systems may find themselves once again deferring strategy instead of forging ahead.

Evolving pervasive pressures

JOIN THE CONVERSATION

Year over year, the same three threats continue to dominate: burnout, financial strain, and cybersecurity. But their impacts are becoming more acute and the system's response remains fragmented.

In 2022, financial pressures were the top threat with healthcare still dealing with COVID-19's financial ripple effects.

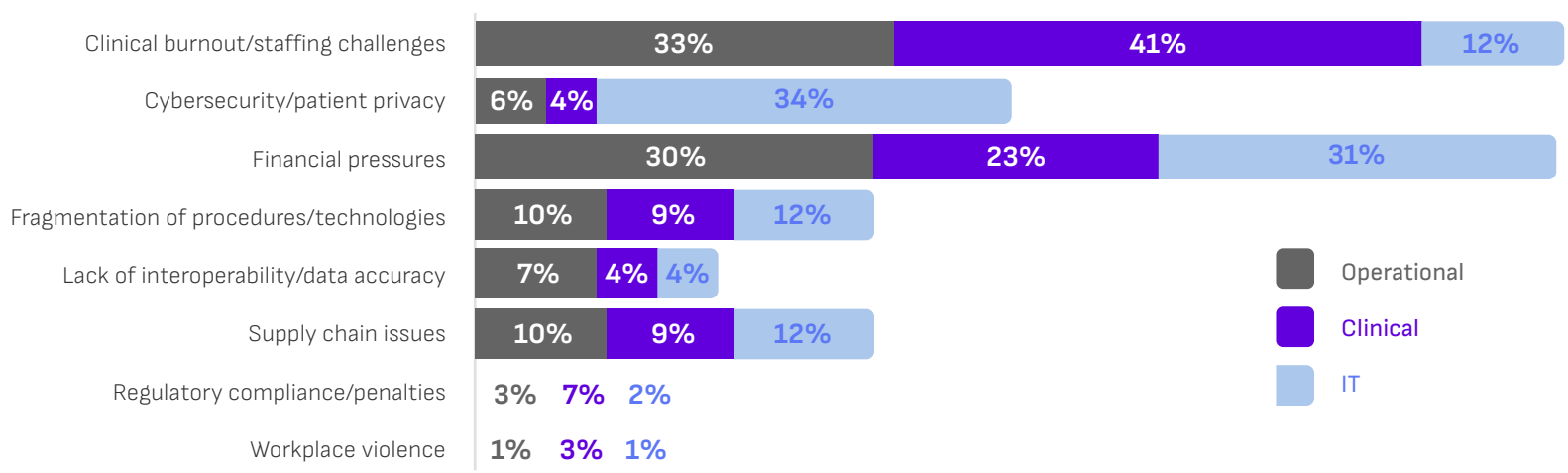
In 2023, clinician burnout overtook financial pressure as the #1 threat.

In 2024, cybersecurity surged following a major cyberattack, shaking C-suites across the country.

In 2025, financial pressure reclaims the top spot across roles, but burnout holds firm among frontline staff.

The takeaway: despite knowing what's broken, we haven't made real progress fixing it.

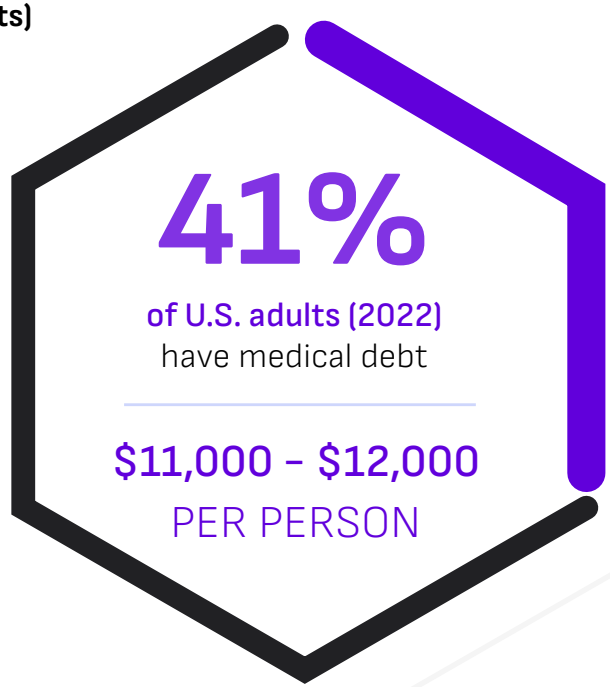
GREATEST THREATS OVER THE NEXT YEAR



Financial strain on hospitals and health systems is pervasive and continues to worsen

In 2024, **hospital year-end margins were, on average, 2.1%, compared with 7.0% in 2019**, according to a report from PwC. These cost increases go hand-in-hand with the unaffordability of care for patients. A 2024 analysis **shows that approximately 14 million people (6% of adults) in the U.S. owe over $1,000 in medical debt.** Further, the problem disproportionately affects people of color: 28 percent of Black and 22 percent of Hispanic people carry medical debt, according to Consumer Reports.

METRIC	ESTIMATE *(latest data)*
Adults with medical debt	**Around 41% of U.S. adults** *(2022)*
Number of adults in debt	20 million with explicit medical debt
Median debt among debtors	**$2,000** *(half owe less, half owe more)*
Average (mean) debt	**$11,000–$12,000** per person



Key Sources
Kaiser Family Foundation / Health System Tracker (Feb 2024): based on 2021 Survey of Income and Program Participation (SIPP) data—detailed breakdowns of prevalence and debt amounts. New York Post+15KFF+15Census.gov+15Health System TrackerCensus.gov

Third Way (Mar 2024): Trends showing rising average medical debt per household. Urban Institute+4Third Way+4Consumer Financial Protection Bureau+4

Commonwealth Fund and U.S. Census Bureau SIPP survey data on prevalence; aligns that about 41% of working-age adults face medical billing issues.

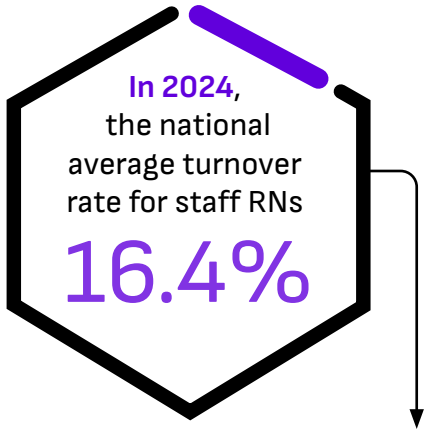
CHAPTER 1

Even more time wasted = continued burnout

For the second year in a row, over 50% of healthcare leaders reported wasting more than an hour per day on administrative tasks that could be significantly reduced or eliminated using software. Even more concerning? **The average time wasted jumped 6% year-over-year, from 83 minutes to 88 minutes — that's nearly a full workday per employee lost to inefficiency.** Overwork and inefficiency are major contributors to poor morale and poor retention, ultimately compromising the quality and consistency of patient care.

"As a surgeon, I've seen firsthand the toll years of operational pressures have taken on our teams. With growing patient loads, increasing administrative work, staffing challenges – the pressure is constant. Targeted strategies to reduce widespread burnout is critical for the retention of the people who make quality care possible."

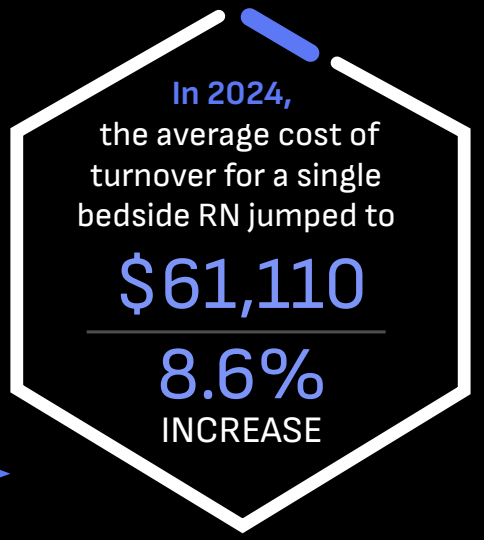
Dr. Aaron Wilcox, MD
Physician Lead, Surgical Care Experience Technology
Kaiser Permanente



According to the 2025 NSI National Health Care Retention & RN Staffing Report. This pace is problematic, not only from the perspective of the time and energy it takes to train new staff and potential patient disruption, but also cost.

Middle managers remain one of the most impacted groups, balancing workforce churn, clunky systems, and operational compliance—all while having little power to change the tools they're given. Burnout is the top threat for directors and managers, and they report seeing the biggest opportunity for automation. This is no surprise given the challenges those at this level must combat every day, such as:

- Excessive administrative workloads
- Inefficiencies created by fragmented technology and processes
- Short staffing and retention
- Complexity of regulatory compliance



cybersecurity challenges

While the data shows a slight dip in IT leaders indicating cybersecurity as a top threat (34% this year versus 40% last year), this modest improvement is not an indication that cyber concerns have been resolved. Rather, the data likely represents that other priorities are taking up mindshare.

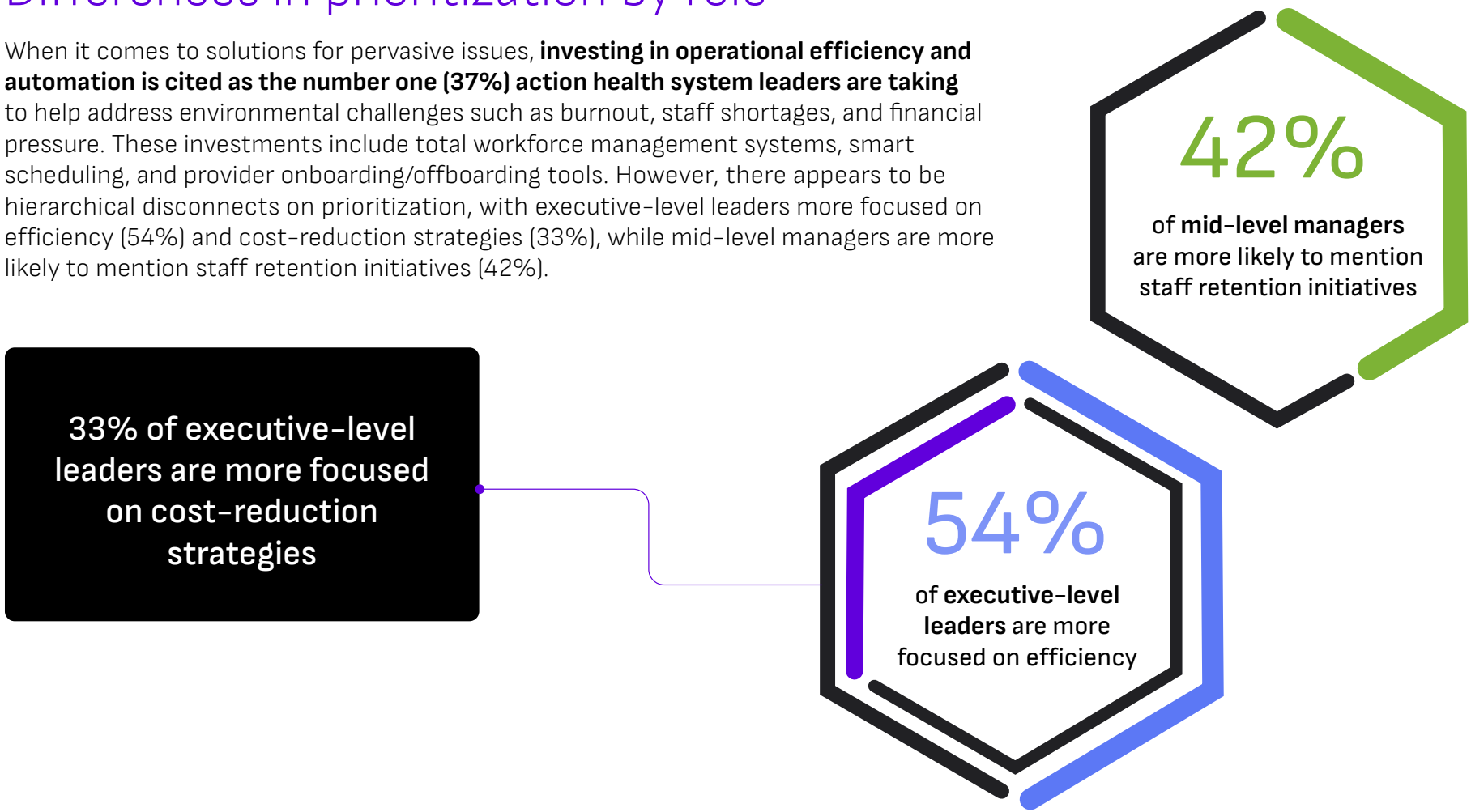
Although many organizations have put thoughtful cybersecurity roadmaps together in recent years, the sophistication and risk of digital attacks on the healthcare system have not abated. Virtually all healthcare organizations have experienced at least one cyberattack in the past 12 months, according to a Fall 2024 survey by the Ponemon Institute. While the 2024 Change Healthcare cyberattack was unprecedented in its scale, affecting an estimated 190 million individuals and causing billions in financial impact, the healthcare sector has continued to experience numerous large-scale cyberattacks and data breaches since that incident.

"Cybercriminals continue to target healthcare data due to the nature of patient records, which contain personal, financial, and medical information. Not only do attacks compromise that data, but any resulting issues with connectivity and outages can directly impact patient care. The potential for a system failure to affect patient lives makes healthcare organizations extremely vulnerable."

Blaine Hebert, CISSP, HCISPP, CHISL, CDH-E, CHIME-AEHIS Board
VP & Chief Information Security Officer
Onvida Health

Differences in prioritization by role

When it comes to solutions for pervasive issues, **investing in operational efficiency and automation is cited as the number one (37%) action health system leaders are taking** to help address environmental challenges such as burnout, staff shortages, and financial pressure. These investments include total workforce management systems, smart scheduling, and provider onboarding/offboarding tools. However, there appears to be hierarchical disconnects on prioritization, with executive-level leaders more focused on efficiency (54%) and cost-reduction strategies (33%), while mid-level managers are more likely to mention staff retention initiatives (42%).



The latest hit: regulatory ramifications

The Congressional Budget Office (CBO) estimates that OBBBA's Medicare and Affordable Care (ACA) changes will leave 10 million more people uninsured.

As changes under OBBBA will undoubtedly equate to lost revenue, health systems must look for other areas where they can cut budgets to prepare and accommodate for what is ahead.

The impacts of the bill will also have ripple effects on the healthcare system beyond just financial strain. Given the bill's impact on care access for many, emergency departments will likely see a higher volume of patients, potentially in worse condition due to not receiving preventative care by a primary care physician. This will not only complicate emergency room workflows but also add to the workload of already stretched clinicians.

UNEQUAL IMPACT

The cuts to Medicaid and ACA programs are the largest in U.S. history, with over a trillion dollars being shaved off funding over the next decade. Hospitals serving high shares of Medicaid patients and rural communities are already under financial strain, with rural and high-Medicaid hospitals more likely to be in the red, according to the Kaiser Family Foundation. OBBBA could worsen this by tightening Medicaid eligibility, limiting state financing tools, and increasing the uninsured. PwC notes these changes may raise uncompensated care and intensify pressures — especially in rural areas, despite the law's $50 billion rural stabilization fund.

PwC (2024): Analysis of the One Big Beautiful Bill Act (OBBBA) and its impact on U.S. health systems; covers financial, workforce, and operational implications. PwC.com/Health-Industries.

Kaiser Family Foundation (2024): Review of the 2025 Budget Reconciliation Bill's implications for hospitals, with focus on Medicaid and funding shifts. KFF.org/Medicaid.

CHAPTER 2

Crisis Culture and Decision Disarray

While there was once a time when some stakeholders viewed technology with skepticism, today there is no denying its critical role in shaping both patient and provider experiences. This shift naturally fuels a growing desire among clinicians and other stakeholders to have a stronger voice in technology decisions. Healthcare leaders know they need to be able to lean on technology, but a bad purchasing decision can actually hinder productivity and patient care. To that end, according to last year's Compass Survey, **only 57% of clinicians agreed that their hospital operations software enables them to provide the best possible patient care.**

Competing for decision-making influence

For those reasons, it isn't much of a surprise that this year **85% of clinicians report wanting more influence in software purchasing decisions,** up from 72% last year. According to a recent Deloitte Center for Health Solutions and the Scottsdale Institute, 64% of surveyed executives reported that involving end users, including providers, nurses, and administrative staff, in designing the tech initiatives is an important driver of success in tech initiatives. The good news is that IT and Operations colleagues seem to be in agreement.

While last year, IT (60%) and operations leaders (51%) were more hesitant to give clinicians more influence in these decisions, **this year, 77% of operations leaders and 76% of IT leaders reported that clinicians should have more influence in software buying decisions.**

In some cases, perceived exclusion in decisions may not be intentional. For example, health systems may be asking a smaller subset of clinicians, such as only those in leadership roles, to participate. In other instances, it is possible that input is being taken into account in some capacity without participants being aware.

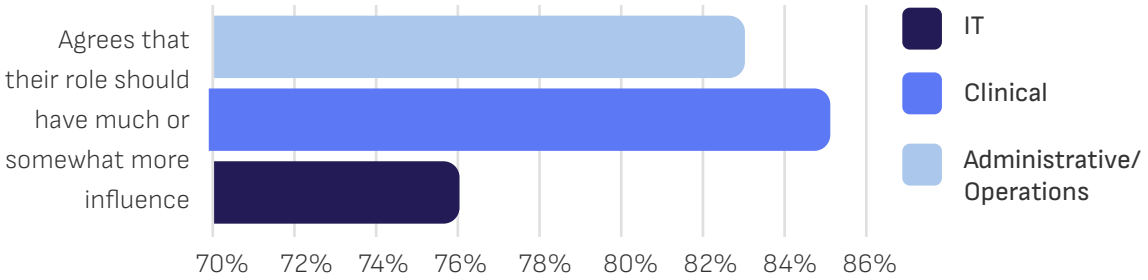
"Technology should serve as an enabler, reducing administrative tasks and streamlining care coordination, so nurses can prioritize the care and deep human connections that are the purpose of our profession. In today's high-pressure healthcare environment, it's crucial that nurses are empowered to have a strong say in what tools we are using to ensure that technology not only optimizes our daily practice but also directly enhances patient care."

Dr. Tracy Gosselin, PhD, RN
Chief Nurse Executive
Memorial Sloan Kettering Cancer Center

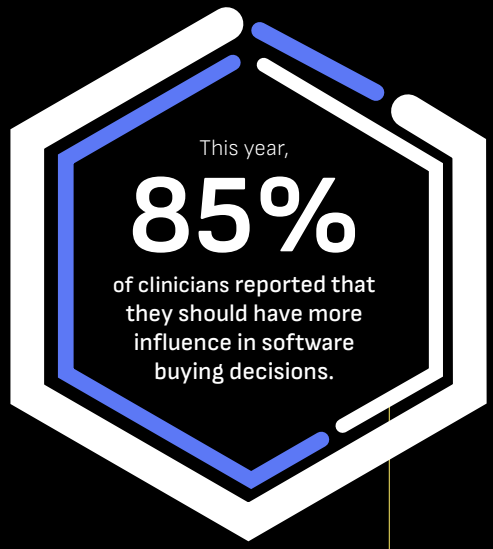
CHAPTER 2

While it is a positive sign to see IT and operations leaders recognizing the influence clinicians should have in technology decisions, those leaders also think that their own teams should have more influence. According to this year's survey, **83% of operations leaders seek more influence in decision-making, and IT is right on their heels with 79% of respondents seeking more influence.** Although there is no doubt that each voice is valuable, an increase in the number of voices may also inadvertently add to complexity around decision-making and intensify the issue of deferred strategy. According to research from the Boston Consulting Group, 70% of digital transformations fall short of their objectives, often with profound consequences. Of the 30% that do succeed, integrated strategies and leadership buy-in, from CEOs to middle management, are keys to success.

POVs ON PURCHASING INFLUENCE BY FUNCTION



In order to think more holistically and strategically, gaps must be closed between the clinical, operational and IT worlds, and the specific pain points of various levels must be better understood. The stakes are once again rising, and as resources continue to get more constrained, a lack of clarity around priorities and an inability to do more with less can be detrimental to both health systems and their patients.



What Clinicians Prioritize	What IT Prioritize
Efficiency	Functionality
Functionality	Cybersecurity
User experience	User experience
Outcomes	Relationship/service

CHAPTER 3

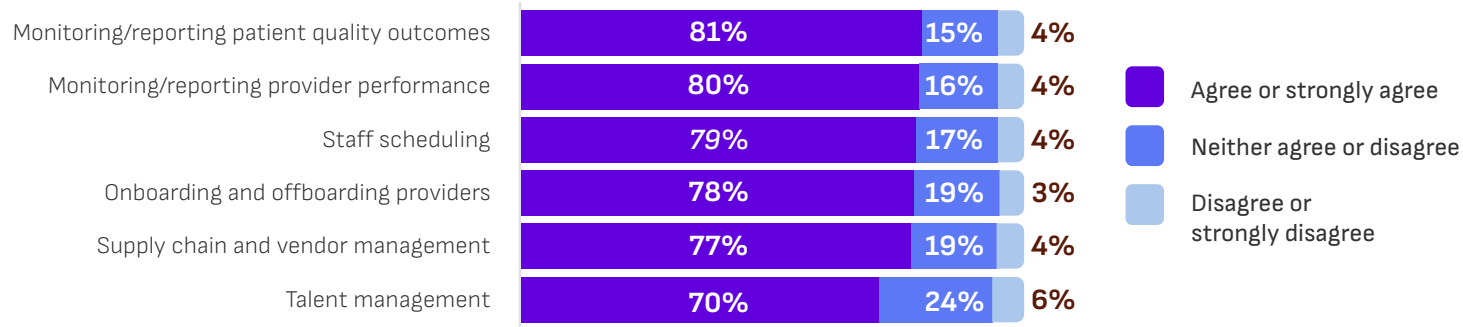
Strategic Revival: Reigniting Momentum

More than 75% of health system leaders agree that a healthcare operations platform will help address operational inefficiency and administrative burden. With so much technology within organizations, there is an obvious potential to consolidate, moving to a more platform-focused approach specifically designed to support operational strategy.

Further, consolidating healthcare operations has become a top priority for about 40% of health systems surveyed, with another 30% saying the idea is gaining traction.

The data also looks at specific workflows, with most health system leaders (70% or higher) agreeing that a healthcare operations platform can help a variety of workflows.

A HEALTHCARE OPERATIONS PLATFORM WILL HELP ADDRESS



While there is alignment on these benefits across the board, a higher percentage of those in the IT role and amongst high-level executives expressed that an operations platform can help with these tasks — **meaning there is more work to be done to align frontline and patient-facing staff on the value of consolidating these workflows with platform technology.**

Before moving forward, health systems must be sure to understand the exact ROI expected out of each new technology they are investing in, and how it will drive real, tangible efficiencies within their system.

CHAPTER 3

The promise of AI

While AI cannot and should not be used as a replacement for humans, it does have great potential as an augmentation tool. Gained efficiencies from AI can positively impact the problem of clinician burnout.

According to a recent survey by the American Medical Association, nearly two-thirds of physicians reported using healthcare AI in 2024, a 78% jump from the 38% of physicians who said they used it in 2023.

Additionally, more than half of physicians (57%) said reducing administrative burdens through automation was the biggest area of opportunity for AI.

On the flip side, there is room for greater adoption of more advanced AI. Accenture reports that 83% of healthcare executives are piloting gen AI, but fewer than 10% are investing in the infrastructure for widespread deployment.

Compass Survey respondents expressed excitement for a variety of non-clinical applications of AI. Respondents indicated interest in each category presented, including:

- Workflow agents for activities such as patient scheduling and claims management
- Prediction and optimization of staff schedule and supply chain workflows
- Conversational AI to analyze contracts or HR policies
- Anomaly detection for mismatched or non-compliant information

Workflow agents were of particular interest to IT (69%) and C-suite/VP respondents (64%).

While AI will transform the healthcare industry in many positive ways in the years to come, it is clear that there is immediate potential in the near-term for hospitals to work smarter, faster, and with greater confidence through the application of AI for non-clinical tasks. One thing to consider, however, is that if you try to layer AI over bad data or broken processes, it is not going to be the change that a health system or hospital needs. Data is still king, and it is critical to take a strategic approach to ensure accurate data and trusted processes, before trying to layer over innovative technology such as AI.

Dr. Rob Bart, MD
Chief Medical Information Officer
UPMC

CHAPTER 4

Calming the Chaos: Deactivating Crisis Mode

We've explored the pervasive issues that have stalled strategic progress in healthcare and pointed to some emerging reasons for hope. So, what's the path forward? Here are actionable steps your organization can take to navigate towards optimal patient outcomes and organizational sustain ability of forging ahead.

FIND BRIDGES BETWEEN HOSPITAL FUNCTIONS:

- Become multi-(department)-lingual: From an individual perspective, leaders should take it upon themselves to become fluent in not only the needs of their own department, but of other departments as well to better inform and prioritize the resulting organizational priorities.

- Define roles and working groups: Establish clear roles and responsibilities for enterprise operations software purchasing decisions. Create cross-functional groups to align on needs, ensuring that everyone's voice is represented, while also optimizing the number of people that ultimately make the decisions.

- Create conversational cadence: Discussions around needs and priorities should not only happen during the latest crisis or when a vendor contract is up. Engage cross-functional leaders and those on the frontlines regularly by including them in demonstrations and creating forums for feedback to optimize workflows

  Actively seek input from a diverse range of frontline clinicians, rather than limiting engagement to only those in leadership. Regular feedback loops and annual audits to ensure the right products are in place will also help to align on needs.

- Peel back the curtain: Maintain transparency in the decision-making process to assure clinicians on the frontline that their expertise is genuinely valued and integrated.

  - There is no "I" in team: Think about your team outside of your formal organization, and lean on your vendors as active, integral partners who have an understanding of the dynamic healthcare landscape and what your organization needs to do to not only withstand challenges but continue to grow.

"Health system CIOs start every day with two strikes against us. We can't afford to take a risk and waste our last strike on your solution unless we are absolutely confident in the relevancy and expected results. For new IT solutions, in particular, we confirm expected outcomes and affirm results by speaking with your customers who are our peers."

Dr. Jonathan Manis, MD, MBA, CHCIO
SVP & Chief Information Officer
CHRISTUS® Health

CHAPTER 4

Optimize so you can move beyond crisis mode

We've explored the pervasive issues that have stalled strategic progress in healthcare and pointed to some emerging reasons for hope. So, what's the path forward? Here are actionable steps your organization can take to navigate towards optimal patient outcomes and organizational sustainability:

- Consolidate software and consider IT as part of broader corporate strategy: Look for platform solutions that meet multiple needs across departments.
- Effectively prepare staff: In addition to investing in AI and other innovations, take the time to make sure that your people, no matter the department, are trained in data, so that they can better understand what they are looking at and how conclusions were drawn to ensure accuracy and relevance.
- Be willing to embrace change: Given how much healthcare leaders and their teams are already up against, it can seem like one more change might be the straw that breaks the camel's back. But innovations today have the ability to help highly-trained clinicians get back to what they should be spending their time doing — healing patients.
- Build a dedicated change management muscle: One that is well-versed in best practices to enact positive, scalable change at your particular organization and create a culture where everyone is not just always reacting to the latest crisis.

The key to not just surviving, but thriving is preparing your people for change, optimizing processes and technologies, collecting the right data and partnering with vendors strategically. These steps will empower the workforce to manage challenges effectively, leaving room for progress.

METHODOLOGY

How We Conducted Our Research

For the fourth consecutive year, symplr partnered with the College of Healthcare Information Management Executives (CHIME), an organization dedicated to serving CIOs, chief medical information officers, chief nursing information officers, chief innovation officers, chief digital officers, and other senior healthcare IT leaders, to conduct our survey. The online survey was conducted in June 2025, with 409 respondents across healthcare leaders in IT, clinical, and operational roles.

PREVIOUS REPORTS

Explore the Compass Survey Reports from previous years.

2022 Compass Survey Report

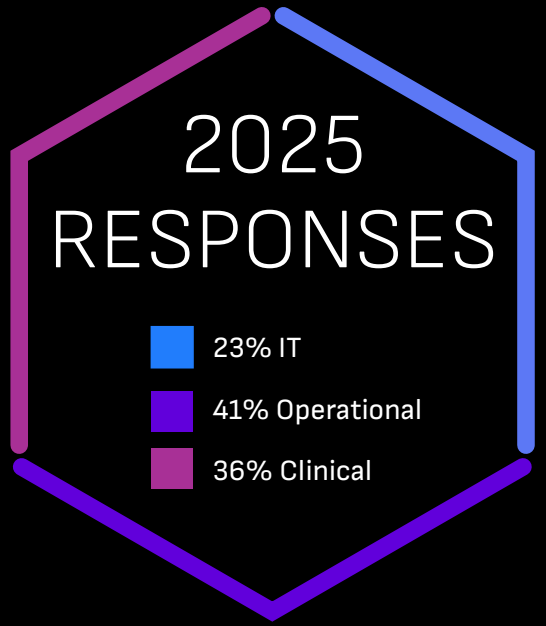
Get the 2022 Report

2023 Compass Survey Report

Get the 2024 Report

2024 Compass Survey Report

Get the 2024 Report



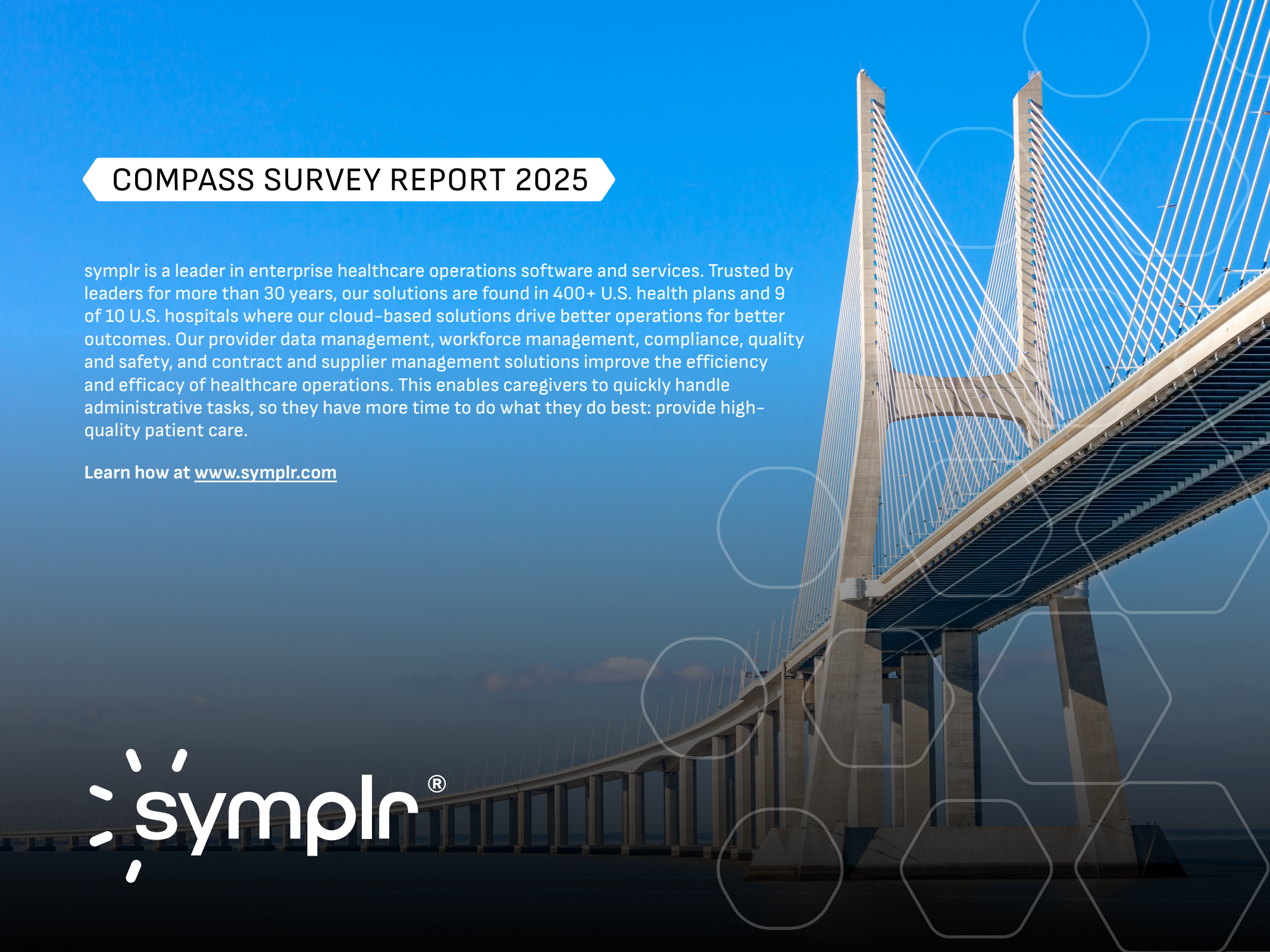
"Today we are leveraging hundreds of technologies across our entire ecosystem—from administrative support to patient engagement tools, as well as clinical support. This technology sprawl, some born out of need and others without approval, creates a myriad of potential vulnerabilities and inefficiencies. For these reasons, regular IT audits, as well as conversations around technology needs, are vital. These steps allow hospitals and health systems to identify redundant systems, address security gaps and ultimately ensure that every software solution is truly serving our mission of delivering exceptional patient care, rather than hindering it."

Joe Diver, FACHDM
Chief Information Officer
Signature Healthcare

COMPASS SURVEY REPORT 2025

symplr is a leader in enterprise healthcare operations software and services. Trusted by leaders for more than 30 years, our solutions are found in 400+ U.S. health plans and 9 of 10 U.S. hospitals where our cloud-based solutions drive better operations for better outcomes. Our provider data management, workforce management, compliance, quality and safety, and contract and supplier management solutions improve the efficiency and efficacy of healthcare operations. This enables caregivers to quickly handle administrative tasks, so they have more time to do what they do best: provide high-quality patient care.

Learn how at www.symplr.com



symplr®