Executive Summary
9th New England
Hospital, Outpatient Facilities & Medical Office Buildings Summit™

May 28, 2026

What's Next for Healthcare Facilities

Addressing Vital Economic, Design, Construction, Workforce, and Operational Challenges

Planning, Real Estate, Design, Construction, and Operation of
Hospitals | Clinics | ASCs | MOBs | Tele, Home & Mobile Health
Non-Clinical | Academic & Research

This Education and Networking Event is Presented by
Corporate Realty, Design & Management Institute
Association of Medical Facility Professionals
National, Regional & Local Sponsors

PHOTOGRAPHY PROVIDED BY ELISIF PHOTOGRAPHY
elisif@elisif.com
















Hospital, Outpatient Facilities &
Medical Office Buildings Summit
May 28, 2026
SOLD OUT
Agile
AHF
Allegion
ASSA ABLOY
BR+A Consulting Engineers
Camfil
CannonDesign
Consigli Construction
DPR Construction
Elsif Photography
HDR




9th New England
Hospital, Outpatient Facilities & Medical Office Buildings Summit™
May 28, 2026

What's Next for Healthcare Facilities

Addressing Vital Economic, Design, Construction,
Workforce, and Operational Challenges

Planning, Real Estate, Design, Construction, and Operation of
Hospitals | Clinics | ASCs | MOBs | Tele, Home & Mobile Health
Non-Clinical | Academic & Research

This Education and Networking Event was Presented by

Corporate Realty, Design & Management Institute
Association of Medical Facility Professionals (AMFP)
National, Regional & Local Sponsors

Executive Summary:

- Looking Ahead | Healthcare Industry Outlook 2026 and Beyond
- Navigating Cost, Scope and Complexity of Today's Big Campus Projects
- Tips, Tricks of the Trade and Traps to Avoid
- Hearing the Clinical Voice: Integrating Nurses and Frontline Providers in Facilities Planning
- The Evolution of Operating Room Design: Why Early Decisions Matter
- Future Ready Operations: Why Interoperability is Key to Healthcare Systems
- Behavioral Health: How the Build Environment Shapes Healing and Safety
- Security System Oversights to Avoid When Modernizing Your Facility
- The How Great Design Improves the Bottom Line!

Corporate Realty, Design & Management Institute, and AMFP,
want to thank these sponsors for making this educational and networking program possible

Reported by Robert Israel, freelance writer/editor, risrael_97@yahoo.com

Looking Ahead | Healthcare Industry Outlook 2026 and Beyond

Britta Monson, RA, LEED AP, Healthcare Strategist, DPR Construction

Britta Monson, in her opening presentation, identified five key areas where the healthcare industry faces seismic changes.

I. The Healthcare Math Isn't Mathing

Ongoing financial constraints – imposed on hospitals as a result of the One Big Beautiful Bill Act (OBBBA) signed into law in 2025 – continue to shape the healthcare industry.

The reasons that the math isn't "mathing" (or achieving veracity) are due to a myriad of challenges: Medicaid reductions, the expiration of enhanced ACA subsidies, and new work requirements, among others.

Taken in sum, these areas are currently reshaping payer mix. The result, despite escalating demand for services, is a 14% Year over Year (YoY) median growth in health system margin, with a 40% national health system operating in the red and 73% in MA health systems also operating in the red.

Other Factors: Federal Support Will Sharply Decline in the Coming Years
According to Monson, there will be a 14.2M projected increase in uninsured people by 2034, likely the largest decrease in insurance enrollment in U.S. history; an estimated $1.1T spending cut to Medicaid and Marketplace due to major OBBBA policy changes; a projected $84B increase in hospital uncompensated care by 2034; and 7.2 fewer prescription fills per person, again associated with loss of Medicaid coverage.

Combined Effect Estimated to Cost Massachusetts' Hospitals $4B Over the Next 10 Years
Additional financial constraints include:

- +$8K-per-member increased admin costs for redetermination efforts
- +$10M/yr additional administrative costs related to new verification requirements
- ~255,000 Individuals in MA could lose health coverage
- 1 of 6 rural hospitals in MA at immediate risk of closure, or considered threatened
- ~350,000 Individuals in MA who would be required to prove they are working, studying, or volunteering 80 hours / month
- In MA 35% of children are covered by CHIP-funded coverage

II. Constraint Driven Growth

Monson referenced a Deloitte survey that reported 80% of healthcare leaders said regulatory and policy factors will lead their 2026 healthcare strategies, with a focus on Generative Artificial Intelligence (AI) and convergence and consolidation, motivating leaders to "rewrite the playbook for future viability."

While she discovered that "priorities for (facility) building and renovation have not fundamentally changed," there are ongoing challenges, namely that "efficient capital deployment" is likely to "replace broad expansion" in the industry.

She observed "partners need to be financial stewards of clients' dollars… Creative financing solutions will take center stage."

III. Aging Infrastructure Meets Climate and Resiliency Reality

Aging healthcare facilities continue to be in need of upgrading. Monson reported that facility managers have said more than 70% of health systems oversee at least one building that's over 50 years old, highlighting a widespread trend in aging hospitals.

Support has been lacking. Less than half of all deferred maintenance funding requests were funded for 79% of the survey respondents, with 43% receiving 10% or less of the requested funding. This trend has affected staffing needs, too, with 64% of respondents saying staffing needs have increased, and 27% reported they have increased maintenance staff.

Another pressing factor is the prevalence of extreme weather events, which pose significant threats to patient care and hospital operations. Health care facilities will need to consider natural hazard risk to ensure resilience, maintain continuous quality care, and mitigate financial impacts in the face of increasing environmental challenges. Monson noted health care facilities are increasingly called upon to make natural hazard risk assessments to ensure resilience, maintain continuous quality care, and to mitigate financial impacts in the face of increasing environmental challenges.

IV. The Young Are Sicker. The Old Are Living Longer.

Monson noted the U.S. is undergoing a historic demographic shift in which the population aged 75 years and older is growing by more than 1 million per year, triple the rate of the past 40 years.

This is putting additional pressure on hospitals and medical facilities with regards to room sizing, ICUs, medical gas, monitoring, emergency power circuits, floor capacity, as well as other equipment needs. Increasingly, physical plants must support inpatient equivalent emergency response (Code Blue, rapid transfer), infusion chair growth, pharmacy clean room expansion, and observation pods.

V. AI Moves from Feature to Infrastructure

Monson noted hospitals are spending more on healthcare administration than on patient care, with investment in tech spending "beginning to outpace other priorities." Among these tech expenditures is investment in AI (artificial intelligence) to automate administrative workflows, including back office, business, regulatory compliance, diagnostic imaging, and other functions.

Monson concluded AI will "change consumer and clinician healthcare behaviors" in the long run, and facilities will have to "streamline room utilization and patient flows across key departments."

Her presentation set the stage for the presentations that followed which continued to probe ways to better cope with current challenges while preparing for impending changes.

Navigating Cost, Scope and Complexity of Today's Big Campus Projects

Moderator:
Tom Nelson, Senior Vice President, Regional Healthcare Director, Turner Construction
Panelists:
Mike Benjamin, PE, HFDP, Principal, BR+A Consulting Engineers
David Duncan, System Vice President of Facilities Management, Dartmouth Health
Charles Favazzo, Senior Vice President, Leggat McCall Properties
Jessica Stebbins, IIDA, LEED AP, Associate VP, Health Principal, Market Sector Leader, HDR

Moderator Tom Nelson asked panelists to share examples of how they achieve the goals of big campus projects – staying on target with budgetary goals from design phase through completion of construction – during a time escalating costs that are occurring industry-wide.

Mike Benjamin: "Having worked in several fields – healthcare, science & technology, and biomedical research as a certified electrical engineer and manager, I keep an eye on the changing codes and on the complexity of each project, and I make sure to share the risks involved in each aspect of decision making."

David Duncan: "When assessing a new project for inherent risks such as duration, project size and other complexities, I take the time to compare and contrast similar projects. While so much is known, much is also not known. By sharing information, you will then have a better grasp on what is needed."

Charles Favazzo: "I have direct responsibility for all phases of project management, from permitting, design, construction management, and more. Navigating all these aspects, for a wide range of projects in several disciplines, comes down to early planning, developing a master plan, and making sure you have worked in sufficient contingencies."

Jessica Stebbins: "Understand how design intent and clinical requirements can be maintained while delivering on the project model and how health and wellness opportunities are the direct results of flexible planning strategies."

Tips, Tricks of the Trade and Traps to Avoid

Jason Cooper, CAMFIL
Mike Blasek, Spartan Surfaces

Jason Cooper:
The right air filtration strategy can drive meaningful operational and cost savings for healthcare systems while elevating performance and protecting patients, staff, and mechanical systems.

Reduce operating costs through optimized filtration strategy and lifecycle management.

Advances in hospital-grade filter technology (MERV-A rated systems) enable higher efficiency, longer change intervals, and improved energy performance.

While filters may appear a small expense, a majority of their costs are “hidden” in energy, labor, shipping, and maintenance.

Mike Blasek:
PVC or polyvinyl chloride. PVC has raised concerns due to the plasticizers used in its production. Often, phthalate-based plasticizers are bio-accumulative and have severe health impacts.

When considering flooring for healthcare facilities, PVC-free is a new technology of polyolefin or urethane-based products that do not contain phthalates. This is a significant benefit for those concerned about the health impacts of PVC.

Specify the larger 1-3/4" Cove Filler Strip rather than the common 1-1/2" Cove Filler Strip as it provides increased structural support for the flooring at the cove, allows for a smoother installation, and improves ease of cleanability.

Specify the use of a “Butterfly Cut” on all inside and outside corners on sheet flooring to create a secure, wraparound corner piece. The advantages are:

Improved infection control avoids a vertical corner seam for mold, bacteria, or pathogens to hide.

Better cleaning & disinfection allows hospital staff to quickly mop and sanitize without worrying about water/liquids seeping behind the floor covering causing future maintenance issues.

Higher impact durability of the solid wraparound corner is more resistant to impact from heavy medical equipment and carts than a weak vertical seam on the 90-degree outside corner.

Hearing the Clinical Voice:
Integrating Nurses and Frontline Providers in Facilities Planning

Moderator:
Karen Hinsley MSN, RN, CCRN, Clinical Operations Manager, Transition & Occupancy Planning, Boston Children's Hospital
Panelists:
Steph Altavilla, MSMI, RN, Senior Director, Transition & Occupancy Planning, Boston Children's
Jeff Galvin, AIA, ACHA, EDAC, LEED AP, Principal, isgenuity
Nicole Lecuivre, Manager, Facilities Planning and Design, Boston Children's
Stephanie O'Brien, Director, Project Executive, Consigli Construction
Maryssa Tripoli, BSN, RN, PCCN, Assistant Nursing Director, Brigham & Women's Hospital

Moderator Karen Hinsley asked panelists to discuss how they integrate their roles as nurses and nursing directors into the planning and workflow stages at their hospitals, and how their work impacts staff satisfaction, communication, and patient outcomes.

Maryssa Tripoli: "Initially, it's like learning a whole new language, a bit like virtual reality, seeing how the design space looks at early stages, asking questions, and working with the team to incorporate what we've learned. By viewing the project at early stages, we realized nurses are vital to the overall plan and we sought to integrate our role into that plan. We determined we needed to have a place where we could take a break without losing sight of our patients. We worked together to create huddle rooms, equipped with computers, but with a window looking out onto the room where we could monitor our patients so we could accomplish this."

Jeff Galvin: "In my 20 years of experience in healthcare planning & design experience, my focus is on acute care planning and programming, particularly within the inpatient, critical care, and cancer care environments. A key to success is to make sure everyone understands how everything works. We seek clinical input and go back over the processes to share what worked and what didn't work."

Steph Altavilla: "Having input early on is essential. When viewing the plans, we realized we needed more storage space, so voicing that need up front helped to create that space. We know what works among the staff, and we work together to implement those aspects."

Nicole Lecuivre: "We all have to learn how to balance priorities, to establish trust among the construction managers, to align expectations, and to raise safety concerns when they arise. When we voice these concerns, we have a seat at the table, and we're better able to work together and meet our goals."

Stephanie O'Brien: "I find construction is just different than other industries in many ways, because it has a lasting impact on a community. For me, that's particularly true since I specialize in healthcare projects that are often complex and involve logistically challenging jobs, usually being undertaken within an existing occupied hospital. It's personally and professionally gratifying to know that my work will have a meaningful impact on the patients and the families and the community it serves now and in the future."

The Evolution of Operating Room Design: Why Early Decisions Matter

Panelists:
Jason Carney, AIA, NCARB, Managing Principal New England, E4H
Anna DiLorenzo, MBA, Clinical Advisor, OR Safety & Performance, SLD Technology
Tim King, Director, Client Development, Bond Building
Brent Qualls, Healthcare SME, DIRTT
Moderator: Cliff Yahnke, PhD, Chief Scientist, SLD Technology

Cliff Yahnke presented a historical perspective on operating room (OR) design. He traced the OR evolution from the 19th century until today with its focus on early infection prevention and serving as a platform to perform more advanced surgical procedures.

He shared a timeline that demonstrated how surgical units have evolved, and how, given today's evolving technology, we now have the ability to make further advancements by building smart and hybrid operating rooms. These ORs are equipped with air filtration, access to AI, robotics, and more. He noted that these ORs utilize modular designs, ensuring greater patient safety.

Yahnke asked panelists to discuss the best approaches they take, and how early decisions bring operating rooms online and operational faster with greater cost certainty.

Brent Qualls:	"It is important to have an early evaluation of the project and to establish goals of the system to integrate cost issues in order to make changes when necessary and to streamline the project. I find that this mitigates risks early on."
Anna DiLorenzo:	"Modular technology in healthcare brings speed to occupancy, infection prevention and contamination control, constructability and reduced disruption, standardization and quality, long-term operational efficiency, and, most importantly patient safety. Fifteen years ago, modular may have been considered a 'premium.' Today, the industry has evolved. Technology has evolved. Healthcare demands have evolved. Early decisions should consider why modular belongs in healthcare and whether we are willing to rethink what the standard should be moving forward."
Tim King:	As a Director of Client Development in healthcare facilities, I work to define the benefits of the project that ultimate allows the client to treat more patients and meet growing demands. Early decisions matter so long as they are informed by interior construction solutions, market intelligence, and knowledge of construction, technology, real estate. These are the aspects I bring together with the client as we work together toward project fulfillment."
Jason Carney:	"It is important to ask questions early in the planning progress and to align with the right partners. I find that this is the best approach in construction projects. Given today's healthcare population needs, we are trying to pack more and more into the facility. Robotics, for example, is a growing need. It is important to build consensus from the get-go, to work closely with design and methodology, and to keep things open as we move toward construction of the facility."

Future Ready Operations:
Why Interoperability is Key to Healthcare Systems

Moderator:
Nate Soucy, Account Executive, Digital Energy Division, Schneider Electric
Panelists:
Vito La Francesca, Senior Director Engineering and Facility Operations, Dana-Farber
Braheem Santos, Director of Healthcare, Schneider Electric
Nico Sinopoli, Associate Principal, BR+A Consulting Engineers

Moderator Nate Soucy asked panelists to discuss how interoperability - when different systems, devices, or applications communicate, exchange data, and use that shared information to work together with minimal human intervention – can become a motivating factor in their current healthcare facility projects.

Vito La Francesca: "We are living in an era where technology is continually evolving. We are called upon to be future ready. When building or expanding on existing facilities, we need to build for the future. We need to bring our current mechanisms up to speed. As I'm sure you've all noticed, hospitals love to change. Change is an inevitable part of the scenario. But the question we face is how do we accomplish change while patients continue to need care in our hospital facilities?"

Braheem Santos: Artificial Intelligence (AI) can help tackle this problem, but it requires us to think outside the box. We need to go at a faster pace in order to keep up with the changing times. Advances in technology will help us get there when we implement systems that talk to one another. AI can help predict what will happen. Hospitals need to balance cutting-edge technology with human-centered design to create future-ready facilities that enhance both patient experiences and clinician workplaces. This means dealing with healthcare infrastructure, integrating technology, fostering collaboration, and driving innovation."

Nico Sinopoli: "It is not practical to shut down a facility in order to upgrade an existing facility, and nor is it practical to ignore historical data. The key is to educate others and to bring others up to speed. In this way, our systems are not the only ones that are working together; we are working together, too. When we educate others, we empower them to work alongside us."

Behavioral Health:
How the Build Environment Shapes Healing and Safety

Moderator:
William Russell, Senior Associate, Designer, NBBJ
Panelists:
David Blouin, LEED AP, Vice President, Cannon Design
David Figgins, Senior Director, Project Management and Construction, Boston Children's
Scott Nesiba, MBA, MHA, BSN, RN, VP Nursing/Patient Care Operations, Boston Children's
Kerry Pavey, Project Executive, Wise Construction

Moderator William Russell shared insights into recent research that demonstrates numerous ways a calming, supportive facility design can work together to create an environment that plays a critical role in today's behavioral health treatment facilities. This is the path forward, Russell noted, because it shows sensitivity and awareness of a patient's condition. He asked panelists to draw from their experiences to further illustrate this evolving trend.

David Blouin: "The best designs demonstrate a blending in the creative process. We join the technical aspects with the intricacies of engineering, planning, and project management. When working on a behavioral healthcare facility, it is important to build these aspects into the environment. The best designs come organically from using the space and working closely with patients, families and the clinical staff to see how they interface with that space. This collaborative effort combines beauty, efficiency, economy and functional excellence."

David Figgins: "Collaborative efforts truly elevate the quality of facilities. Our most recent project at Boston Children's in Waltham exemplifies this commitment. We transformed a standard fluoroscopy room into a cutting-edge EOS Imaging System space adorned with captivating city skyline graphics and an adjoining consultation room."

Scott Nesiba: "When we bring strategy, workforce development, and culture together we achieve measurable impact. Whether that means strengthening workforce pipelines and retention, leading large-scale change initiatives, or shaping new models of care, I aim to build systems where people thrive and organizations achieve their goals. Progress starts with deeply understanding current realities, then designing solutions that close gaps and create clarity, consistency, and better outcomes."

Kerry Pavey: "When building a behavioral facility, every detail is managed with the needs of patients and staff in mind. What's key is having the awareness and sensitivity toward the needs of patients and staff and building behavioral friendly rooms that enhance that safety. One of the biggest opportunities shaping the construction industry is the growing use of data-driven tools. From schedule optimization and cost forecasting to risk identification and real-time reporting, we have the potential now more than ever before to increase efficiency and reduce uncertainty on projects. I'm preparing for this shift by staying open to learning new technologies and creating smarter workflows."

Security System Oversights to Avoid When Modernizing Your Facility

Moderator:
Bill Navejar, President, International Association for Healthcare Security and Safety Foundation (IAHSS)
Panelists:
Ashley Ditta, MS, CHPA, CPP, Associate VP, Public Safety Operations, Advocate Health; IAHSS President Elect
William Gibbons, Chief of Public Safety, Boston Medical Center
Kevin Slattery, Director of Security, Mass General Brigham
Melanie Wright, CFDAI, CSI, Regional Business Development Manager, HID Global

Moderator Bill Navejar stressed the importance of bringing in healthcare security directors at the onset of all project discussions. He asked panelists to consider the consequences and money wasted if this is not done. As President of IAHSS, he said reviewing the current publication of *IAHSS Design Guidelines* is crucial before engaging in any new facility project.

Ashley Ditta: "It's important to find the right fit for the technology you are going to use for security at your facility, since one design does not fit or work for all facilities. As President-Elect of IAHSS, I urge you to review the fourth edition of our guidelines to gain a better understanding of how our more than 4,000 members are directing security and safety programs at their healthcare facilities. We bring together healthcare security, law enforcement, safety and emergency management leaders. It has been the goal of IAHSS, for over 50 years, to work collectively to keep those facilities, patients, staff and visitors safe."

William Gibbons: "When considering the design of a facility, it is important to understand the needs of the patients using that area and if the building's capabilities are able to meet those needs. This is particularly important in the psychiatric and pediatric units. Work together with your security and operations teams. The first time around take the time to define public versus private spaces, and then develop your plans accordingly, so both of these spaces can be worked into the design, and, ultimately, the facility itself."

Kevin Slattery: **"**I came to the MGB hospital security force from a career in law enforcement. Keeping healthcare facilities safe is a tremendous challenge, especially when dealing on a daily basis with those who struggle with a wide range of personal and psychological traumas. With regards to planning facilities, it is important to have a seat at the table from the beginning to discuss the array of scenarios one can and will confront when interfacing with those experiencing trauma, and how the facility can best respond to them. It has been my experience it is better to have these discussions early rather than later. At MGB, we are constantly involved in training. We have simulation training. We hire actors to act out parts. We consider a wide range of potential scenarios and we discuss how we can best respond."

Melanie Wright: "I focus on applying human-centered design methods to ensure useful and usable implementation of Artificial Intelligence and Machine Learning improvements to clinical informatics and health-care devices, and with developing innovative technologies to combat national health threats. Some of the biggest challenges I have seen involve planning for these devices early on in the budget, since they are constantly evolving. Putting them into place helps facility projects succeed."

The How Great Design Improves the Bottom Line!

Moderator:
Nancy Hanright, Executive Director, Real Estate & Space Planning, Boston Medical Center; Vice President, Boston AMFP Chapter
Panelists:
Elizabeth Bahnuk, AIA, LEED AP, Director of Healthcare, CSL Consulting
Long Nguyen, AIA, MPP, LEED AP, Director of Design, Brigham & Women's Hospital
Elizabeth Sullivan, Principal, Regional Leader of Healthcare, HOK

Moderator Nancy Hanright asked the panel to discuss - when plotting budgets and adhering to financial bottom lines - how strategic space planning is a key consideration. This is especially important for inpatient, ambulatory, and administrative areas of healthcare facilities, as well as considering the hospital system's real estate portfolio, accessibility compliance, and furnishings.

Elizabeth Bahnuk "Whenever deciding to build a facility, you start with a great design but also with a long-range plan. We ask ourselves if the facility will serve the needs of the population 5, 10, or 15 years from now. We consider what the growth rate will be, and what the impact of the facility will be going forward. We look to see if the facility has old equipment, we look at the infrastructure, how energy management is being coordinated, and many other issues. These are key considerations in the design, and we make sure we are considering the types of conversion spaces available within that facility."

Long Nguyen: "A successful client relationship is anchored in shared goals, knowing what's important, and in good communication. It's considering the patient and the employee. There will always be a struggle to find more innovative ways to use space, but spaces can be shifted. Design what is needed for the highest use."

Elizabeth Sullivan: "It's important to have solid financial footing when presenting a proposal to build or expand a facility. That has to be figured into the plan. We want to avoid the struggle of having to go back to leadership when we face a shortfall and say, 'We need $20 million more in order to complete the project.' We try to be robust and to ask for the funds we need without returning to ask a second time. You must talk about challenges early on and design for the future, and that includes the role that new technologies – such as robotics – will play in your facilities."