

ARTICLE

# The future of children's hospitals: Integrated partnerships will power innovation and impact

## Chapter 3

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This piece is part of a series that explores the future of children's health and the unique role children's hospitals will play.

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## Partnerships will be central to how children's hospitals deliver on the three strategic imperatives.

Children's hospitals have relied on partnerships as an important part of their strategies for decades. The future will require them to build on those relationships and pursue new forms of collaboration that can help them continue to fulfill their missions in a changing environment. Delivering on the three imperatives described in [Chapter 2](#) will require a more intentional partnership portfolio that extends pediatric expertise, advances discovery and responsible innovation, and mobilizes broader action around children's health.

### Three strategic imperatives

**1. Build an integrated pediatric care platform that orchestrates care**

**2. Lead the next generation of pediatric discovery and innovation**

**3. Mobilize a broader child health ecosystem**

### ? Partnership enablement ?

*Care delivery partnerships:*

Extend pediatric expertise across settings and create shared pathways for coordinated care.

*Innovation and data partnerships:*

Pair pediatric expertise with external capabilities to develop and scale solutions designed for children.

*Ecosystem partnerships:*

Align organizations around unmet needs and build shared approaches to funding,

advocacy, and accountability.

Governance | Shared data and technology | Clear roles and pathways | Trust and privacy | Funding models | Measurement and accountability |

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## The next era will require more integrated and intentional partnerships to extend pediatric expertise and impact

Historically, many partnerships centered on referrals or research collaborations. Today, financial pressures and the growing scarcity of specialized pediatric expertise are increasing the need for broader and more integrated models. Across markets, children's hospitals are exploring arrangements that range from shared clinical capabilities and combined programs to joint ventures and full organizational integration.

Several forces are making deeper partnerships more important. Care increasingly spans organizations and settings, while many of the most urgent needs affecting children cannot be addressed through healthcare alone. Simultaneously, constrained resources are making it harder for any one organization to build and sustain every capability independently.

Partnerships can help spread investment, combine complementary capabilities, and create more financially sustainable models. In many cases, the strategic question is not whether a children's hospital can build a capability alone but whether partnership can extend its impact more effectively and sustainably.

## Three types of partnerships will be especially important because they correspond to the areas where children's hospitals will need to expand their role most significantly:

1. **Clinical partnerships** can extend pediatric expertise and sustain capabilities that are difficult to maintain independently.
2. **Innovation and data partnerships** can combine pediatric expertise with capabilities needed to accelerate discovery and bring new solutions into care.
3. **Ecosystem partnerships** can bring organizations together around needs that no single institution can address alone.

## 1. Clinical partnerships can extend pediatric expertise and sustain scarce capabilities

Clinical partnerships are becoming a core part of the care delivery operating model rather than functioning primarily as referral relationships. Shared pathways, common clinical standards, and technology-enabled support can help partners determine what care should remain local, when specialty input is needed, and when a child should move to a higher level of care. This allows children's hospitals to broaden access to pediatric expertise without requiring every site to replicate the full depth of specialized capabilities.

These arrangements can also make pediatric access more sustainable. Organizations can distribute services more deliberately, reduce unnecessary duplication, and preserve capabilities that might be difficult for an individual institution to support alone.

The appropriate structure will vary by clinical need and market. Relationships with adult health systems can bring pediatric specialty capabilities into regions that lack sufficient scale to sustain them independently. Other models can connect specialty centers more closely with primary care and community providers.

Whatever the structure, the central challenge is creating an operating model that allows partners to function as a clinically coherent system. Clear roles, common standards, escalation pathways, and accountability for quality must be accompanied by an economic model that defines how costs and value are shared. Technology can strengthen connections across the network, but it cannot substitute for underlying alignment.

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## 2. Innovation and data partnerships can accelerate pediatric discovery and expand access to new capabilities

The next wave of pediatric discovery will increasingly depend on capabilities that sit across institutions. Children's hospitals bring pediatric clinical expertise, data, and understanding of unmet needs, while external partners can contribute technical expertise, research infrastructure, capital, and pathways to broader development and adoption.

These collaborations are particularly important in pediatrics because smaller populations and markets can make it difficult to generate the scale or investment required to develop new solutions independently. Partnership can make that work more feasible while ensuring that pediatric priorities remain central.

As trusted stewards of pediatric information and evidence, children's hospitals help establish the standards under which new tools are developed, validated, and adopted. Agreements should address performance expectations, data governance, and accountability. They also should address how the organizations will share value from new intellectual property or commercial products produced from the partnership.

The stewardship of pediatric data is particularly important as information collected in childhood raises important questions about consent, caregiver access, privacy, and future use. These considerations need to be built into the partnership itself rather than addressed after a technology has already been developed.

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## 3. Ecosystem partnerships can align organizations around needs no single institution can address alone

Many of the most pressing needs affecting children are beyond the reach of a single health system. Behavioral health, developmental needs, and the conditions in which children live and learn often require sustained action across healthcare, schools, government, and community organizations.

Children's hospitals already play an important role in bringing pediatric evidence and clinical insight to these efforts while helping partners organize around shared priorities and outcomes. The need for these efforts is becoming more important, and children's hospitals can play a critical role in both convening organizations around a common response and clarifying where different organizations can contribute and how progress will be measured.

Funding is often one of the largest barriers, particularly because the organization that invests in earlier intervention may not be the one that realizes all the resulting benefits. That makes shared investment especially important. Different partners can contribute according to their role, helping sustain services whose benefits reach across care, education, and other supports for children and families.

Better behavioral health support, for example, may reduce emergency utilization, improve school attendance, or lower future public spending. More sustainable models can bring together the organizations that share responsibility for those outcomes and align resources around a common goal.

Funding could come from a combination of hospital investment, Medicaid plans, public agencies, philanthropy, employers, or community organizations. By pooling resources around shared priorities, these partners can help sustain services such as navigation, screening, virtual support, and resource connection without relying primarily on short-term grants or one institution's operating budget.

**Collaboration can help sustain highly specialized pediatric capabilities that are increasingly difficult to support alone**

Children's hospitals are developing new forms of collaboration to sustain high-volume, high-quality congenital heart programs as the clinical, workforce, and financial requirements of these programs become increasingly difficult for individual institutions to support alone.

Children born with severe forms of congenital heart disease require highly specialized, coordinated care supported by an extensive clinical and physical infrastructure. Successful programs bring together pediatric specialists across cardiology, cardiac surgery, anesthesiology, neonatology, and intensive care, along with specialized nurses, pharmacists, advanced practice providers, respiratory and physical therapists, and technical teams supporting cardiac operating rooms, ICUs, and catheterization labs. The physical requirements are equally significant, requiring ongoing investment in state-of-the-art facilities, technology, and equipment.

Maintaining that depth of capability is particularly important because, for the most complex congenital heart procedures, volume is associated with outcomes. Congenital heart surgery cases are categorized from STAT 1 to STAT 5 based on complexity. A [recent study](#) found that, after adjusting for patient and case complexity, lower-volume hospitals had higher operative mortality for STAT 4 and 5 procedures.<sup>22</sup> Yet only approximately 5,000–6,000 of these highly complex cases are performed annually, with roughly 30% concentrated in the 20 largest pediatric congenital heart programs.

These requirements are becoming more difficult to sustain amid the broader headwinds facing children's hospitals, including financial pressure and growing workforce constraints. Congenital heart programs are among the most capital- and workforce-intensive pediatric services, requiring continued investment in specialized facilities, equipment, and clinical teams.

Workforce pressures are particularly acute in pediatric anesthesia and even more pronounced in pediatric cardiac anesthesia. Declining Match rates are creating recruitment and retention challenges. Meanwhile, more than half of practicing pediatric cardiac anesthesiologists are over age 55, which increases the potential for further shortages as physicians retire over the coming decade.<sup>23</sup>

Together, these pressures are driving children's hospitals toward new forms of collaboration to sustain high-volume, high-quality programs while making better use of scarce expertise and infrastructure.

Collaborative models include independent children's hospitals partnering with pediatric programs within larger integrated delivery networks, as well as independent children's hospitals working together across geographies. Some organizations are moving beyond traditional affiliations to shared governance, financial alignment, and deeper clinical integration. Technology, remote connectivity, and evolving data-sharing models can further enable these networks by allowing scarce expertise to extend across organizational and geographic boundaries.

For highly specialized services such as congenital heart care, these models can provide a bridge to the future by concentrating the capabilities that benefit from scale while extending expertise and appropriate elements of care closer to patients.

## Leading the next era of child health

Children's hospitals have consistently helped define a better future for the health and well-being of children. These essential institutions within the fabric of US healthcare will face new challenges and intensifying pressures in the years ahead, but they also have a unique opportunity to reimagine how they deliver care, advance discovery, educate, and extend their impact.

Partnerships, long a mainstay of pediatric organizations, are also entering a new phase of deeper collaboration and a broader view of what is possible. Changing demographics, rising pediatric complexity, and growing economic pressure will demand new approaches. At the same time, advances in technology, research, and care delivery are expanding what is possible for children's hospitals.

Children's hospitals that act now can take a leading role in shaping the next model of pediatric care and ensuring it is built around the evolving needs of children and families.

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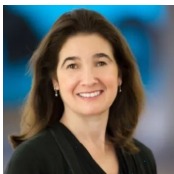
## Sources

<sup>22</sup> Karl F. Welke, et al., "Contemporary Relationship Between Hospital Volume and Outcomes in Congenital Heart Surgery," December 2023, The Annals of Thoracic Surgery, [https://www.annalsthoracicsurgery.org/article/S0003-4975\(23\)00904-9/fulltext](https://www.annalsthoracicsurgery.org/article/S0003-4975(23)00904-9/fulltext).

<sup>23</sup> Lindsey Loveland and Susan Nicolson, "Back to Basics: A Curriculum to Address the Pediatric Cardiac Anesthesia Workforce Crisis," November 2025, Pediatric Anesthesia, [https://www.researchgate.net/publication/397298644\\_Back\\_to\\_Basics\\_A\\_Curriculum\\_to\\_Address\\_the\\_Pediatric\\_Cardiac\\_Anesthesia\\_Workforce\\_Crisis](https://www.researchgate.net/publication/397298644_Back_to_Basics_A_Curriculum_to_Address_the_Pediatric_Cardiac_Anesthesia_Workforce_Crisis).

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