



# CEO VIEWPOINT

AN EXECUTIVE PUBLICATION FROM THE SCOTTSDALE INSTITUTE

April 2026

AFTER ARRIVING IN THE U.S. FROM NICARAGUA AT AGE 11, EDUARDO CONRADO WENT ON TO BECOME AN ENGINEER AND SPENT MORE THAN TWO DECADES AS AN EXECUTIVE AT MOTOROLA. Today, as president and CEO of Ascension, one of the nation's leading nonprofit and Catholic health systems, he is well positioned to help shape the next phase of healthcare.

"My own journey as an immigrant, an engineer, and a lifelong learner has shaped how I see healthcare—not as a system, but as a set of lived experiences that either remove barriers or create them," he said in his January 2026 blog "[Leading with Mission.](#)"

Ascension serves more than five million patients across its network spanning 17 states and the District of Columbia, with 90 wholly owned or consolidated hospitals, and ownership interests in 29 additional hospitals via partnerships. Ascension's portfolio also includes senior living facilities, urgent cares, imaging centers, ambulatory surgery centers and other care sites.

Since joining Ascension in 2018 as EVP and chief digital officer, where he led digital and data strategy, Conrado has played a pivotal role in the organization's transformation, advancing growth across the continuum of care and improving key measures such as quality, safety, nurse retention, consumer experience, and efficiency.

That work laid the foundation for how Ascension is now aligning technology, operations, and clinical care to reduce friction and improve outcomes.

Conrado began his tenure as president and CEO in January 2026 after serving as president since 2023. As president, he led the Ascension-wide strategy, aligning the portfolio and investments to strengthen the health ministry and expand access to care for the communities it serves.

Today, that strategy continues to evolve with a focus on expanding access, strengthening sustainability, and advancing the Mission.



Ascension



**EDUARDO CONRADO**  
PRESIDENT & CEO  
ASCENSION



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## *How would you describe your first 100 days as president & CEO of Ascension? What stood out to you most?*

The first three months have been a continuation of the work already underway. I had the benefit of serving as president for three years before stepping into this role, so we have continued our strategy while accelerating it. Stability has been key. I wanted to ensure our associates understood that we were not making a hard right or left turn, but continuing the path we have been on over the past several years.

Within the first five days, I met with Ascension leaders to reinforce that continuity. We sat down and I outlined what they could expect from me as CEO and what I expected from them. This was about clarifying direction, not redefining it.

From there, we aligned on a clear set of priorities.

First, I will center everything I do around the Mission. Second, I will continue to drive our strategy, building on the work of the past three years. Third, I will take a disciplined approach to capital deployment. And fourth, I will maintain a strong focus on talent, ensuring we have the right people in place and continue developing internally. I also talked about execution and accountability. The focus now is delivering it across our ministries.

These priorities are all connected. Mission, strategy, capital, and talent must work together to deliver results.

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## *How did stepping into the CEO role change your perspective compared to your previous leadership roles at Ascension?*

Being CEO does not mean you have all the answers. It means you continue to ask questions and remain humble enough to ask for help. From day one, I have said that leadership is a team effort, and I rely on the support of those around me.

Sr. Danielle Bonetti, CSJ, a board member since 2014 and Chair of the Ascension Sponsor, Sisters of St. Joseph of Carondelet, shared an article about a meeting



**Ascension St. Vincent Hospital, Indianapolis.**

Pope Leo had with the bishops. His message was that on the road to wisdom, you need humility. That resonates deeply with me and with how I think about being a leader.

That is something I talk about with my team often. I value their input and continue to ask for it in every town hall and conversation.

Just because you have the CEO title does not mean you have all the knowledge or wisdom of the organization. I want the door to remain open. People often ask, "Do you have someone who will speak the truth to authority?" You do if you do not fall into a command-and-control approach, but instead create an environment where everyone is encouraged to contribute, solve problems, and address opportunities as a team.

When everyone has a voice, everyone contributes. The CEO ultimately has to make the call in some areas, but when you have many voices contributing to the knowledge base, the organization is stronger for it.

Serving as CEO also reinforces that nothing operates in isolation. A capital investment affects access. An operational decision affects workforce stability. A policy change affects coverage and affordability. That broader lens requires sharper prioritization and a deeper level of accountability for outcomes over time.



***As CEO, where do you see the greatest opportunity to strengthen the connection between Ascension's Mission and how care is delivered?***

We are rethinking how we serve our communities, especially Medicaid and uninsured populations. Over the past 18 months, including as HR1 evolves, we are seeing real changes take shape.

One of the clearest signals is the continued overutilization of emergency departments. Too often, patients who are uninsured or covered by Medicaid rely on the emergency department as a default entry point into care because of limited access to primary care and other essential services.

When you step back and look at the needs, the barriers are clear. Some people lack transportation to care sites. Access to primary care is limited in many communities, and patients face challenges accessing medications for chronic conditions. Many of these emergency department visits could be avoided with better access to primary care and medications.

Addressing those gaps requires working differently. Part of the answer is closer collaboration with Federally Qualified Health Centers (FQHCs) and other community partners. For example, Ascension's Dispensary of Hope, a national nonprofit medication distributor that supplies donated medications through Ascension Rx pharmacies

and a network of other partners, expands access for patients who are uninsured or facing financial barriers. We have scaled the program across our health system and are now extending it through mail order to reach more communities.

I believe we can bend both the access curve and the cost curve through stronger collaboration and a more integrated view of population health, not just from Ascension's perspective, but together with our community partners.

As we look at seniors, including Baby Boomers, how do we address friction points on the Medicare side while improving access and outcomes? We are at a moment where we have an opportunity to rethink how care is delivered.

That starts with breaking down silos and working across departments to improve end-to-end processes and extending that same approach beyond Ascension by working more closely with FQHCs and other partners to better serve the community. Communication is essential. No one should be surprised by what we are doing, and that transparency creates space for people to engage and provide insight.

Having spent more than 10 years in healthcare, including four years on Ascension boards and the rest in management roles, I bring a different perspective. It allows me to step into a legacy environment and ask,



Lucas Family Brain and Spine Hospital at Ascension St. Vincent.



“Does this still make sense? Can we do it differently?” That is how you challenge inertia and change the trajectory, while recognizing that many parts of the system are already working well.

When we look at the primary care needs of a community, we start with where care should be delivered, whether that is through one of our clinics or in partnership with an FQHC. We also look at hours, recognizing that 9 to 5 does not work for everyone. That means extending access through virtual care, expanded hours, and weekend availability so people can get care when it works for them.

Access also includes medications. For those with commercial insurance, that can help. For those who do not, we have programs in place to support access. But it does not stop there. It is also about continuity and convenience, including when someone is traveling. Mail order is one way we are addressing that.

The goal is to make care easier to access and easier to navigate.

Looking ahead, there will always be a need for hospitals for high-acuity patients. At the same time, more procedures will continue to move to ambulatory settings. We have to view access through that lens. That is why we are expanding our [ambulatory surgery center](#) footprint across multiple states to create more access points in the communities we serve.



**Eduardo assists a young woman at Medical Mission at Home.**



**Celebrating Medical Mission at Home volunteers at Ascension St. Thomas in Tennessee. Medical Mission is a day of care for the uninsured and under-insured, providing services for health, vision, hearing, behavioral health, dental care, prescriptions and spiritual care.**

This shift will continue under Medicare as more procedures become eligible for ambulatory settings, with the commercial market following. Over time, we will see a rebalancing of care between inpatient and ambulatory settings. Access is not just about distance or hours. It is about expanding where and how people can receive care.

*Are partnerships with community agencies and neighborhood resources a separate category from access or do they fall under a specific category like social determinants of health?*

We are rethinking care as a continuum. You just can't look at Medicaid and uninsured populations without asking what barriers they face, including how they access care through a range of settings that may be Ascension-owned or independent, like FQHCs. Regardless of the setting, collaboration must be tighter.

How do we share data to ensure we are treating patients appropriately based on their clinical condition? How do we view patients holistically, not just in terms of access points, but also access to medications and other treatments?

If patients face barriers, how do we address them together? It may be transportation or home care, but we have to look at the full picture. We cannot do it all as Ascension, but there are other agencies and partners we can work with more closely.



use data to make better decisions. I learned early that systems either work for people or they create unnecessary barriers.

I carry that into healthcare and the role technology can play in improving how we deliver care. AI will play a significant role as it continues to advance, not just in clinical settings, but in access, consumer interaction, and scheduling. Technology should simplify processes, improve decision making, and reduce friction for caregivers, while helping patients better navigate their care. It should strengthen human connection, not replace it.

As an immigrant, you take a different path. I am very grateful for the opportunity to come to the United States. This is a country where, over time, you can become American. You may be born somewhere else, but you are American.

Those experiences come together in how I approach leadership. Technology taught me how to navigate complexity, and being an immigrant taught me how to navigate uncertainty.

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### *How have your experiences as an immigrant and a technology executive shaped your leadership style?*

My nearly 27 years in the tech world have given me a strong understanding of how technology can shape people, processes, and entire organizations. It influences how I lead. I tend to focus on how things connect, how to simplify complexity, and how to



Mike Buscher Photography





## *Is there a particular initiative that best reflects your direction as CEO?*

One ongoing initiative is our portfolio shift. We have divested hospitals, reduced our geographic footprint on the acute side, and grown our ambulatory business and ancillaries at a 20 percent compound annual growth rate over the past four years. That momentum will continue to accelerate, helping us deliver care where it is most needed and at the right cost.

This shift reflects a broader change in how healthcare is delivered. Demand is moving toward outpatient, same-day, and home-based care. Patients expect convenience, and financial sustainability requires discipline. Success is no longer defined by the number of hospitals in a portfolio, but by whether people can access care when and where they need it.

Another initiative is our operating model. When I stepped into the role as president, I put a model in place to help us recover post-COVID from losses driven by inefficiencies and volume in the wrong settings. Over the past three years, we have seen our system improve by \$2.5 billion, and that progress continues this year.

That model is grounded in aligning strategy, capital deployment, and talent. Every decision we make must hold up across the system and over time. When those elements are aligned, execution improves and we create a more stable and sustainable organization.



Mike Buscher Photography



Together, these changes have strengthened Ascension's resiliency and positioned us for continued growth.

More importantly, these changes are helping us build a system that is easier to access, better coordinated, and more aligned with how people actually experience care.

## *Looking ahead, how do you see healthcare evolving over the next five to 10 years?*

We must accelerate the portfolio shifts. We are investing in our existing footprint through significant refurbishment, while directing more of our capital toward ambulatory sites.

That rebalancing will define the next decade across all Ascension segments, and our talent must develop alongside it. Ultimately, what matters is whether we are providing the right access at the right cost and keeping populations healthier in a sustainable way.

Healthcare will continue to face policy changes, workforce pressures, and financial strain. Success will depend less on size and more on discipline, focus, and the ability to adapt.

Care will increasingly move beyond the hospital into ambulatory, virtual, and home-based settings. Technology will help connect those settings and give caregivers better tools to focus on patients. At the same time, systems will need to make care more accessible and affordable.



Mike Buscher Photography

The organizations that succeed will be those that redesign care around people. That means expanding access, strengthening primary care, supporting caregivers, and building a system that works the way patients actually experience care.

For Ascension, the path forward is clear. Strengthen access. Modernize how care is delivered. Support caregivers. Align growth with Mission so we can continue serving communities for the long term.

If we stay disciplined and remain close to the needs of our communities, we will continue delivering health, healing, and hope to all.

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