

Healthcare Improvement Trailblazers Summit

Cross-stakeholder report



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This HIT 2025 report is divided into a summary and a detailed outcome section

Executive Summary

Stakeholders across the healthcare ecosystem gathered for the 3 day HIT Summit

Report focus



Cross-stakeholder days

Day 1:
Reimagining HCI: What's Next

Day 2:
Catalyzing HCI: Delivering Impact together



Industry-only day

Day 3:
Pushing Boundaries for Collaboration



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HCI - Healthcare Improvement, HIT - Healthcare Improvement Trailblazers

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Detailed Outcomes

The detailed outcomes section of this report can be broken up into 3 areas:

1

Evolving Playing Field

Insights on the political landscape, innovating and shifting roles

2

Advancing & optimizing collaboration

Learnings on key principles for collaboration and designing HCI initiatives

3

Putting it into practice

Outcomes from the case studies



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HCI - healthcare improvement

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The HIT Summit is an Executive Insight event aiming to break siloes and empower Healthcare Improvement change makers



HIT SUMMIT
2025 FOCUS

***“Transformative
HCI: Bridging Gaps
and Innovating for
the Future”***

Our 2025 Summit objectives:

- **Create a dedicated space** for healthcare improvement trailblazers to define what more impactful cross-sector collaborations for HCI look like
- **Allow for opportunities to identify concrete partnerships** or collaborations to engage in, related to the design, roll-out or monitoring of HCI initiatives
- **Unpack innovation** in the healthcare space and ensure participants leave with a clear understanding of how to translate learnings to their own organizations and who to liaise with to do so effectively



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HCI – Healthcare Improvement; HIT – Healthcare Improvement Trailblazers

Healthcare Improvement Trailblazers

Stakeholders across the healthcare ecosystem gathered for the 3 day HIT Summit

Report focus



Cross-stakeholder days



Day 1:
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What's Next



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Impact together



Industry-only day



Day 3:
Pushing
Boundaries for
Collaboration



The 2025 HIT Summit cross-stakeholder days took place between June 25 – 26th at the Alliance Headquarters in Washington, D.C.



Location: Alliance for Continuing Education in the Health Professions HQ (**Washington D.C.**)



14 engaging speakers across plenaries, panel discussions, case studies & best practices presentations



>60 active participants in the Summit with various HCI backgrounds



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HCI – Healthcare Improvement; HIT – Healthcare Improvement Trailblazers

Healthcare Improvement Trailblazers

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Over these two days, participants were inspired by HCI experts, and learnt from peers about cutting edge innovation and best practices

Agenda Day 01

JUNE 25th – Reimagining HCI What's Next



Intro & opening keynote: Voice of progress

Discuss the status quo, emerging trends & evolving HCI needs



Case studies: Inspiring achievements

Present HCI initiatives across systems & communities



Closing plenary: From revolution to evolution

Explore how the US healthcare system is evolving in light of the new administration and its impact on HCI

Agenda Day 02

JUNE 26th – Catalyzing HCI Delivering Impact Together



Intro & opening keynote: HCI – The next frontier

Reflections on how to 'do more with less' and create scalable HCI



Best practice sharing: Collaboration for successes

Deep dive into successful best practice sharing cross-sector & inter-sector initiatives



Workshop sessions: Adapting, actioning and sparking collaborations

Hear from experts on the 3 workshop topics: utilizing technology as a driver for change, amplifying the patient voices, & collaborating for access, and work through a mock case study to design an initiative to tackle relevant barriers



The ideas discussed at the Summit can be summarized into 6 areas:



Put the patient perspective first

- Embed the patient perspective across the full HCI initiative lifecycle, especially during the design & evaluation phases
- Emphasize the growing importance of PROs & RWE, along with the need for infrastructure to capture & use this data meaningfully



Invest in human centered improvement

- Contextualize interventions to learn from both successes and failures
- Shift from discovery to implementation readiness
- Ensure effective handover and transition planning to maintain momentum and continuity in HCI initiatives



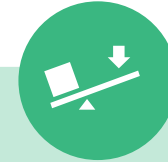
Use technology & AI as enablers

- Use technology to increase capabilities & enable transformation to be implemented creatively
- Drive inspiration through use-case analysis
- Recognize & address concerns with AI e.g., potential bias, & the challenge of safety integrating it into workflows



Share success through cross-sector collaboration

- Focus collaboration on identifying the right partners, aligning governance, using consistent language & building relationships
- Include diverse stakeholders' perspectives with an emphasis on those at the bedside



Do more with less

- Consider simple, yet effective, solutions that can be implemented in the era of persistent, universal, capacity pressures
- Develop solutions that address the root causes of issues, & provide the true value proposition (e.g. Hertz's line example)



Consider policy, regulation & systemic barriers

- Shifting US politics are reshaping the HCS & HCI (e.g., HHS priorities, CMMI initiatives) landscape
- Consider the impact of legal & compliance barriers, & their influence on traditional innovation
- Build agility into frameworks to help initiatives adapt to the evolving landscape



Discussions during the Summit focused on best practice principles for cross-stakeholder collaboration



Identify the right partners

Invest time to identify the right partners to collaborate with, as this can positively shape the engagement from the beginning



You don't have to be the expert at everything, you just need to know who the expert is and collaborate with them"



Align on goals and governance

Ensure alignment on R&R in the collaboration from the beginning to avoid future miscommunication, but be open to dynamics changing throughout the course of projects



No one part alone makes a car move"



Use consistent language and terminology

Ensure all stakeholders use the same HCI terminology (e.g., from universal baseline training) to maintain clear communication



Train those who work together, together, to ensure use of shared terminology"



Build relationships on trust and transparency

Use the principles of trust and transparency to build long-term meaningful partnerships that go beyond single engagements



With trust and transparency, partnerships stop being transactional and start being transformational"



Similarly, speakers and participants discussed key considerations when designing and implementing HCI initiatives

Consider the following principles when designing HCI initiatives



Design with, not just for patients, utilizing the correct partners and local champions to drive initiatives and sustain engagement



Design with the root cause in mind by critically evaluating the true value proposition of what the initiative aims to achieve



Pilot, iterate, and scale with intention, building in room for flexibility to enable continuous improvements based on meaningful feedback from those on the ground



Embed continuous learning & reflection, to help refine and strengthen initiatives based on learnings from successes & failures

Participants left empowered with deeper understanding, enhanced skills, and a forward-thinking mindset to drive future initiatives

Participant reported takeaways from Day 1 & 2 of the Summit:

“

Enjoyed hearing **real world examples of QI**, including the health system perspective and voice – from policy and HCPs as well. This is the **most collaborative meeting I’ve been to in so long**”

“

I think I speak on behalf of all attendees in saying it was **an incredibly fun, educational, and collaborative experience**”

“

The **diverse perspectives** shared in this meeting of the minds were both **eye-opening and inspiring**”

How likely are you to participate in a future HIT Summit?*

Very unlikely

1

2

3

4

5

Very likely

~4.7

*Obtained from responses to feedback survey collected on 26-Jun-2025



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HCPs – healthcare professionals; QI – quality improvement

Healthcare Improvement Trailblazers

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The 2025 HIT Summit would not have been possible without the support of the sponsors and the 2025 cross-stakeholder board

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Senior Director, Medical Proficiency Acceleration Center/ Office of Grants & Education
Daiichi Sankyo



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Change, LLC



Dane Dickson
CEO & Founder – Taproot Health Senior Oncologist
Teton Cancer Institute



Natalie Sanfratello
Senior Program Manager – QI, Educational Programs & Contracting
Boston University CME



Ted Singer
President – PVI
PeerView Institute for Medical Education



Tina Simmons
Associate Director, Quality Methodologies
Maryland Health Services Cost Review Commission

Similarly, our 14 speakers helped make the 2025 Summit an inspiring event



Evan Benjamin



Daniel Ollendorf



Ilisa Halpern Paul



Thomas Sullivan



Dane Dickson



Natalie Sanfratello



Sara Miller



Ted Singer



Kedar Mate



Claire Snyder



Eric Rosenberg



Camille Jimenez



Jenifer Waldrop



Shashi Shankar

Thank you!

Please contact the Executive Insight team with any questions at hit@executiveinsight.ch



Marc Pesse



Tanja Bosshard Becker



Lisa Clark



Natalia Jimenez



Malu Katz

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HIT Summit detailed outcomes:

1

Evolving playing field

Insights on the political landscape, innovation and shifting roles

2

Advancing & optimizing collaboration

Learnings on key principles for collaboration and designing HCI initiatives

3

Putting it into practice

Outcomes from the case studies

HIT Summit detailed outcomes:

1

Evolving playing field

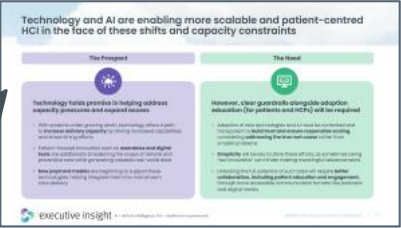
Insights on the political landscape, innovation and shifting roles

The shifting policy and regulatory landscape



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The value of innovation and technology



[Click here to read more...](#)

The importance of including the patient voice and non-traditional stakeholders



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Policy shifts are opening the door for more flexible, evidence-based innovation and cross-sector collaborations for this purpose

Key Theme	De-regulatory momentum is reshaping the playing field	Drug pricing reforms are highlighting the trade-off between affordability and sustaining innovation	Evidence expectations are evolving, creating opportunities for adaptive models
Details	<ul style="list-style-type: none">• Executive Orders and deregulatory efforts are reshaping the U.S. healthcare landscape, signaling greater openness to innovation and cross-sector collaboration• Agencies such as DHHS are being prompted to seek public input on outdated or obstructive regulations, highlighting a willingness to act on these reforms• Regulatory shifts are happening against the backdrop of persistent system capacity pressures	<ul style="list-style-type: none">• Political pressures to lower drug prices, particularly seen in the MFN policy, are driving tension between affordability and innovation sustainability across the pharmaceutical sector• These pressures may reshape global pricing strategies and discourage investment in high-need, low-volume areas such as rare diseases• Managing this trade-off will remain a core challenge for policymakers and industry alike	<ul style="list-style-type: none">• Broader shifts toward real-world evidence are enabling dynamic pricing models based on real world product performance• For e.g., CMMI, now led by Abe Sutton, is actively aiming to improve access, convenience, and patient choice• This reflects a push for evidence-based healthcare innovation and a possible expansion of the role of the private sector in evidence generation



Technology and AI are enabling more scalable and patient-centred HCI in the face of these shifts and capacity constraints

The Prospect



Technology holds promise in helping address capacity pressures and expand access

- With systems under growing strain, technology offers a path to **increase delivery capacity** by driving increased capabilities and streamlining efforts
- Patient-focused innovation such as **wearables and digital tools** are additionally broadening the scope of remote and preventive care while generating valuable real-world data
- **New payment models** are beginning to support these technologies, helping integrate them into mainstream care delivery

The Need



However, clear guardrails alongside adoption education (for patients and HCPs) will be required

- Adoption of new technologies and AI must be controlled and transparent to **build trust and ensure responsible scaling**, considering **addressing the true root cause** rather than smaller problems
- **Simplicity** will be key to drive these efforts, as sometimes being “too innovative” can hinder making meaningful advancements
- Unlocking the full potential of such tools will require **better collaboration, including patient education and engagement**, through more accessible communication formats like podcasts and digital media



Translating innovation into impact requires early, sustained engagement with patients and non-traditional stakeholders

Summit Insights



Amplifying patient voices

- Patient input must shape not just clinical goals but also define what success looks like – especially as value frameworks shift toward real-world outcomes
- Lived experience offers a critical lens for identifying blind spots in care design, particularly where conventional metrics fall short

Tips and Tricks

- ✓ Strategically integrate patient narratives and PROs to help bridge the gap between frontline delivery and system-level quality improvement
- ✓ Co-design with patients as equal, trusted partners
- ✓ Embed patient engagement across the full HCI lifecycle



Including non-traditional stakeholders

- Engaging non-traditional stakeholders, such as community and faith-based organizations, youth-based education systems, can unlock new levers for HCI scalability & sustainability
- ✓ Engage these stakeholders early helps identify root causes and co-create solutions that are feasible and sustainable in the broader social and economic context
- ✓ Create mechanisms for ongoing input and collaboration beyond pilot phases



The detailed outcomes section of this report is broken up into 3 areas:

2

Advancing & optimizing collaboration

Learnings on key principles for collaboration and designing HCI initiatives

Introduce the best practices principles for collaboration



[Click here to read more...](#)

Deep dive into best practices and concrete ways to take this back to individual organizations



[Click here to read more...](#)

Outline useful considerations when designing impactful HCI initiatives



[Click here to read more...](#)

These best practice principles for collaboration provide guidance on how to advance meaningful collaborations that drive HCI



Identify the right partners

Invest time to identify the right partners to collaborate with, as this can positively shape the engagement from the beginning



Align on goals and governance

Ensure alignment on R&R in the collaboration from the beginning to avoid future miscommunication, but be open to dynamics changing throughout the course of projects



Use consistent language and terminology

Ensure all stakeholders use the same HCI terminology (e.g., from universal baseline training) to maintain clear communication



Build relationships on trust and transparency

Use the principles of trust and transparency to build long-term meaningful partnerships that go beyond single engagements



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Identify the right partners:

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Implementation tips and tricks



Engage front-line stakeholders (e.g., patients & clinicians) in co-designing initiatives



Identify and empower local champions to lead implementation and garner leadership buy-in

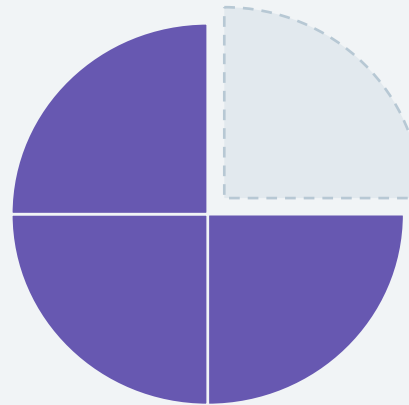


Look for partners with **shared values and mutual benefits** to drive a win-win mindset from the start

Summit Example

One Summit example highlighted an overseas HCI initiative (focusing on improving maternal and neonatal mortality during childbirth) that saw varied implementation and impact due to a lack of local champion.

This learning emphasized the importance of identifying the right partner to drive success



In a team without a leader,
the missing piece matters.

Align on goals and governance

Ensure alignment on R&R in the collaboration from the beginning to avoid future miscommunication, but be open to dynamics changing throughout the course of projects

Implementation tips and tricks



Co-develop accountability frameworks with all stakeholders involved



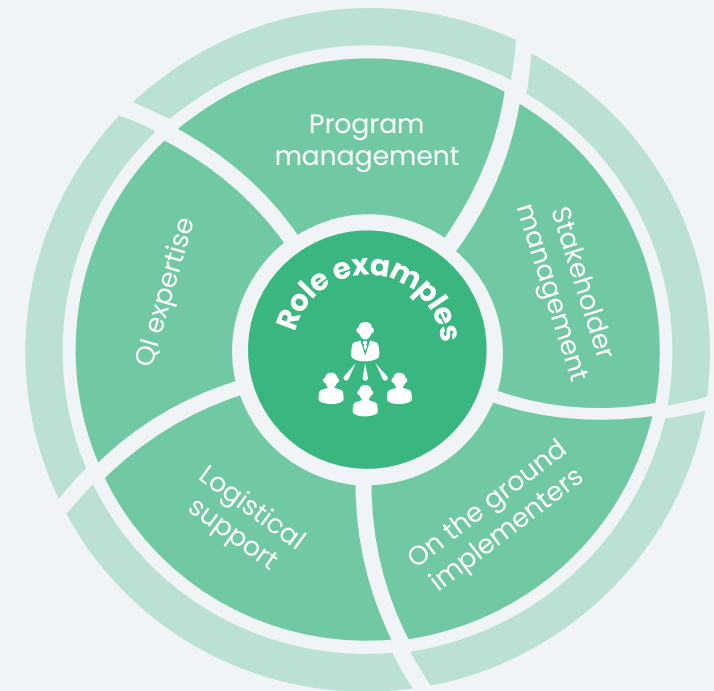
Define the roles and responsibilities clearly from the start, with clear escalation paths



Include **transition planning** when designing initiatives to ensure initiative longevity

Summit Example

HCI initiatives involve many roles, with the Summit emphasizing it is essential to align responsibilities before getting started



Use consistent language and terminology

Maintain clear communication by ensuring all stakeholders use the same HCI terminology

Implementation tips and tricks



Train cross-functional teams together to build shared foundational knowledge



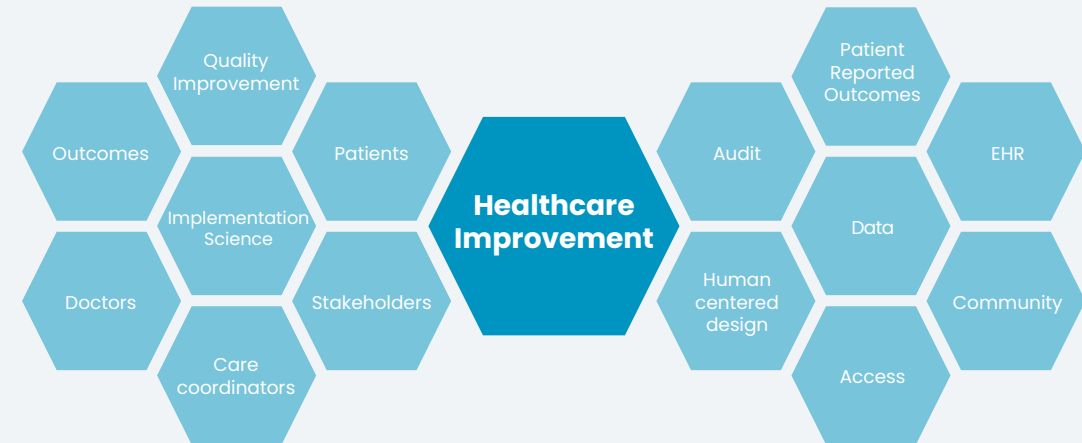
Align on terminology at the beginning of collaborations



Encourage continuous peer learning across different sectors

Summit Example

Stakeholders across the healthcare ecosystem use a variety of HCI terminology, indicating the need for universal training on consistent language to be utilized during engagements



Build relationships on trust and transparency

Use the principles of trust and transparency to build long-term meaningful partnerships that go beyond single engagements

Implementation tips and tricks



Be transparent about goals, data and limitations of initiatives



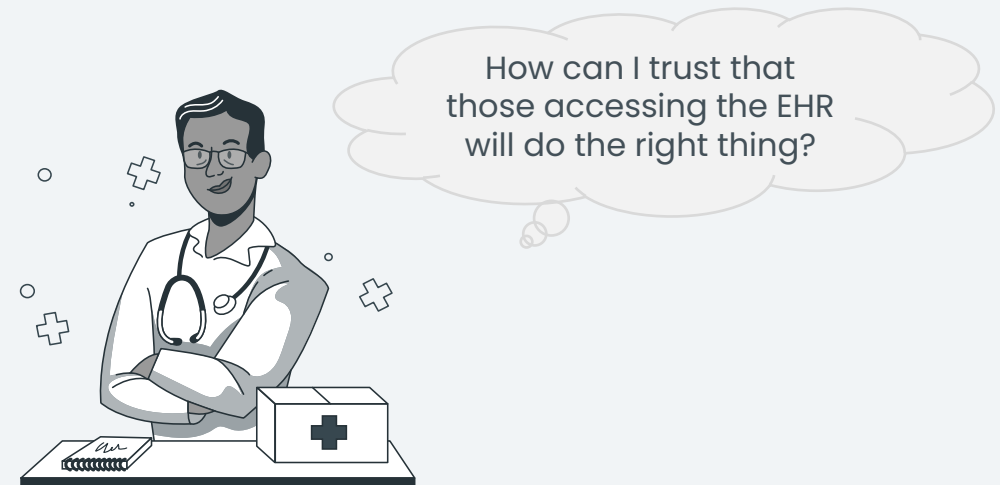
Use storytelling to build shared purpose and provide updates along the journey, not only at the end



Invest in long-term relationship management to facilitate meaningful collaborations

Summit Example

There is a need to alleviate clinician hesitancy regarding access provision to EHRs by building trust and transparency about how the data will be used and who will have access



Collaboration works in tandem with HCI initiatives, which are designed based on their own unique best practice principles

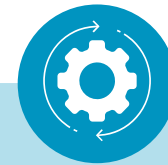
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Pilot, iterate and scale with intention, building in room for flexibility to enable continuous improvements based on meaningful feedback from those on the ground



Embed continuous learning & reflection, to help refine and strengthen initiatives based on learnings from successes & failures



HIT Summit detailed outcomes:

3

Putting it into practice

Outcomes from the case studies

Reminder of the case study



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Deep dive into each group's discussions



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Aligned with the evolving playing field, three focus areas emerged as promising opportunities for improved collaboration



Utilizing technology as a driver for change

Engaging with technological innovation can drive more efficient, high-quality care by improving decision-making, streamlining operations and enabling personalized stakeholder engagement



Amplifying the patient voice

Incorporating the patient voice throughout the care process (e.g. in identifying care gaps, defining success, designing initiatives) ensures HCI initiatives are created with the end goal in mind – improving patient outcomes

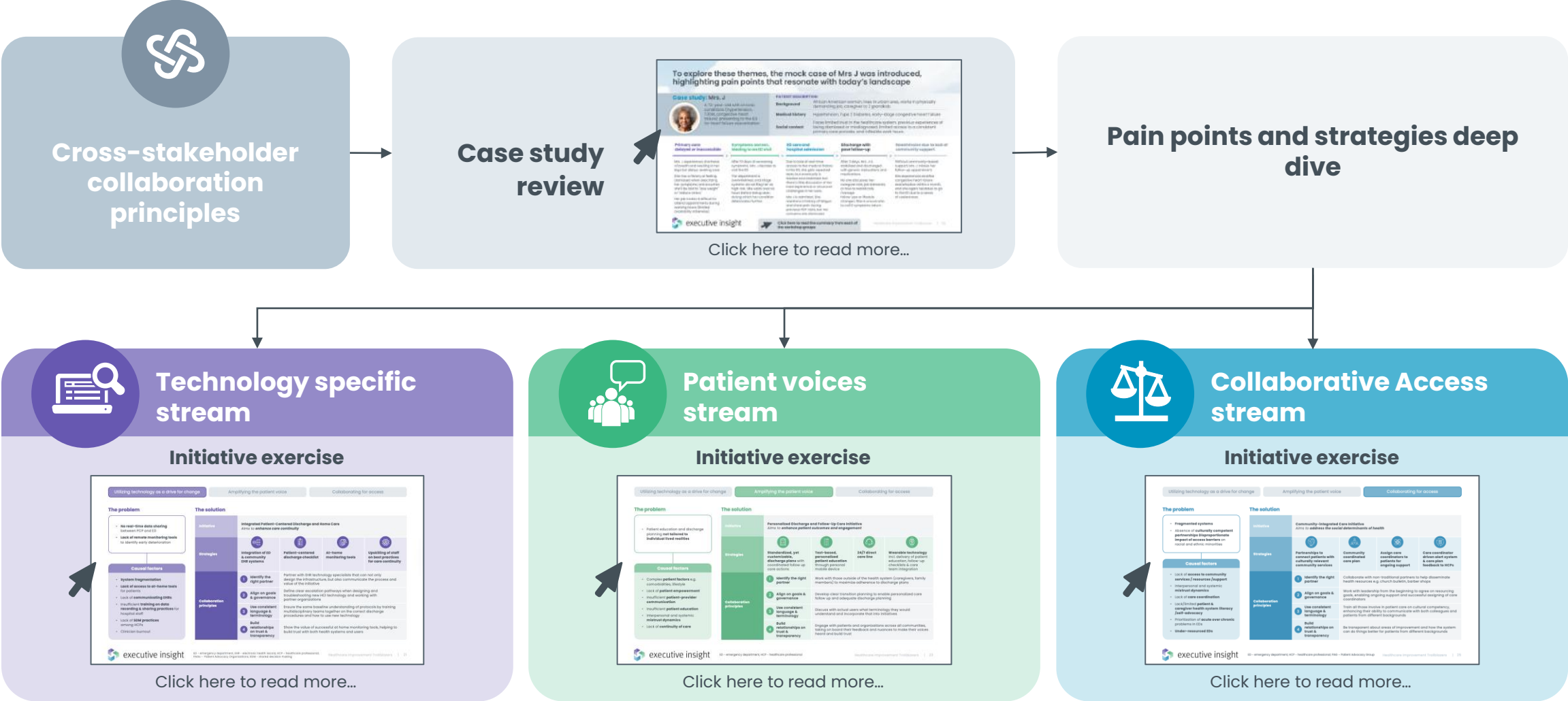


Collaborating for access

Understanding how to engage non-traditional stakeholders to ensure everyone has optimal access to care is an important element in sustaining and scaling HCI during times of healthcare system capacity and resource constraints



Working in groups, participants applied collaboration principles to real-world challenges, exploring how to lead impactful HCI initiatives



To explore these themes, the mock case of Mrs J was introduced, highlighting pain points that resonate with today’s landscape

Case study: Mrs. J



A 72-year-old with chronic conditions (hypertension, T2DM, congestive heart failure) presenting to the ED for heart failure exacerbation

PATIENT DESCRIPTION

Background

African American woman, lives in urban area, works in physically demanding job, caregiver to 2 grandkids

Medical history

Hypertension, Type 2 Diabetes, early-stage congestive heart failure

Social context

Faces limited trust in the healthcare system, previous experiences of being dismissed or misdiagnosed, limited access to a consistent primary care provider, and inflexible work hours.

Primary care delayed or inaccessible

Mrs. J experiences shortness of breath and swelling in her legs but delays seeking care.

She has a history of feeling dismissed when describing her symptoms and assumes she'll be told to "lose weight" or "reduce stress."

Her job makes it difficult to attend appointments during working hours (limited availability otherwise).

Symptoms worsen, leading to an ED visit

After 10 days of worsening symptoms, Mrs. J decides to visit the ED.

The department is overwhelmed, and triage systems do not flag her as high-risk. She waits over six hours before being seen, during which her condition deteriorates further.

ED care and hospital admission

Due to lack of real-time access to her medical history in the ED, she gets repeated tests, but eventually is treated and stabilized, but there's little discussion of her lived experience or structural challenges in her care.

Mrs J is admitted. She mentions a history of fatigue and chest pain during previous PCP visits, but her concerns are dismissed.

Discharge with poor follow-up

After 3 days, Mrs. J is stabilized and discharged with generic instructions and medications.

No one discusses her caregiver role, job demands, or how to realistically manage follow-ups or lifestyle changes. She is unsure who to call if symptoms return.

Readmission due to lack of community support

Without community-based support, Mrs. J misses her follow-up appointment.

She experiences another congestive heart failure exacerbation within a month, and she again hesitates to go to the ED due to a sense of uselessness.







The problem

- **No real-time data sharing** between PCP and ED
- **Lack of remote monitoring tools** to identify early deterioration

Causal factors

- **System fragmentation**
- **Lack of access to at-home tools** for patients
- Lack of **communicating EHRs**
- Insufficient **training on data recording & sharing practices** for hospital staff
- Lack of **SDM practices** among HCPs
- **Clinician burnout**





The solution

Initiative	Integrated Patient-Centered Discharge and Home Care <i>Aims to enhance care continuity</i>			
Strategies	 Integration of ED & community EHR systems	 Patient-centered discharge checklist	 At-home monitoring tools	 Upskilling of staff on best practices for care continuity
Collaboration principles	1 Identify the right partner	Partner with EHR technology specialists that can not only design the infrastructure, but also communicate the process and value of the initiative		
	2 Align on goals & governance	Define clear escalation pathways when designing and troubleshooting new HCI technology and working with partner organizations		
	3 Use consistent language & terminology	Ensure the same baseline understanding of protocols by training multidisciplinary teams together on the correct discharge procedures and how to use new technology		
	4 Build relationships on trust & transparency	Show the value of successful at home monitoring tools, helping to build trust with both health systems and users		

Utilizing technology as a drive for change

Amplifying the patient voice

Collaborating for access

Initiative	Integrated Patient-Centered Discharge and Home Care <i>Aims to enhance care continuity</i>			
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	4 Build relationships on trust & transparency	Show the value of successful at home monitoring tools, helping to build trust with both health systems and users		
Stakeholder-specific roles	HCPs	Embed strategies in workflows & deliver patient-centered care in accordance with updated workflows		
	Hospital leadership	Ensure formalization of processes		
	Patient care team	Facilitate the implementation of care tactics		
	EHR specialists	Ensure systems are built to facilitate expansion		
	PAGs	Support scalability & awareness of care tools		
	Policymakers	Support scalability of strategies beyond pilot sites		
Outcome Metrics	1 Patient reported outcomes e.g., satisfaction, understanding of discharge orders	2 Hospital-related metrics e.g., readmissions, SAEs	3 Coordination of care metrics e.g., utilization, healthcare savings	4 Technology-derived outcomes e.g., health parameters, utilization of materials







The problem

- Patient education and discharge planning **not tailored to individual lived realities**

Causal factors

- Complex **patient factors** e.g., comorbidities, lifestyle
- Lack of **patient empowerment**
- Insufficient **patient-provider communication**
- Insufficient **patient education**
- Interpersonal and systemic **mistrust dynamics**
- Lack of **continuity of care**





The solution

Initiative	Personalized Discharge and Follow-Up Care Initiative <i>Aims to enhance patient outcomes and engagement</i>			
Strategies	 <p>Standardized, yet customizable, discharge plans with coordinated follow up care actions</p>	 <p>Text-based, personalized patient education through personal mobile device</p>	 <p>24/7 direct care line</p>	 <p>Wearable technology incl. delivery of patient education, follow-up checklists & care team integration</p>
Collaboration principles	1	Identify the right partner	Work with those outside of the health system (incl. caregivers, family members) to maximize adherence to discharge plans	
	2	Align on goals & governance	Develop clear transition planning to enable personalized care follow up and adequate discharge planning	
	3	Use consistent language & terminology	Discuss with actual users what terminology they would understand and incorporate that into initiatives	
	4	Build relationships on trust & transparency	Engage with patients and organizations across all communities, taking on board their feedback and nuances to make their voices heard and build trust	

Utilizing technology as a drive for change

Amplifying the patient voice

Collaborating for access

Initiative	Personalized Discharge and Follow-Up Care Initiative <i>Aims to enhance patient outcomes and engagement</i>			
Strategies	 Standardized, yet customizable, discharge plans with coordinated follow up care actions	 Text-based, personalized patient education through personal mobile device	 24/7 direct care line	 Wearable technology incl. delivery of patient education, follow-up checklists & care team integration
Collaboration principles	1 Identify the right partner	Work with those outside of the health system (incl. caregivers, family members) to maximize adherence to discharge plans		
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Stakeholder-specific roles	HCPs	Embed strategies in workflows & deliver patient-centered care in accordance with updated workflows		
	Patient care team	Facilitate the implementation of care tactics		
	PAGs & community services	Support scalability & awareness of care tools		
	Payers	Facilitate the financial sustainability by including within care plans		
	Healthcare technology experts	Bring understanding of technology value & build system buy-in among HCPs & leadership		
	Patient	Gamify the wearable technology for sustained care		
Outcome Metrics	1 Patient reported outcomes e.g. satisfaction, understanding of discharge orders	2 Hospital-related metrics e.g. readmission rates, utilization of individualized options	3 Technology-derived outcomes e.g. health parameter monitoring, communication frequency, utilization of education materials	





The problem

- **Fragmented systems**
- Absence of **culturally competent partnerships**
- **Disproportionate impact of access barriers** on racial and ethnic minorities

Causal factors

- Lack of **access to community services / resources / support**
- Interpersonal and systemic **mistrust dynamics**
- Lack of **care coordination**
- Lack/limited **patient & caregiver health system literacy / self-advocacy**
- Prioritization of **acute over chronic** problems in EDs
- **Under-resourced EDs**





The solution

Initiative	Community-integrated Care Initiative <i>Aims to address the social determinants of health</i>			
Strategies	 Partnerships to connect patients with culturally relevant community services	 Community coordinated care plan	 Assign care coordinators to patients for ongoing support	 Care coordinator driven alert system & care plan feedback to HCPs
Collaboration principles	1 Identify the right partner	Collaborate with non-traditional partners to help disseminate health resources e.g. church bulletin, barber shops		
	2 Align on goals & governance	Work with leadership from the beginning to agree on resourcing goals, enabling ongoing support and successful assigning of care coordinators		
	3 Use consistent language & terminology	Train all those involved in patient care on cultural competency, enhancing their ability to communicate with both colleagues and patients from different backgrounds		
	4 Build relationships on trust & transparency	Be transparent about areas of improvement and how the system can do things better for patients from different backgrounds		

Utilizing technology as a drive for change

Amplifying the patient voice

Collaborating for access

Initiative	Community-integrated Care Initiative Aims to address the social determinants of health			
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	4 Build relationships on trust & transparency	Be transparent about areas of improvement and how the system can do things better for patients from different backgrounds		
Stakeholder-specific roles	HCPs	Embed strategies in workflows & deliver patient-centered care in accordance with updated workflows		
	Hospital leadership	Ensure formalization of processes & support continuous staff training & cultural competency development		
	Patient care team	Facilitate the implementation of care tactics		
	Community services	Disseminate resources through non-traditional methods e.g. church bulletin		
	Policymakers	Support scalability of strategies beyond pilot sites		
Outcome Metrics	1 Patient reported outcomes e.g. satisfaction	2 Hospital-related metrics e.g. readmission rates, utilization of individualized options	3 Community related metrics e.g. care coordinator utilization, community center resource utilization	



Thank you!

Please contact the Executive Insight team with any questions at hit@executiveinsight.ch



Marc Pesse



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Lisa Clark



Natalia Jimenez



Malu Katz

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APPENDIX

Summit Agenda

Day 01

- 14:00**  **Intro & opening keynote:**
Voice of progress
- 14:45**  **Case studies**
Inspiring achievements
- 15:45**  **Closing plenary:**
From revolution to evolution
- 19:00**  **Welcome event :** Hosted here
at the Alliance Headquarters!

Day 02

- 08:45**  **Intro & opening keynote:**
HCI: The next frontier
- 09:30**  **Best practice sharing:**
Collaboration for successes
- 10:30**  **Tea break**
- 11:00**  **Workshop 1:**
Adapting & actioning
- 12:15**  **Lunch**
- 13:30**  **Workshop 2:**
Sparking collaboration
- 15:00**  **Closing remarks:**
HCI: The way forward

The cross-stakeholder Summit took place across 2 days, inspiring a diverse range of attendees on how to advance HCI



2025 HIT Summit Cross-stakeholder days
**25-26th June 2025 at the Alliance HQ
(Washington D.C)**

**Day
1**

Reimagining HCI: What's Next
Cross-stakeholder day 1 (PM only)

**Day
2**

**Catalyzing HCI: Delivering Impact
Together**
Cross stakeholder day 2 (full day)



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Attendee Breakdown

