

2025 Award Winner Case Study: TBM Pioneer (Americas)

# How Cleveland Clinic Evolved TBM to EBM (Enterprise Business Management)

*A Cleveland Clinic Case Study*

## Executive Summary

Cleveland Clinic was the award winner for the **TBM Council's 2025 Regional Pioneer Award (Americas)** for evolving Technology Business Management (TBM) into an Enterprise Business Management (EBM) framework spanning Facilities, Revenue Cycle Management, and Shared Services.

By extending TBM principles beyond IT, Cleveland Clinic delivered enterprise-wide operational and financial impact:

- **Built an enterprise EBM model integrating 18 source systems**, unifying cost, consumption, and outcomes across Facilities, RCM, and Shared Services.
- **Embedded data-driven accountability into daily operations**, enabling automated cost-to-collect, utilities and cost-per-square-foot analysis, vendor management, and near-real-time performance insight.
- **Established a repeatable, scalable model for enterprise transparency**, positioning Cleveland Clinic as a pioneer in extending TBM beyond technology into holistic business management.



2025 TBM Council Awards Winner  
**TBM Pioneer (Americas)**



### Website

[www.clevelandclinic.org](http://www.clevelandclinic.org)

### Founding Date

1921

### Headquarters

Ohio, USA

### Industry

Healthcare Providers

### Employees

80,000

“ Since operationalizing an EBM practice, leaders moved from mining data to accessing information and making better business decisions in real time. ”

– Administrative Director,  
Cleveland Clinic Buildings &  
Design

## Business & Technology Context

Seeking to extend the discipline and benefits of Technology Business Management (TBM) beyond IT, Cleveland Clinic recognized parallel challenges across enterprise functions: fragmented data, opaque costs, and decisions disconnected from measurable outcomes. Senior leaders sponsored a bold expansion of TBM into Facilities, Revenue Cycle Management (RCM), and other Shared Services. The goal was to build a scalable Enterprise Business Management (EBM) model that unifies cost, consumption, and outcomes to guide strategy, budgeting, and daily operations.

The enterprise operated complex, high-volume services without integrated financial visibility. Facilities oversaw **30M square feet, 21 hospital campuses, and 300+ facilities**, yet costs for utilities, labor, and vendors were dispersed across systems. RCM managed **~4,000 caregivers** with manual, inconsistent cost collection and no unified view of vendors. Across Shared Services, rich operational telemetry existed, but it wasn't tied to financials, unit economics, or outcomes – limiting accountability, slowing planning, and impeding performance management. Sustainability decisions (e.g., energy use per site or per square foot) also lacked standardized, automated reporting.

## TBM Solution

To turn these opportunities into an enterprise program, the team implemented TBM foundations and scaled them into EBM – co-developing new use cases and embedding them in planning, budgeting, and operations of key business functions:

**Facilities Management:** Partnering with Facilities leadership, the team built a business plan and roadmap, then implemented custom

### TBM Benefits:

- 18 systems unified into 1 enterprise cost model
- 2K+ hours saved eliminating manual reporting
- Chargebacks accelerated from 3 days to 1
- 94% reduction in 100k+ work-order backlog
- 12-wk cost-to-collect reduced to monthly cycle

cost transparency instances based on TBM standards covering enterprise initiatives, utilities, internal/external labor, and vendor spend. Automated chargebacks replaced manual workflows; dashboards now show actuals vs. budget, hourly/daily kilowatt usage by site, and work-order insights by ticket type. Accountability reporting surfaced data quality issues – such as assets missing manufacturer fields and 100k+ open work orders – and drove remediation.

**Revenue Cycle Management (RCM):** With RCM leadership, the team created a roadmap for financial and vendor management insights. They automated cost-to-collect and labor distribution tracking, built dashboards for vendor performance, discretionary spend, and RCM KPIs, and launched a Vendor Management Office view spanning Accounts Payable, POs, contracts, invoices, and labor – the first holistic vendor lens for RCM.

**Cross-Domain Enablement:** An EBM governance body now prioritizes new use cases. Self-service access eliminated repeated ad-hoc downloads, reducing caregiver workload. A standardized “base package” of reports covers financials, labor, devices, travel, and desktop licenses. A formal intake process in their TBM Platforms captures new requests and enhancements. In total, the TBM/EBM Office integrated 18 source systems (ERP, HR, CMDB, Utilities, Real Estate, etc.) into 32 data sets, 31 reports, and 95 report views.

*“Since operationalizing an EBM practice ...leaders moved from mining data to accessing information and making better business decisions in real time.”* – Administrative Director, Cleveland Clinic Buildings & Design

## Value Achieved

The EBM model shifted teams from retrospective compilation to proactive management.

More than **2,000 hours** are saved annually by eliminating **250+ PDFs** and **250+ spreadsheets** across RCM and Buildings & Design. Chargebacks accelerated from 3 days to 1 day. The RCM **cost-to-collect** cycle moved from a **12+ week** manual effort to a monthly process with **2 editable tables**, **6 automated KPI calculations**, and **3 uploads**. **18 systems** feed automated pipelines and **100+ data tables** and **5 APIs** support expanding use cases and near-real-time updates. Facilities now produce **252 report cards** monthly (21 campuses), replaces **17 electricity spreadsheets** with hourly/day-level dashboards, and replaces **20 utilities files** with automated rate/consumption tracking.

Surfaced backlogs enabled closure of **~90% of 100k+ work orders within six months (a 94% reduction)**. Two-thirds of assets missing manufacturer data are being corrected during work-order closure, strengthening asset lifecycle and financial accuracy.

Discretionary Spend, Cost-per-Square-Foot, and Utilities dashboards provide drilldowns from enterprise → market → site/building → natural account, improving monthly reviews and anomaly detection while guiding budget reductions and space utilization strategies.

**200+ users** onboarded via a standardized base package; monthly variance reviews now rely on dashboards rather than manual compilations. Vendor Management Office views support contract renegotiations and optimization.

Cleveland Clinic presented at TBM Conference and TBM Healthcare Workgroup; its EBM constructs are being standardized for broader adoption. Bi-weekly strategy sessions with their TBM vendor continue to advance costing and reporting for new service domains.

## Conclusion

By extending TBM into an **Enterprise Business Management** framework, Cleveland Clinic created a repeatable model for transparency, accountability, and value realization beyond IT.

More importantly than the metrics, EBM has catalyzed cultural change – embedding data-driven, outcome-aligned management into everyday work – and positioned Cleveland Clinic as a market pioneer for enterprise-wide value management. It's an excellent pathway for maturing TBM beyond the tech and finance departments into a holistic organizational cultural change.



## Join the TBM Council

Founded in 2012, the Technology Business Management (TBM) Council is a nonprofit business entity dedicated to advancing the discipline of TBM through education, standards, and collaboration. Governed by an independent board of global business technology leaders, the Council represents innovative companies across all sectors. The TBM Council provides best practices for leaders to leverage so they can react quickly to changing market dynamics and optimize cloud and agile strategies to deliver on business objectives.

Learn more and become a member at

[tbmcouncil.org](https://tbmcouncil.org)