KLAS RESEARCH | Healthcare IT Insights

Segment Insights

2025 KLAS Emerging Solutions Top 20

October 2025

2025 KLAS Emerging Solutions Top 20

Healthcare organizations' partnerships with technology vendors and services firms shape healthcare outcomes for years, yet in the rush of new innovations, many promising partners go unnoticed. Since 2022, KLAS has been publishing our annual Emerging Solutions Top 20 report, which seeks to help healthcare organizations identify the new technologies best positioned to impact the Quadruple Aim of Healthcare. This report (1) ranks 20 emerging solutions by their potential to disrupt the healthcare market and (2) provides insights from participating healthcare leaders into what innovation themes organizations should be aware of as they seek to provide the best patient care.

Help KLAS Discover the Next Emerging Solution

The 20 emerging solutions reviewed in this report are only a sample of all the emerging companies KLAS measures, and KLAS plans to continue publishing Emerging Solutions Top 20 reports as we measure new vendors and services firms. You can help contribute to our research—if you know of an emerging HIT vendor or services firm that KLAS should measure, reach out to your KLAS representative or email etech@klasresearch.com.

Report Methodology

The feedback included in this report is primarily **perception based**; 41 healthcare thought leaders, many with C-level/executive experience, rated the solutions (on a 1–9 scale) based on their potential to impact each arm of the Quadruple Aim: to improve outcomes, reduce the cost of care, improve the patient experience, and improve the clinician experience. Participants read 8–10 reports each and are split into three groups based on whether they have a clinical, financial, or operational background. For a full list of participants, see page 5. Each solution or service eligible for this report was highlighted in a KLAS Emerging Company Spotlight report or First Look report between July 1, 2024, and July 23, 2025, and received an overall score from customers of at least 85 out of 100.

2025 KLAS Emerging Solutions Top 20

The companies ranked below are those that received the top 5 scores in relation to each arm of the Quadruple Aim; those ranked for each aim combine to make up the 2025 Emerging Solutions Top 20. In addition to being featured in this report, the top 20 emerging companies were recognized at the 2025 HLTH Conference in Las Vegas. Note that many of these companies have expanded or renamed their offerings since their respective reports were published.

All comments below are from provider thought leaders who shared their perceptions of the solutions after reading the KLAS emerging solutions reports. While some thought leaders have direct experience with the solutions, most do not.

Click on any **report title** to access the full report.

Top 5—Improve Outcomes

1 Artisight

Artisight Smart Hospital Platform 2024
Improving Patient Care with an AI-Driven Virtual Care Platform

"Artisight appears to be a truly transformative solution. It unifies multiple virtual care and efficiency use cases, often handled by separate point solutions, into a single AI-enabled system. This integrated approach, combined with AI-driven insights, has the potential to extend limited clinical resources, improve efficiency, and help address clinician burnout, making it a notable example of emerging technology."

2 AmplifyMD

AmplifyMD Virtual Care Platform 2025 *Enhancing Telemedicine Delivery Through Integrated Clinical and Technology Solutions*

"AmplifyMD represents an effective solution for the specialist shortage crisis facing many hospitals. The platform particularly excels at cost reduction and care access, making it especially valuable for underserved health systems."

3 Ambience

Ambience Healthcare 2024
Optimizing Clinical Workflows with Ambient Speech AI Technology

"Ambience Healthcare seems to be a mature, well-integrated ambient AI platform that excels at addressing provider satisfaction while delivering strong benefits across the other healthcare improvement dimensions. Commentary reveals exceptional provider enthusiasm, proven ROI with coding improvements, recruitment benefits, and dramatic burnout reduction. Multiple customers report that it is life-changing technology."

4 DeepScribe

DeepScribe Ambient AI 2025
Enhancing Clinician Experience & Efficiency Through Ambient Speech AI

"Like all ambient AI technologies, this solution is loved by both patients and providers. In addition to AI assisted coding, DeepScribe offers the ability for the providers to fine-tune their notes to meet their needs. This can help with adoption."

5 Onpoint

Onpoint Healthcare Partners Iris End-to-End Provider Platform 2025
Improving Provider and Care Team Productivity Through Suite of Efficiency Modules

"Onpoint Iris AI [now called Iris End-to-End Medical Agent AI Platform] is the first solution I have seen that uses AI, both agentic and generative, to create a virtual practice environment around the provider, offering comprehensive support and significantly reducing administrative burden. This represents a clear example of emerging technology, and I am excited to see how it evolves."

Top 5—Reduce Cost of Care

1 FATHOM

Fathom 2024
Optimizing Revenue Cycle Operations Through Medical Coding AI

"One of the few tangible ways to demonstrate ROI with AI technologies is through a reduction of FTEs, and Fathom enables that through their fully autonomous coding solution. Existing clients have reported high levels of throughput and accuracy, which not only enhances operational efficiency but also contributes to significant cost savings. Additionally, the improved precision in coding reduces the likelihood of claim denials, thereby minimizing future revenue leakage and administrative burden."

2 Tennr

Tennr 2025 *Converting More Patients and Reducing Denials Through Intelligent Automation*

"There is a huge need for this service. Leakage of patients in highly competitive geographic areas is tangible. The faster these patients get scheduled, the quicker an organization benefits their bottom line. It seems like a great solution."

3 Clarus

Clarus Care 2025
Call Management and Transcription Technology for Healthcare Providers

"I really like the premise of this product. The ability to automatically route patient voicemails to the right people to yield actionable tasks would be a real benefit for clinic staff. Time is a precious resource in clinics, and triaging calls more expediently and accurately is a benefit for the clinic and the patients. AI has a lot of potential to help with time-consuming tasks without compromising care or patient experience."

4 RiviaHealth

Rivia Health Payment Engagement Technology 2024

Increasing Revenue Through Payment Collection Automation

"The product is an interesting concept for back-office functionality using automation. It seems to take away a significant clerical workload from staff and operational management, and it stands to have a big impact on ambulatory days in A/R and improve the overall bottom line."

5 eINSIGHTS

eInsights Eligibility Integrity 2025

Insurance Discovery Technology to Maximize Revenue

"eInsights can help ensure that patients' insurance coverage is accurately identified and attached, which enables timely billing and reduces the risk of delayed or denied services due to insurance issues. By uncovering unknown insurance coverage, it likely reduces out-of-pocket expenses and financial stress."

Top 5—Improve Patient Experience

1 dexcare

DexCare 2025

Improving Patient Scheduling and Optimizing System Capacity

"DexCare offers a significant improvement for patients to self-schedule and drive them to the correct place for care (location and specialty). This is where DexCare can have the biggest impact. With future developments and enhancements, there is certainly potential to lower system costs and improve provider satisfaction."

2 DeepScribe

DeepScribe Ambient AI 2025

Enhancing Clinician Experience & Efficiency Through Ambient Speech AI

"DeepScribe stands out as the top performer, earning high marks by directly addressing clinician burnout. The solution receives a near-perfect score for improving provider satisfaction by using ambient AI to completely automate the creation of clinical notes. This dramatically reduces documentation time, allowing doctors to be more present and engaged during visits, which in turn enhances the patient experience. By eliminating the need for providers to spend hours on notes after work, DeepScribe delivers a powerful and tangible improvement to their daily lives."

3 Ambience

Ambience Healthcare 2024

Optimizing Clinical Workflows with Ambient Speech AI Technology

"Ambience Healthcare significantly reduces charting burden through ambient AI, enabling clinicians to reclaim time and reduce burnout; its integrated suite (scribe, coder, care coordinator) works in the background, allowing for natural patient interaction and high provider adoption. Patients benefit indirectly from more engaged, attentive providers freed from screen-time distractions."

4 Artisight

Artisight Smart Hospital Platform 2024

Improving Patient Care with an AI-Driven Virtual Care Platform

"Artisight has a great opportunity to improve patient safety and outcomes. Preventing injuries and speeding time to response are the greatest opportunities. Systems may lower costs by having fewer FTEs as sitters and in other roles."

5 AmplifyMD

AmplifyMD Virtual Care Platform 2025 *Enhancing Telemedicine Delivery Through Integrated Clinical and Technology Solutions*

"The product has the potential to improve care and outcomes by making subspecialty clinical consultation more consistently available; that can be difficult to secure in many settings. That kind of access could enhance continuity of care, helping patients feel connected throughout their care journey, while reducing pressure on frontline providers who might otherwise have to scramble to fill those gaps. If realized, it could be a win for both patient experience and provider well-being."

Top 5—Improve Clinician Experience

1 Ambience

Ambience Healthcare 2024
Optimizing Clinical Workflows with Ambient Speech AI Technology

"Ambience Healthcare has a high-accuracy product, with one leader reporting it as extremely accurate and grammatically correct. The product drives real outcomes for providers by reducing cognitive load and driving efficiency, giving them back precious time at home with their families."

2 DeepScribe

DeepScribe Ambient AI 2025
Enhancing Clinician Experience & Efficiency Through Ambient Speech AI

"Ambient listening transcription platforms have an immediate and meaningful impact on provider satisfaction. They are heavily focused on physicians and APPs today. DeepScribe differentiates themselves from the competition with a greater emphasis on coding assistance and individual user customization."

3 Onpoint

Onpoint Healthcare Partners Iris End-to-End Provider Platform 2025
Improving Provider and Care Team Productivity Through Suite of Efficiency Modules

"The expanded solution set to support the continuum of care with the pre- and post-visit support is a significant differentiator for this solution."

4 Tennr

Tennr 2025 *Converting More Patients and Reducing Denials Through Intelligent Automation*

"Tennr has excellent operations services, and their AI tools are especially great for smaller healthcare organizations that are still using faxes, paper, and phone calls. Their services enable the decrease or non-increase of human workers as organizations wrangle complex and disparate data sources into cohesive actions. This should lead to a better provider and patient experience by cutting through all the red tape."

5 AmplifyMD

AmplifyMD Virtual Care Platform 2025 *Enhancing Telemedicine Delivery Through Integrated Clinical and Technology Solutions*

"Some systems have multiple telehealth platforms for different consultant services. AmplifyMD is interesting in that they can provide one all-inclusive platform for consistency. Provider and consultant accessibility will help reduce length of stay and associated costs."

All Eligible Solutions

Below are all 20 solutions and services that were eligible for an Emerging Solutions Top 20 award. Each was highlighted in a KLAS Emerging Company Spotlight report or First Look report between July 1, 2024, and July 23, 2025, and received an overall score from customers of at least 85 out of 100.

Click on any **vendor name** to access the full report.

Acorn Credentialing Solutions

Ambience Healthcare

AmplifyMD Virtual Care Platform

Artisight Smart Hospital Platform

Beckman Coulter TriageGO

Clarus Care

DeepScribe Ambient AI

DexCare

eInsights Eligibility Integrity

Fathom

Intelliguard Mira Care

Intraprise Health BluePrint Protect

KODE Health On-Demand Coding Services

Medallion

Nabla

Onpoint Healthcare Partners Iris End-to-End Provider Platform

Red Rover Health

Rivia Health Payment Engagement Technology

Tennr

Trusted Health Works

Participating Provider Thought Leaders

We are grateful for the thoughtful review and engagement from our team of prominent healthcare thought leaders.

Kali Arduini Ihde
Director of Ventures & Innovation
Northwestern Medicine

Adam Artel, DPT
Director of Digital Portfolio
Emplify Health

Bonnie Arze, MD
CMIO, VP of Physician Quality & Performance Excellence Services
Adventist HealthCare

Sheila Augustine, MHA
Director of Health Information Management & Revenue Integrity
Nebraska Medicine

Jonathan Bauer
CIO
Atlantic General Hospital

Marc Bingham, MD, FAAFP
CMIO
Yale Health

Lori Boisjoli
CIO
University of Vermont Health Network

Albert Bonnema, MD, MPH
CMIO
Kettering Health

Emily Borlas
AVP of IT Applications
HonorHealth

David Chestek, DO
CMIO
UI Health

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VP of Technology, CTO
Franciscan Health

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OrthoNebraska

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Emergency Physician & Informaticist
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CIO
Fisher-Titus Health

Nikki Reyer Facteau
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Claire Floyd, MSN, RN, NI-BC
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Frederick Health

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Cleveland Clinic

Vincent Vitali, CHCIO
CIO
Borland Groover

Meghan Gaertner
Director of Clinical Informatics
Answer Health Physician Organization

Terri Ripley
CIO
OrthoVirginia

Emily C. Webber, MD, FAAP, FAMIA
VP, CMIO
Indiana University Health

David Graham, MD
VP, CMIO
LifeBridge Health

Donna M. Roach, MS
CIO
University of Utah Health

Mark Weisman
CIO, CMIO
TidalHealth

Rebecca Hemphill, MD, FACP
CMIO
MaineHealth

Robert Rodgers
VP of Revenue Cycle Management
Arches Medical

Mony Weschler, MBA, FHIMSS, CPHIMS
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DocPanel

Karen Hunter, DNP, RN, NI-BC, CENP
CNIO
Adventist Health

Paula Siler, RN, MS
Clinical Nursing Director, III
County of Los Angeles Department of Health Services—Community Programs

J.D. Whitlock
CIO
Dayton Children's Hospital

Technology Innovation Themes

Many of the participating thought leaders who gave ratings for the Top 20 report also shared their thoughts on an HIT area where they have expertise and passion. Among the topics covered are interoperability, AI, cybersecurity, and staffing. Participants' full comments on themes in technology innovation are shared below.

Sheila Augustine,
MHA
Director of Health Information Management & Revenue Integrity
Nebraska Medicine

AI's role in healthcare is expanding, promising improved efficiency, accessibility, and quality of care. However, its full potential depends on addressing ethical challenges, ensuring data privacy, and fostering collaboration between clinicians, technologists, and policymakers.

AI enhances healthcare by making it faster, smarter, more personalized, and more efficient. While it won't replace clinicians, it will empower them—and improve outcomes for patients, providers, and the health system as a whole.

AI strengthens nearly every stage of the revenue cycle by enhancing speed, accuracy, and financial performance while relieving administrative burden on healthcare staff. AI can be powerful; however, there need to be checks and balances, and we have to understand that there will always be some manual intervention to build a successful model.

AI won't take over the revenue cycle entirely—but it will significantly transform and streamline it, shifting the human role from manual tasks to higher-level decision-making and oversight. AI is best seen as a tool to augment human capabilities, reduce waste, and create a more efficient, patient-friendly financial experience.

Marc Bingham,
MD, FAAFP
CMIO
Yale Health

The 2025 Budget Reconciliation Act represents the most significant overhaul of America's healthcare safety net in decades, with profound implications for healthcare IT systems across the nation. On a recent review, Johns Hopkins experts warned of up to 15 million Americans losing coverage by 2034. Healthcare IT leaders must prepare for unprecedented operational challenges and opportunities.

The new Medicaid work requirements, beginning January 2027, will create massive administrative burdens that require robust IT infrastructure. Monthly verification systems must handle millions of compliance reports while managing exemptions for caregivers, disabled individuals, and those in areas lacking employment opportunities. Healthcare organizations will need sophisticated data management platforms to track eligibility, automate workflows, and prevent coverage gaps that could devastate both patients and providers.

With hospitals potentially losing as much as 50% of their Medicaid revenue, particularly in rural areas, healthcare IT systems must evolve to support new financial realities. Enhanced revenue cycle management tools, predictive analytics for bad debt, and automated charity care processing will become essential. The $50 billion allocated for rural hospital support pales against the $1 trillion in cuts, making IT efficiency gains critical for organizational survival.

As coverage becomes more fragmented and millions lose insurance, seamless data sharing between providers, payers, and social services becomes crucial. Healthcare IT platforms must integrate eligibility verification, care coordination, and social determinants data to identify at-risk populations and facilitate rapid enrollment in available programs.

Shortened ACA enrollment periods and elimination of automatic renewals demand user-friendly digital enrollment platforms. Healthcare organizations must invest in patient engagement technologies that simplify eligibility verification, provide real-time coverage status updates, and offer multilingual support for vulnerable populations facing new barriers to care.

We stand at a crossroads where technology innovation isn't just about efficiency—it is about preserving access to care for America's most vulnerable populations in an increasingly complex regulatory landscape.

Lori Boisjoli
CIO
University of Vermont Health Network

AI is revolutionizing healthcare—and the momentum is only accelerating. From predictive diagnostics to personalized treatment plans, AI is transforming how care is delivered, making it faster, smarter, and more precise.

Imagine algorithms that can detect diseases like cancer or diabetic retinopathy earlier than the human eye, or virtual assistants that help clinicians reduce administrative burden and focus more on patient care. AI is already powering tools that analyze medical images, flag anomalies in real time, and even predict patient deterioration before it happens.

But the excitement doesn't stop at diagnostics. AI is enabling hyperpersonalized medicine by analyzing vast data sets—from genomics to lifestyle factors—to tailor treatments to each individual. In hospitals, AI-driven robots assist in surgery with unmatched precision, while NLP tools transcribe and summarize clinical notes, improving documentation and reducing burnout.

Perhaps most thrilling is AI's role in drug discovery. What once took years can now be accelerated by machine learning models that simulate molecular interactions and identify promising compounds in weeks. This means faster development of life-saving therapies and vaccines.

The future? AI-powered health systems that continuously learn, adapt, and optimize care delivery. It isn't just about machines replacing tasks—it is about augmenting human expertise to achieve better outcomes, lower costs, and achieve more equitable access to care.

In short, AI in healthcare isn't just a trend—it is a transformation. And we are only at the beginning.

Albert Bonnema,
MD, MPH
CMIO
Kettering Health

On May 20, 2025, our health system, comprising 14 hospitals and 120 outpatient facilities, experienced a substantial ransomware attack that required a complete shutdown of nearly all electronic operations to safeguard patient data. As the CMIO, I saw firsthand how effective (and ineffective) our business continuity planning was and how crucial the relationship is between clinical care and health IT resilience.

Once our systems—including the EHR, email, phones, messaging platforms, and internet—went offline, our teams promptly activated our downtime protocols and switched to paper-based workflows. This shift highlighted the vulnerabilities associated with manual processes, such as the absence of automated safety checks and the increased risk of medication errors, leading to potential delays in orders and disorganization in records. These operational hurdles emphasized the need for continuous improvement in patient safety and care delivery and the importance of learning from such incidents to enhance our resilience in the future.

Nevertheless, the resilience demonstrated by our organization during this crisis was remarkable. Our multidisciplinary teams collaborated seamlessly, navigating unfamiliar workflows and supporting each other to maintain continuity of care. Impressively, we restored basic EHR order entry and documentation capabilities within just 14 days, with nearly all 30,000 devices and 600 applications back online by day 20, showcasing our swift recovery.

This incident underscored the essential role of robust business continuity planning in healthcare. Effective strategic planning should go beyond just technical recovery; it must ensure that clinical workflows, communication channels, and decision-support tools include solid contingencies. For CMIOs, downtime procedures must not only be theoretical but also actively practiced, regularly updated, and woven into a culture of readiness.

The attack clarified three crucial priorities for us:

1. Promote an organization-wide commitment to cybersecurity as a core aspect of patient safety.
2. Integrate downtime and recovery training into everyday clinical operations.
3. Ensure technology investments are aligned with resilience goals, rather than merely operational functionalities.

As the CMIO, I believe our ability to protect care during a crisis relies heavily on our preparedness and training, as well as the speed of technical recovery. We will come out of this experience stronger and better equipped to safeguard our patients.

Emily Borlas
AVP of IT Applications
HonorHealth

The pace of technological advancement in healthcare is accelerating, reshaping how care is delivered, managed, and experienced. For emerging technology vendors, this rapid evolution presents both a challenge and an opportunity. To remain relevant in today's dynamic landscape, it is no longer sufficient to focus solely on refining current offerings. Instead, vendors must look ahead and actively pursue the next technology breakthrough. Healthcare leaders are increasingly seeking solutions that not only solve today's problems but also anticipate tomorrow's needs. This requires vendors to be agile, visionary, and deeply attuned to the shifting priorities of providers, payers, and patients. By investing in innovation and aligning with strategic industry goals such as reducing clinician burnout and improving operational efficiency, technology partners can position themselves as indispensable allies in healthcare transformation. The organizations that thrive will be those that embrace disruption, foster collaboration, and deliver scalable, future-ready solutions.

Charles E. Christian, LFCHIME, LFHIMSS, CHCIO, CDH-E
VP of Technology, CTO
Franciscan Health

I have been involved in interoperability since the early 2000s, well before it was a thing. We have long since known that patients receive care in more than one location and that throughout their lives, they will be seen by several providers, both primary care providers and specialists. I am not a physician, but I have worked with and been well trained by many over the years. What I have learned is that a physician can try to treat a patient for their current chief complaint, but having all the necessary information about the patient will contribute to the success of that encounter.

I think many of us can recall the HITECH Act of 2009, which had several provisions related to interoperability and the desire/need to automate the healthcare ecosystem. Of note, those regulations only covered two of the several care settings: acute and ambulatory. These rules left out the post-acute care and behavioral health settings, where a great deal of long-term care is provided. We also need to keep in mind that the rules related to data sharing are a little different for the behavioral health space. Nonetheless, when treating a patient, physicians need to treat the whole patient—being armed with as much related information about that patient as possible.

Many years ago, when we were just starting to implement applications that were core to a hospital setting, a physician leader shared a very valuable piece of insight: "Don't tell me what I already know [about the patient]; tell me what I don't know. Better yet, tell me what I need to know." I have used this piece of insight throughout my career to help me understand the value and timing of the information that is being presented within the workflow of the clinician during a patient encounter. We have spent more than 20 years moving chunks of data around—at times just moving large chunks that have little value to the receiving providers—all in the name of interoperability. We hope the data we are moving is connected to the correct patient (a topic for another day).

I think that we really need to work on ensuring we have the correct patient and that we are moving the right data to the right provider at the right time. This is where AI might shine. Why can't we leverage the smarts of AI to make our patient encounters smarter and more productive—not only in the form of ambient listening/note-taking but also in sharing with the provider information from outside sources that are not contained in the provider's EHR? To put a finer point on the topic, why can't we use AI to compile a summary of the information from previous encounters with information that has not been reviewed by the provider and information from outside the treating organization—all based on provider preferences and requirements? The next step might be to have AI that could participate in a patient encounter, providing information to the physician and gathering information related to new orders, new medications, and so on.

Marc S. Cohen
CFO
University of Rochester Medical Faculty Group

"The right care at the right time" is a common phrase thrown out by healthcare professionals with the goal of supporting patients and managing spend at the same time. We talk about urgent care versus the ER, and we talk about primary care or telemedicine over either of the other two services. Those are all care models that tend to happen after a medical issue has occurred, and I wonder whether that is truly the right care we should be providing.

Taking care of myself is not something I do well. Working in healthcare, I know I could do better. I could eat better, exercise more, manage my stress better, and be more routine with my primary care visits. How do we build a solution that is affordable to patients and that facilitates the right care?

Many of today's emerging technologies are trying to address this question, reminding users what they should be doing and when. They can help with communications from payers or providers by reminding patients of the upcoming tests suggested. In the end, we must

choose to and be able to listen. The solutions should be loud enough to ensure we hear the recommendations for providing the right care. Please let the next generation of emerging technology vendors prioritize that as they build their solutions.

Bill Citro
Senior Digital Experience Analyst
OrthoNebraska

The most exciting advances in healthcare in the next few years will be how agentic AI can help the many activities in healthcare, particularly in the business office, that humans don't add a lot of value for and have struggled to automate due to the complexity and inability to properly handle or escalate exceptions. Over the next few years, we will learn so much about what use cases and partners leverage AI most effectively versus what is still difficult or vaporware.

Perhaps most importantly, AI can also be used to help ease the provider shortages we see throughout healthcare and allow the providers more quality time at the bedside. We have a long way to go, but we have a clear path and smart people working toward a common goal, and I feel that we haven't quite had those things in the past. I have seen demonstrations of this capability in pockets, making me think the ability for breakthrough technology exists, despite the false promises that have been made in the past regarding clinical decision support tools that don't take into account full context and that ultimately cause alert fatigue.

Claire Floyd,
MSN, RN, NI-BC
Informatics Nurse Specialist
Frederick Health

AI is reshaping healthcare, and its most meaningful impact may come not from complex predictive models but from how it supports frontline nurses. AI tools like LLMs, NLP, and workflow automation are beginning to reduce the burden of documentation and enhance clinical decision support, offering nurses the gift of time and focus.

Today's nurses spend a significant portion of their shifts documenting in the EHR, often double-charting or navigating fragmented systems. Introducing AI into nursing workflows must go beyond efficiency. AI must be aligned with how nurses think, assess, and make decisions. If not designed with their input, AI risks adding noise, not clarity. Governance is essential, and interdisciplinary teams—including informatics nurses—must be at the table to evaluate AI outputs, guard against bias, and ensure safe integration into clinical environments. Equally critical is educating nurses on effective prompting and response engineering. Like any tool, AI is only as good as the way it is used. Teaching staff how to ask better questions, iterate on responses, and critically evaluate generated content is key to building trust and adoption.

Ultimately, AI will never replace a nurse, but it will amplify clinical judgment, illuminate next steps, and reduce the weight of routine tasks. Done right, AI will streamline workflows and help restore joy in practice. As we scale our exposure to AI in healthcare, we aren't just measuring ROI in minutes saved; we are creating meaningful moments while providing patient care.

David Graham, MD
VP, CMIO
LifeBridge Health

The complex environment of US healthcare leads to persistent struggles in so many aspects of our delivery systems: patient outcomes and satisfaction, quality and safety, clinician burnout and turnover, operational efficiency, and financial sustainability, to name a few. These are all impacted by the rapidly changing governmental regulations and priorities, which in some cases have required a 180-degree shift from our previous priorities. This rapidly evolving landscape requires new thinking to achieve our necessary outcomes.

AI, especially generative AI, has the potential to assist healthcare delivery organizations in myriad ways. The value gained from AI comes from many use cases, not the least of which is the ability to comb through volumes of data to elicit the common themes for our patients as well as the nuanced, rare afflictions that would be nearly impossible for a human to discover in real time. However, the promise of agentic AI to address the innumerable inefficiencies of US healthcare will be limited if we cannot solve the interoperability challenge. AI agents will be far more effective at assessing individuals and populations if the breadth of data is comprehensive. Every available detail about a patient should be accessible by our AI tools, regardless of patient location, insurer, health system, or EHR used.

Years of government agencies encouraging EHR vendors to be fully interoperable have not substantially improved the sharing of patient data across health care entities. We as physicians, nurses, health system leaders, and patients need to elevate the call for true interoperability. Our actions should be to collaborate with our patients and advocacy groups to emphasize the significant benefits that

patients, health systems, and government payers will realize from having an unrestricted flow of patient data. Only when clinicians gain full access to a patient's data will they be able to improve care, increase prevention, and ultimately, improve the health of our nation.

Carol L. Joseph, RN
Director of IT Innovation
Orlando Health

Many think that the use of AI is something new in the healthcare setting. The truth is that AI has been in use for many years, especially in the radiology setting in the form of CAD. This technology has assisted radiologists with diagnosing breast and prostate cancer. Its accuracy has improved to the point that it is used with just about every mammography and prostate examination interpretation.

Interestingly, despite the rapid development of AI in the past several years, very few, if any, solutions have achieved 100% accuracy in their given specialty area. Although AI tools in healthcare have been improving, it will be a very long time before AI could ever totally replace a seasoned clinician; while AI is great at finding minute details that might be missed by the naked eye, it does not have the ability to understand the nuances of and context in patient interactions. As a result, it can misinterpret symptoms or underestimate the influence of a patient's medical history and negatively impact the treatment plans to the point of potentially causing harm to the patient. It is also important to understand that patients value the empathy, connection, and trust that they have with their healthcare provider, which AI cannot yet replicate with any realistic plausibility.

AI has the potential to revolutionize healthcare by improving efficiency and accuracy for a clinician trying to make a diagnosis or plan treatment strategies. Until it has met the standard of being correct 100% of the time, it should be used judiciously by clinicians that are well trained to use the tools. Clinicians should retain a healthy skepticism when an answer doesn't fit the clinical picture that the physician sees before them. The Hippocratic Oath, *primum non nocere* (translates to "first, do no harm"), still applies to the rapid advancements in healthcare AI development in the twenty-first century.

John Lee, MD
Emergency Physician & Informaticist
Endeavor Health

Interoperability Moving Data. Yay! Yay?
We have been plugging toward health data interoperability like Tantalus and Sisyphus. So far, we have grappled with a jungle of portals, faxes (still), and some highly functional but proprietary platforms like Epic's Care Everywhere.

CMS recently gathered over 60 major health technology stakeholders and announced a coordinated interoperability pledge. The players ranged from Epic and Oracle Health to Apple, Amazon, UnitedHealth, and Intermountain Health. You may be tempted to celebrate, and I agree that this is progress, but let's not confuse movement with true momentum.

To highlight that point, I had a great back-and-forth with my colleague Graham Walker about this on a LinkedIn thread where Mario Aguilar was discussing this pledge and his STAT News piece on it. Our tangent was pretty typical of our frequent online exchanges: two ER doctors and technologists untangling the frequent BS that clouds the vision of stakeholders, who are often misinformed or misdirected. We unroof the dirty difficulties that are often glossed over by high-profile pronouncements like the CMS pledge.

A Step Forward . . .
Despite Graham's and my curmudgeonly attitudes, the CMS Interoperability and Patient Access Pledge is definitely still a milestone. It sets out commitments for EHR vendors, payers, health systems, networks, and app developers to make patient data more accessible, timely, and useful. The stakeholders commit to using FHIR APIs, USCDI v3, and structured and unstructured data.

On paper, this is progress. By July 4, 2026, patients should be able to access nearly all of their electronic health information through standards-based APIs. This will include everything from claims and lab results to appointment notifications and chart notes. But I would contend that making data available through these mechanisms is the tip of the iceberg. It is a necessary component, but it isn't fulfilling the full potential of healthcare data.

From Transactional Interoperability to Insightful Care
Graham and I agreed that USCDI-level interoperability, while necessary and helpful, is nowhere near sufficient to transform care. Clinicians and patients will be able to move the record from point A to point B, but it won't yet let us reimagine the shape of the road itself or build superhighways.

Take the hypertension example that Graham described. The data recorded may be helpful. But context is even more important. Graham mentioned the example of hypertension during pregnancy. That is an entirely different clinical context versus run-of-the-mill essential hypertension. It carries distinct risks, requires tailored care plans, and fundamentally alters how we monitor and intervene. Unless the system knows the patient is pregnant and can associate that contextual metadata with the blood pressure reading, we can miss the insight. The data is present. The meaning is not.

We Have the Pipes. Now What About the Product?

If data is healthcare's crude oil, then FHIR and USCDI are the oil rigs that pull the crude oil from the ground. But we also need refineries to turn messy, inconsistent documentation into clean, portable elements like the gasoline we pump. The ultimate goal isn't raw data. What we really need is insight. We need optimal workflows. We need to be able to see decisions we wouldn't otherwise make without the data and the interventions we would miss if we were still living in episodic silos.

Real transformation happens when interoperability enables intelligence and wisdom at the point of care, not just undifferentiated data and even knowledge. We need such things as longitudinal context, metadata, and contextual links between problems, procedures, medications, and social determinants. We need to make connections that the current system doesn't even know exist. And we need all this embedded in frictionless workflows, not trapped within siloed encounters and separated by organizational walls.

Looking Forward

To be clear, this CMS pledge is a meaningful step forward. It will make care more connected, less redundant, and marginally more humane. But it is just the start, not the destination. If all we do with these new tools is speed up old workflows, we have missed the opportunity. We don't need a faster digital fax machine. Let's aim for interoperability that not only connects endpoints but also unlocks insight.

Khurram Mir,
MS, CHCIO, CDH-E
Managing Director
UCI Health, Ventures and Innovation

Healthcare has never lacked new technology. Over the past two decades, hospitals and health systems have adopted EHRs, analytics platforms, telemedicine, and remote monitoring, and now, they are adopting AI. Each wave has carried enormous promise, yet progress often stops short of transformation. Tools that could streamline care or scale capacity end up working at the edges rather than at the core. They improve documentation, flag anomalies, or support routine workflows, but they rarely displace old processes or redefine the way care is delivered.

The reason is not simply that the technology itself is immature. Healthcare's existing operating system—its culture, legal frameworks, infrastructure, and economic incentives—was not designed for continuous, machine-enabled collaboration. Clinicians are trained to own their decisions, and laws are written to hold humans accountable. Data flows through fragmented systems built for billing more than for care. Reimbursement rewards visits and procedures rather than efficiency and prevention. As long as these foundations remain unchanged, new technologies, no matter how powerful, will plateau.

AI provides the clearest example today. While algorithms can read scans, code charts, or draft notes, they mostly function in what can be described as "assisted mode." They support the clinician but stop short of acting independently. This reflects the same patterns that have slowed past innovations: cultural hesitation, legal ambiguity, brittle infrastructure, and misaligned incentives. AI is not failing; it is colliding with the same systemic forces that limited the impact of EHRs, telehealth, and other digital tools before it.

Breaking through requires more than better algorithms or interfaces. It demands rethinking the environment in which technology operates. Culture must shift from guarding autonomy at all costs to redefining accountability in ways that embrace team-based and technology-supported care. Legal frameworks need to evolve to clarify responsibility when decisions are shared between people and machines. Infrastructure must be rebuilt for real-time, high-fidelity data exchange rather than siloed documentation. And most importantly, economics must reward outcomes, efficiency, and prevention, not volume and throughput.

The path forward will likely be incremental. Technologies that succeed in healthcare tend to prove themselves first in low-risk, high-volume areas where value is clear and resistance is low—whether it is coding automation, call routing, or chronic disease monitoring. Each step builds trust, creates precedent, and aligns incentives for broader adoption. Over time, these incremental shifts can rewire the larger operating system, making space for more ambitious transformation.

The lesson is that healthcare does not plateau because technology runs out of potential. It plateaus because the system around it resists change. Innovation cannot be measured only by pilots and point solutions; it must be judged by whether the culture, rules, data, and

economics evolve alongside it. Autonomy in AI is one test case, but the larger challenge is creating a healthcare system ready to absorb and scale the next generation of ideas. The goal should not be to chase technology for its own sake, but to build an environment where innovation, of any kind, can reliably improve outcomes, reduce costs, and enhance both the patient and clinician experience.

Greg Nelson,
MMCi, FACHE, CPHIMS
Executive Director of Data Strategy & Governance
Cleveland Clinic

Healthcare Interoperability: Why Standards Matter for Everyone

If you have ever tried to connect a new healthcare app or device into your organization's systems, you know it is rarely as simple as plug and play. Every integration brings its own set of challenges—custom coding, long timelines, and sometimes, a bit of frustration for both IT teams and vendors. While all of us share the same goal—better, more connected care—our current approach often makes that harder than it needs to be.

The truth is that interoperability shouldn't feel like climbing a mountain every time. If we want to improve patient care and the clinician experience, we need to streamline how solutions fit into our IT ecosystems—and that requires effort on both sides.

Healthcare Organizations: Build for Flexibility

On the provider side, we can make life easier by investing in architecture that anticipates change. That means using API gateways, middleware layers, and enforcing standards like HL7 FHIR so that every new app doesn't require a heroic custom integration effort. This approach doesn't just save time; it reduces risk and keeps innovation moving forward.

Vendors: Design for Connection

Vendors, on the other hand, have an equally important role to play. Building solutions that adhere to open standards—FHIR, SMART on FHIR, OAuth, SNOMED, LOINC—means your product isn't just functional; it is adoptable. When solutions speak the same language, organizations can deploy them faster with fewer surprises and focus on what matters: delivering better outcomes for patients.

A Vision of What's Possible

Stanford's recent work on modular healthcare agents is a great example. Instead of monolithic, hard-to-integrate systems, they are creating a flexible, standards-based ecosystem where tools can be assembled like building blocks. That is the kind of model that makes innovation scalable and keeps care teams focused on care, not technology hurdles.

So How Do We Get There?

- Set expectations early: Include interoperability requirements in every RFP and contract.
- Invest in a strong foundation: Invest in API-driven platforms, common data standards, and governance.
- Collaborate with vendors: Standards aren't a checkbox—they are a shared commitment.
- Join the movement: Initiatives like HL7's Argonaut and Da Vinci projects exist to make this real.

Healthcare is complex enough. Technology shouldn't make it harder. By aligning on standards and building systems that connect as easily as they communicate, we can unlock innovation at scale—and give clinicians and patients what they need most: seamless, coordinated, compassionate care.

Donna M. Roach, MS
CIO
University of Utah Health

In the evolving landscape of healthcare, information technology is no longer a support function—it is a strategic enabler of innovation, efficiency, and patient-centered care. As we look toward the future, healthcare IT must be governed with agility and foresight to meet the demands of a rapidly changing environment. The rise of AI, particularly LLMs, is transforming clinical workflows, administrative processes, and patient engagement. These technologies offer unprecedented opportunities for predictive analytics, ambient documentation, and personalized care, but they also introduce new challenges around transparency, regulation, and ethical deployment while balancing the financial implications.

Effective governance will be essential to harness these innovations responsibly. The work we are doing at the University of Utah Health demonstrates that health IT governance must be collaborative, enterprise-wide, and adaptable to shifting priorities. It must incorporate diverse stakeholder perspectives—from clinicians to data scientists to researchers—to ensure that technology investments align with institutional goals and patient needs.

Academic healthcare institutions have a unique role to play in shaping this future. Through partnerships with government agencies, industry leaders, and internal talent pipelines, we can foster AI literacy, develop meaningful use cases, and retain emerging professionals within our ecosystem. Programs that create collaborative exchanges with other healthcare professionals, research forums, and student internships are vital to cultivating a culture of innovation that is both rigorous and inclusive.

Ultimately, the success of healthcare IT innovation will depend on our ability to balance operational excellence with visionary thinking. We must remain vigilant about the risks—data privacy, algorithmic bias, and vendor opacity—while embracing the transformative potential of digital tools. The academic community must lead by example, setting standards for governance, ethics, and impact that guide the broader healthcare industry into a more intelligent and equitable future.

Robert Rodgers
VP of Revenue Cycle Management
Arches Medical

At Arches Medical, we are working to integrate technologies that improve clinical outcomes, drive sustainable partnerships, and improve the PCP experience. Our efforts include (1) applications of AI to identify care gaps and better manage chronic conditions and (2) applications of ambient dictation technology to reduce the administrative burden and enhance the patient experience.

Our RCM strategy aligns with our clinical goals in delivering an exceptional patient experience while improving reimbursement. Finding the right RCM partners is key to success in this evolving landscape, as evidenced by our collaborative approach to adopting innovative solutions that address revenue leakage, coding inefficiencies, and denial reductions for more cost-effective outcomes.

Ranjana Singhal,
MSEE, FHIMSS
Program Director of Data Strategy, AI Governance & Interoperability
Sprite Health

The COVID-19 pandemic revealed a critical challenge in health systems: failure rarely stems from insufficient data but rather from data trapped in incompatible systems and governed by unclear sharing protocols. As healthcare enters a new era defined by AI and unprecedented data volumes, success will hinge on establishing trusted and ethical data infrastructures.

True interoperability means securely and meaningfully exchanging data across diverse systems and stakeholders, including claims, Enhanced Care Management (ECM), and community support services. Integrating these data streams is vital to enabling whole person care—where clinical, social, and administrative information converge to improve outcomes.

AI offers significant potential to enhance disease forecasting and risk identification, contingent upon access to comprehensive and representative data sets. Unfortunately, many current AI models overlook data diversity, increasing the risk of bias and inequity.

Regulatory frameworks have yet to fully align with the unique demands posed by AI in healthcare. Oversight remains fragmented, and existing policies often fall short during emergent situations. Emerging privacy-preserving technologies, including federated learning, may provide viable solutions for collaborative data use without compromising patient privacy.

As aptly stated, *"Interoperability, when paired with ethical AI governance, turns scattered information into collective intelligence—and collective intelligence into better health outcomes."* Realizing this vision demands building systems that are founded on trust, equity, and accountability, thereby transforming healthcare for the better.

To achieve this, stakeholders across healthcare, technology, and policy must collaborate to prioritize interoperable, ethical data practices. Together, we can create the foundation for AI-driven healthcare that is both innovative and equitable.

Now is the time to invest in governance frameworks and technologies that ensure data integrity, inclusivity, and privacy—for the benefit of all communities.

Katie Swenson,
DMSc, MBA, PA-C
Executive Clinical Director of Surgical Specialties—Digestive Health Clinical Program
Intermountain Health

Healthcare isn't entering a period of digital transformation—it is entering an era of digital revelation. AI, ambient technologies, and data-driven platforms are no longer speculative. They are here, and they are changing how we diagnose, deliver, and design care. But the most disruptive force in healthcare will not be AI itself but the leaders who know how to harness it.

AI won't replace physicians, APPs, nurses, or administrators. But leaders who integrate and scale AI as a force multiplier will replace those who don't. The champions of tomorrow won't be the biggest, loudest, or best funded—they will be the ones who skillfully fuse people, process, and technology with shared vision, clear strategy, and measurable outcomes to enhance patient value.

The next generation of healthcare leaders will not be defined by titles or tenure but by their behaviors: modeling execution over ego, curiosity over complacency, and progress over bureaucracy. They will be equally fluent in APIs as empathy and as agile in building tech stacks as leadership stacks. They will be as adept in catalyzing interoperable partnerships as interoperable systems, moving relentlessly from proof of concept to scaled impact.

Above all, these leaders will recognize that no single organization can solve healthcare's greatest challenges in isolation. They will create deeply collaborative ecosystems rooted in trust, creative design, data sharing, and accountability.

The future of healthcare will not be determined by algorithms or platforms alone. It will be shaped by leaders who bring discipline to execution, insist on collaboration, and measure success by real improvements in outcomes, affordability, and experience for patients and providers alike. Technology may be the accelerant, but leadership is the differentiator. Those who can unite vision with scale will define the next era of healthcare—and the outcomes that matter most.

Vincent Vitali, CHCIO
CIO
Borland Groover

Like almost every healthcare provider organization, our specialty physician group has been investigating AI in all its forms for application to our business needs. We track how many staff members access ChatGPT and what prompts are entered, and we have learned that most are not work related. We created a generative AI use policy to guide staff as to the dos and don'ts of prompting—what data should not be shared into online GPTs, like patient information and proprietary company information.

We are piloting AI in a few areas and soliciting use cases from our staff. We are creating an AI advisory council to evaluate requests, prioritize work, and monitor ongoing use. We are seeing AI being embedded in applications from almost all of our vendors, and it is becoming a challenge to manage that. We are using AI in our procedure rooms; the AI monitors the video while a physician scopes a patient (colonoscopy or endoscopy) and highlights what it sees as anomalies for the physician to explore. We have seen an 8%–12% increase in detection rates using the AI tool. This is especially useful if a physician has been scoping all day and fatigue may be setting in.

The ROI has been minimal, but AI can reduce repeat visits for patients, which is a huge satisfier. We are also using RPA to process incoming faxes (e.g., document classification, data extraction, data entry into the EHR, tasking). We continue to look for other opportunities to pilot AI tools in areas such as call deflection, scheduling, and several RCM functions. One of our challenges and something we are actively exploring is creating our own LLMs from our 25+ years of PM/EHR data that we can use for predictive analytics around various diseases, such as colorectal cancer. It is important that this data not leave our premises for privacy and security reasons.

Mark Weisman
CIO, CMIO
TidalHealth

Healthcare is entering a promising new phase with the combination of ambient AI and generative AI summarization. These technologies promise to fundamentally change how doctors interact with EHRs and deliver care.

First, ambient AI is rapidly becoming the standard interface in the exam room. Instead of physicians typing notes or navigating complex menus, AI systems now listen passively to the conversation. This shift allows doctors to have eye contact with their patients again and to focus on the conversation while the AI captures data in real time. Beyond documentation, this capability opens the door to new use cases such as automated coding, nonintrusive clinical decision support, and real-time quality checks.

Second, generative AI chart summarization tools are entering mainstream use. Today's EHRs often bury critical insights under layers of verbose, templated text. As interoperability improves, we are facing a tidal wave of data from outside institutions which needs to be synthesized and processed. Generative AI can distill this information into concise, actionable bullet points, enabling clinicians to quickly grasp a patient's history, medications, and recent events without wading through pages of notes.

The real breakthrough occurs when these technologies work together. Ambient AI provides continuous, context-aware input, while generative AI synthesizes both historical and real-time data into meaningful summaries. This combination dramatically improves the provider experience: less time spent searching through charts, fewer corrections to AI-generated notes, and more accurate documentation informed by prior encounters. Moreover, with access to both the patient's narrative and longitudinal data, AI can even suggest expanded differential diagnoses, supporting better clinical reasoning. By reducing administrative burden and enhancing decision-making, ambient and generative AI together represent a paradigm shift in healthcare IT from one where templated and useless notes made for billing are replaced with intelligent tools that facilitate efficiency, accuracy, and ultimately, better patient care.

Mony Weschler,
MBA, FHIMSS, CPHIMS
COO
DocPanel

Clinical AI is here to stay. Anyone who ignores it will eventually regret it. The door has been opened, and there is no closing it—our best path forward is to get involved, guide it, and control it so it does no harm.

For more than a decade, radiologists have been targeted more than any other clinicians, often painted as a profession destined for extinction. The negativity became so pervasive that medical students began avoiding the specialty. We now face unfilled residency programs and open fellowship slots. Even my own daughter, who was set on a radiology career, switched to dentistry.

This shortage comes at the worst possible time—when imaging modalities are faster than ever and producing unprecedented volumes of images, yet there are fewer radiologists to interpret them.

Let's be realistic. In the Star Trek universe, Dr. "Bones" McCoy was still a human physician well into the 23rd century. It wasn't until 2371 that we met the Emergency Medical Hologram (EMH)—and even then, "The Doctor" was not aboard by choice. Back in our reality, it will be a long time before AI in the US is granted a medical license or covered by malpractice insurance.

So for now, we must bring radiologists back to the table—not to fight AI, but to help design and guide algorithms that enhance their work. AI should be a tool to create better reports, not just faster ones. It should help screen patients without introducing unnecessary risk.

One current proposal is that if AI flags a study as normal, it should bypass radiologist review. But what happens if the AI misses a cancer? Those normal flags still need human review, meaning no time is saved and costs only increase.

Instead, I'd flip the model. If AI flags a study as abnormal—such as a pleural effusion or a suspected malignancy—don't have the radiologist focus on the x-ray. The best practice would be to move directly to a CT or additional imaging, with the x-ray serving later as a prior. This approach could save radiologists time while avoiding patient harm.

Report Information

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Note

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