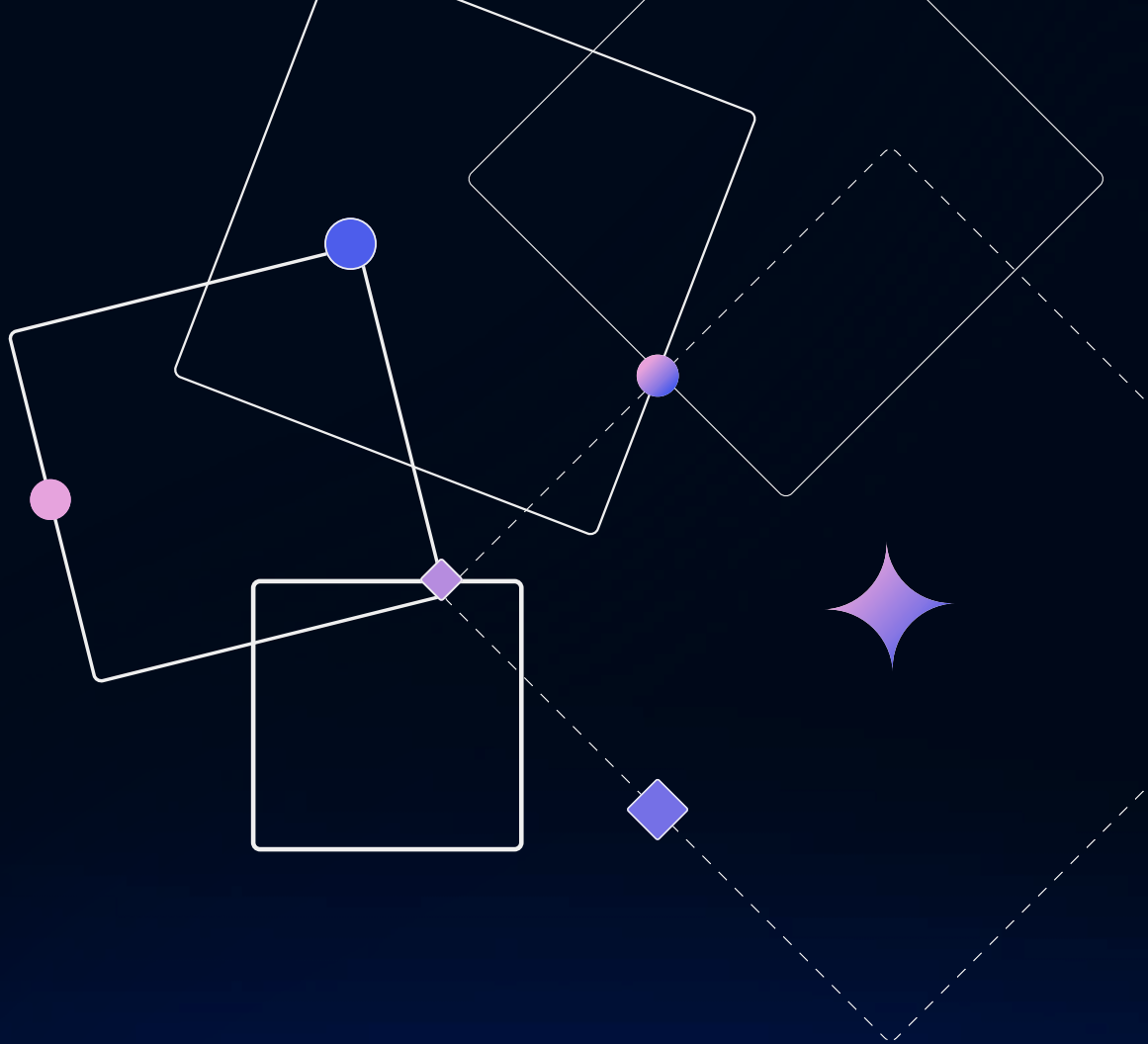




From Proof to Autonomy and the Architectural  
Divide That Will Define the Next Decade

# State of Revenue Lifecycle in Healthcare

A FLAGSHIP INDUSTRY REPORT - 2026

FROST & SULLIVAN

PEER REVIEWED  
BY FROST & SULLIVAN



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# Foreword

## A System Reaching Its Limits and a Technology Reaching Maturity

Healthcare enters 2025 at a moment of profound tension. The industry has digitized nearly everything: records, billing, scheduling, portals, imaging, claims, care management. That digitization did not unify the system. It produced a sprawling landscape of parallel systems, disjointed data silos, and workflows that burden clinicians and administrators.

**The result is visible every day.**

A workforce operating at exhaustion

A system carrying unsustainable administrative overhead.

A financial model stressed by rising costs and declining margins.

A patient experience weakened by friction and delay.



# Into this environment enters AI.

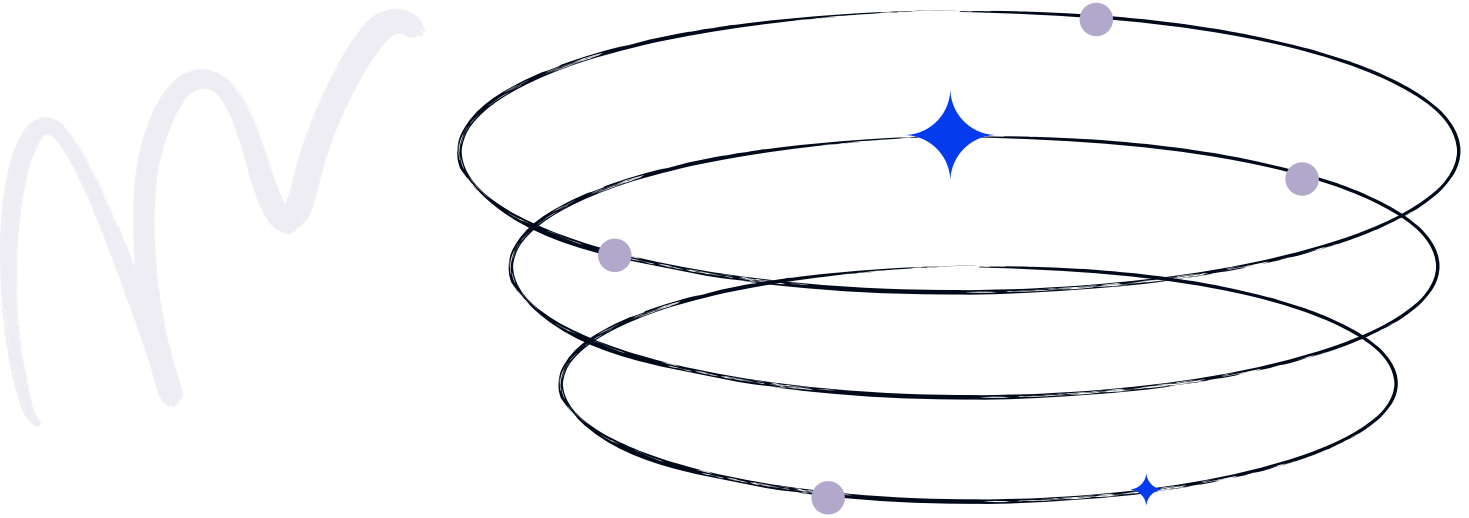
|      |                                                                                                                                      |
|------|--------------------------------------------------------------------------------------------------------------------------------------|
| 2024 | AI represented hope, a potential pressure release valve in an era of burnout.                                                        |
| 2025 | AI revealed proof, with demonstrable operational value in documentation, access, scheduling, revenue cycle, and workflow automation. |
| 2026 | AI now represents a choice between solving fragmentation or supercharging it.                                                        |

This is the core theme of this report. 

**AI will either unify healthcare or fragment it permanently.**  
**The determining factor is not the model. It is the architecture.**

The insights in this report are grounded in a survey of 150 US healthcare leaders across 103 organizations. They reveal a sector at a turning point. The question is no longer “Will AI work?” but “How do we scale AI responsibly and cohesively?”

The next decade of healthcare will be shaped not by AI itself, but by the architectural choices leaders make today.



Healthcare leaders must decide whether AI becomes: A platform-based intelligence layer that harmonizes data, workflows, and decision making.

Or a patchwork of point solutions that multiply inconsistency, security risk, and operational chaos.

**Abhinav Shashank**

Chief Executive Officer,  
Innovaccer

# Signals From The Industry

Across providers, payers, and industry analysts, a consistent set of signals is emerging. Healthcare AI is moving beyond experimentation toward operational relevance, with early value concentrated in administrative and financial workflows. Long-term impact will depend on enterprise-scale adoption, strong data foundations, and deeper strategic partnerships.

## AI is enabling leaders to work at the top of their expertise

“Financial and administrative leaders, like their clinical counterparts, are increasingly focused on working at the top of their expertise. AI and automation are being used to take on repetitive, routine tasks—freeing leaders to focus on complex financial transactions and high-impact issues such as preventable claim denials, prior authorization, and claim edits.”

**Todd Nelson**

Director, Partner Relationships and Chief Partnership Executive,  
Healthcare Financial Management Association (HFMA)



## Healthcare AI is moving beyond hype but scale remains the challenge

“Healthcare is moving beyond the ‘shiny object’ phase of AI into a more mature focus on practical, measurable value. While pilots are transitioning into real operational use, adoption remains uneven, and achieving organization-wide scale will be essential for long-term impact.”

**Benjamin Cassity**

Director of Research and Strategy for Value-Based Care and AI,  
KLAS Research



## The next phase of AI advantage is platform-led, not pilot-driven

“AI is here to stay and will fundamentally change how healthcare organizations operate. Most investment today is focused on reducing non-medical costs of care across administrative and financial workflows. Organizations that have built strong data foundations will emerge as AI leaders by 2026, shifting their focus from short-term ROI to platform scalability and long-term stability.”

**Nitin Manocha**

Senior Industry Analyst, Healthcare IT  
Frost & Sullivan



## Why these signals matter

Taken together, these perspectives point to a clear industry direction: near-term AI value is being realized through administrative and revenue-focused workflows, while long-term differentiation will depend on enterprise maturity, standardized processes, and resilient data and platform architectures.

# Why this report matters

If you are deciding where to focus your next wave of AI investment, this report is designed to be a benchmark and a roadmap. Not another hype cycle.

**It connects AI strategy to three pressures every provider feels today:**

01     Margin protection

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02     Workforce sustainability

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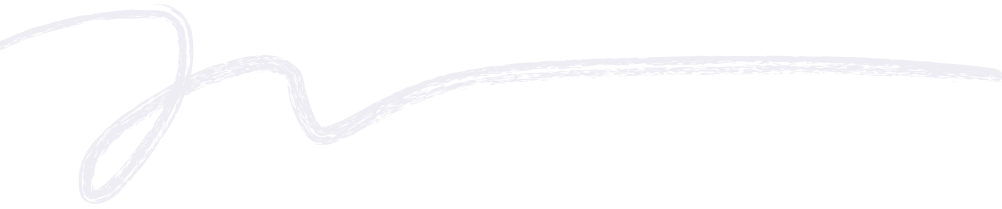
03     The need to compete on access and experience

Over the past year, almost every health system has tried AI somewhere in its operations. A smaller set has converted those pilots into measurable gains in access, throughput, and revenue. Many others still live with AI in pockets, constrained by fragmented data, stretched teams, and unclear ownership.

This report is written for executives who want to move beyond that plateau. It shows how AI maturity actually looks inside provider organizations today, where leaders are already seeing hard returns, and what is getting in the way of scaling success across the organization.

## Foreword

In our survey, close to seven in ten leaders place their organization in the early or mid stage of AI maturity, even though most already use AI in multiple workflows. That gap between visible activity and enterprise readiness is the core risk and the core opportunity.

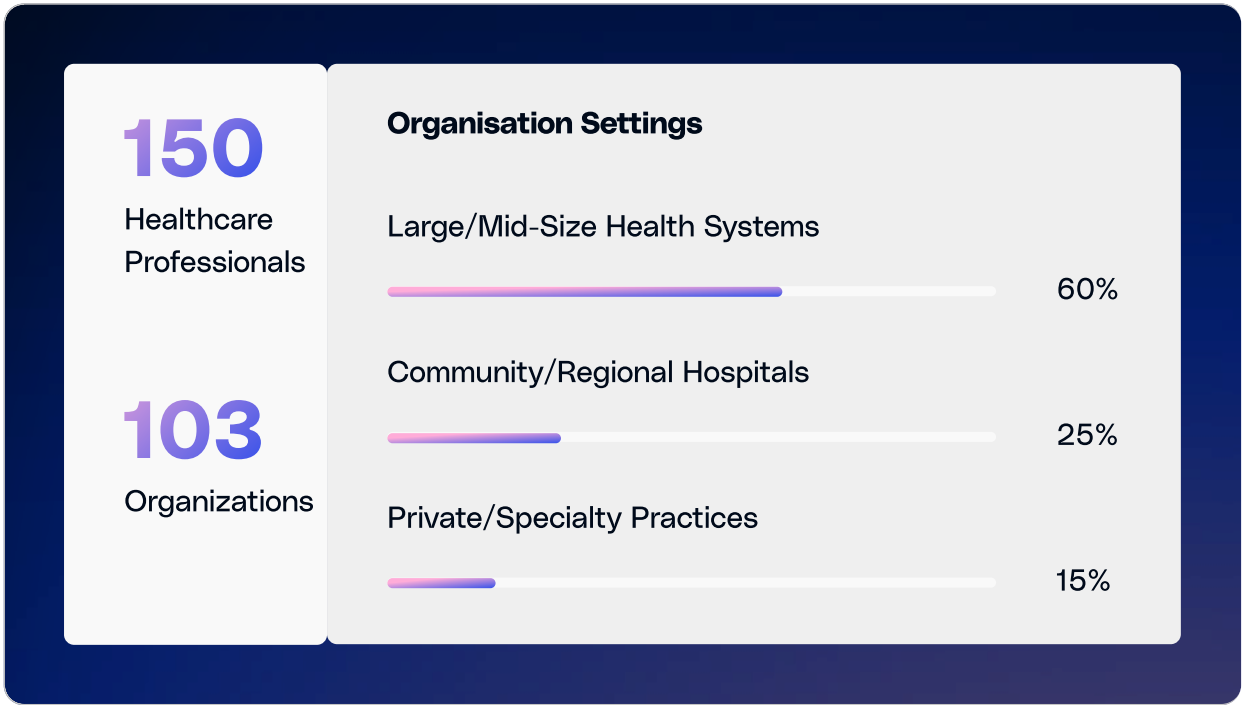


# Who we heard from

The findings in this report are based on responses from 150 US healthcare professionals

The majority at VP level or above, across finance, revenue cycle, patient access, IT, clinical leadership, and strategy.

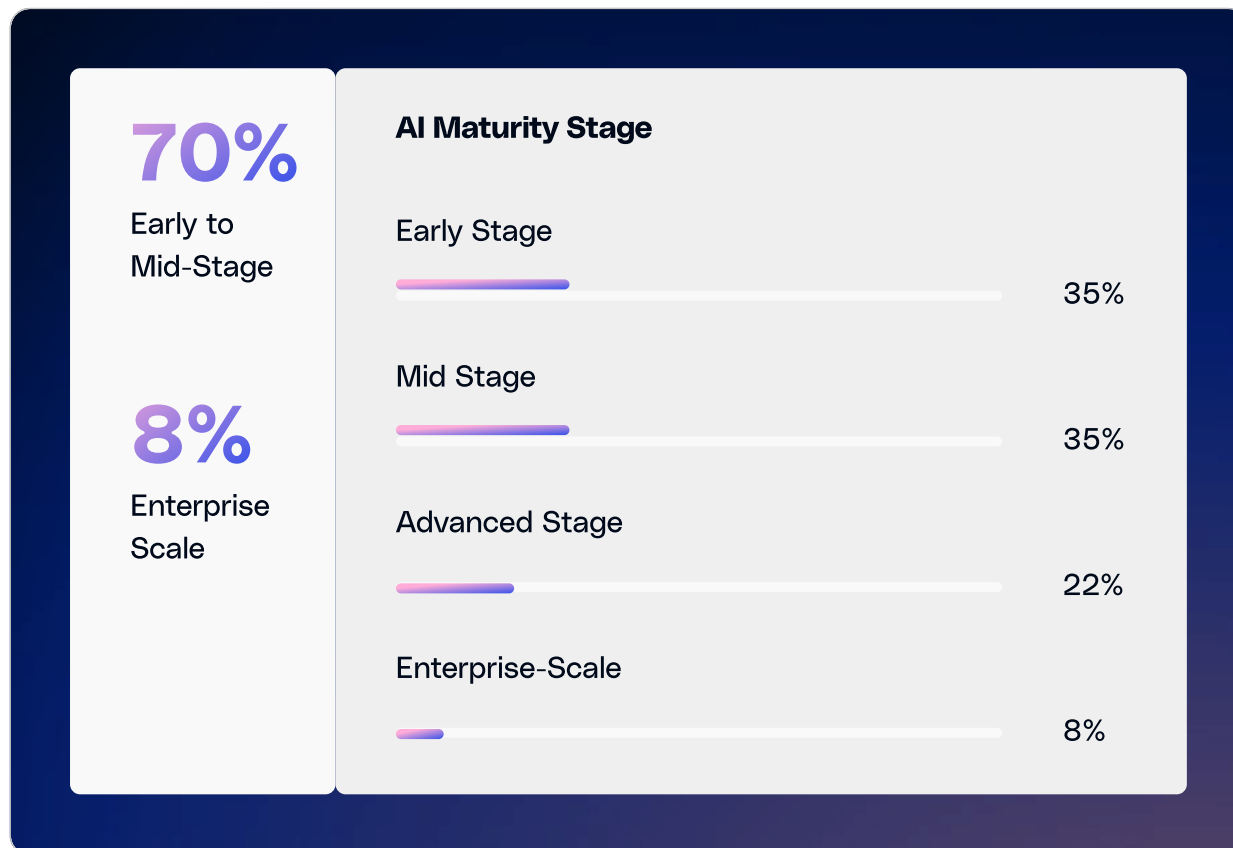
Around 60 percent of respondents represent large or mid size health systems. About 25 percent come from community and regional hospitals, and roughly 15 percent from private or specialty practices.





## On AI maturity, respondents self classify their organizations across broad bands, from early experimenters to AI native enterprises.

When we group these responses, close to 70 percent place their organization in the early or developing bands, with only a small minority describing themselves as advanced or AI native. That distribution holds broadly across revenue cycle, data and analytics, and patient access respondents, which suggests that AI maturity is an enterprise characteristic, not only a function specific issue.



# Executive summary

From Experiments to Architecture: The 2025 to 2026 State of AI in Healthcare report reveals five seismic shifts reshaping the industry.

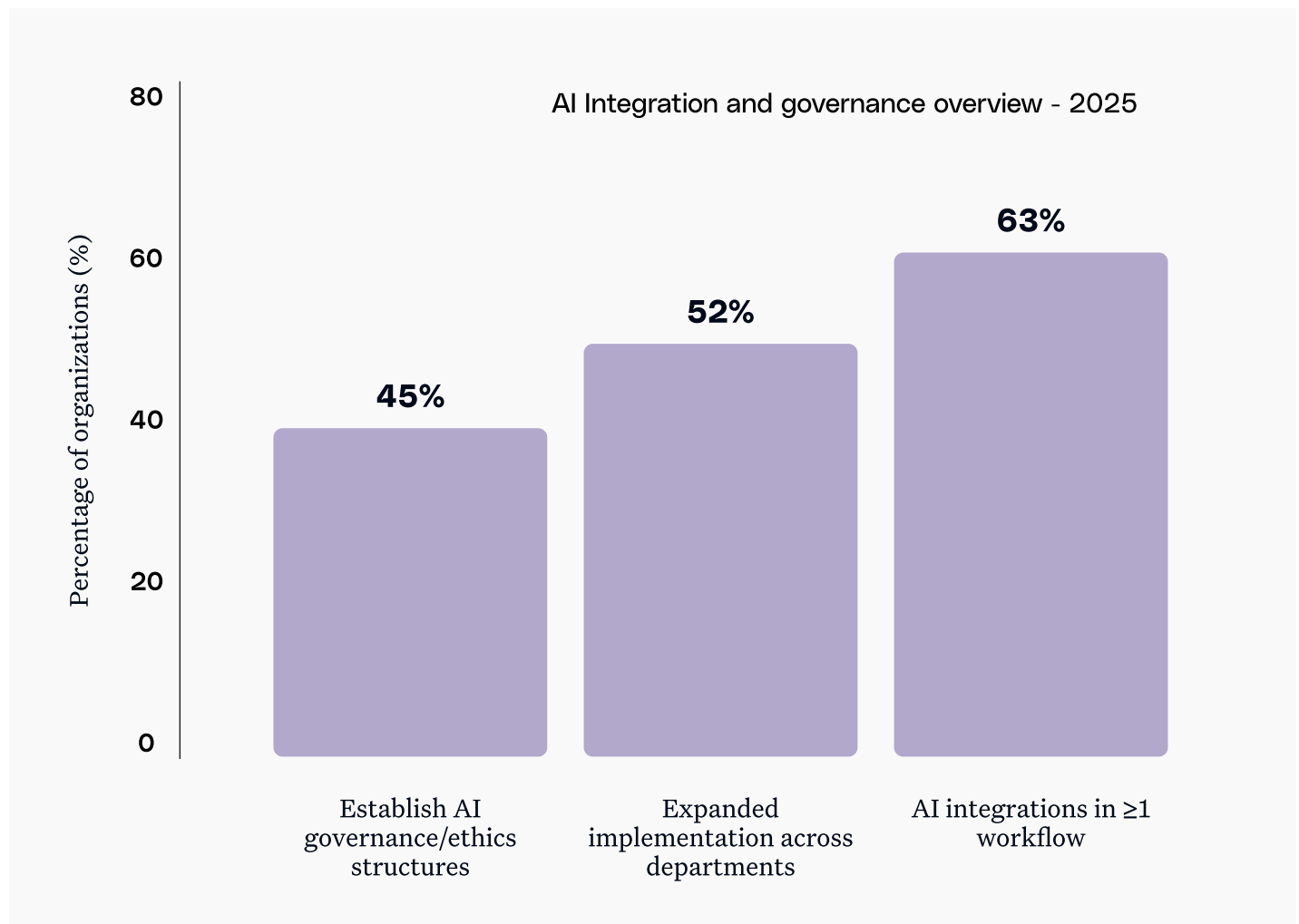
## Five seismic shifts

|    |                                                                          |       |
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| 01 | AI has moved from experimentation to enterprise infrastructure           | p. 10 |
| 02 | AI has produced measurable ROI for the first time                        | p. 11 |
| 03 | Trust in AI has crossed a psychological threshold                        | p. 12 |
| 04 | The number one barrier is not the models. It is data fragmentation       | p. 13 |
| 05 | The most important trend of 2026 is platform AI versus point solution AI | p. 14 |

## AI has moved from experimentation to enterprise infrastructure

AI is no longer just a pilot. AI is becoming operational plumbing, embedded into the day-to-day functioning of health systems. The most common deployments are in clinical documentation and coding support, patient access and scheduling, workflow automation in operations, and selected revenue cycle activities.

**The data is unambiguous.**



# AI has produced measurable ROI for the first time

For years, AI in healthcare promised transformation.  
**In 2025, organizations finally saw it.**

Leaders report up to 40 percent reduction in documentation time, 20 to 25 percent fewer denials via revenue cycle AI, including upstream prior authorization and claim quality automation, 45 percent faster scheduling, and 30 percent lower call center volume.

40%

Reduction in documentation time

25%

Fewer denials via revenue cycle AI (including prior authorization and claim quality automation)

45%

Faster scheduling

30%

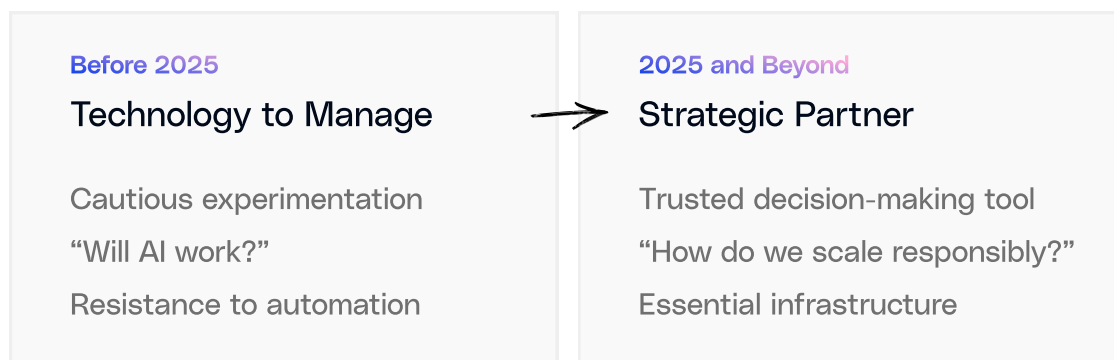
Lower call center volume

AI is no longer theoretical. It is materially improving administrative throughput, financial performance, and clinician experience.

# Trust in AI has crossed a psychological threshold



No technology scales without trust.  
In 2025, trust in AI grew substantially.



Fifty-seven percent of leaders report increased trust in data-driven decisions. Around half say AI outcomes now appear in board-level performance reviews.

57%

Report Increased trust in data-driven decisions.

50%

Say AI outcomes now appear in board-level performance reviews.

Clinicians see real reductions in documentation burden. Administrative teams experience fewer manual steps. Data teams establish safety guardrails and governance routines. Healthcare is transitioning from “AI is risky” to “AI is necessary.”

# The number one barrier is not the models. It is data fragmentation

When leaders describe what blocks AI at scale, they rarely start with algorithms. They start with plumbing.

Sixty two percent cite fragmented data systems as the primary barrier to scale. This surpasses staffing shortages, model trust, budget constraints, and transparency concerns. Clinical, financial, and operational data still live in separate systems, formats, and ownership structures. AI cannot scale on top of fragmented data. It will either fix fragmentation or amplify it.

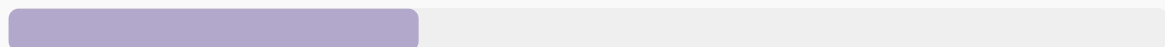
## Top Barriers to Scaling AI in Healthcare

Fragmented data systems



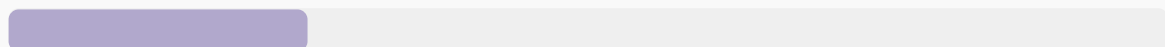
62%

Lack of trained staff



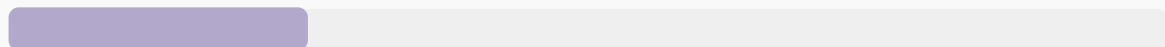
48%

Accuracy and transparency of AI models



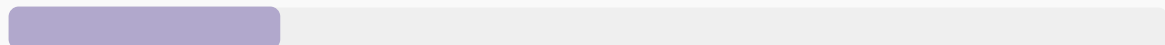
45%

Budget limitations



38%

Integration with legacy systems



36%

# The most important trend of 2026 is platform AI versus point solution AI

This report's fundamental finding is that AI can unify healthcare or make fragmentation irreversible.

## **Point solution AI tends to create AI sprawl:**

- Dozens of disconnected copilots
- Separate data pipelines
- Inconsistent model behavior
- Compounded governance complexity
- Rising security exposure
- Workforce confusion
- Fragmented value

## **Platform-based AI supports AI unification:**

- Shared data and identity layer
- Compounding ROI
- Consistent behavior across care settings
- Composable workflows
- Common context across all copilots.
- Standardized safety
- Enterprise-level governance

The data suggests a widening gap between AI leaders and everyone else. Leaders are not experimenting broadly. They are doubling down on a narrow set of high impact workflows in access, documentation, and revenue cycle, built on top of a unified data layer. Organizations that remain in the experimenter band risk locking in higher days in accounts receivable, higher preventable denial losses, and a growing workforce burden at exactly the moment when margins and staffing are under the most pressure.

**This report looks past the hype to answer three practical questions:**

- 01 Where is AI actually working in provider organizations today.
- 02 What is holding it back from scaling beyond isolated pilots.
- 03 What leaders need to prioritize in 2026 to turn AI from scattered tools into reliable infrastructure for access, clinical care, and revenue performance.

The central message is simple. Having AI projects is no longer enough. The competitive edge comes from operating as an AI powered health system on a platform foundation.



# Section I

# The healthcare landscape entering 2025

Burnout, Fragmentation, and the Search for Relief

## Healthcare’s burnout crisis from 2019-2024



Denials surged.



Staffing shortages worsened.



Regulatory complexity expanded.



Documentation time increased year over year.



Digital transformation introduced hundreds of new systems without coherence.



Clinicians spent more hours in the EHR than with patients.

In 2024, one in three clinicians reported exhaustion. Two thirds expected AI to help reduce workload.

Burnout was not just an emotional state. It was a structural outcome of fragmented systems and rising demand.

1 in 3

Clinicians reported exhaustion.

66%

Wanted AI to reduce workload

## 2025 as the year AI proved it works

At the start of 2025, most organizations in our sample were past their first round of pilots. AI was no longer confined to an innovation lab or a single clinical sponsor. It was present in multiple operational areas.

More than half of respondents reported using AI for workflow automation, from routing tasks to predicting workload and prioritizing queues. Many applied AI to clinical documentation and coding support. A similar share used AI driven tools to support scheduling and patient access. A meaningful portion had extended AI into revenue cycle functions such as coding assistance, denials management, and propensity to pay modeling.

The shift was not primarily technological. It was operational. AI began functioning as infrastructure rather than as an innovation project.

## The cultural shift toward trust

A system as safety critical as healthcare cannot adopt AI without trust. In 2025, trust grew substantially.

Leaders increasingly relied on AI insights. Boards began reviewing AI related KPIs. Clinicians saw firsthand reductions in documentation burden. Administrative teams experienced fewer manual steps. Data teams established safety guardrails and governance routines.

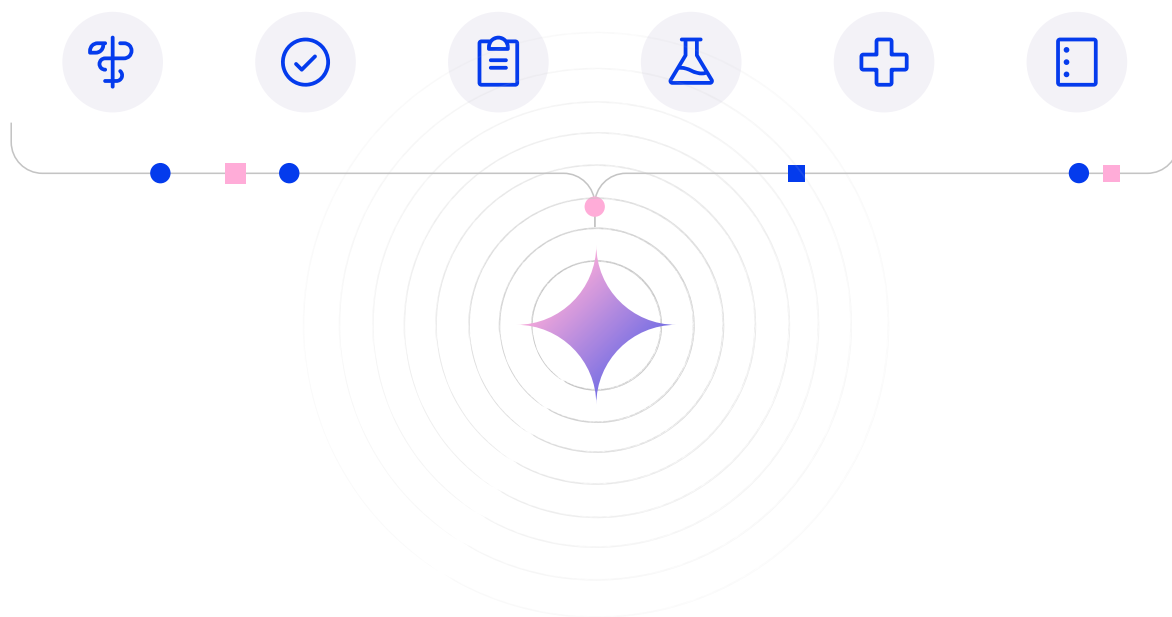
**Healthcare moved from “AI is risky and experimental” toward “AI is necessary and must be governed.”**

## The architectural inflection point of 2026

With AI now delivering visible value, healthcare faces a defining question. Will AI unify the system or fragment it further.

The answer depends less on the sophistication of individual models and more on enterprise architecture, data strategy, governance, workflow integration, and vendor strategy. In 2026, health systems will effectively choose between building a unified intelligence layer or a lattice of disconnected AI tools.

This is the fork in the road.



# Section II

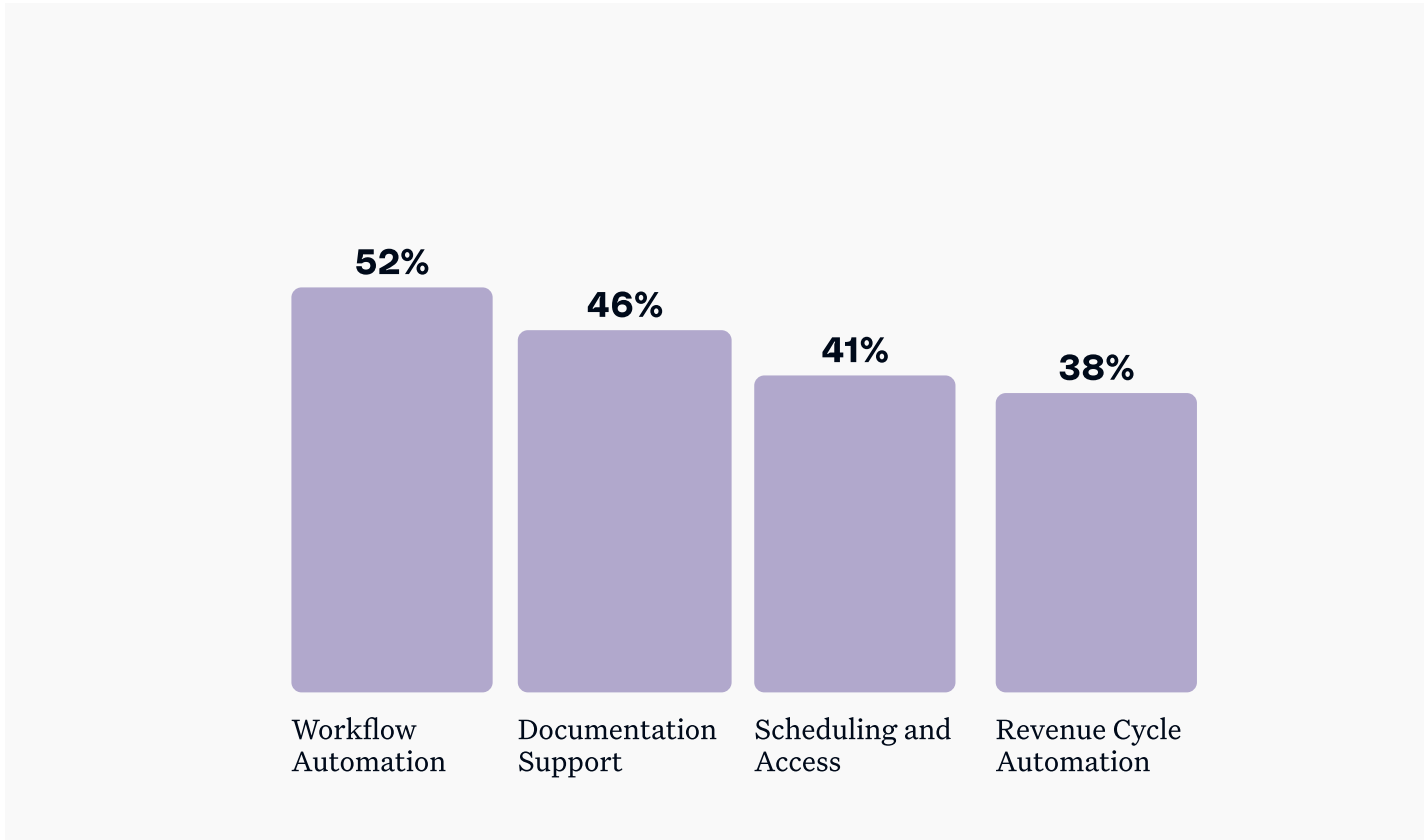
# Where is AI creating value today: The workflows AI is transforming first

## Adoption concentrates in four domains

According to the 2025 survey, Fifty two percent report AI use in workflow automation, Forty six percent in clinical documentation, Forty one percent in scheduling and patient access, Thirty eight percent in revenue cycle automation.

These domains represent high volume, rule based workflows that provide clear paths to automation and efficiency.

### Where the industry’s AI adoption has concentrated in 2025?



## Documentation as AI's first large scale win

Clinicians consistently report faster documentation, reduced after hours charting, improved completeness, and better context capture. Up to 40 percent reduction in documentation time shows that AI is already reshaping clinician experience.

Tools that draft notes and codes for review, summarize encounters for handoffs, and structure data at the point of capture have moved from pilot status to daily use in many organizations. The strongest gains appear where documentation AI is integrated into core systems and aligned with coding and revenue workflows, not treated as a separate application.

**34% ↓**

Reduction in documentation time

## Access and scheduling as the front door transformation

The front door is where many organizations feel the pressure from patients most acutely. In our survey, leaders describe a familiar picture. Patients reach out primarily by phone, with portals, websites, and mobile apps forming a secondary layer. Long hold times and inconsistent staff responses appear repeatedly as top frustrations.

AI is beginning to change this pattern. Systems use AI driven call routing to direct patients more quickly to the right team. They deploy conversational agents for basic inquiries, appointment requests, and simple triage.

**40% ↑**

Faster scheduling cycles

**30% ↓**

Reductions in live call volume

Scheduling tools propose appointments based on availability, urgency, and preferences.

Results include faster scheduling, lower call center volume, and better routing accuracy. Some organizations report 45 percent faster scheduling cycles and 30 percent reductions in live call volume. These gains are strongest where access AI is embedded directly into the CRM and scheduling stack, supported by shared identity and context.

## Revenue cycle as AI's margin engine

AI is quickly becoming the financial backbone of health systems.

Common applications include AI assisted coding, automated claim edits before submission, denial prediction models that flag high risk claims, and propensity to pay scoring that informs outreach. Some organizations use AI to identify likely underpayments or contract variances.

When asked about outcomes, many respondents report fewer preventable denials, better first-pass yield, and more consistent follow-up on high-value accounts. Some indicate that days in accounts receivable have moved into tighter bands, and that estimated annual preventable denial losses have decreased, particularly in organizations with multiple AI use cases running on shared data.

Yet many still cluster in the 30-to 60-day range for days in accounts receivable and report high six-to seven-figure preventable denial losses. Significant value remains trapped in the revenue cycle.



## Prior Authorization: The denial prevention lever upstream

Prior authorization sits at the intersection of patient access, clinical documentation, and revenue cycle. It is also one of the most preventable sources of downstream denials and rework because the failure modes are operational: missing requirements, incomplete documentation, mismatched payer rules, and status uncertainty across teams.

AI changes prior authorization from manual tracking to an “administrative autonomy” workflow, where routine, high volume steps are automated and staff focus on exceptions

This is the same margin logic we see in revenue cycle AI more broadly, including automated claim edits and models that flag high risk claims before submission

### What AI-enabled prior authorization does differently

**Detects when authorization is required** earlier in the scheduling and financial clearance path

**Assembles payer-ready packets** by pulling the right clinical context & documentation signals

**Validates completeness and medical necessity indicators** before submission

**Tracks status and escalates exceptions** so cases do not fall into silent delays

**Feeds denial prevention** by reducing avoidable “no auth / insufficient documentation” outcomes, improving first-pass yield, and tightening days in accounts receivable

## AI as an administrative autonomy layer

Across documentation, access, scheduling, and revenue cycle, a common pattern emerges. AI is becoming an administrative autonomy layer that takes on routine high volume work with human oversight. Staff move to exception handling, judgement, and relationship heavy tasks.

### **The functions that show the most progress share traits:**

High administrative burden.

Repeatable workflows.

Large labor allocation.

Clear ROI.

Immediate efficiency gains.

AI's first true identity in healthcare is not clinical diagnosis.

# Section III

# The fragmentation paradox: AI Can Unify Healthcare or Multiply Its Complexity

This is the most important insight in the report.

## Healthcare's legacy of fragmentation

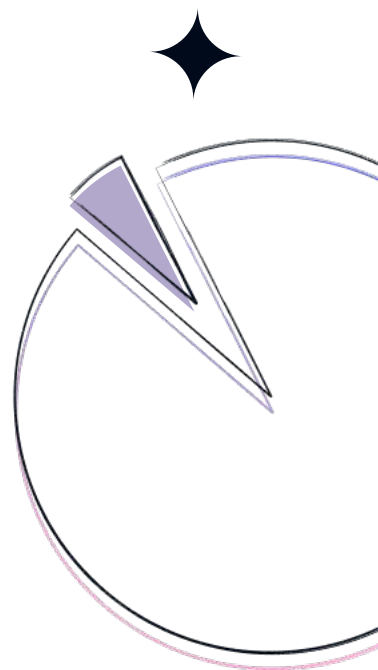
Over two decades, healthcare accumulated multiple EHRs, multiple CRMs, multiple revenue cycle systems, multiple analytics tools, multiple care management systems, and dozens of point solutions.

Each solved a local problem. Together, they created a fragmented ecosystem. Data lives in silos. Workflows span systems. Staff carry the integration burden in their heads and their manual work.

## AI arrives in a fragmented system

AI is powerful, flexible, and increasingly easy to deploy. Any department can buy or build an AI tool.

Without architectural discipline, that combination is dangerous. AI risks amplifying fragmentation rather than reducing it. Siloed AI tools, redundant capabilities, inconsistent model behavior, scattered audit logs, and new PHI risks all become part of AI sprawl.



## Survey insight: fragmentation is the number one barrier

Our survey confirms that the ceiling on AI is structural, not technological.

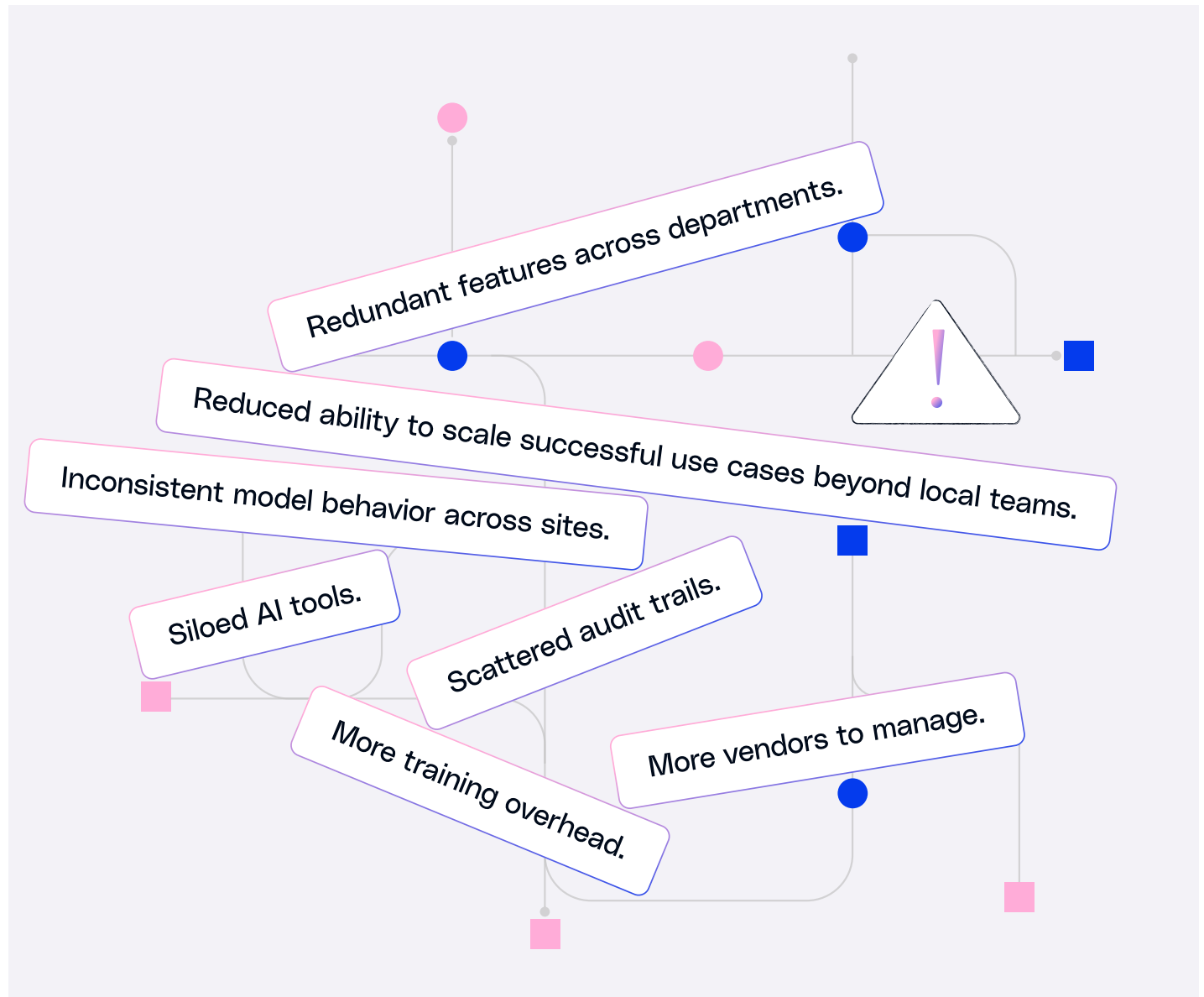
62% of leaders cite fragmented data systems as the biggest blocker.

This exceeds concerns about staffing gaps, model accuracy, budget, and transparency. Clinical, financial, and operational data still live in separate systems with different models and ownership. Without unification, it is difficult to train models on representative data, monitor them effectively, or explain their behavior to clinicians, staff, and boards.



# The point solution trap

Point solutions for AI create:



This is AI confetti. Impressive in isolation, overwhelming at scale.

## The platform path: AI as an operating system

A platform first approach creates the conditions for AI to act as enterprise infrastructure.

### Key elements include:

Unified data across clinical, financial, and operational domains.

Unified identity and context for patients, members, and staff.

Shared copilot intelligence and model services.

Standard governance, audit, and safety mechanisms.

Reusable components and composable workflows.

Consistent behavior across care settings.

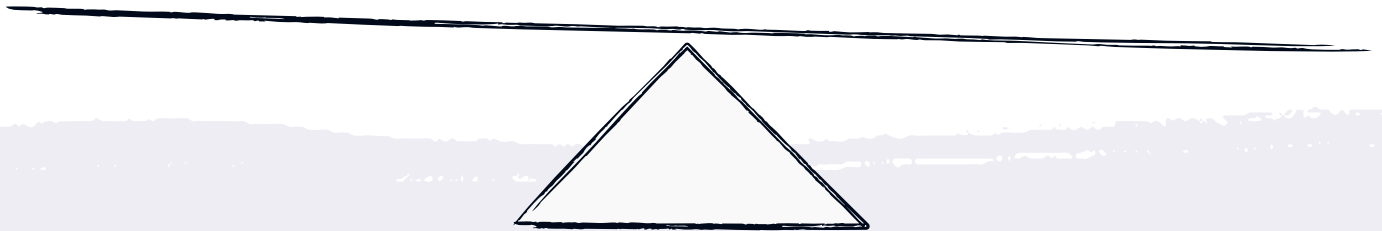
In this model, AI does not live in separate tools. It lives as a shared capability that supports access, operations, and revenue.

# The architecture that determines AI's future

**Two paths emerge.**

**In a point solution world,** fragmentation increases, AI behaves inconsistently, governance becomes harder, ROI is local and fragile, and workforce burden shifts but does not recede.

**In a platform world,** fragmentation decreases, AI behaves consistently across systems and sites, governance strengthens, ROI compounds across use cases, and workforce sees meaningful relief.



**AI is only as good as the architecture it is built on. The years ahead will be defined by this choice.**



# Section IV

# The AI enterprise maturity model



## A Five Level Framework for Understanding Organizations' AI Trajectory

Our research suggests a five level maturity model that captures how organizations are adopting and scaling AI.

|                                                                                                                                 |                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <br><b>Level 1</b><br>Tool experimentation     | Pilots in single teams. Local wins. Department specific purchases. Low governance. Data remains fragmented. Projects are bespoke. This corresponds to the experimenter band.                                                                                                 |
| <br><b>Level 2</b><br>Functional adoption    | AI used across multiple use cases within functions such as access, documentation, or revenue cycle. Governance efforts begin, but ownership is still distributed. This aligns with operator organizations.                                                                   |
| <br><b>Level 3</b><br>Enterprise integration | A unified data layer starts to emerge. Multiple copilots are embedded across workflows. Standard governance structures exist. Platform first thinking appears in strategy. Organizations begin to measure outcomes across sites or service lines, not just individual tools. |

## The AI Enterprise Maturity Model

|                                                                                                                                             |                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <br><b>Level 4</b><br>Systemic automation                  | Workflows become predictive and increasingly prescriptive. Identity and security are consistent. AI risk management is robust. Platform adoption is full.                                                                                                                                                       |
| <br><b>Level 5</b><br>Autonomous healthcare administration | AI handles high volume administrative work with human oversight. Routing, coding, scheduling, triage, and parts of revenue cycle operate in closed loop fashion. Staffing and throughput are optimized continuously. Clinicians and staff focus on edge cases and relationships. This is the destination state. |

Today, most organizations live between Levels 1 and 3. Many intend to move up at least one level in the next two years. The path upward is defined less by acquiring more tools and more by building a unified data and identity layer, adopting a platform strategy, and institutionalizing AI governance.



## Analyst perspective on enterprise AI maturity

During peer review, Frost & Sullivan reinforced several themes that align closely with this maturity framework. Their research emphasizes that organizations moving beyond early experimentation have prioritized data architecture and workflow standardization as prerequisites for scalable AI adoption. Standardized workflows enable AI agents to integrate into existing operations, learn without bias, and support automation at enterprise scale.

Frost & Sullivan also notes that while point AI solutions across payer and provider organizations are delivering results, the market is now shifting from isolated pilots to budgeted, enterprise-wide rollouts. Consistent with these findings, the greatest near-term gains continue to emerge from administrative and financial workflows—where processes are more standardized and less dependent on tacit clinical knowledge—rather than direct clinical care delivery.

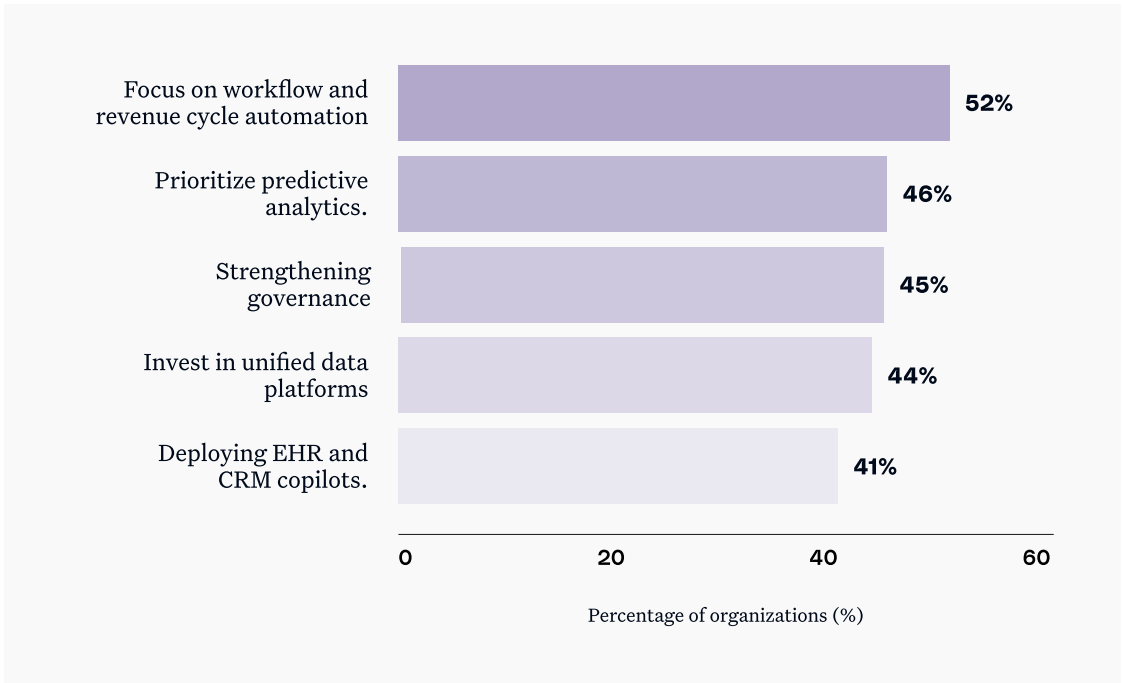
Frost & Sullivan, peer review feedback

FROST &  
SULLIVAN

# Section V

# 2026 Investment priorities: Where Leaders Are Spending and Why

Survey respondents highlight five main areas of AI investment for the next 12 to 24 months.



These priorities confirm a growing understanding that AI at scale requires unified infrastructure, not just more tools. Leaders are reallocating budgets toward platform capabilities and high value workflows in access, documentation, and revenue cycle.

Executives also share their expectations for AI maturity over the next two years. Most expect to move up at least one maturity level. Some aim to make AI a routine part of daily work in multiple functions. Only a minority believe they will reach full enterprise scale in that timeframe. The constraint is execution, not interest.

# Section VI

# 2030 Scenario forecasts: Three Plausible Futures for AI in Healthcare

Based on the survey and our work with providers, three scenarios for 2030 stand out.

|                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>Scenario A</div> <div>The platform first enterprise</div> <div>20-30% reduction in administrative waste.</div> <div>10-15% margin uplift</div> <div>AI embedded in all workflows.</div> <div>Autonomous routing and optimization for high volume tasks.</div> <div>Clinicians and staff operating at the top of their license, with AI handling routine work.</div> | <div>Scenario B</div> <div>AI fragmentation</div> <div>Heavy AI adoption across departments.</div> <div>Low coherence and no unified data platform.</div> <div>Dozens of AI vendors and tools.</div> <div>Value remains local and uneven.</div> <div>Governance struggles to keep pace.</div> <div>Burnout and margin pressure improve only marginally.</div> | <div>Scenario C</div> <div>Regulatory and operational stagnation</div> <div>AI slowed by regulatory friction and architectural debt.</div> <div>Minimal scaling beyond pilots.</div> <div>Persistent burnout and operational strain.</div> <div>Limited ROI.</div> <div>Competitive disadvantage versus systems that solve architecture early.</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



# Section VII

# Enterprise playbook for AI transformation: Six Imperatives for 2026 and Beyond

For executives, the path forward can be framed in a small set of imperatives.

## **Build the unified data and identity layer first**

AI fails without unified context. Connect clinical, financial, and operational data. Resolve identity across systems. Make high quality data a shared asset.

---

## **Adopt a platform first AI strategy**

Every new AI tool should plug into a common platform for data, identity, and governance. Avoid one off implementations that cannot be reused or monitored consistently.

---

## **Enforce AI governance at enterprise scale**

Maintain an inventory of models, prompts, and use cases. Monitor performance, bias, and drift. Define safety thresholds and escalation paths. Make governance a routine, not a reaction.

---

## **Embed AI in existing workflows**

Do not create new portals and parallel workflows unless necessary. AI should operate inside the systems clinicians, access teams, and revenue cycle staff already use. Measure success in terms of work that disappears, not logins that increase.

---

## **Measure enterprise ROI, not tool ROI**

Track throughput, access SLAs, prior authorization turnaround time, documentation time returned, denial rates including preventable auth-related denials, days in accounts receivable, and cash acceleration. Hold AI investments to the same standards as any major operational change.

---

## **Upskill and prepare the workforce**

Every role requires some level of AI literacy, including clinical, financial, operational, IT, and governance. Staff should understand where AI is used, how it is monitored, and how to raise issues or ideas.

Every role requires some level of AI literacy, including clinical, financial, operational, IT, and governance. Staff should understand where AI is used, how it is monitored, and how to raise issues or ideas.

Applied by role, this playbook becomes concrete.

### **CEOs and boards**

should review the AI portfolio across the organization and ask which workflows have actually moved outcomes.

### **CFOs and revenue leaders**

should benchmark days in accounts receivable and preventable denial losses, then prioritize a small set of revenue workflows for AI scale.

### **CIOs and CDOs**

should define AI ready data for their organization and deliver identity, lineage, and access controls once for the enterprise.

### **COOs and access leaders**

should embed AI directly into the CRM and scheduling stack, focusing on faster time to appointment, fewer transfers, and higher self service.

# Section VIII

# Architecture for autonomy

## The Technical Foundation of the 2030 Health System

A platform-based AI stack for healthcare typically includes:

**A unified data layer**

that integrates clinical, financial, and operational sources.

**A patient and provider identity graph**

that keeps records consistent across systems.

**A context fabric that gives copilots and models**

the right longitudinal signal at the right time.

**A model orchestration layer**

that routes tasks to the right models and manages performance.

**Domain specific copilots**

for access, documentation, operations, and revenue.

**A workflow automation engine**

that ties AI outputs directly into action.

**A system-wide governance framework**

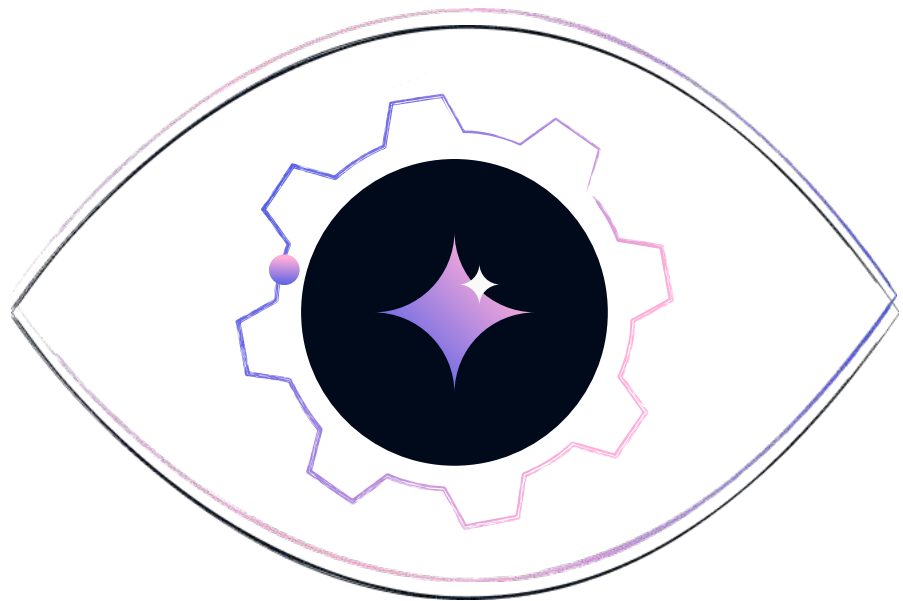
for safety, compliance, and transparency.

This is how healthcare becomes AI first without becoming AI fragmented. It is also how AI moves from a set of projects to an operating fabric across teams.

# Conclusion

AI has crossed the chasm. The question is no longer whether AI works. The question is whether AI will be cohesive or chaotic, unifying or fragmenting, platform-driven or point-solution-driven.

The signal from the survey is consistent across roles and organizations. AI is now a permanent part of healthcare operations. The systems that will lead are those that choose platform AI and make a small number of high value workflows boring, reliable, and universal.



**The top investment themes that emerge from this research are:**



Copilots inside core systems such as EHR and CRM.



Ambient documentation and note taking that reduce friction for clinicians and access teams.



Patient facing content and engagement that improve access, navigation, and follow through.



Stronger governance and more precise regulation that keep AI safe, explainable, and sustainable at scale.



Unified data and identity as a foundation rather than an afterthought.

In practical terms, AI is moving from standalone tools to embedded capabilities that are inseparable from everyday work. The organizations that will capture the most value are those that treat AI as part of their operating fabric. That means a shared data foundation, clear ownership across functions, and a focus on measurable outcomes.

For executives, the choice is clear. 2025 was the year of AI proof. 2026 is the year of AI architecture. 2030 will be the year of AI autonomy for the organizations that choose platforms over patchwork.

**The systems that make this shift will not simply have AI in healthcare. They will run healthcare with AI.**





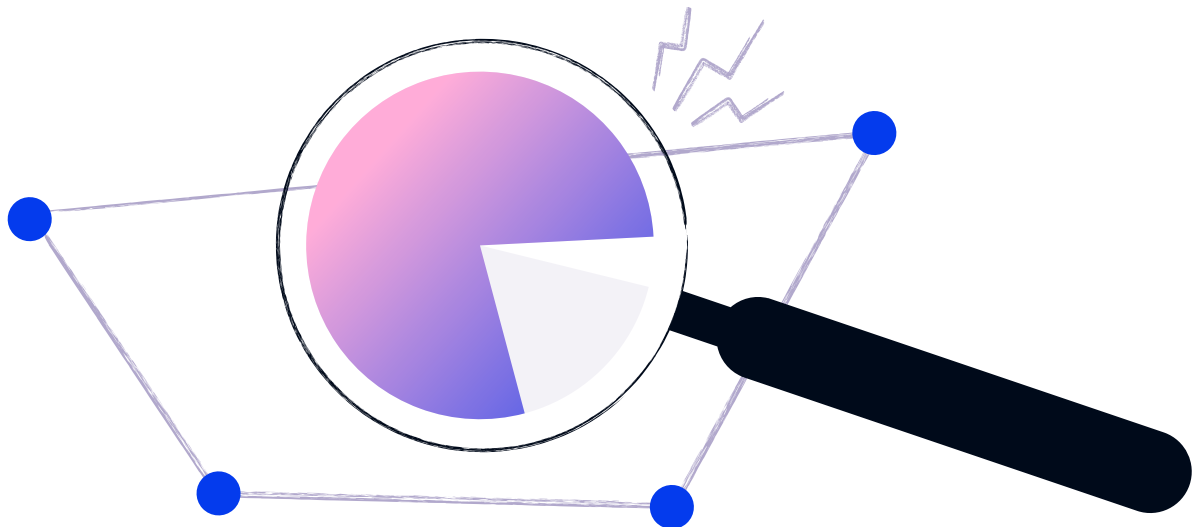
# Methodology

This survey was conducted online within the United States by Innovaccer between September 1-October 31, 2025 among 149 professionals employed in a healthcare provider setting.

All sample surveys and polls, whether or not they use probability sampling, are subject to multiple sources of error, including sampling error, coverage error, nonresponse, question wording, and post-survey adjustments. Therefore, Innovaccer has avoided the term "margin of error," as it can be misleading. Theoretical sampling errors assume pure, unweighted, random samples with a 100% response rate, which is rarely the case in practice.

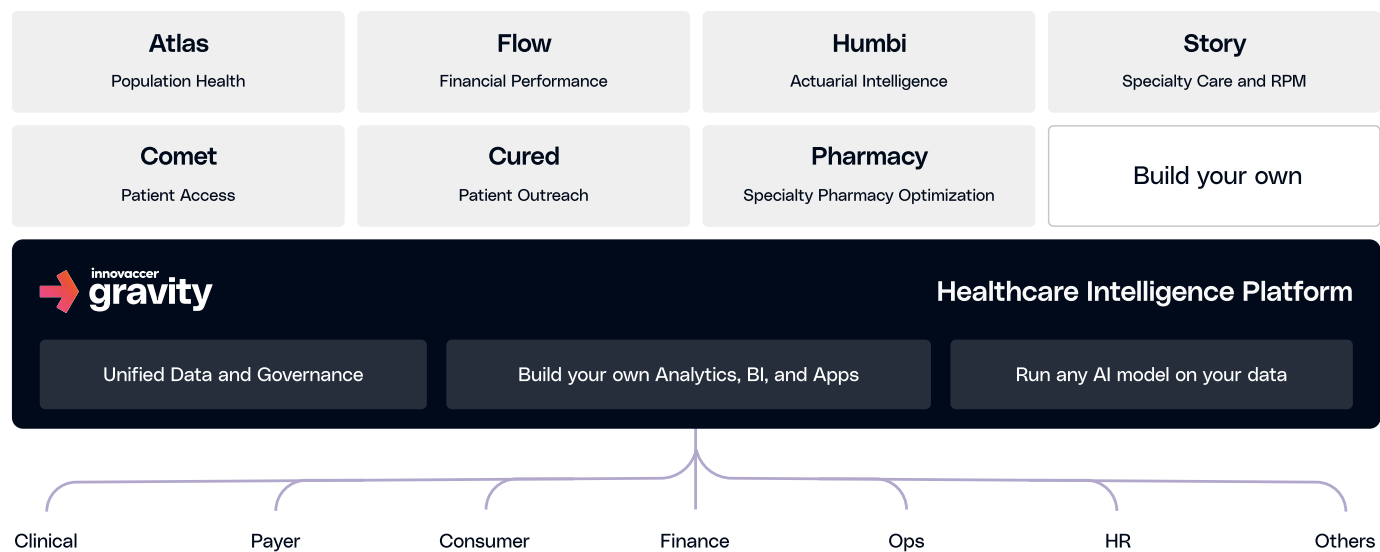
Respondents for this survey were selected from individuals who have agreed to participate in online surveys.

**Source : Innovaccer's inhouse survey findings**



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| <b>80M+</b><br>Lives on the platform | <b>\$1.5B+</b><br>Healthcare Cost<br>Savings*       | <b>\$650M</b><br>Funding raised               |

#VRDC = CMS's secure research environment for Medicare (incl. Parts A-D and Beneficiary Files) and Medicaid (incl. T-MSIS for all 50 states and DC from 2011-23)

\*\$1.5B+ is the cumulative cost saving by Innovaccer customers participating in the Medicare Shared Savings Program

## About Innovaccer

Innovaccer activates the flow of healthcare data, empowering providers, payers, and government organizations to deliver intelligent and connected experiences that advance health outcomes. The Healthcare Intelligence Cloud equips every stakeholder in the patient journey to turn fragmented data into proactive, coordinated actions that elevate the quality of care and drive operational performance. Leading healthcare organizations like CommonSpirit Health, Atlantic Health, and Banner Health trust Innovaccer to integrate a system of intelligence into their existing infrastructure— extending the human touch in healthcare.

For more information, visit [innovaccer.com](https://innovaccer.com).



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