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Next-Level Health Systems Summit: Leading with AI

Discussion insights New York City, 16 April 2026

In partnership with: 7wire Microsoft WILSON SONSINI GONG

Foreword

No doubt that AI is reshaping the healthcare landscape and it is already embedded in clinical workflows, infrastructure stacks, and executive decision-making. The question is no longer whether to adopt AI, but where it truly delivers value, where it creates friction, and how to navigate both the transformative potential and the operational realities it entails.

In this report, we explore the insights obtained in this private gathering co-hosted by HLTH and Team8, were we brought together experts shaping the AI backbone of healthcare from major Health Systems, Big Tech companies and Policy representatives to discuss the real-world impact of next-generation AI and what it actually takes to deploy it at scale inside complex, regulated care environments.

We aim to answer a central question: how generative and agentic AI can be integrated into clinical and operational workflows, help navigate regulatory/ethical considerations and drive better outcomes for patients and providers.

We would like to extend a sincere thank you to everyone who contributed their time and participated in this gathering. Our goal is to help health systems move from ad-hoc experimentation to governed, measurable impact.

Demetrios Kouzoukas
Partner, Team8 & Former Head of Medicare

Assaf Mischari
Managing Partner

PRESENTER
Varda Shalev
Managing Partner

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Executive Summary

Regarding the real-world impact of next-generation AI and the requirements for deploying it at scale in regulated care environments, the discussion highlighted a fundamental tension between technological potential and practical adoption. While access to electronic health records (EHRs) has significantly improved clinical decision-making and care coordination, AI adoption in healthcare remains largely concentrated in administrative, high-return use cases such as documentation and billing, rather than in direct clinical decision support.

This imbalance persists despite important regulatory progress, notably the 2020 Cures Act Final Rule, which marked a turning point by prohibiting data blocking and enabling greater interoperability across healthcare systems.

However, even with improved data access, broader AI deployment continues to face substantial barriers, including slow and complex regulatory processes, limited transparency around model design and training data, and the absence of robust trust frameworks needed to ensure safety and reliability in clinical settings.

Building on this, the conversation on emerging AI trends and the priorities of health systems underscored how adoption dynamics are evolving alongside these constraints. Health systems are increasingly acting as complex, risk-averse buyers, characterized by slower, multi-layered decision-making processes. At the same time:

- AI tools face category ambiguity, making evaluation, procurement, and integration into existing systems and governance frameworks challenging.
- Structural barriers (cost pressures, short-term planning, vendor misalignment, regulatory lag) continue to slow AI adoption.
- Growing importance of human-in-the-loop models, with AI positioned as decision support rather than replacement, enabling “superteams”.
- Operating models are evolving toward cross-functional, AI-enabled workflows that enhance productivity and insight generation.
- AI’s role will center on augmenting workflows and operational efficiency rather than fully autonomous “doctor AI” systems.

Executive Summary Cont.

This naturally leads to the question of how to effectively integrate AI at scale. Insights from the expert panel converged on several core themes that define the path forward. First, the central challenge is not technological capability but adoption, which remains constrained by short-term priorities, legacy infrastructure, and regulatory friction.

As a result, there is a need to redefine value beyond traditional financial ROI, incorporating dimensions such as patient outcomes, workforce sustainability, and overall system efficiency. In this context, while administrative AI continues to drive most near-term impact, clinical AI remains a high-priority yet more complex frontier requiring careful navigation.

At the same time, structural gaps in governance, monitoring, and ecosystem integration limit the ability to scale AI safely and reinforce dependence on a small number of key vendors.

Ultimately, the models most likely to succeed will be those that strike a balance between innovation and control—combining human-in-the-loop approaches, stronger internal capabilities, and clear ownership of risk—to enable sustainable and trustworthy AI adoption at scale.

Building on these themes, the breakout roundtables reinforced that the primary constraint on AI in healthcare is not technological capability, but the ability to deploy, govern, and scale it effectively within complex clinical environments.

Participants emphasized the need for centralized governance with local flexibility, risk-tiered oversight, and a staged approach to adoption, starting with lower-risk use cases to build trust and value before expanding into clinical applications.

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Fireside Chat

Demetrios Kouzoukas

Partner, Team8 & Former
Head of Medicare

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Thomas Keane

National Coordinator for Health IT

U.S. Department of
Health and Human Services
Enhancing the health and well-being of all Americans

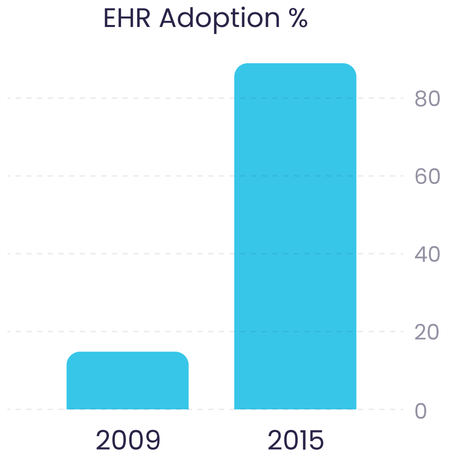
> “ Trust is a big aspect in clinical AI. Whatever we can do to improve market confidence in these systems will help drive adoption, and thoughtful regulation plays an important role in building that trust”

Real-world impact of next-generation AI

And the requirements for deploying at scale in regulated care environments

THE EVOLUTION OF EHR ADOPTION

A "game changer" for healthcare delivery - data now moves with patients, not against them.



Federal incentives and mandates transformed the U.S. healthcare landscape, driving adoption from roughly 15% in 2009 to over 90% by 2015.

Early systems prioritized billing and coding over clinical workflows. Today's policy agenda is shifting to reducing provider burden and improving usability and interoperability.

Interoperability & the End of Data Silos: The 21st Century Cures Act (2020) marked a turning point by prohibiting data blocking and mandating open data exchange.

- Major gains in data capture and movement.
- Significant improvements in data sharing.
- Foundation for next-generation clinical tools.

Not long ago, clinicians had to accept transfers with little to no prior information. Today, EHR data enables smarter triage, better consultant coordination, and more efficient care= morecoordinated decisions

Real-world impact of next-generation AI

And the requirements for deploying at scale in regulated care environments

AI in Healthcare: where it's actually working

Established capabilities

Image classification and neural networks have existed for years. Early clinical AI adoption saw mixed success.

High-ROI Adoption

Medical scribes, billing, and coding automation lead adoption — faster ROI and fewer regulatory barriers than clinical AI.

Evaluating & Procuring AI Tools – DUE DILIGENCE

With AI tools flooding the market, Health System buyers need a disciplined procurement framework. The right questions separate genuine innovation from marketing:

- **Model architecture**
  How is the system designed and deployed?
- **Data sharing terms**
  Can data be exchanged under NDA?
- **Training data**
  Static datasets? Representative populations?
- **Documentation**
  Are model cards available for review?

The traditional regulatory lifecycle cannot keep pace with AI innovation. A targeted approach is emerging.

Recommendation:
Don't regulate everything. Focus oversight on what enters and interacts with the EHR.

Utilization data tells a story:
some AI systems are accessed only ~90 times, often for research or training rather than clinical use.

Real-world impact of next-generation AI

And the requirements for deploying at scale in regulated care environments

Without trust, clinical AI cannot scale, regardless of technical performance:

Credibility & Safety
Regulation establishes the baseline for clinical confidence.

Provider Confidence
Clinicians need assurance before integrating AI into patient care.

Patient Trust
Transparent oversight builds public acceptance of AI-assisted care.

The Emerging Regulatory Model

Pre-Market Evaluation	Post-Market Monitoring	Real-World Performance
Assess safety and compliance	Track incidents and updates	Continuous outcome and bias tracking

Government Action >
HHS issued a pre-Christmas Request for Information (RFI) to understand how to accelerate AI adoption — with mammography throughput as a leading use case.

Shift in Oversight >
Regulators are moving from one-time pre-market approval toward continuous post-market monitoring of real-world AI performance.

A new model is reshaping the economics of clinical AI: applications can now enroll as **Medicare Part B providers.**

Reimbursable Impact
Apps that reduce costs or improve outcomes may qualify for reimbursement.

Covered Entity Status
AI applications become formal participants in the care ecosystem.

HIPAA Compliance
New obligations around privacy, security, and patient data protection.

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Invited Talk

Rohan Siddhanti
Healthcare GTM
ANTHROP\C

"There will be a new kind of team in hospitals, bringing together people who already work across products, processes, and projects. Over time, they'll form 'super teams' working alongside AI to build solutions, and that will become normal at hospitals."

Emerging AI trends

and the needs health systems are prioritizing as adoption accelerates

Health Systems as buyers

Health systems operate as a unique category of enterprise buyer, characterised by significantly higher complexity, strong risk aversion, and fragmented operational structures that make decision-making slower and more layered than in other industries.

There is a notable divide between the broader healthcare market, where many organisations remain relatively early in digital maturity, and more sophisticated provider systems that are highly selective, experienced, and structured in how they evaluate and adopt new solutions.

Category ambiguity of AI tools

Companies such as Anthropic are still at an early stage in penetrating provider systems, with adoption journeys that are nascent and not yet reflective of scaled, system-wide deployment across healthcare organisations.

Tools like Claude do not fit neatly into traditional enterprise software categories, which can create uncertainty among buyers about how to evaluate, procure, and integrate them within existing systems and governance frameworks. As AI solutions often do not align well with standard procurement processes, are difficult to position, justify, and advance through conventional purchasing pathways.

Role of system integrators (SIs)

Health systems are reassessing the role of system integrators, with growing fatigue toward large, generalist firms that are often seen as costly, insufficiently specialised, and lacking the agility required for healthcare environments.

In response, preference is shifting toward smaller, healthcare-focused boutique partners that offer deeper domain expertise, greater flexibility, and closer alignment with clinical and operational needs. These partners can also engage at a more targeted level, starting within a single department or use case.

Balancing immediate AI value with ecosystem limitations

Administrative AI use cases currently represent the most immediate opportunity for health systems, offering faster returns on investment and encountering fewer implementation barriers. However, particularly within academic systems, there remains strong pressure to successfully deploy at least one clinical AI solution to demonstrate impact on care delivery. At the same time, progress is constrained by a heavy dependence on EHR/EMR platforms, raising ongoing questions about the extent to which vendors will enable AI integration from technical, contractual, and regulatory perspectives.

Emerging AI trends

and the needs health systems are prioritizing as adoption accelerates

Build vs buy shift

Health systems are beginning to shift from a traditional “buy” mindset toward a builder mentality, recognising that organisations capable of developing internal solutions will be better positioned to capture long-term value and reduce the risks of over-reliance on external vendors. AI companies position themselves as the new “front door” to healthcare, but the reality is a crowded field of similar propositions with low likelihood of adoption. Lessons from past cycles suggest that the more effective approach is to focus on targeted internal use cases and drive adoption through demonstrated, incremental ROI.

Structural Challenges in Healthcare AI

Healthcare systems face structural barriers to AI adoption, shaped by an ongoing cost crisis and short planning horizons that limit long-term investment.

Progress is further constrained by reliance on device manufacturers and EHR vendors, alongside misaligned incentives between these players and frontier AI labs, resulting in limited collaboration. While regulation is necessary, it remains insufficiently aligned with the pace of innovation.

Human-in-the-Loop & Operating Model Shift

Healthcare AI today remains probabilistic rather than deterministic, making human-in-the-loop systems essential to ensure safety, accuracy, and accountability. AI is best positioned as a decision-support tool that augments rather than replaces clinical judgment. This is driving a broader shift in the healthcare operating model, where cross-functional hospital teams are increasingly using AI tools to enhance productivity and insight generation. The emerging end state is the formation of “superteams” that combine clinical expertise, operational knowledge, and AI capability.

Outlook: Next 5 Years

Over the next five years, the primary challenge in healthcare AI will be adoption rather than raw capability, with the key priority being to steepen the adoption curve and move beyond short-term organisational thinking.

While AI models are expected to continue improving significantly, their current role is not to function as “Doctor AI,” but rather to enable workflows by supporting users in building and executing tasks such as coding, automation, and operational efficiency.

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Panel Discussion:

Integrating AI at Scale: Real-World Use Cases, ROI and Safeguarding Privacy & Safety

PRESENTER

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MODERATOR

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Chief Digital Health Officer
Yale New Haven Health

Michael Recht
Louis Marx Prof. & Chair, Dept. of Radiologyr
NYU Langone Health

Integrating AI at Scale

Real-World Use Cases, ROI and Safeguarding Privacy & Safety

01 Defining ROI beyond dollars

ROI in healthcare AI should not be defined solely in financial terms, as that perspective is typically too narrow. A broader interpretation includes patient outcomes such as improved safety and health as well as workforce impact like increased job satisfaction, reduced burnout, and greater professional fulfilment. **A useful distinction is between hard ROI, which captures direct financial returns, and soft ROI, which reflects time savings, workflow improvements, and operational efficiency.**

However, identifying clear, repeatable “breakthrough” ROI patterns remains difficult, and ROI discussions often take place at board level where AI is sometimes justified as a way to enable broader experimentation. Importantly, ROI is highly context-dependent: in already strained or burnt-out systems, AI may not increase patient volume but can still deliver meaningful value by reducing clinician burden and improving system sustainability.

02 Real-World Use Cases & Measurable Impact

Concrete AI use cases demonstrate how value is often realised indirectly rather than through traditional financial metrics. For example, deep learning applied to **MRI image reconstruction** can accelerate scan processing by six to eight times, reducing scan times from around one hour to 15–20 minutes. This translates into **increased patient access, reduced backlogs, and lower cost per scan.**

Importantly, ROI is often tracked internally through operational metrics such as throughput and access improvements rather than pure financial returns. In some cases, AI may not primarily improve speed but instead enhances diagnostic quality, such as identifying more cancers or improving detection rates, thereby increasing the overall quality of care delivered.

Integrating AI at Scale

Real-World Use Cases, ROI and Safeguarding Privacy & Safety

03 The Measurement & Monitoring Problem

Healthcare currently lacks standardised frameworks for monitoring AI safety, performance, and quality, creating a significant gap in governance maturity. A key challenge is that both AI models and their deployment environments are constantly evolving, making performance measurement a moving target rather than a static assessment. **Unlike traditional medical technologies, there is no widely adopted, scalable infrastructure to continuously monitor AI systems in real-world clinical settings.**

Effective monitoring must therefore include not only model performance but also real-time patient outcomes, regardless of whether the system is built in-house or procured from vendors. This represents a major underdeveloped capability for health systems and a critical barrier to safe scaling.

04 Regulatory Mismatch

Regulatory frameworks for AI in healthcare remain misaligned with the technology's actual behaviour and pace of development.

AI is often regulated as if it were a medical device, which implies a slow, static approval process and limited post-deployment change.

In reality, AI behaves more like a pharmaceutical product in terms of rapid iteration, continuous updates, and evolving performance in real-world environments. This mismatch between regulatory classification and technological reality slows down adoption and creates friction in deploying and updating AI systems at scale.

Integrating AI at Scale

Real-World Use Cases, ROI and Safeguarding Privacy & Safety

05 Monitoring responsibility & governance

Responsibility for monitoring AI systems is increasingly shifting toward health systems themselves, even as complexity continues to rise. **Future AI agents will require even more continuous oversight, yet many organisations are already operating at capacity, creating a structural constraint.**

One proposed response is the development of shared networks such as TRUST-based collaborations that combine technology, shared infrastructure, and human oversight to distribute the monitoring burden.

Key governance challenges include extending role-based access control to AI agents, managing protected health information at scale, and addressing the growing risk of re-identification even in so-called de-identified datasets, which are becoming less reliable as model capabilities improve.

06 Risk Ownership & Decision-Making

Risk ownership in healthcare AI is fragmented across multiple functions, including legal counsel, privacy offices, and risk management teams, which complicates clear accountability.

There is a need to define risk prior to deployment, continuously reassess it during operation, and maintain the ability to roll systems back when necessary.

Ultimately, however, the risk sits with patients, which means clinical leadership must remain directly involved in AI-related decision-making. Without this clinical anchoring, governance structures risk becoming disconnected from real-world patient impact and safety considerations.

Integrating AI at Scale

Real-World Use Cases, ROI and Safeguarding Privacy & Safety

07 Shadow AI & Loss of Control

AI adoption is already occurring in an unstructured and partially invisible way within health systems, with usage "seeping under the door" beyond formal institutional oversight.

Organisations often lack control over how public **AI tools are being used by staff, while vendors may also embed AI capabilities into existing products without clear disclosure.**

This creates significant risks around data privacy, compliance, and contractual clarity, often requiring health systems to revisit and renegotiate vendor agreements. **The result is an expanding "shadow AI" layer that is difficult to govern but increasingly embedded in daily workflows.**

08 Safe Enablement vs Restriction

Healthcare AI sits in a **constant tension between enabling fast innovation and maintaining safety, governance, and regulatory control.** While organisations aim to accelerate adoption, they must also **prevent unsafe or unsanctioned use of AI, often by providing secure, approved tools to reduce reliance on public platforms** and by decentralising development while centralising deployment decisions.

This is similar to prescribing rules in medicine, where access must be controlled, but enforcement is increasingly difficult as users can bypass restrictions through personal tools, creating a persistent governance challenge.

As a result, health systems remain ultimately liable for outcomes, making it essential to define clear risks, ensure robust monitoring, and build flexible but strong control frameworks that allow innovation without losing system-wide oversight.

Integrating AI at Scale

Real-World Use Cases, ROI and Safeguarding Privacy & Safety

09 Patient Behavior & AI Literacy

There is a growing and **urgent need to improve public understanding of AI in healthcare, as patient AI literacy remains relatively low. A significant proportion of patients using large language models for health-related advice do not subsequently consult a clinician, increasing the risk of misinformation shaping health decisions.**

This creates a gap between AI-driven information-seeking behaviour and formal clinical validation, highlighting the importance of education and guided usage to ensure safe engagement with AI-generated health content.

10 AI-Enabled Patient Engagement

AI presents a significant opportunity to improve patient engagement by making individuals more informed, proactive, and involved in their care journey. **Patients can be better prepared for consultations, more adherent to treatment plans, and more effectively monitored for signs of deterioration.**

AI tools, such as LLM-generated summaries and video explanations, have already shown positive patient feedback in improving communication and understanding.

Enhanced engagement is directly linked to better outcomes, as it enables patients to navigate healthcare systems more effectively and exchange information securely. As AI models and security frameworks continue to mature, adoption in patient-facing applications is expected to accelerate and become increasingly central to care delivery.

"We need a public health campaign about what artificial intelligence is, what it can do, and what the dangers are, in order to build AI health literacy"

Rebecca Mishuris
Chief Health Information Officer & VP
- Brigham and Woman's Hospital

Interactive Roundtables:

From AI Potential to Real-World Decisions.

Each table worked within an assigned topic and scenario and was expected to make a clear decisions. Each group defined key priorities by identifying what to focus on, determined what should be paused or dropped, and prepared a highlights read-out to summarize their conclusions.

The discussions were structured around the following topics: Governance and Decision-Making; ROI and Big Bet Decisions; Regulation and Risk; Implementation and Workflow Integration; and the Investor Perspective.

Table 1: Governing AI Without Losing Clinical Judgement

Central guardrails with domain-level flexibility enable safer adoption

Scenario: An enterprise-wide AI copilot suite promises system-wide productivity gains but requires centralized governance in a clinician-skeptical environment. Do you centralize AI governance or allow department-level adoption?

Key Takeaway:
Centralize governance; enable local, context-specific adoption.

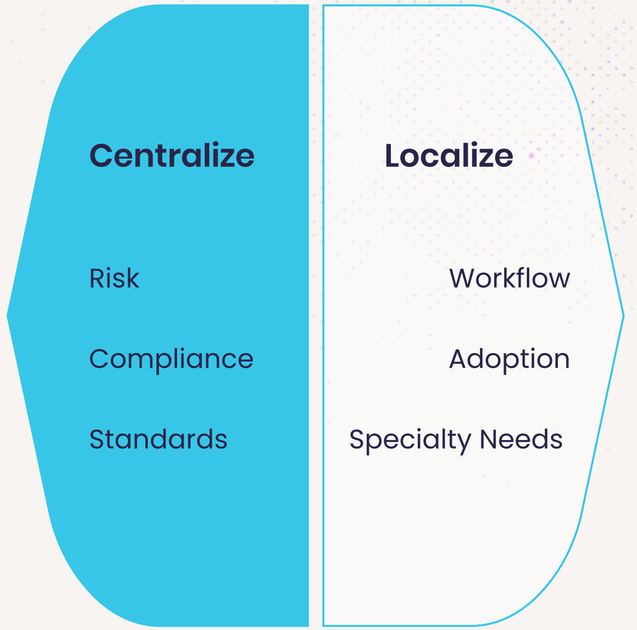
Discussion Summary:

Participants emphasized that effective AI governance should be centrally coordinated to manage risk, define standards, and ensure appropriate oversight. However, this must be balanced with meaningful input from clinical and operational domains, where workflows, tools, and risk profiles vary significantly.

A consistent theme was that adoption cannot be uniformly mandated. Flexibility at the local level is critical to ensure relevance, usability, and clinician trust, particularly in specialized or high-variation environments.

Overly centralized, top-down approaches risk overlooking domain expertise and workflow variation, which can slow adoption and erode trust. Governance models that fail to incorporate local context are less likely to be effective in practice.

MODERATOR: Demetrios Kouzoukas, Partner, Team8 & Former Head of Medicare



Centralized governance sets standards and oversight, while departments retain flexibility to adopt tools that fit their workflows.

Table 2: Building Toward Clinical AI Through Patient Engagement

High-impact AI adoption requires a staged, sequential approach

Scenario: You have budget for one major AI investment across clinical, operational, or patient-facing use cases. Where do you invest and what do you explicitly not fund?

Key Takeaway:
Prioritize patient engagement as the entry point, and build toward clinical decision support over time.

Discussion Summary:

Participants emphasized that AI adoption is most effective when approached as a staged progression rather than a single large-scale investment. Patient engagement and access use cases were consistently identified as lower-risk starting points, offering faster implementation, clearer value, and more immediate return.

In contrast, more advanced applications, such as clinical decision support, require a stronger foundation, including clinician trust, higher data quality and maturity, and deeper integration into clinical workflows. These capabilities are typically developed incrementally, making early-stage investments critical to enabling more complex use cases over time.

Participants cautioned against fragmented investments in narrow point solutions, as well as approaches that fail to integrate with existing systems or demonstrate system-level value. Without a coordinated strategy, organizations risk limiting both adoption and long-term impact.

MODERATOR: Dror Grof, Partner, Team8

"Patient engagement is one of the most powerful ways to improve outcomes - people who are engaged consistently do better. One of the most exciting opportunities with AI is its potential to democratize understanding and help patients better navigate the healthcare system."

David Rhew
Global CMO VP Healthcare
- Microsoft Health

Sequencing investments to build trust and capability over time is critical to realizing sustained value from AI.

Stage 1
Patient Access & Engagement

Stage 2
Admin. Automation / Workflow Efficiency

Stage 3
Clinical Decision Support

Table 3: Shadow AI Adoption Requires Governance, Not Prohibition

Risk-tiered approaches enable safer, more transparent use

Scenario: A generative AI tool is already being used informally by clinicians despite lack of approval by the hospital administration.

Do you: **Ban it, Tolerate it**, or **Formalize and regulate/manage it?**

Key Takeaway:
Formalize usage through risk-tiered governance rather than relying on blanket bans.

Discussion Summary:

Participants emphasized that the appropriate response is highly context-dependent. Organizations need to evaluate the specific tool, its intended use, and whether sensitive data is involved. Lower-risk use cases may be permissible with light-touch oversight, while higher-risk applications require formal review, stronger controls, and ongoing monitoring.

The core challenge is not simply restricting access, but establishing clear governance and practical guidance. Clinicians need to understand what is permitted, under what conditions, and how to engage with these tools safely and responsibly.

Without clear, accessible governance, organizations risk driving AI use further underground, limiting visibility into real-world adoption and increasing exposure to unmanaged risk. Overly restrictive approaches, combined with unclear policies, make it harder to guide safe and appropriate use.

MODERATOR: Jodi Daniel, Partner, Wilson Sonsini Goodrich and Rosati

"We regulate AI like a medical device rather than a drug- lower bar for approval because it's slower to diffuse, requires trained operators - and expect continuous innovation. But AI distributes instantaneously and broadly, faster than any drug."

Lee Schwamm
Chief Digital Health Officer
- Yale New Haven Health

Risks Levels

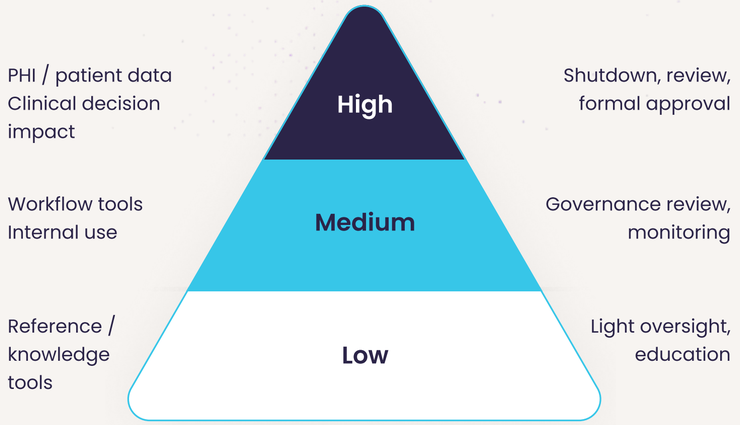


Table 4: Scaling AI Before It's Perfect

Implementation success depends on demonstrated value, not technical completeness

Scenario: An AI tool reduces documentation time by ~30% but introduces additional workflow steps, occasional inaccuracies, and some clinician trust concerns. Do you scale now or pause to refine?

Key Takeaway:
Scale when value clearly outweighs friction – perfection is not the threshold for deployment.

Discussion Summary:

Participants consistently emphasized that waiting for a "perfect" solution delays impact. When a tool delivers meaningful time savings or reduces clinician burden, it should be deployed and improved iteratively.
Perfection is not required for adoption. Minor inaccuracies are often comparable to existing workflow limitations, and trust typically develops through repeated use rather than upfront validation. The more important question is whether the solution addresses a significant enough problem to justify changes in behavior.

MODERATOR: Prof. Varda Shalev, Managing Partner, Team8

Determinants of Success

Problem Fit & Workflow Impact
Solutions succeed when they reduce time, cognitive load, or friction – and fail when they add steps or create more work than they remove.

Trust & Adoption Dynamics
Initial skepticism is common, particularly for AI-labeled tools. Trust develops over time through consistent use and demonstrated value, not through policy alone.

System Capacity & Downstream Effects
AI can introduce new operational demands (e.g., more data, more follow-up work). Without sufficient capacity, efficiency gains may be offset.

Adoption Pattern

1. Early deployments often deliver **clear value but face skepticism**
2. As clinicians begin using the tool, **familiarity increases and friction decreases**
3. With consistent use, **trust strengthens and adoption expands**

Table 5: In Healthcare AI, Adoption Determines ROI

Workflow integration and real-world use drive measurable impact

Scenario: You are evaluating three AI startups: **Strong tech, weak clinical adoption, Moderate tech, strong workflow integration, No tech, but a strong founding team.** Where do you invest, and why?

Key Takeaway:
If clinicians don't use it, nothing else matters.

Discussion Summary:

Participants consistently emphasized that clinical adoption is the primary factor in evaluating healthcare AI solutions. Tools that are embedded in real workflows, used consistently by clinicians, and deliver measurable improvements in efficiency or outcomes are far more likely to scale within complex health systems.

While strong technology and capable teams remain important, they are not sufficient on their own. Without integration into day-to-day clinical practice, even high-performing models struggle to generate sustained value.

As a result, participants pointed to a common set of indicators for success: clear evidence (or strong likelihood) of clinical adoption, a direct link to outcomes and ROI, and the ability to integrate seamlessly into existing clinical and operational workflows.

MODERATOR: Lee Shapiro, Managing Partner, 7Wire Ventures

"One thing we haven't talked about is patient care. AI in areas like breast imaging might not make clinicians faster, but in our study it did help pick up additional cancers. That may not show up as traditional ROI, but it's exactly the kind of impact that matters."

Michael Recht
Louis Marx Prof. & Chair, Dept. of Radiologyr - NYU Langone Health

Factor	Importance
Tech	**Medium**
Data	Depends
Team	High
Workflow/Adoption	**Critical**

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The Digital Health Innovation Village is an exclusive network of senior healthcare leaders who share a passion for innovation in digital health. Executives connect across organizations and health verticals to exchange ideas and explore collaboration to champion innovation within their organizations.

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