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Patient experience management in an era of healthcare consumerization, and now AI

Meet the needs of digital consumers, improve your bottom line, and do it with artificial intelligence that patients can trust. The 2019 argument, kept intact, with four new chapters for the AI era.

First edition

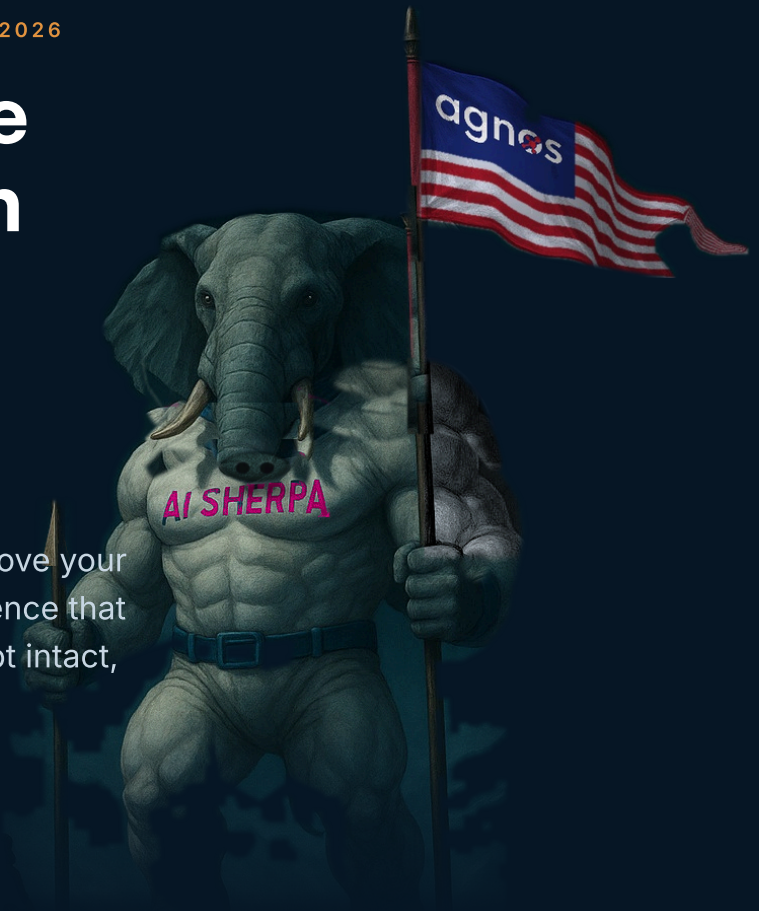
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Second edition

October 2026, revised with AI current state and future state

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In this whitepaper, learn why healthcare organizations need a fresh perspective on the patient experience, what has changed since the first edition, and how AI, used responsibly, turns patient experience from a cost center into the growth engine of a health system.

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1 · THE CHANGING DYNAMICS

The modern patient and the hospital

Modern patients have become active stakeholders in their own healthcare and are better informed than ever when choosing a care provider. This shift in patient inclinations, behavior and demands is threatening hospitals' bottom lines.

In the short term, hospital management may believe they can ride out the disruption, but somewhere deep inside they must be asking, "Are we missing the boat?" The answer is a resounding yes.

The healthcare industry is dealing with the unavoidable effects of rapid technological advances, millennials taking over from baby boomers, and changing patient needs and expectations: a perfect storm creating pressure for change. If healthcare providers do not adapt, and the window is not long, business performance is going to take a big hit. So the change needs to happen now. First, it is important to understand what exactly has changed in the patient realm, and how hospitals have approached it.

2026 note. In 2019 we gave providers perhaps five years. Deloitte now reports only about one-third of health systems and plans operate AI at scale and 49% are still experimenting. The window we described has closed; the organizations that used it are pulling away.

1.1 The shifting expectations of patients

Patient experience is not just one thing; it is a complete package, and providers are making big changes to woo their patients, keeping in mind that decisions are increasingly made by mobile-first millennials and younger demographics, who are driving healthcare organizations toward technology.

81%

of Americans owned smartphones in 2019; 93% of millennials. Every touchpoint should be accessible by phone.

33%

of millennials had no regular doctor. They strive for better prices, better reviews, speedy service and convenient applications.

41%

of millennials request estimates before treatment. Cost transparency is now part of value-based care.

3 in 10

US adults say they are "almost constantly" online (Pew). Even baby boomers read reviews and research doctors online.

Thirty percent of patients have left a doctor's appointment because of wait time (Vitals). Half of millennials and Gen-Xers use online reviews to select providers, against 40% of boomers and 28% of seniors (PRNewswire). 78% of patients say they have used a patient portal (MGMA), and 59% of Gen-Y patients would switch doctors for one with better online access (Intuit Health).

When we speak of digital trends, it is not merely providing a patient portal. It means services beyond the portal: text messages, email reminders, consistent engagement throughout care, and guiding patients who do not use the portal toward it. Providers must work both offline and online channels. But can hospitals make these changes comfortably?

2 · VALUE-BASED CARE

The trends that were reshaping healthcare, and where they went

TREND (FIRST EDITION, 2019)	WHAT WE WROTE	WHERE IT STANDS IN 2026
Rise of digital healthcare	Analysts expected wearables, sensors and analytics platforms to create a \$117B digital health market by 2020; McKinsey's 2017 survey confirmed rising consumer demand. Digitally enabled care is no longer nice to have.	Deloitte's 2025 consumer survey: 47% of consumers use fitness and health-tracking devices and 37% use monitoring devices for conditions; more than 90% who had a virtual visit would have another. Health tech took 14% of venture capital in 2025.
Decline in care continuity	Respondents with a primary care provider fell from 87% (2011) to 79% (2017). Patients chose retail clinics and online reviews over loyalty to one provider.	Loyalty now attaches to whoever makes access easiest. AI front doors, symptom triage and 24/7 scheduling agents are the new retail clinic.
Convenience and telehealth	One Medical and 98point6 offered on-demand access through apps; 70% of patients preferred a telehealth visit (HIMSS Analytics, 2017).	Telehealth is table stakes. Nearly 60% of executives plan to invest in virtual services for preventive care (Deloitte 2026).
On-demand urgent and retail clinics	Smaller financial footprint, lower cost, reduced emergency department use.	Retail health retrenched in 2024 and 2025; convenience moved into the phone, and into the AI assistant.
Decision-making on data transparency	75% of patients looked at price transparency ahead of access; 62% said estimated out-of-pocket cost influenced whether they sought care.	Affordability is the defining trend for 26% of consumers (Deloitte). Price estimates are now generated instantly, from the record and the benefit, by AI.

These changes took place fast, and to keep pace hospitals had to adapt. The question some hospital CEOs still asked in 2019 was "What's in it for our organization, and what's the urgency?" One major issue was insufficient commitment to technological evolution, rooted in a lack of clarity about the end goal, sometimes compounded by the belief that it could wait until more demanding matters were handled. Organizations that moved fast claimed the dividends; the rest were forced to change later, at higher cost.

In 2026 the same question is being asked about AI, in the same words, by many of the same executives. McKinsey finds 82% of healthcare leaders expect a positive return on generative AI and 45% already report a quantified one. The urgency is no longer in dispute. The question is how to capture it without getting hurt.

3 · THE BUSINESS CASE

How patient experience management pays dividends

1. Good reputation and improved profits. Press Ganey's data shows that better patient experience and employee engagement are positively associated with hospital profits: for every one-point increase in hospital rating, a 0.2% increase in net operating profit margin was observed. For every 10% increase in patients giving a hospital a "top box" HCAHPS score, net margin rose 1.4% compared with hospitals receiving a "bottom box" score.

2. Increased patient loyalty. Patients retain or change providers based on experience, so relationship quality predicts loyalty. Patients reporting the poorest-quality relationships with their physicians were three times more likely to leave the practice than those with the highest-quality relationships. With the lifetime value of a patient estimated at roughly \$1.4 million, when a patient switches, the money goes with them, along with the influence of negative reviews.

3. Higher revenue and reimbursements. Payers increasingly treat patient experience as a metric of care quality when setting contracts, which flows straight to the bottom line. Superior experience can lift reimbursement and retention. Providers that do not equip themselves with processes and technologies for the digital consumer risk losing patients to those that do.

Regulators at the state and federal levels watch consumerization and patient experience closely. Providers that do not implement digital tools to bring transparency and better care may be required to. Given these trends, where do you find yourself on the patient experience continuum? Are you falling short of your patients' expectations? What are the exact ingredients of an excellent patient experience?

The 2026 addition: AI now has its own line in the business case

3.5x average ROI healthcare executives report on AI use cases; payback in about 12 months against 24 projected Bain & Bessemer, Oct 2026	85% reduction in interaction abandonment reported by Sutter Health after deploying AI in patient interactions Deloitte 2026 Outlook	\$13,000 additional reimbursement per clinician reported by St. Luke's with ambient documentation Deloitte 2026 Outlook	6x more likely to stay: patients who trust their providers, which is why 81% of executives put a trust strategy beside the technology strategy Accenture, 2025
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The business case has a new column and a new risk. Bain finds returns concentrated in administrative work, revenue cycle and patient access, with clinical AI returns among the lowest; McKinsey finds patient and member engagement is seen as high-potential but is implemented less than that potential suggests. That gap is the opportunity for providers. The risk is on the next page.

4 · MEETING SHIFTING EXPECTATIONS

Three things to get right before you begin

Time, cost and convenience are the top priorities of the modern healthcare consumer, and the encounter they want has several parts: easy appointment scheduling and cancellation, a nearby location, price transparency, online payment and short wait times. Before embarking on the patient experience management journey, providers should keep three factors in mind.

FIRST**Build on what you have**

Digitize to offer speedy, convenient care, remembering that any consumer experience is built on the workflows and technology stacks you already run. Data must pass freely between systems so every department can use and update it. Leverage your core competencies rather than implementing something alien.

SECOND**Learn from other industries**

Aviation solved online ticketing and check-in, saving consumers time and money. Providers can simulate these experiences by understanding how next-generation technologies from other industries apply to healthcare.

THIRD**Use data to orchestrate personal journeys**

Each patient is unique. Data must be current, consistent and accessible to authorized people. Patients kept informed about prescriptions, tests, surgeries and estimated bills make better decisions; practitioners with the full history in seconds prescribe better.

What AI adds to each

- **Build on what you have, with agents on top.** The fastest-returning AI in Bain's scorecard sits on existing systems: revenue cycle, scheduling, intake. 67% of provider revenue-cycle AI already runs as semi- or fully autonomous agents. Your practice management system and EHR are the foundation; agents are the new layer, not a replacement.
- **Learn from other industries, faster.** Banking and travel moved first on conversational AI and now have the playbooks for identity, consent and escalation to a human. Healthcare can adopt those patterns with the added rigor of HIPAA and clinical safety.
- **Orchestrate journeys that write themselves.** Personalization once meant segment rules. Today a model can read the chart, the benefit and the schedule and draft the right message for this patient, in their language, at the right moment, for a human to approve. McKinsey's survey reports 19% of organizations have implemented agentic AI and 51% are running proofs of concept.

The 2026 warning. The same technology that answers a patient at 2 a.m. can also invent a policy, as Air Canada's chatbot did (and a tribunal made the airline honor it), or invent a medical credential, as an aesthetic-medicine practice's website chatbot did in Germany (and in May 2026 an appeals court held the practice's directors responsible). Every AI touchpoint in the patient journey is a brand promise. Design it like one.

5 · THE CORNERSTONES

What a true consumer healthcare experience is built on

Before beginning, understand the needs and preferences of the consumer segment your clinic, hospital or practice serves. Survey them, meet them, ask what they expect, and build strategy from the answers. Then build on five cornerstones. Each is as true as it was in 2019; each now has an AI dimension, shown in the right-hand column.

CORNERSTONE	THE 2019 PRINCIPLE	THE 2026 PRACTICE
Omnichannel experience	Meet consumers online and offline, from search to scheduling to follow-up. Mobile apps, email, call centers, in-person and text, as one seamless experience. Brands with omnichannel strategies saw 23x higher customer satisfaction (Aberdeen); 5% of all Google searches are health-related; 88% of appointments by patients who research online are still booked by phone (Sequence).	One conversational layer across channels: the same AI assistant answers on the web, in the app, by text and on the phone, with full context of who the patient is and where they are in their journey, and hands off to a person without making them repeat themselves. Accenture estimates call centers could gain up to 30% capacity; only 3% of health system executives named them a transformation priority.
Online presence, reviews and ratings	Most consumers begin by finding and comparing providers online. 84% trust online reviews as much as friends (Inc.); search drives 3x more visitors to hospital sites; patients who booked ran 3x more searches (Google).	Patients now ask AI assistants, not just search engines, which provider to see. Structured, accurate, current data about your services, locations and availability is what those assistants read. Reputation management includes making sure the machines describe you correctly.
Seamless, convenient experiences	Deliver e-commerce ease: price transparency with cost and coverage estimates, appointment scheduling, and omnichannel payments, with notifications and calls to action throughout.	Instant good-faith estimates generated from the benefit and the record; scheduling agents that negotiate the slot; payment plans proposed from propensity data. Each step is drafted by AI and visible to staff before it reaches the patient.
Connected healthcare	Devices and IoT let patients manage conditions, reduce admissions and emergencies, and remind them to take medication. 40% of IoT technology was expected to be health-related by 2020; 52% of hospitals used three or more connected health technologies in 2016.	Remote monitoring data is now summarized by models and triaged by agents, so a nurse sees the five patients who need a call today instead of five hundred data streams. Sentara's virtual nursing has reclaimed thousands of nursing hours (Deloitte).
Personalized experiences	Integrate multiple data sources, collate the data from every channel, apply analytics and embed personalization across access, clinical and financial workflows.	Personalization is generated, not configured: plain-language visit summaries, after-visit instructions at the patient's reading level and in their language, and proactive outreach when the data says risk is rising. Every output grounded in the record and reviewed before it ships.

6 · NEW IN THIS EDITION

The AI-era patient: current state

Seven years after the first edition, the patient we described has arrived, and has an AI assistant in their pocket. The provider's challenge has changed from "be digital" to "be the organization whose AI the patient trusts."

Where the industry stands. Half of US healthcare organizations have implemented generative AI (McKinsey, April 2026), and more than 80% have put first use cases in front of end users. Clinical productivity is the most widely implemented domain (54% of care organizations), led by ambient documentation: Microsoft's Dragon Copilot alone is used by more than 650 healthcare organizations, and Penn Medicine measured a 20% reduction in documentation time. Patient and member engagement is the domain where perceived potential most exceeds actual implementation. That is the white space.

Where the returns are. Bain and Bessemer's October 2026 scorecard puts average ROI at 3.5x with payback in about twelve months; providers report roughly 4x projected returns, led by revenue cycle. Returns concentrate in administrative work. Clinical AI returns are among the lowest, held back by trust in clinical judgment, unresolved liability and fee-for-service incentives.

Where the agents are. 19% of organizations have implemented agentic AI and 51% are in proofs of concept (McKinsey). Deloitte finds 61% of health system and plan technology executives are building agentic initiatives or have budgets; 85% plan to increase investment and 98% expect at least 10% cost savings. MUSC Health's agents complete 40% of prior authorizations without human involvement. CMS rules cut standard prior-authorization decisions to 7 days from January 2026, with electronic information sharing required by January 2027; that is a patient-experience deadline as much as a compliance one.

Where the fault lines are. 43% of McKinsey's respondents cite risk and safety as a roadblock, naming inaccuracy and bias, security and regulatory compliance. Integration ranks as the first barrier to scaling. Accenture found only half of IT executives report strong alignment between technology initiatives and business strategy, and that 28% of CEOs believe they own redefining AI-affected roles while only 5% of their executives agree. The share of internally built generative AI fell from 42% to 26% in a year because organizations could not operate and monitor what they built (Bain).

What the patient now expects, in their words

ACCESS

"Answer me now."

Booking, rescheduling, directions, prep instructions and bill questions resolved in one conversation, any hour, by text or voice, with a human one tap away.

CLARITY

"Tell me what it means."

Results explained in plain language before the portal notification lands; estimates before the visit; a summary after it, in the patient's language.

TRUST

"Don't get it wrong, and don't lose my data."

Patients will forgive a slow portal. They will not forgive a confident wrong answer about their medication or a breach. Trust is the product.

6 · CONTINUED

The AI-era patient: future state, 2027 to 2030

- **The front door is a conversation.**
Scheduling, intake, insurance questions and wayfinding handled by an assistant that knows the patient, grounded in the practice management system and the EHR, with every action logged and every escalation to a human seamless. Deloitte's early adopters are already choosing multi-agent solutions (82%) over point tools.
- **The visit documents itself, and explains itself.**
Ambient capture produces the note; the same capture produces the patient's plain-language summary and after-visit plan, reviewed by the clinician, delivered in the patient's language and reading level.
- **Price and coverage are known before care is given.**
Good-faith estimates generated from the benefit and the planned service, prior authorizations assembled by agents within the new CMS timelines, and payment options proposed at the moment of decision.
- **Monitoring becomes care, not data.**
Devices feed models that watch for deterioration and agents that draft outreach; nurses supervise exceptions. Prevention finally gets more than today's 38% of spending (Deloitte).
- **Loyalty attaches to the trusted assistant.**
Patients will stay with the organization whose AI they trust, the way they once stayed with the physician they trusted. Accenture's six-times-more-likely-to-stay finding becomes the operating metric for the AI front door.

7 · NEW IN THIS EDITION

A responsible roadmap: how to get there without getting hurt

Principles

- **Grounded, never freehand.** Every patient-facing answer is retrieved from the record, the schedule or the policy, and cites it. No source, no answer.
- **Inside the BAA.** Models run in your cloud under your business associate agreements. No PHI in consumer tools, ever.
- **Human in the loop where it counts.** Anything clinical, financial or irreversible is drafted by AI and approved by a person.
- **Measured like a clinical process.** Accuracy, omission and escalation rates reported every release, by segment, in the same dashboard as HCAHPS.
- **Owned.** A named owner for every model, a drift alarm, a kill switch and a rollback plan, before launch.

Sequence

1. **Pick one journey** with volume and pain, such as new-patient scheduling.
2. **Baseline it** by hand: time, abandonment, errors, satisfaction.
3. **Build the grounded assistant** on your existing systems, in your cloud, with escalation designed first.
4. **Shadow mode** for a defined period: AI drafts, staff send, every difference logged.
5. **Go live by segment**, measuring against the baseline; expand only when it wins on errors, not just speed.
6. **Codify** the rules, the owner and the runbook, then repeat on the next journey.

8 · NEW IN THIS EDITION

The AI patient-experience stack: eight use cases, ranked by evidence and risk

Every use case below is in production somewhere in US healthcare today, and every one has a documented failure. The order is deliberate: the first rows return fastest with the least clinical risk; the last rows need the most validation before a patient is affected. Build down the list, not up it.

USE CASE	WHAT IT DOES FOR THE PATIENT	EVIDENCE, NAMED	WHAT GOES WRONG, AND THE GUARDRAIL
1 · Ambient documentation and the plain-language visit summary	The clinician looks at the patient, not the screen; the patient leaves with a summary they can read.	Kaiser Permanente's medical group: 3,400 physicians get about an hour a day back (AMA, 2024). Penn Medicine: 20% less documentation time. Six-system study: burnout 52% to 39% (JAMA Network Open, 2025).	OpenAI's Whisper, used for 30,000 clinicians, inserted sentences no one said (AP, 2024). The clinician signs every note; accuracy is reviewed before go-live.
2 · The conversational front door	Scheduling, rescheduling, intake, directions and bill questions resolved in one conversation, any hour.	Sutter Health: 85% reduction in interaction abandonment (Deloitte, 2026). Accenture: call centers could gain up to 30% capacity.	Air Canada's chatbot invented a refund policy and a tribunal enforced it (2024); a German practice's chatbot invented credentials and the court held its directors responsible (2026). Grounded answers only, with citations and a person one tap away.
3 · Document intelligence at intake	Insurance cards, referrals and faxes read into the record; nobody retypes, nobody asks twice.	Nearly 500 million records exchanged over TEFCA, up from 10 million in a year (HHS, 2026): the records arrive, the work is reading them.	Omissions. Every extraction carries a confidence score and a citation to the page; omission rate is measured against a hand-keyed sample.
4 · Estimates, payment plans and reminders	A good-faith estimate before the visit; a payment plan proposed from the benefit and the balance.	Bain and Bessemer: returns concentrate in revenue cycle; 67% of provider revenue-cycle AI already runs as semi- or fully autonomous agents (2026).	A wrong estimate is a broken promise. Staff approve before it reaches the patient; accuracy is tracked per payer.
5 · Prior authorization agents	Approval before the appointment, inside the new CMS clocks, with the status visible to the patient.	MUSC Health: agents complete 40% of prior authorizations without human involvement (Deloitte, 2026). CMS: 7-day standard decisions from January 2026.	UnitedHealth was sued over nH Predict (2023); CMS told insurers an algorithm alone may not deny coverage (2024). Agents assemble; clinicians decide.

8 · CONTINUED

The AI patient-experience stack: use cases six to eight

USE CASE	WHAT IT DOES FOR THE PATIENT	EVIDENCE, NAMED	WHAT GOES WRONG, AND THE GUARDRAIL
6 · The patient's voice, read weekly	Survey free text and reviews summarized into the three things to fix this week, with verbatims.	Half of millennials and Gen-Xers choose providers by online reviews (first edition); the reviews now feed the AI assistants patients ask.	Summaries that flatter. The model reports counts and quotes, not opinions, and the owner reads the verbatims.
7 · Remote monitoring, triaged	Devices feed models; a nurse sees the five patients who need a call today, not five hundred streams.	47% of consumers use health-tracking devices (Deloitte, 2025). Sentara's virtual nursing reclaimed thousands of nursing hours (Deloitte, 2026).	A care-management algorithm applied to 200 million Americans favored healthier white patients over sicker Black patients (<i>Science</i> , 2019). Every model is tested by segment, before and after launch.
8 · Clinical decision support	Earlier diagnosis, safer treatment, in the clinician's hands.	MASAI trial, 105,000 women: AI-supported mammography finds 29% more cancers with no extra false alarms (2023). Mayo Clinic AI-ECG, 22,641 patients: 32% more weak-heart diagnoses. Johns Hopkins TREWS: sepsis deaths down nearly 20% across five hospitals.	Epic's sepsis model caught only 33% of cases across 38,455 Michigan Medicine admissions (JAMA Internal Medicine, 2021); the NOHARM study found severe-harm error rates of 3% to 25% across 24 AI systems (2026); Google's eye-screening AI rejected one scan in five in Thai clinics. Validate locally, on your patients, before any clinician sees output.

Why this order. Rows one to four touch documents, schedules and money, where an error is visible, reversible and measurable the same day. Rows five to eight touch coverage, risk and diagnosis, where an error reaches a patient before anyone sees it. The firms that measure returns agree: Bain finds the fastest, surest returns in administrative work and the lowest in clinical AI. Start where the proof is cheap and the harm is small, and let the discipline you build there carry you down the list.

9 · NEW IN THIS EDITION

The economics, a maturity model, and a twelve-month plan

\$3.20 returned per \$1 invested in AI by healthcare organizations, within 14 months (IDC for Microsoft, 2024)	\$200– 360B a year AI could trim from US healthcare spending (Harvard and McKinsey economists, NBER, 2023)	10% → 38% physicians using AI several times a day, in one year; 74% still fear hallucinations (Wolters Kluwer/Ipsos, 2026)	1,600+ AI-enabled medical devices on the FDA's list, about three in four in radiology (FDA, 2026)
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Where your organization stands: a five-stage maturity model

STAGE	WHAT IT LOOKS LIKE	WHAT IT TAKES TO MOVE UP
0 · Ad hoc	Staff use consumer chatbots on their own; one in five UK family doctors already do, for notes and differential diagnoses (BMJ Health & Care Informatics, 2024). PHI is leaving the building unnoticed.	A policy, an approved tool inside the BAA, and an amnesty that brings the use into the open.
1 · Pilots	Vendor demos, a scribe trial in one department, no baseline, no owner. Where 49% of health systems still are (Deloitte).	Pick one journey, baseline it by hand, name an owner.
2 · Governed production	One use case live inside the cloud BAA: grounded, cited, measured every release, with a kill switch. Returns real but narrow.	A shared platform (identity, logging, evaluation suites) so the second use case costs a fraction of the first.
3 · Agents in shadow	Agents draft, staff send, every difference logged; autonomy earned by measured error rates, segment by segment.	Integration into the EHR and practice management system, the first barrier to scale in McKinsey's survey.
4 · Measured autonomy	Low-risk actions run on their own; a trust dashboard sits beside HCAHPS; patients know when they are talking to AI and can always reach a person.	Operating discipline, not models: Bain found internally built generative AI fell from 42% to 26% of solutions in a year because organizations could not run what they built.

A twelve-month plan, by quarter

Q1 Governance and baseline. Approved tools inside the BAA; one journey chosen and measured by hand; a named owner.	Q2 Build and shadow. A grounded assistant on existing systems; escalation designed first; AI drafts, staff send, differences logged.	Q3 Go live by segment. Expand only where it beats the baseline on errors; start the second journey on the shared platform.	Q4 Earned autonomy. Low-risk actions released; a trust dashboard beside HCAHPS; runbook, owners and rules codified for year two.
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The honest number. Returns of three to four times are the average of the organizations that measured. What separates them from the ones that never left stage 1 is not the model but the baseline, the owner, the guardrails and the integration, all decided before the first line of code.

CONCLUSION

Digitization was the need of the hour. Trusted AI is the need of this one.

In a nutshell: begin by understanding how your consumer wants the experience, the channels they use, the quality they will pay for, and how these solutions will touch your consumers while working within the constraints of your IT and business team resources. Anticipate needs, choose channels and design connected solutions to drive behavior. Use analytics to collate data and offer personalized journeys from initial access through clinical and financial workflows. Survey patients, ask for ratings and reviews, and make it easy for them to receive care efficiently, building loyalty and the bottom line.

Everything in that paragraph, written in 2019, still holds. What has changed is the instrument. AI can now listen, read, draft, estimate, schedule and explain at a scale and quality no call center could match, and the firms that measure such things agree the returns are real and arriving faster than projected. What has also changed is the cost of getting it wrong: a chatbot's invented policy becomes a court order, a confident wrong answer becomes a headline, and a reputation built over decades is at stake in every automated reply.

The doctor who treats himself has a fool for a patient. The health system that takes on AI alone is in the same position. Agnos exists to be the guide: healthcare depth from two decades inside EMR, revenue cycle and interoperability work, engineering discipline proven on platforms like CareCloud's Breeze, and an AI-first delivery model that builds inside your cloud, under your BAA, with the guardrails in this paper written into the runbook on day one.

Tomorrow starts today. If you would like the baseline-and-shadow-mode sequence on page 8, and the twelve-month plan on page 11, run against one of your patient journeys, write to info@agnos.io. The first conversation is a working session, not a sales call.

ABOUT THIS PAPER

The AI Sherpa, the author, sources and about Agnos



THE AI SHERPA

AI for Good and AI for Evil are the same technology. The doctor who treats himself has a fool for a patient, and the health system that takes on AI alone is in the same position. The AI Sherpa is the Agnos promise: a guide who knows the mountain, builds inside your cloud and your business associate agreements, measures every step against a baseline, and climbs with you.

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About Agnos. Agnos was established in 2012 with a mission to empower businesses with next-generation, end-to-end agile software development services. We combine human creativity with cutting-edge technologies to benefit society and shape accountable business. Our hand-picked global team of technologists and consultants, with partner capacity of more than 20,000 worldwide, offers a follow-the-sun delivery platform. Core values: agility, trust and quality. Today Agnos is an AI-first services company focused on the intersection of healthcare and artificial intelligence, guiding healthcare organizations through responsible, secure AI from strategy to production. Learn more at agnos.io.

Sources, second edition. McKinsey, "Generative AI in healthcare: current trends and future outlook," April 16, 2026. Bain & Company with Bessemer Venture Partners, "The 2026 Healthcare AI ROI Scorecard," October 14, 2026. Deloitte Center for Health Solutions, "2026 US Health Care Outlook," December 11, 2025, and "Many health care leaders are leaning into agentic AI as adoption hurdles ease," February 11, 2026. Accenture, "Technology trends 2025: healthcare," March 26, 2025, and health system C-suite survey, March 24, 2025. Healthcare IT News on athenahealth and Microsoft Dragon Copilot, December 2025. Air Canada chatbot ruling, British Columbia Civil Resolution Tribunal, February 2024, via Kiplinger. Higher Regional Court of Hamm (Germany), chatbot liability decision, May 2026, via DLA Piper. AMA on The Permanente Medical Group's ambient AI scribe, 2024. JAMA Network Open, ambient AI scribes and clinician burnout, 2025. Associated Press on Whisper transcription, October 2024. HHS, TECCA, February 2026. Lancet Oncology, MASAI trial, 2023. Nature Medicine, Mayo Clinic AI-ECG trial, 2021, and Johns Hopkins TREWS, 2022. JAMA Internal Medicine, external validation of the Epic Sepsis Model, 2021. NOHARM benchmark, Stanford and Harvard, 2026. MIT Technology Review on Google's retinal screening AI in Thailand, 2020. Obermeyer et al., *Science*, 2019. Healthcare Dive on the UnitedHealth nH Predict lawsuit, 2023. CMS memo to Medicare Advantage organizations, February 2024. IDC study commissioned by Microsoft, "The business opportunity of AI," 2024. Sahni, Stein, Zimmel and Cutler, "The potential impact of artificial intelligence on healthcare spending," NBER, 2023. Wolters Kluwer/Ipsos physician survey, 2026. FDA, Artificial Intelligence-Enabled Medical Devices list, 2026. BMJ Health & Care Informatics, GP use of chatbots, 2024. First-edition sources: Press Ganey; HCAHPS; Vitals Wait Time Report; MGMA; Intuit Health; PRNewswire; Pew Research Center; McKinsey Consumer Health Insights 2017; HIMSS Analytics 2017; Aberdeen Group; Google; Sequence; Inc.

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