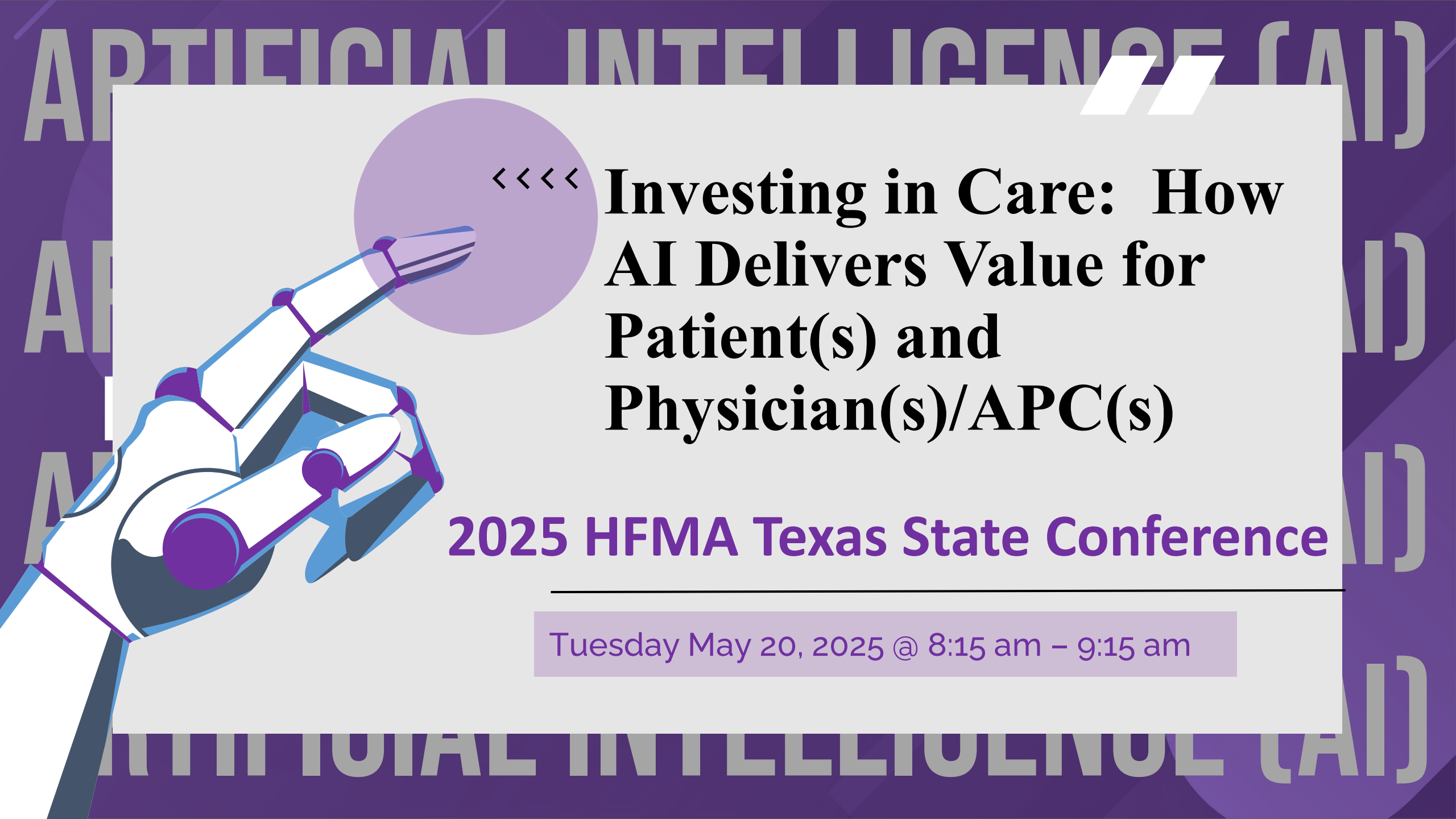


Investing in Care: How AI Delivers Value for Patient(s) and Physician(s)/APC(s)

2025 HFMA Texas State Conference

Tuesday May 20, 2025 @ 8:15 am – 9:15 am

Speakers

Brandon Teenier

CFO

Aspire Allergy and Sinus

Brandon Teenier, CPA, is a seasoned Healthcare Chief Financial Officer (CFO) with two decades of financial leadership and strategic management experience in complex healthcare environments. Known for his deep financial acumen, operational expertise, and people-centric leadership style, Brandon has successfully driven organizational growth, improved financial performance, and navigated the evolving challenges of the healthcare sector.

With a proven track record in leading large-scale financial operations both non-profit and for-profit Physician groups (Primary Care, Multi-Specialty, Multi-Site, Integrated Behavioral Health, Population Health, ASCs, Advanced Radiology, Pharmacy, Optometry, Lab, and the like) ranging from $100M to $500M in revenue and experience at larger payor with $1.2B in premiums. Brandon excels in translating data-driven insights into strategic decisions that optimize performance, reduce costs, and enhance patient care outcomes. A true narrative CFO. His background as a CPA has equipped him with a sharp eye for risk management, regulatory compliance, and sustainable fiscal strategies, all critical competencies for executive leadership.

Speakers

Dr. Shams Syed - Speakers

Chief AI Officer
SNH AI

Dr. Shams Syed is Chief AI Officer at SNH AI, where he leads the company's Autonomous Workforce Platform—built to deliver fully operational digital employees that scale on demand and work around the clock. With over 20 years in AI research and product development, Dr. Syed holds a PhD in Computer Science, three patents in machine learning, and has co-founded multiple AI startups. His work bridges deep technical expertise with real-world enterprise impact across regulated industries.

Speakers

Jacob Childers, M.D.

Medical Director
NormanMD

Dr. Childers practices Urgent Care Medicine at Austin Regional Clinic's Far West location where he has worked since 2009. Dr. Childers serves as Medical Director of NormanMD, ARC's acute care on-demand telemedicine service, serving over 125,000 Texans. He also serves as Physician Lead for ARC's electronic medical record.

Dr. Childers studied Biomedical Science at Texas A&M University. He earned his medical degree from the University of Texas McGovern School of Medicine in Houston, TX before completing his Family Medicine Residency in North Carolina.

Dr. Childers is a board member of the Tony Foundation, a non-profit that provides financial grants to cancer fighters and their families. He enjoys spending time with his wife and two sons, cycling, reading non-fiction, snow skiing, tennis, travel, and photography.

AI at the Ground Level

SNH AI

SNH AI

Pitch Deck

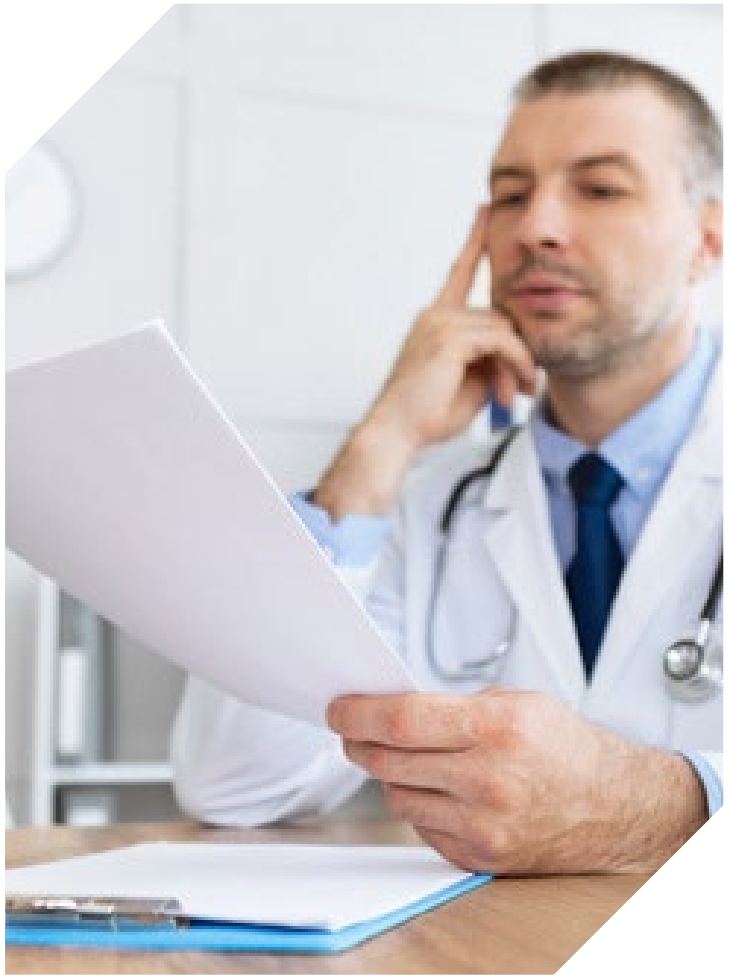
How AI Enhances the Doctor–Patient Relationship

Insights from the Front Lines of Applied AI in Healthcare

The **Human Impact** of Healthcare Admin

Clinicians didn’t train to do paperwork.

- 15.5 hours/week on admin tasks (AMA)
- Burnout and staff shortages are rising
- Time lost to EHRs = time lost to patients



The **Real Role of AI** in Healthcare

AI should bring doctors and patients **closer**

AI isn’t a substitute—it’s a digital coworker

AI reduces friction in the care journey

Goal: More meaningful patient interactions

Shallow AI **doesn't cut it** in clinical care.

- General models miss clinical nuance
- SNH AI builds vertical-specific digital employees
- Examples: virtual RNs, prior auth agents, discharge risk monitors

Reclaiming Time for Patient Care

AI helps clinicians do what only they can do.

57%

of doctors say AI's top value is admin reduction

Tools like ambient AI cut SOAP note time by

30–50%

SNH AI's platform handles scheduling, billing, verifications, and more

Meet Taylor Lee:
SNH Digital Medical Coder

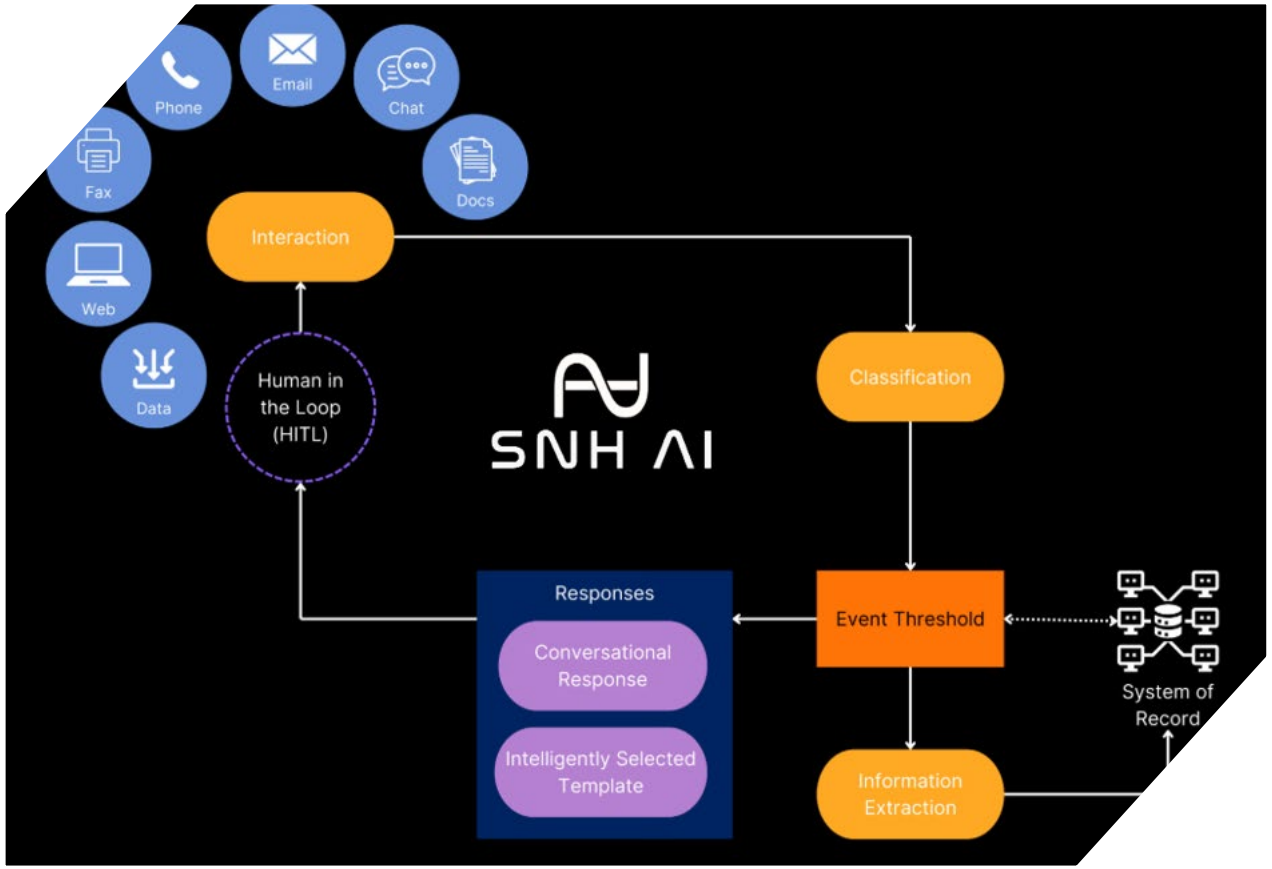
Tackling No-Shows & Scheduling Gaps

- **24-hour** turnaround (from 3 days)
- **90%** reduction in data errors
- **63%** fewer human interventions
- **60%** cost savings
- **94%** drop in inbox volume needing human review

Building the **Autonomous Workforce**

We deploy digital coworkers in under 48 hours.

- Secure data governance
- Modular services (plug-and-play AI agents)
- Scales instantly—no HR overhead



The Future of **Patient-Centered AI**

AI is not the future of healthcare.
It’s the now.

The best AI disappears into the background

It empowers—not replaces—human connection

Systems that embrace digital coworkers win on efficiency and empathy

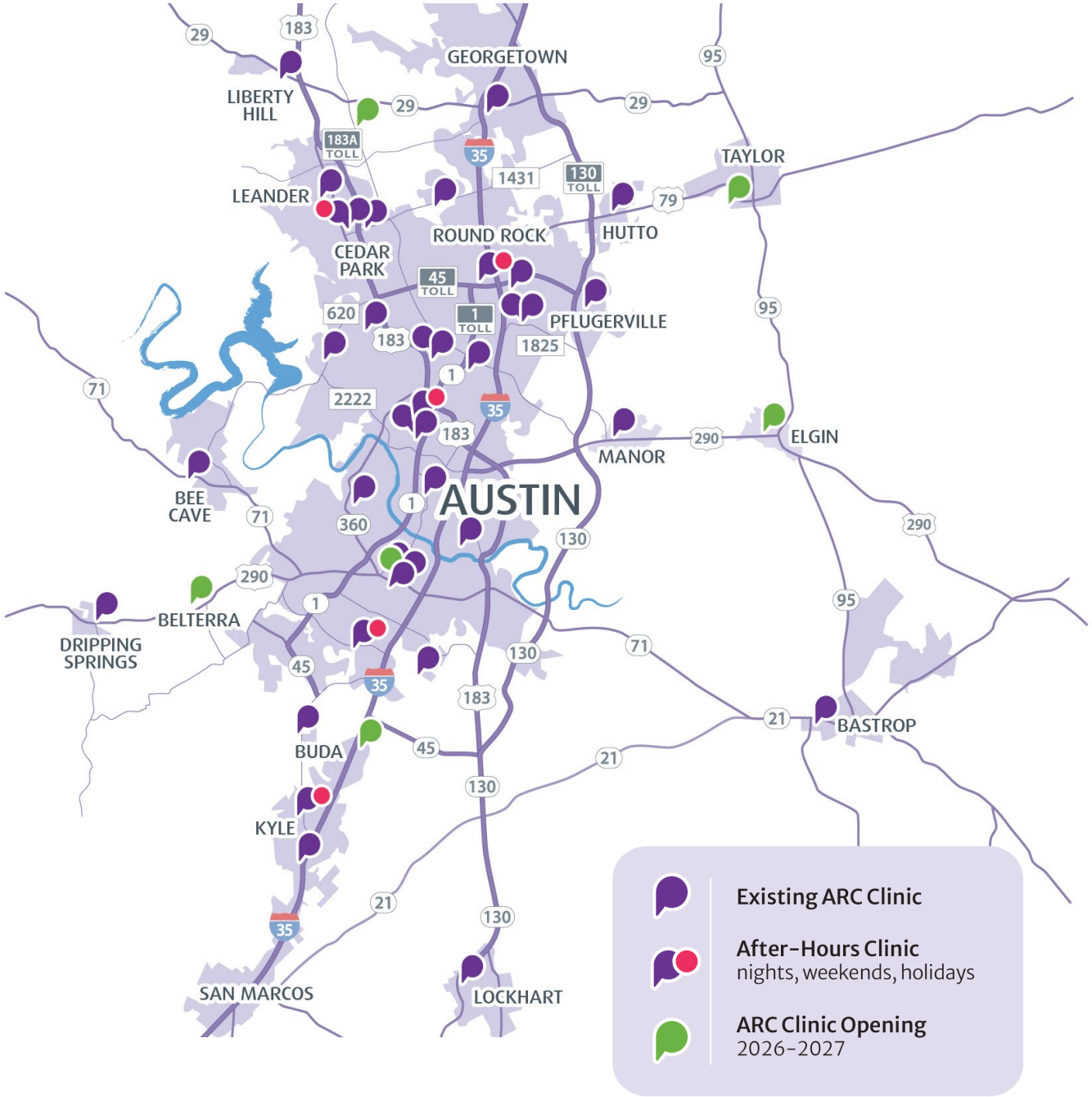
AI Use Case # 1

Suki – ambient AI technology

Austin Regional Clinic

AUSTIN REGIONAL CLINIC

Ambulatory Applications of AI to Address Physicians' Burden and Engage Patients



Accessible Reliable Convenient

1.65M+ patient visits

700,000+ active patients

2,500+ employees

3,000 square miles and growing

450+ physicians and APCs

45 years of caring

37 locations *(and counting)*

28% of the Austin Metro Population

21 specialties

17 cities

5 counties

1 multispecialty medical group since 1980

HOW TO EVALUATE SOLUTIONS

- What problem are you trying to solve?
- What is your risk tolerance?
- Resource capabilities
- Leadership/champion
- Do you want to drive the development or “plug and play”?
- Talk to your colleagues – they are all trying to solve the same issues.

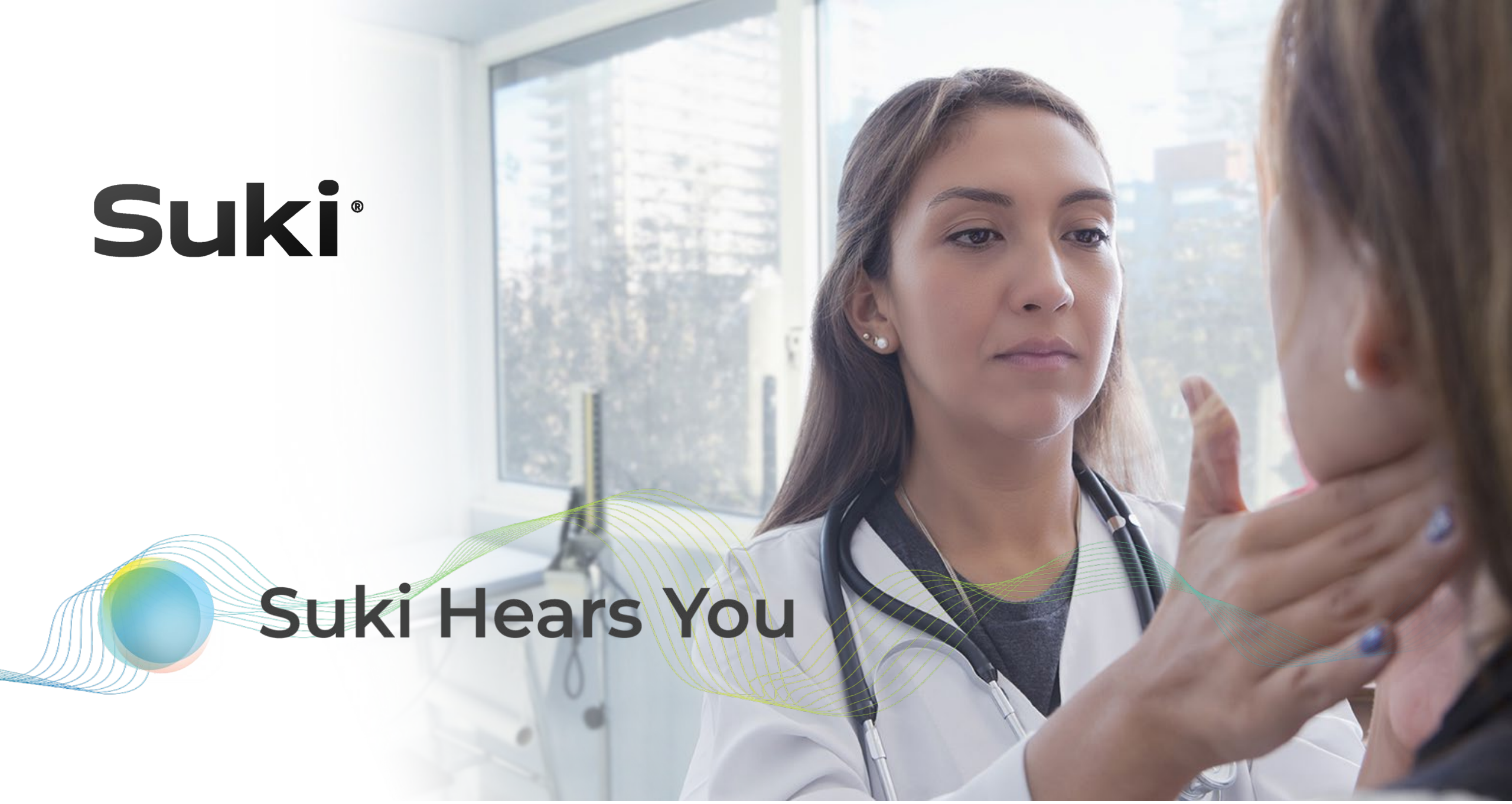
A GLIMPSE OF ARC'S AI/AUTOMATION SOLUTIONS

- Electronic refill protocols
- AI Bots process automation for obtaining HPI and pending orders based on visit type (using this same platform for text appointment reminders and registration)
- Ambient dictation
- Automated lab resulting

DEFINING THE PROBLEM

- Increasing time in in-basket
- Note documentation burden
- Increased patient engagement in patient portals and inbound communications.
- Phone call volume
- Connecting with patients in the exam room

Suki®



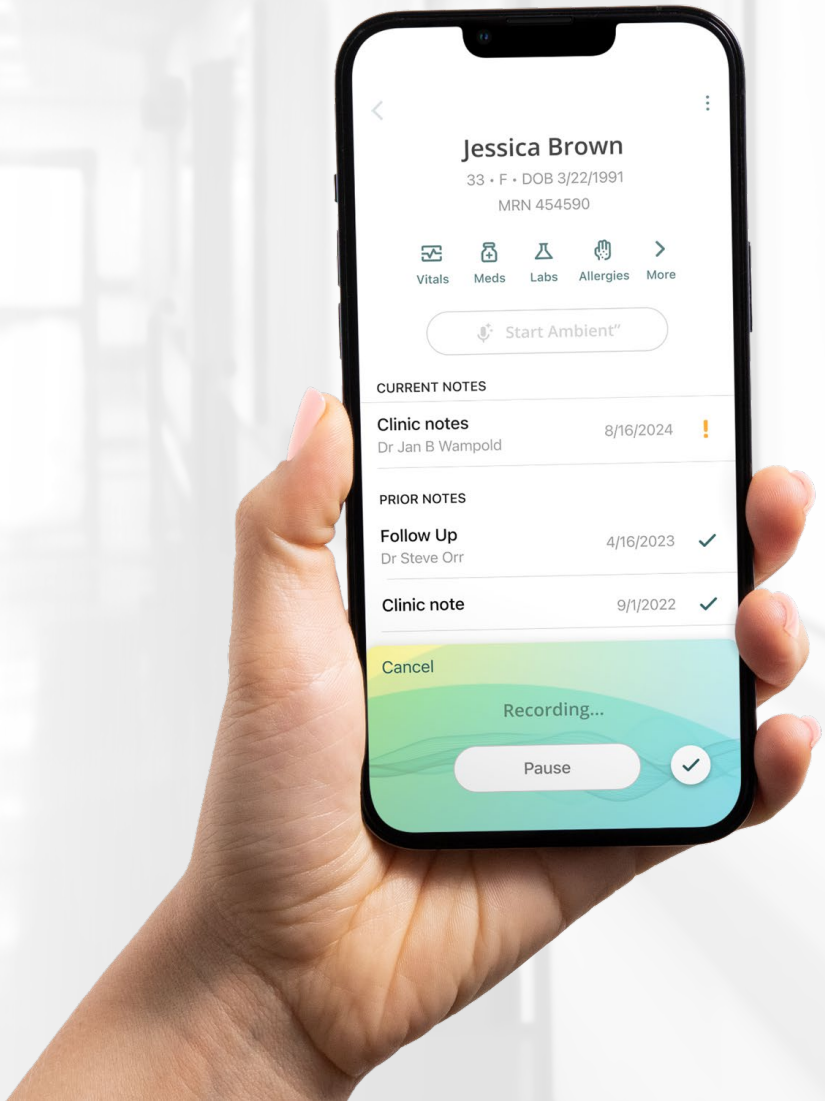
Suki Hears You

Enterprise-grade

AI assistant

for healthcare

Suki Assistant



Suki's skills help clinicians save time on tedious administrative tasks.

Reduce burnout
Clinical documentation, order entry *(coming soon for Epic)*

Improve clinical reasoning
Patient summaries, Q&A

Increase patient access
Patient instructions

Revenue cycle
Diagnosis & HCC coding suggestions

Integrated with all major EHRs

Epic ORACLE Cerner athenahealth MEDITECH

Suki Assistant

Suki is used across all clinical settings.

- Ambulatory
- Inpatient
- Telehealth
- Skilled nursing facilities/home health

On all platforms

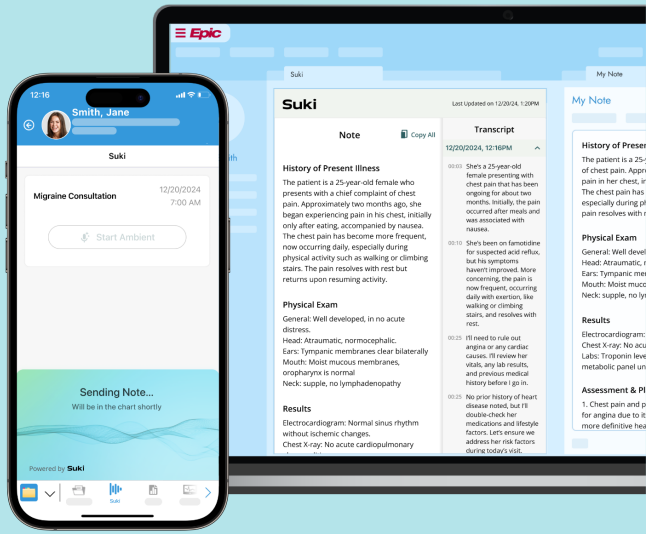
Two ways to use Suki with Epic

Epic TOOLBOX 2025

Suki INSIDE

Haiku Integration

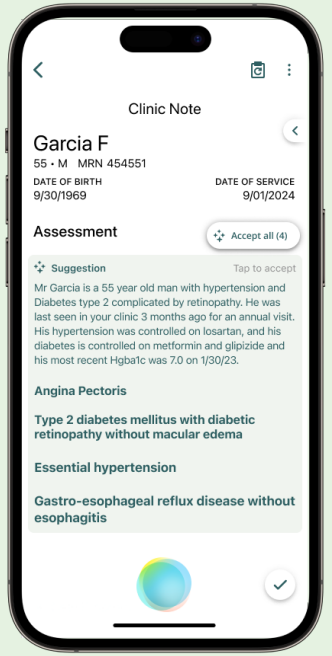
Supports ambulatory & ED.



Suki Assistant

Integrated with Epic

Full featured assistant.
Works on all devices.



Suki's impact at

AUSTIN REGIONAL CLINIC

60-70%
Adoption of Suki among calibration cohort

71%
Users with same day submission gains

65%
Users with reduction in pajama time

32
Avg. weekly encounters in Suki per active user

Provider Spotlight

AUSTIN REGIONAL CLINIC

Onboarded to Suki: October 30, 2023
Onboarded to Epic integration: March 6, 2024
Suki utilization: Typically, 75% of patient encounters

Dr. Nick Posey
Internal Medicine

Context

Dr. Posey continues to be high-performing and enthusiastic in the integrated phase of the calibration: “I like it, and it’s still saving me a lot of hours in the week.” After integration, he has seen even more significant increases in same-day note submission and elimination of pajama time and submissions after 7 days – all with a sizeable increase in patient load. Spanish capabilities will drive even more efficiency.

Increase: March patient load

+35%

From 325 to 440

Increase: Same day note submission

+34%

From 61% to 82%

Reduction: Pajama Time

-100%

From 5 hrs

Provider Spotlight

AUSTIN REGIONAL CLINIC

Onboarded to Suki & Epic integration: March 22, 2024
Suki utilization: Typically 40% of patient encounters

Dr. Rudxandra Aguiar
Internal Medicine

Dr. Aguiar has been delighted with Suki since onboarding: “it’s amazing – I’m really impressed, very happy”. Since a significant proportion of her visits are conducted in Spanish, she has not been able to leverage Suki across-the-board, until joining our Spanish multilingual capabilities pilot. She notes a significant decrease in stress since adopting, which her patients have also picked up on.

Increase: April patient load

+38%

From 186 to 256

Increase: Same day note submission

+21%

From 67% to 81%

Reduction: Time in note

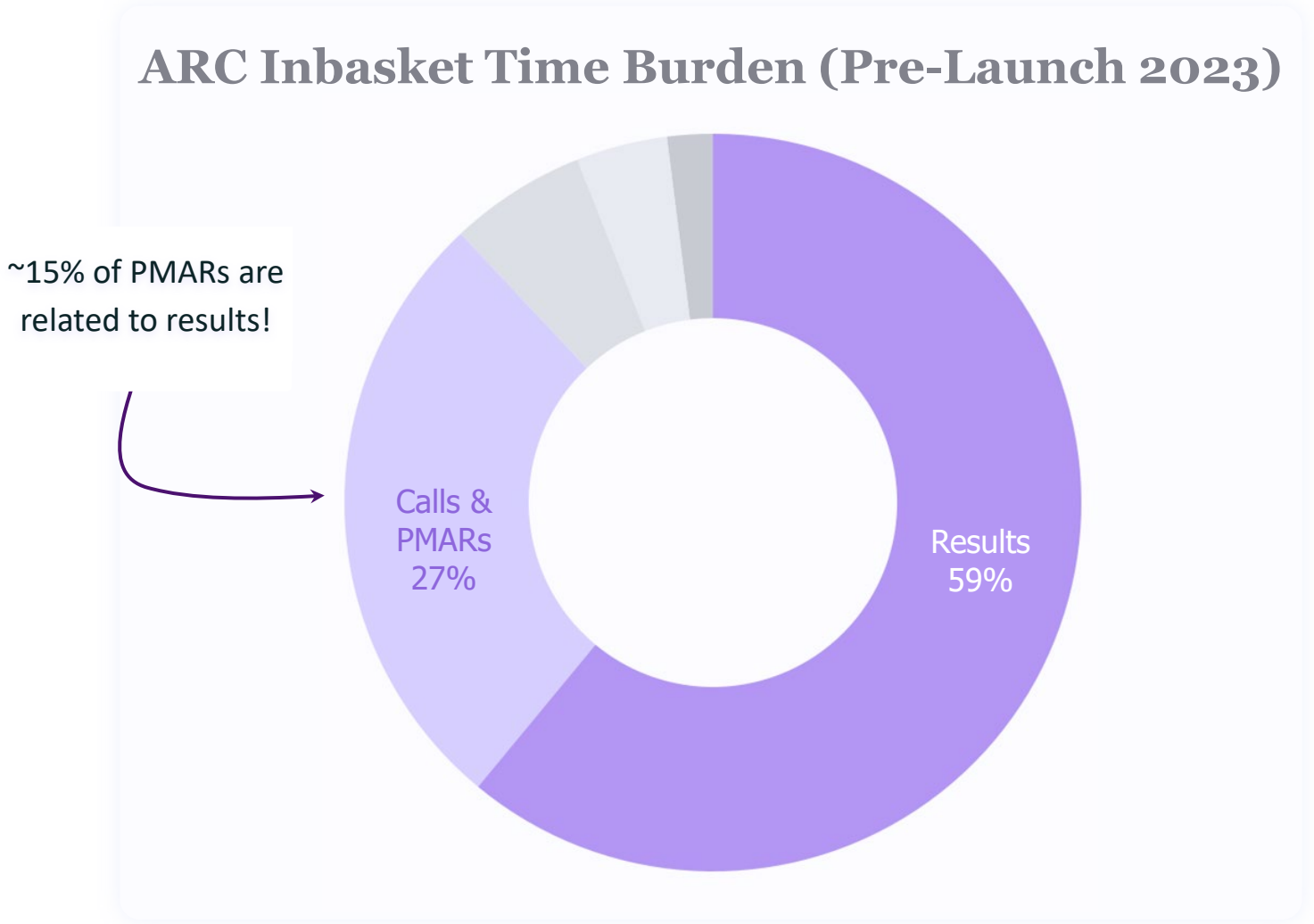
-21%

From 4.7 to 3.7 mins

AI Use Case # 2

Elaborate – AI inbasket technology solution

BEGINNING WITH FOCUS ON RESULTS MAXIMIZED IMPACT

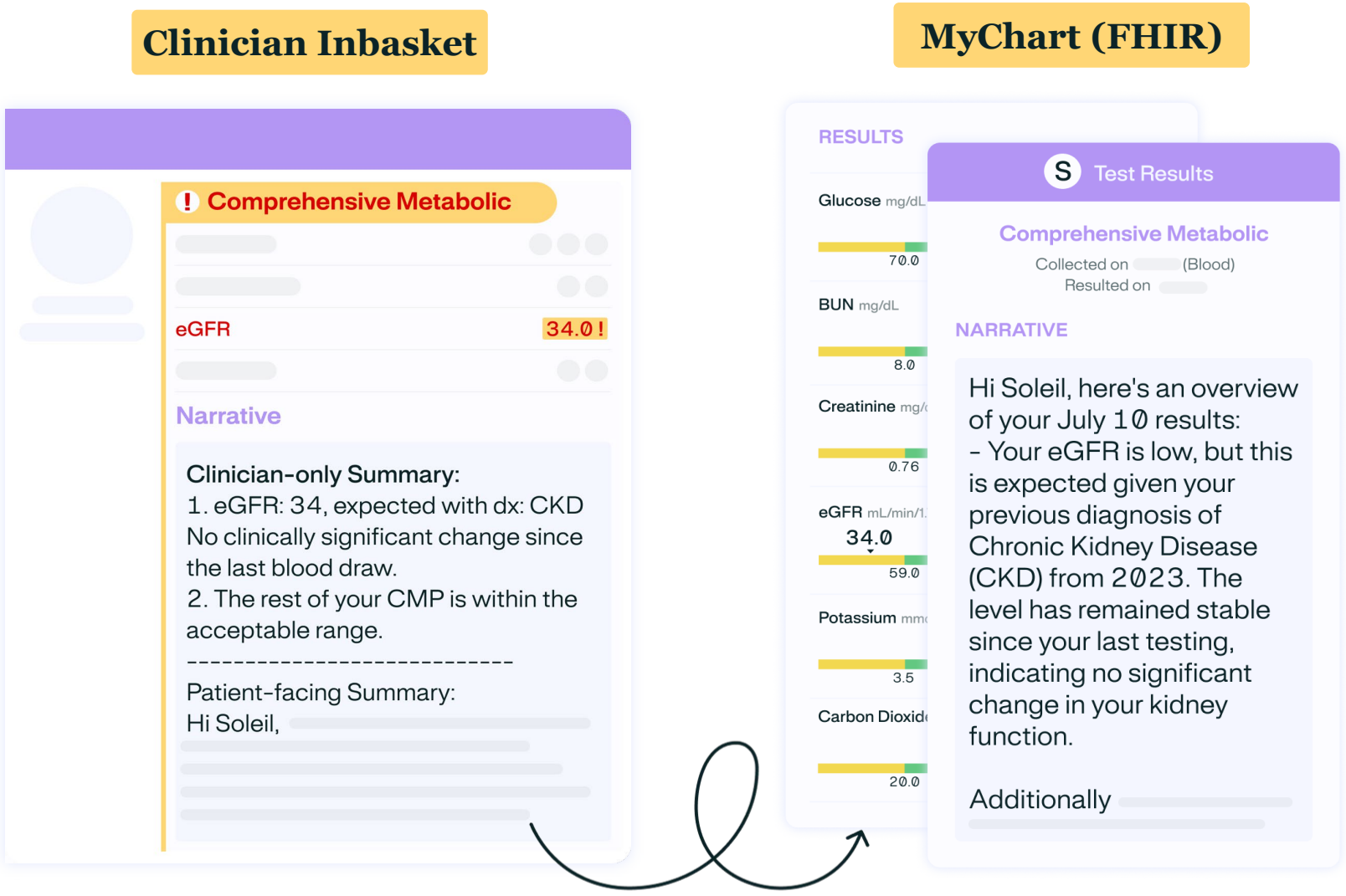


Why start with results?

Clinicians were dedicating significant in-basket time to drafting manual result summaries, cross-referencing patient charts, and addressing patient inquiries about recent results.

Having evaluated the time burden of managing resulting workflows, the team prioritized implementing Elaborate to streamline these resulting processes and enhance efficiency.

PROACTIVELY SENDS PERSONALIZED RESULT SUMMARIES AT THE TIME LAB RESULTS ARE DIRECTLY RELEASED TO PATIENTS TO ELIMINATE MESSAGES, SAVING TIME FOR ARC CLINICIANS



PROTOCOL INTELLIGENCE: CUSTOMIZABLE & HALLUCINATION-FREE

Rules-Based

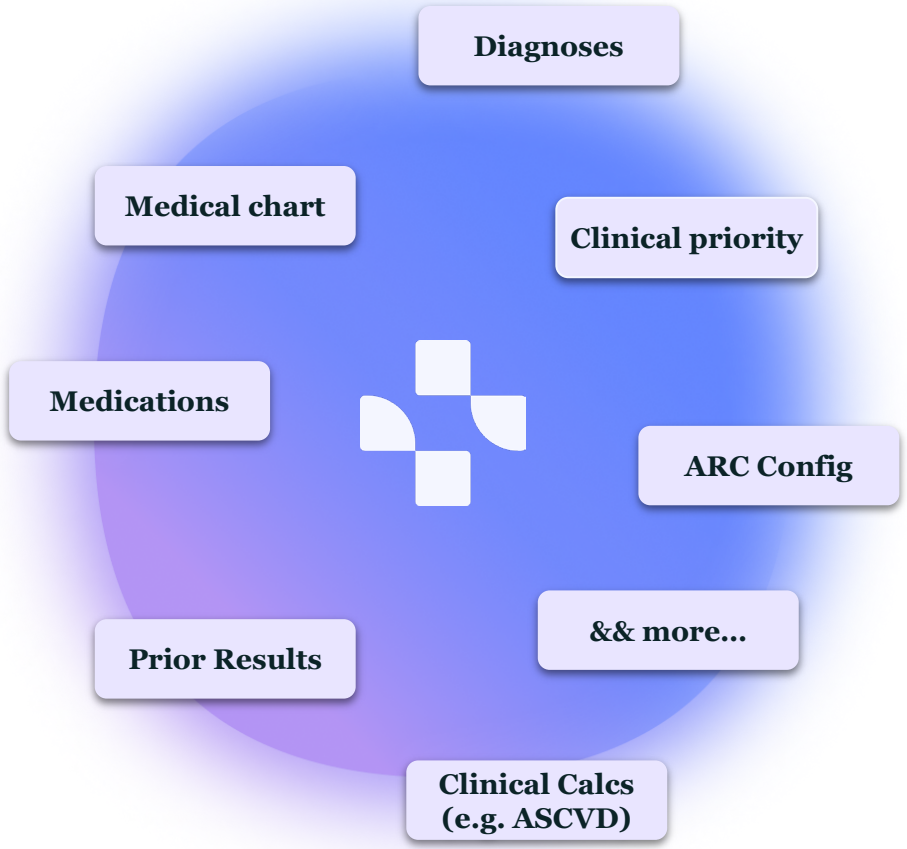
Utilizes a structured, rules-based approach to generate clear and accurate result summaries, eliminating the risk of AI-generated inaccuracies.

Hassle-Free Customizations

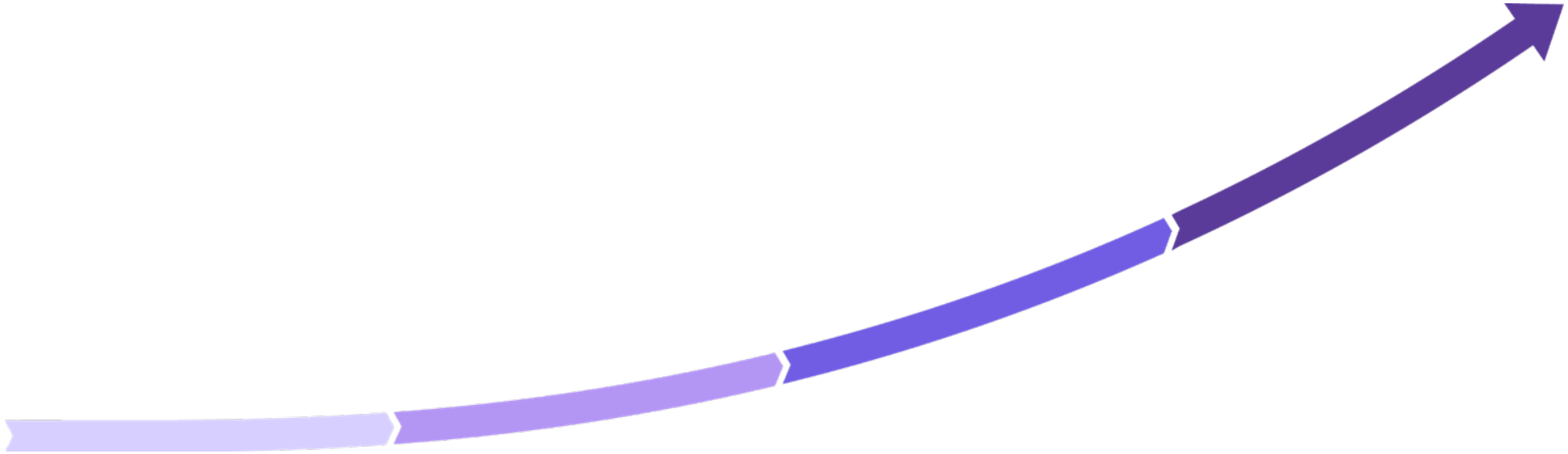
Customizations without burdening your IT resources. The system adapts to your needs over time, seamlessly integrating feedback to achieve unparalleled no-edit rates.

Personalized to patient and context

Tailors information by considering both the patient's current and past clinical context, as well as the clinician's workflow and preferences to ensure hyper-personalization.

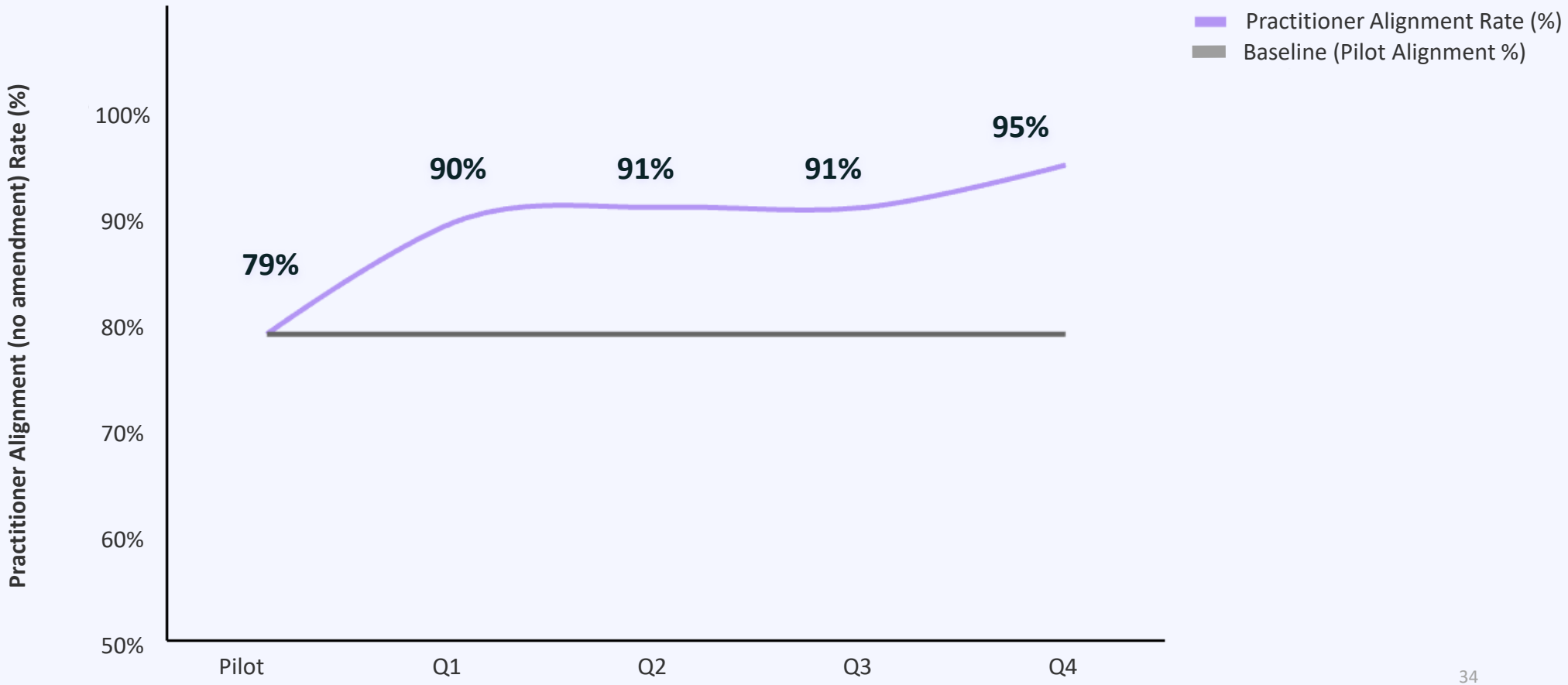


PILOT SUCCESS LED TO SYSTEMWIDE DEPLOY IN 10 MONTHS



1 Site *IM/FM*	**2 Site** *IM/FM*	**All Sites** *IM/FM*	**All Sites** *All Specialties*
12 Clinicians	**45** Clinicians	**194** Clinicians	**396** Clinicians
7K Results / month	**20K** Results / month	**85K** Results / month	**135K** Results / month

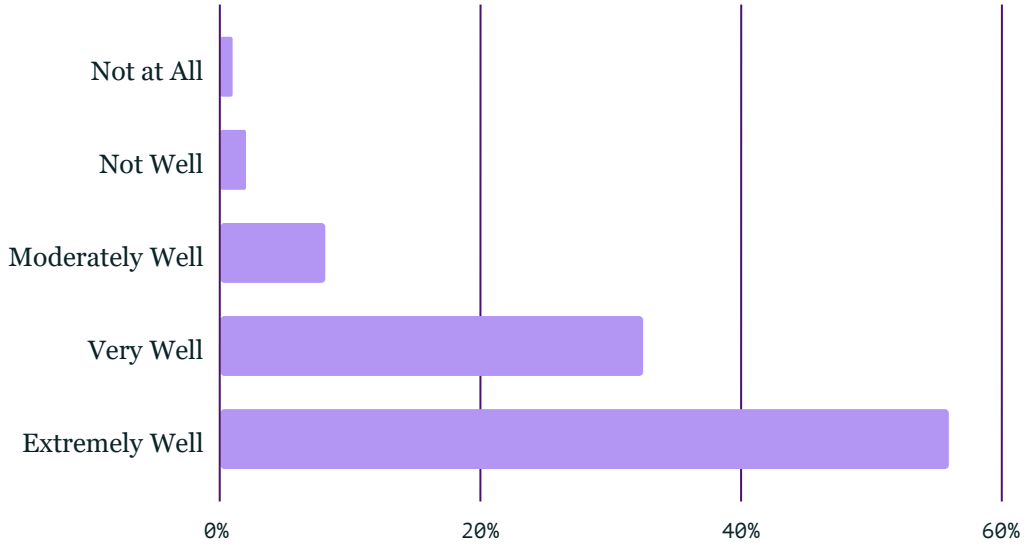
CLINICIANS ACCEPTED AS-IS SUMMARIES FOR >95% RESULTS



87% OF ARC PATIENTS FELT THE NOTE HELPED THEM TO UNDERSTAND THEIR RESULTS

Patient Impact

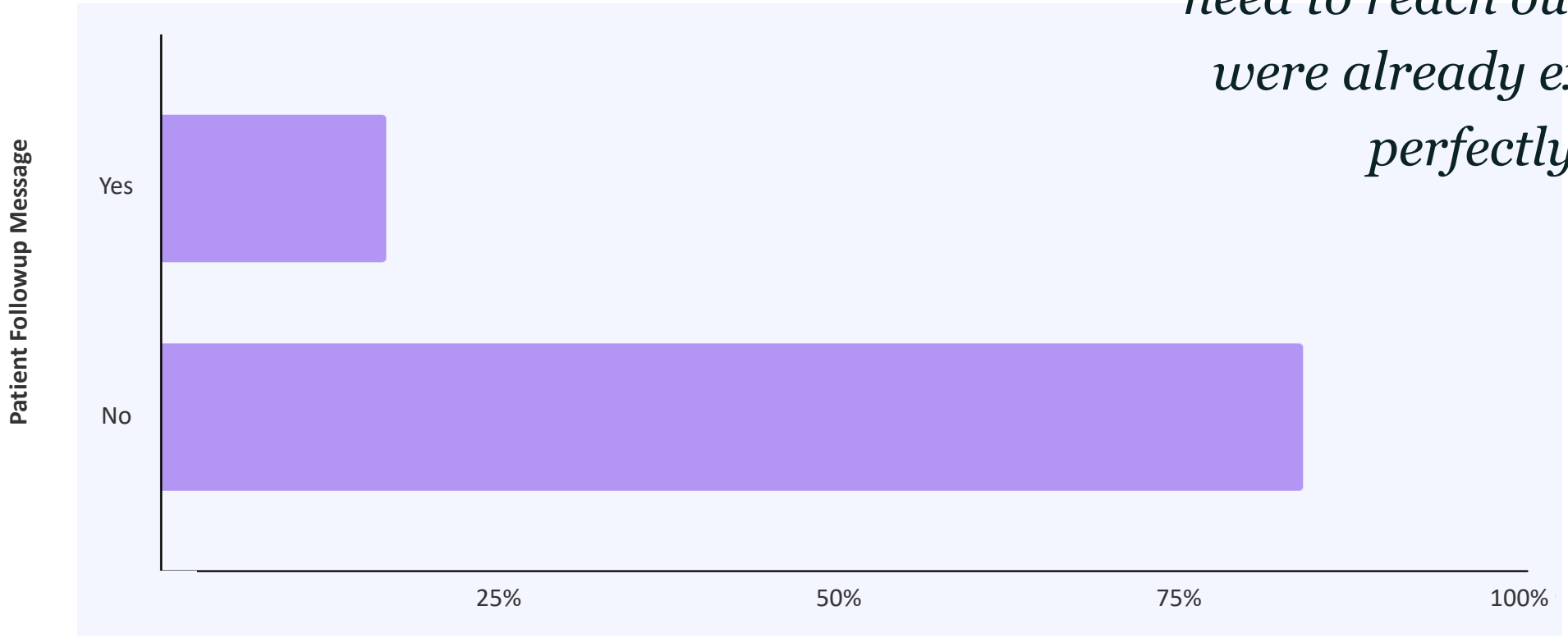
Q. You received an automated message alongside your lab results, how well did this summary help you understand your lab results?



"It provides me with information that allows me to be proactive with my doctor. Keep up the great work."

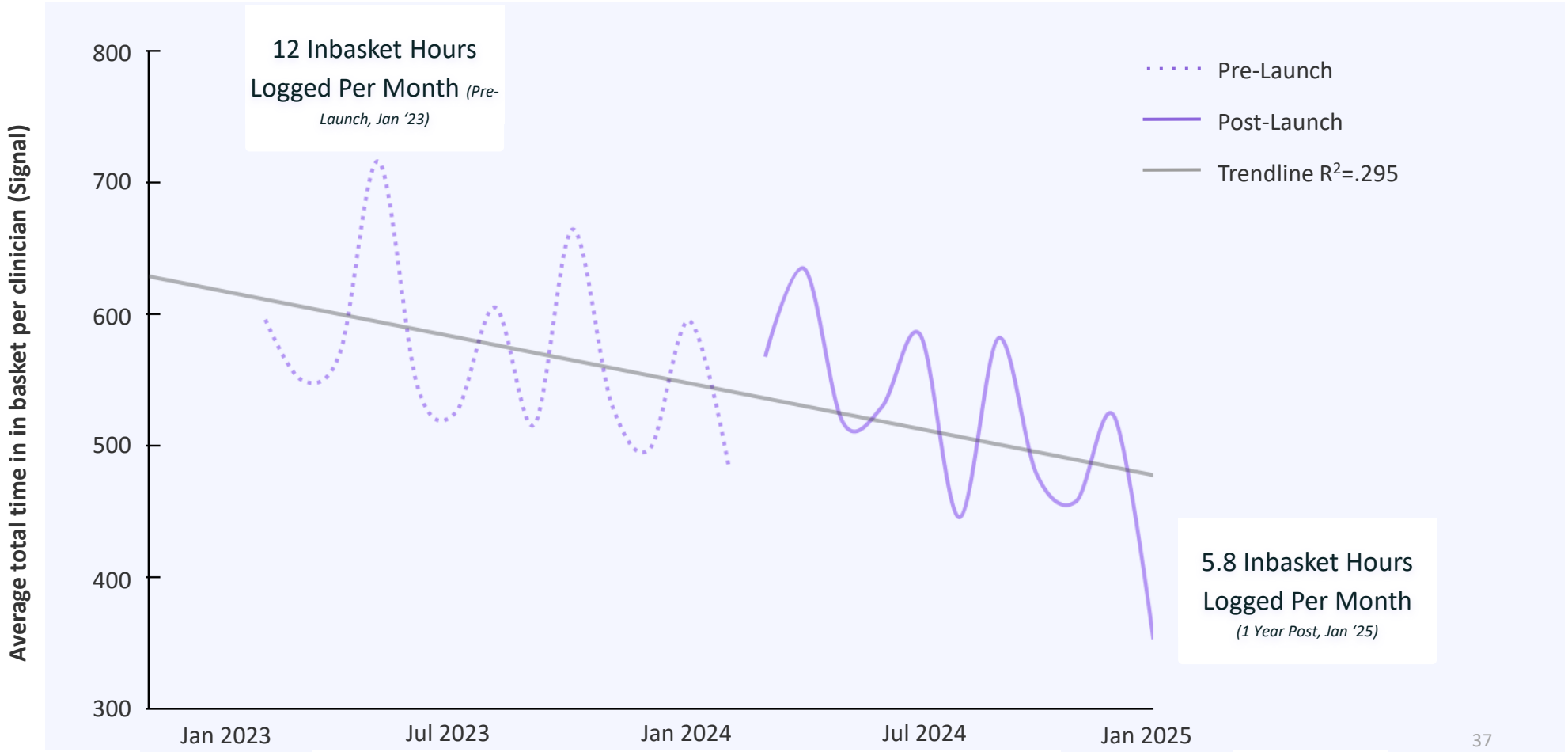
— ARC Patient

84% OF PATIENTS WITH THE SUMMARY DID NOT REACH OUT

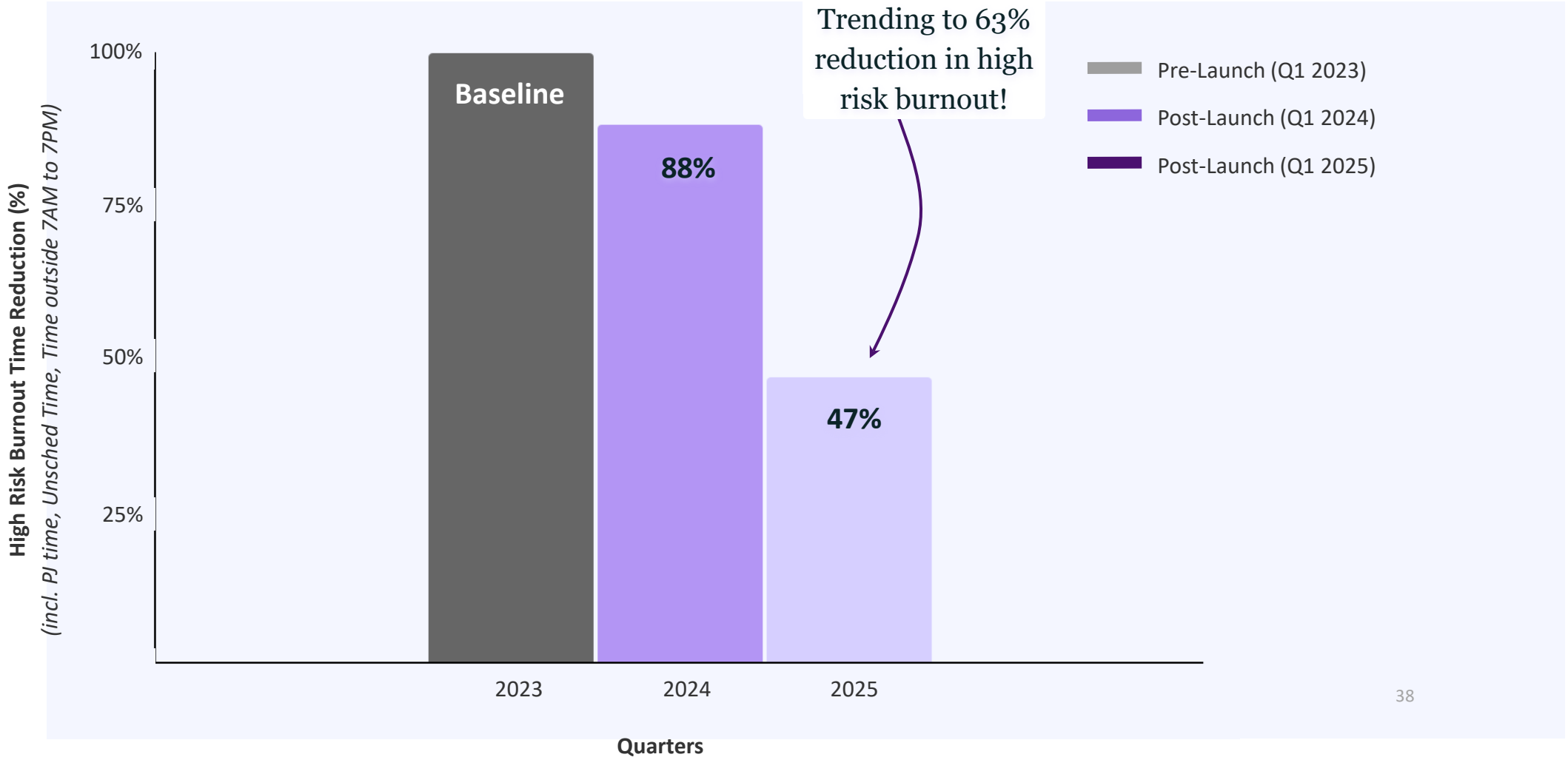


Patient: "There was no need to reach out, the labs were already explained perfectly."

86% OF CLINICIANS SAVED TIME, WITH REDUCTIONS UP TO 41%



CLINICIAN WELL-BEING METRICS IMPROVED BY NEARLY 2X



Enhancing Clinician Well-Being & Delivering Hard ROI

Faster Inbox Management	High Clinician Trust	Reduced Inbasket Time	Operational Cost Savings
86%	**95%**	**36%**	**$5.30**
% of clinicians get through the inbox faster with Elaborate	*% of clinicians make no edits or follow-ups to Elaborate responses*	*% reduction in time spent managing inbasket messages*	*Non-clinician dollars saved per message (e.g. nurse pools, calls)*

COMING SOON

Expanded content for bilingual patients

More results coverage, including mammograms

Additional tools for inbasket task management

AI Use Case # 3

Oatmeal Health – Cancer Screening

oatmeal

Scaling Early Cancer Detection with AI-Driven Virtual Care

Oatmeal Health is an AI-powered cancer screening platform that combines care navigation, radiology risk tools, and embedded care teams to improve outcomes and advance inclusive research.

SAVING LIVES, REDUCING COSTS, FUNDED BY HEALTH PLANS

Jonathan Govette | Co-Founder and CEO of Oatmeal Health | jonathan@oatmealhealth.com

CLINICAL AI IS APPROVED BUT NOT ADOPTED, PATIENTS ARE PAYING THE PRICE

oatmeal

Core Points:

Despite 500+ FDA-approved AI devices, fewer than 16 are billable—and AI barely registers across 11 billion annual CPT claims.

Clinical AI barriers:

- **Low/no reimbursement** discourages uptake.
- **Workforce unprepared** to assess or operationalize AI.
- **High implementation costs**, with **no outcome guarantees**.
- **Vendors not accountable** for clinical results.
- **Workflow disruption:** AI adds steps rather than streamlining care.
- **AI concentrates in wealthy metros**, widening care inequity.
- **Clinician time constraints:** No bandwidth

Table 1. Summary of AI CPT Codes.*

Total Claims	Condition or Medical AI Procedure	CPT Code(s)
67,306	Coronary artery disease	0501T–0504T
15,097	Diabetic retinopathy	92229
4,459	Coronary atherosclerosis	0623T–0626T
2,428	Liver MR	0648T–0649T
591	Multiorgan MRI	0697T–0698T
552	Breast ultrasound	0689T–0690T
435	ECG cardiac dysfunction	0764T–0765T
331	Cardiac acoustic waveform recording	0716T
237	Quantitative MR cholangiopancreatography	0723T–0724T
67	Epidural infusion	0777T
4	Quantitative CT tissue characterization	0721T–0722T
1	Autonomous insulin dosage	0740T–0741T
1	CT vertebral fracture assessment	0691T
1	Noninvasive arterial plaque analysis	0710T–0713T
0	Facial phenotype analysis	0731T
0	X-ray bone density	0749T

Source

THE IMPACT - CLINICAL AND FINANCIAL COSTS OF INACTION

oatmeal

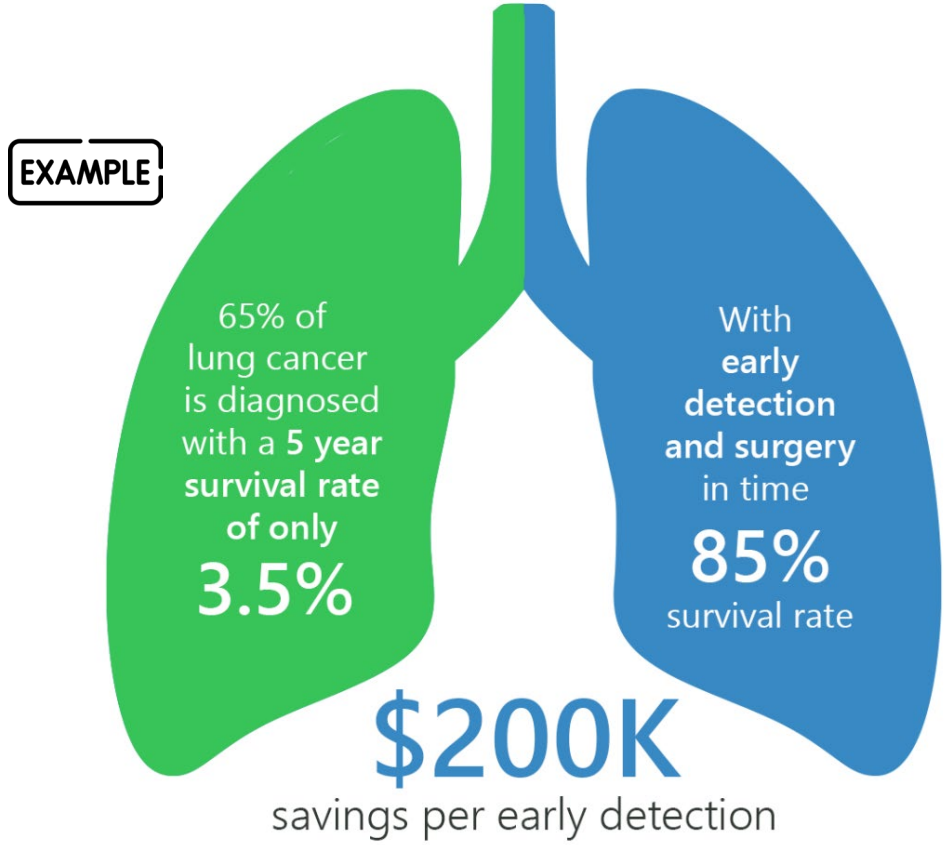
Data Points:

1 in 2 people will get cancer; **1 in 3** will die from it

Most communities lack access to screening tools.

Missed screening = high costs, poor health outcomes, persistent inequities.

AI Alone is Not Enough
People + Tech + Incentives Must Align



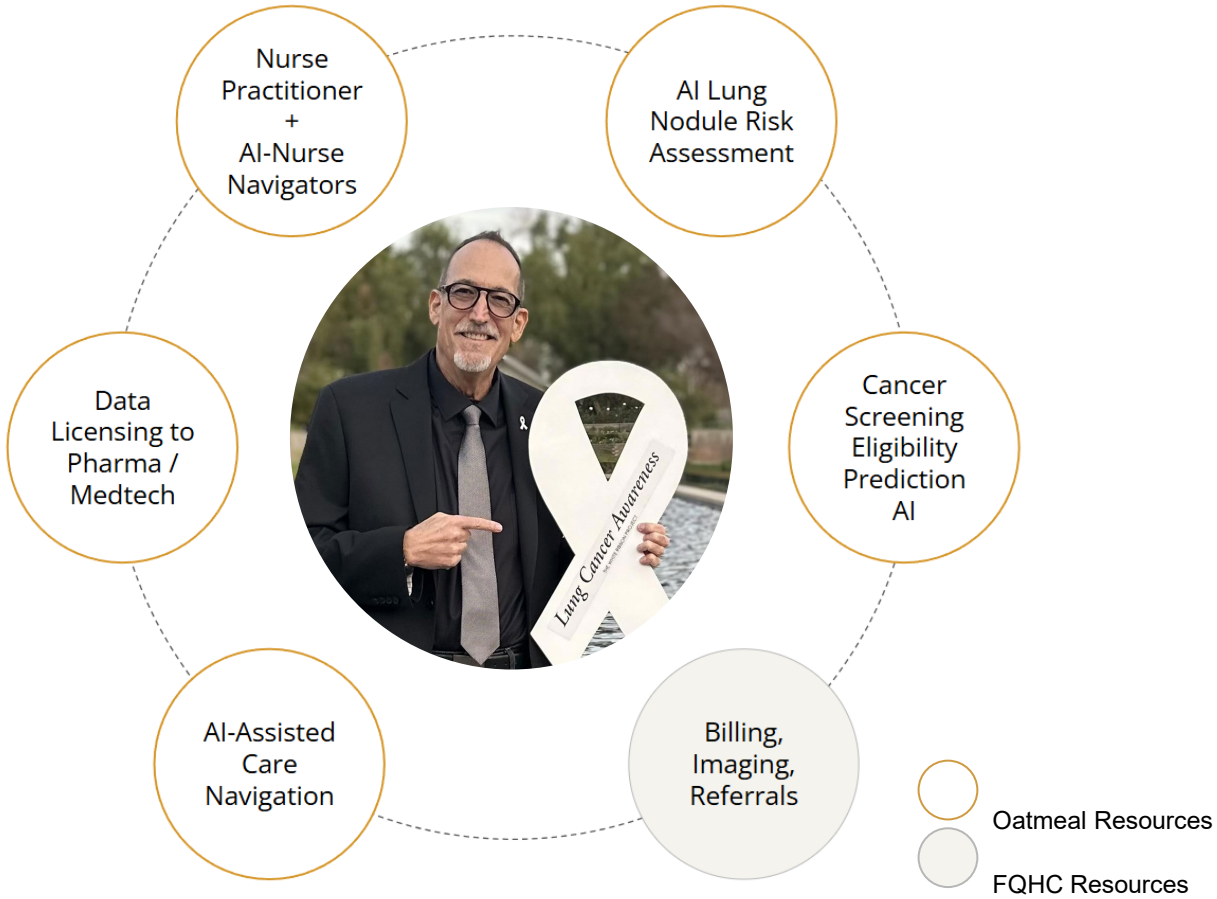
oatmeal

Improvements in Healthcare Outcomes Driven by the Right Combination of People and Technology.

Oatmeal Health is a **virtual cancer clinic** focused on early detection—combining AI-driven outreach with clinically trained cancer specialists to scale screening access, starting with lung cancer.

Features:

- **No-cost, revenue-share model** for for Community Health Centers and Health Systems.
- **Oatmeal provides** the clinical staff and tech.
- **Lowers costs**, boosts access, drives outcomes.



AI-DRIVEN LUNG CANCER SCREENING WORKFLOW

1

AI

AI Patient Identification: Predicts 20+ pack-year smokers from EHR data.

6

Follow-Up & Monitoring: Re-screen at 3, 6, or 12 months with continuous education delivered via voice, text, video, and email.

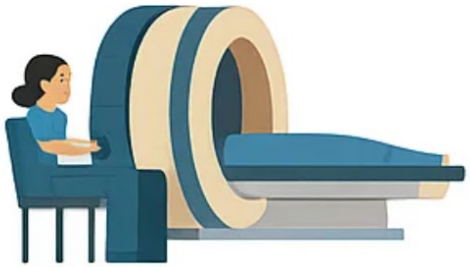
5

AI

AI

CT Scan + AI Second Opinion: Oatmeal reconciles imaging center report and lu CT scan using our AI risk stratification solution @$650 per scan improving standard of care.

4



3

Scan Coordination: Lung screening scheduled at a local imaging center or hospital near patient.

2

AI

AI-Powered Patient Conversion: Automated engagement funnels eligible lung screening patients into billable $200 telehealth visits, handled by our clinical team.

PRECISION CANDIDATE IDENTIFICATION FOR LUNG SCREENING

oatmeal

Why Patients Are Missed: Unlike breast cancer screening, lung screening eligibility is complex:

4 criteria required (age - 50-77, smoking history (15 year history), pack-years (quantity of smoking (1 pack a day for 20 years), asymptomatic)
Most EHRs **don't document pack-years** or symptom exclusion clearly
This leads to **under-identification of eligible patients**
Patients are **not always truthful** to their doctors, our AI can detect inconsistencies
Only ~5.8% of patients are screened nationally vs 45% for mammograms at an FQHC

What We Built: ICARE Predicts Smoking History from EHRs

Uses AI/NLP on 10+ structured & unstructured data sources
Flags patients likely to meet **20 pack-year** criteria
Based on **USPSTF eligibility logic**—but adds **predictive inference** where data is missing

📊 Proven in the Real World

- **Validated on 1,000 patient charts** from the Cardiovascular Research Consortium
- **Live Deployment**: At Stigler Health & Wellness Center, our algorithm flagged **5,600+ eligible patients** from a panel of 35,000
- Scalable across new FQHC partners to unlock hidden screening opportunities fast

🧠 Why It Matters

✅ Cuts manual chart review time
✅ Increases screening rates
✅ Accelerates early detection in underserved communities

PERSONALIZED PATIENT EDUCATION AND ACCESS AT SCALE

Boosting Adherence. Closing Gaps. Saving Lives.

Oatmeal Health combines AI-powered automation with compassionate human support within **our custom EHR** to ensure more patients complete life-saving cancer screenings—especially in underserved communities.

- **AI Nurse Navigators**

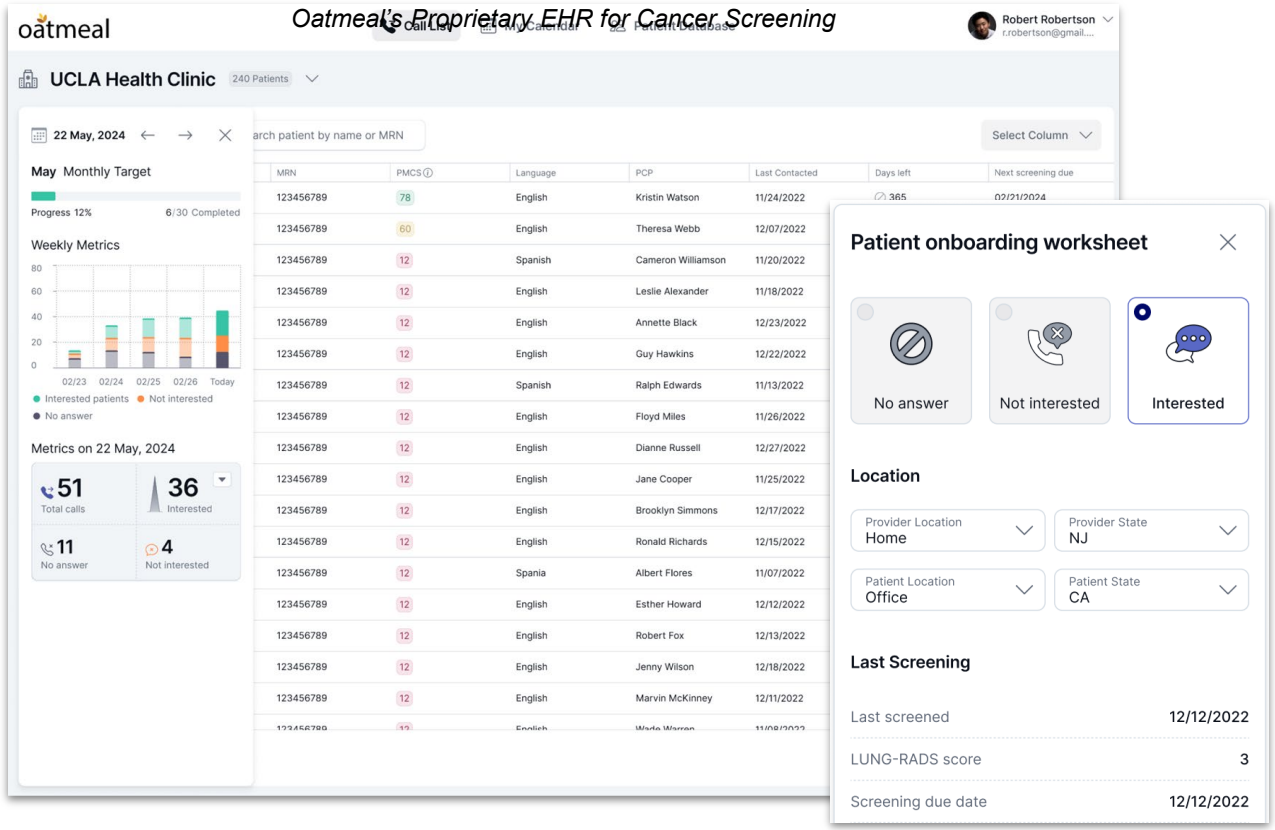
Automated interactive calls intelligently guide patients through screening education and appointment scheduling—eliminating the need to manually call thousands of patients each month. [Listen to demo]

- **24/7 Hyper-Personalized AI + Human Communication**

Every patient receives tailored education via **voice, text, or email**—customized to their unique health history and preferences. No two messages are alike based on **language, ethnicity, and condition.**

- **Human Support When It Matters**

~15% of patients receive a shared decision-making visit, with **real nurse navigators** stepping in as needed to provide extra support, build trust, and drive follow-through.



CURRENT STATE OF LUNG CANCER V2022

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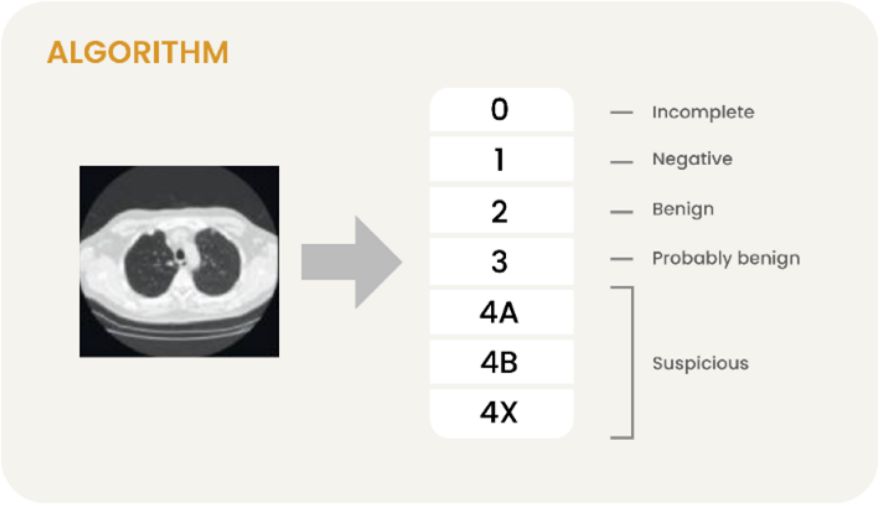
LUNG-RADS v2022 is currently the standard of care for prediction of malignancy in low-dose lung CT, but with **85% of cases being diagnosed late stage**, it is not enough.



- ✕ **Missed cancer diagnoses**
- ✕ **Unnecessary invasive biopsies**
- ✕ **Increased patient anxiety + cost**

There is an urgent need for **improved, data-driven and interpretable** approaches to early lung cancer risk stratification.

iCARE: OATMEAL HEALTH'S PROPRIETARY NODULE CLINIC

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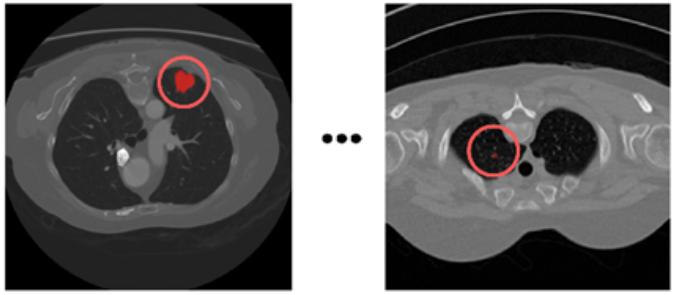
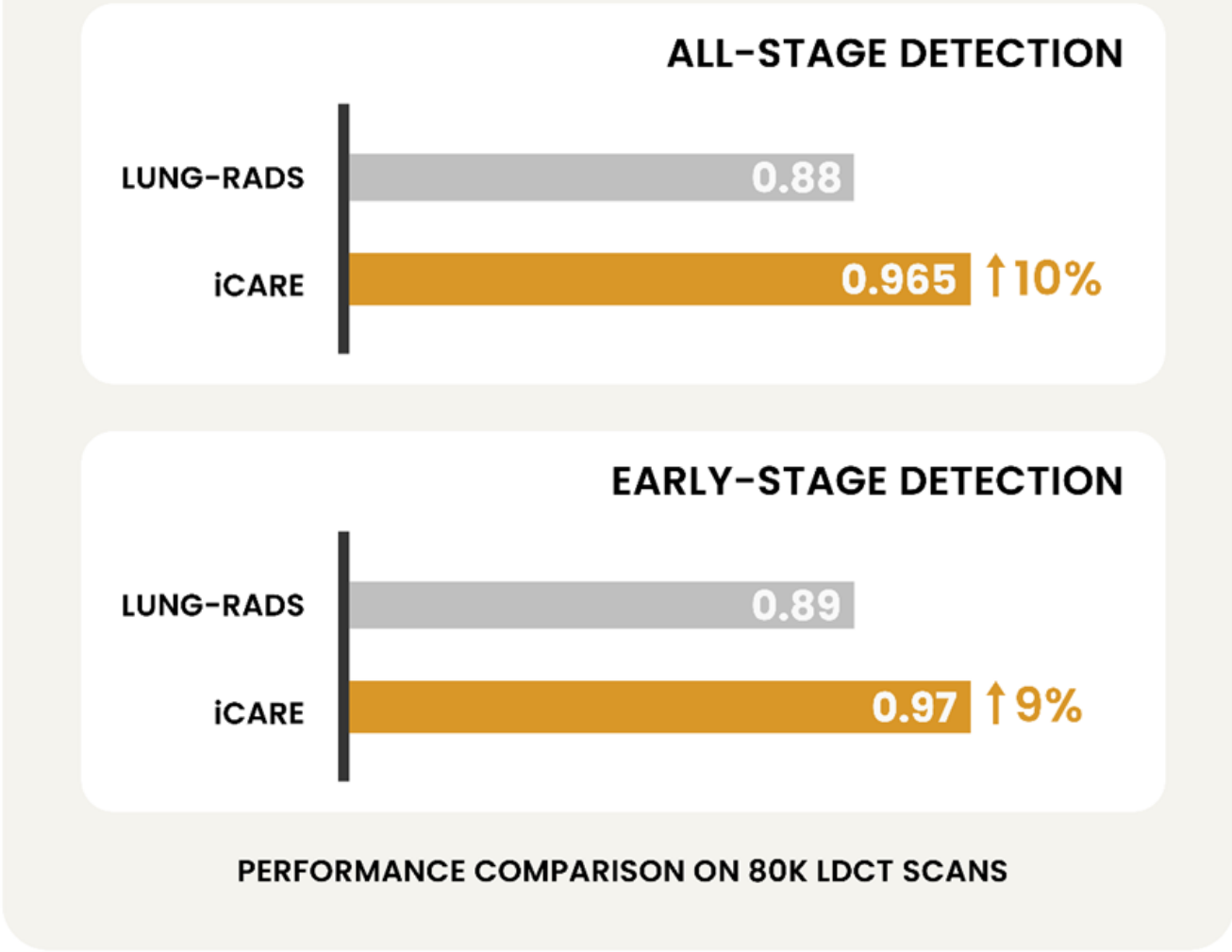
iCARE nodule clinic uses the cutting edge in computer vision technology to identify pulmonary nodules on LDCT scans and estimate the risk that a nodule represents lung cancer.



Malignancy: High ... Malignancy: Low

SENSITIVITY - SPECIFICITY TRADEOFF

LUNG-RADS	iCARE
91 - 82	91 - 96



PERFORMANCE COMPARISON ON 80K LDCT SCANS

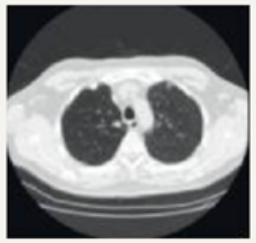
LUNG-RADS v2022

oatmeal

LUNG-RADS v2022 is currently the standard of care for prediction of malignancy in Low-Dose lung CT.

But is it not enough.

ALGORITHM



0	Incomplete
1	Negative
2	Benign
3	Probably benign
4A	Suspicious
4B	
4X	

- ✕ **Missed cancer diagnoses**
- ✕ **Unnecessary invasive biopsies**
- ✕ **Increased patient anxiety + cost**

There is an urgent need for improved, data-driven, interpretable approaches to early lung cancer risk stratification

oatmeal

Market Demand and Clinical AI Readiness

Cancer doesn't discriminate, but lack of access to early detection does—and lives are being lost.

Oatmeal Health bridges this gap with AI-powered cancer screenings for underserved communities, unlocking a **multibillion-dollar cancer screening market.**

EL RIO COMMUNITY HEALTH CENTER

HEALTH & WELLNESS Center

Cedars Sinai

Jefferson Thomas Jefferson University HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

Harvard Street Neighborhood Health Center

ANGELES COMMUNITY HEALTH CENTER healing hands. caring hearts.

AltaMed

City of Hope

> *"Partnering with Oatmeal Health on this proof-of-concept project is important in terms of advancing lung cancer screening as a public health initiative. Equally important is bringing this opportunity to the patients we serve within the community health center movement who frequently suffer disproportionately, barriers to healthcare and lack of access to innovations in healthcare screening."*

Doug Spegman M.D.

Chief Clinical Officer, MSPH, FACP

El Rio Health

Arizona

> *"As the largest, rural Community Health Center in Oklahoma, one of the main focuses for our patients is access to affordable, quality care, with screenings being a big part of our primary and preventative mission. Our patients in rural areas often have many barriers to overcome, so partnering with Oatmeal will assist us in removing some of those barriers to provide the best possible access to lung cancer screenings available in the rural eastern portion of our state."*

Brooke Lattimore

COO

Health and Wellness Center

Oklahoma

Healthcare AI Industry

Healthcare AI Guy & more!

LinkedIn AI Surveys

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LinkedIn AI Surveys

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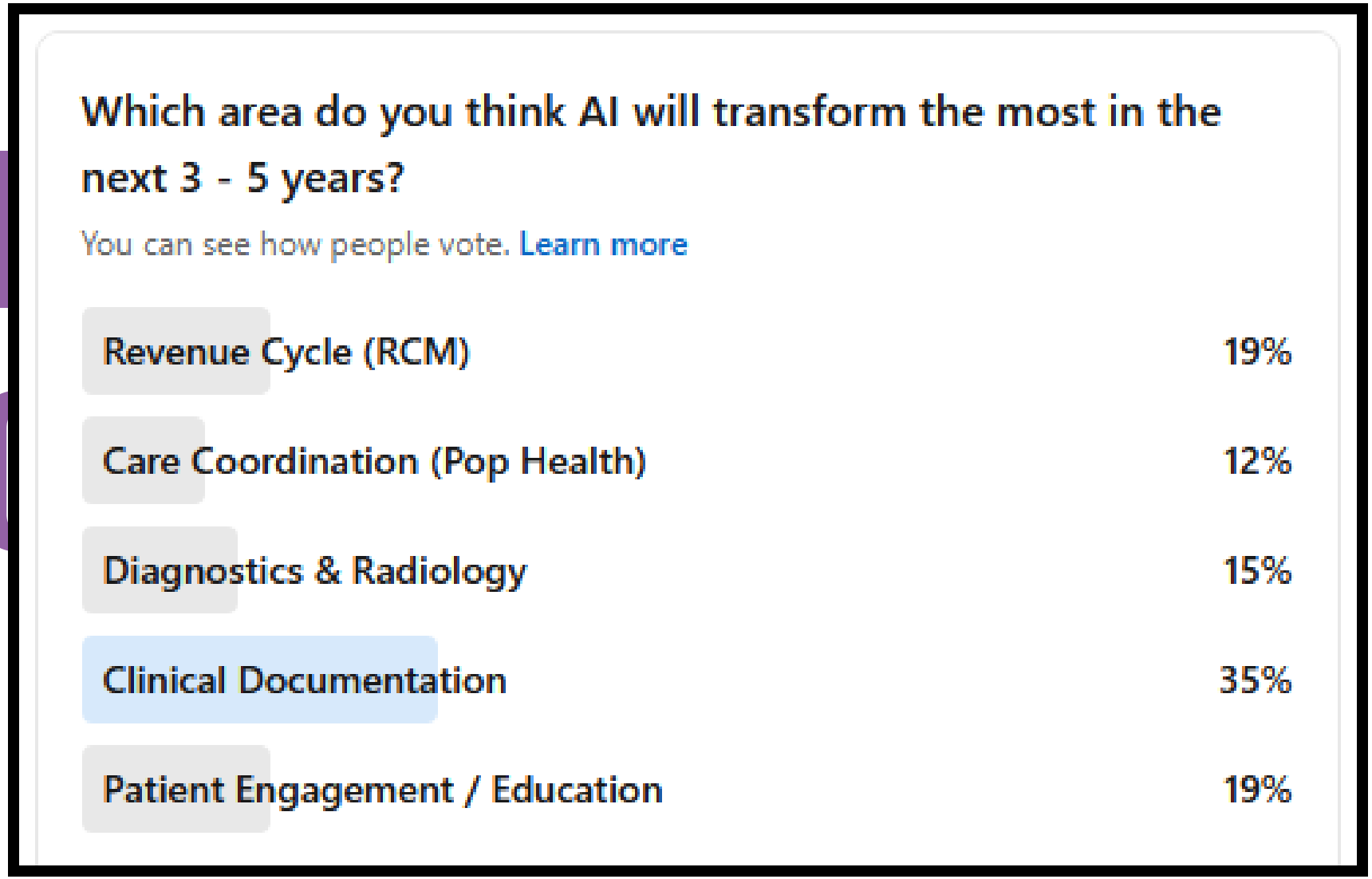

Top 100 AI Companies

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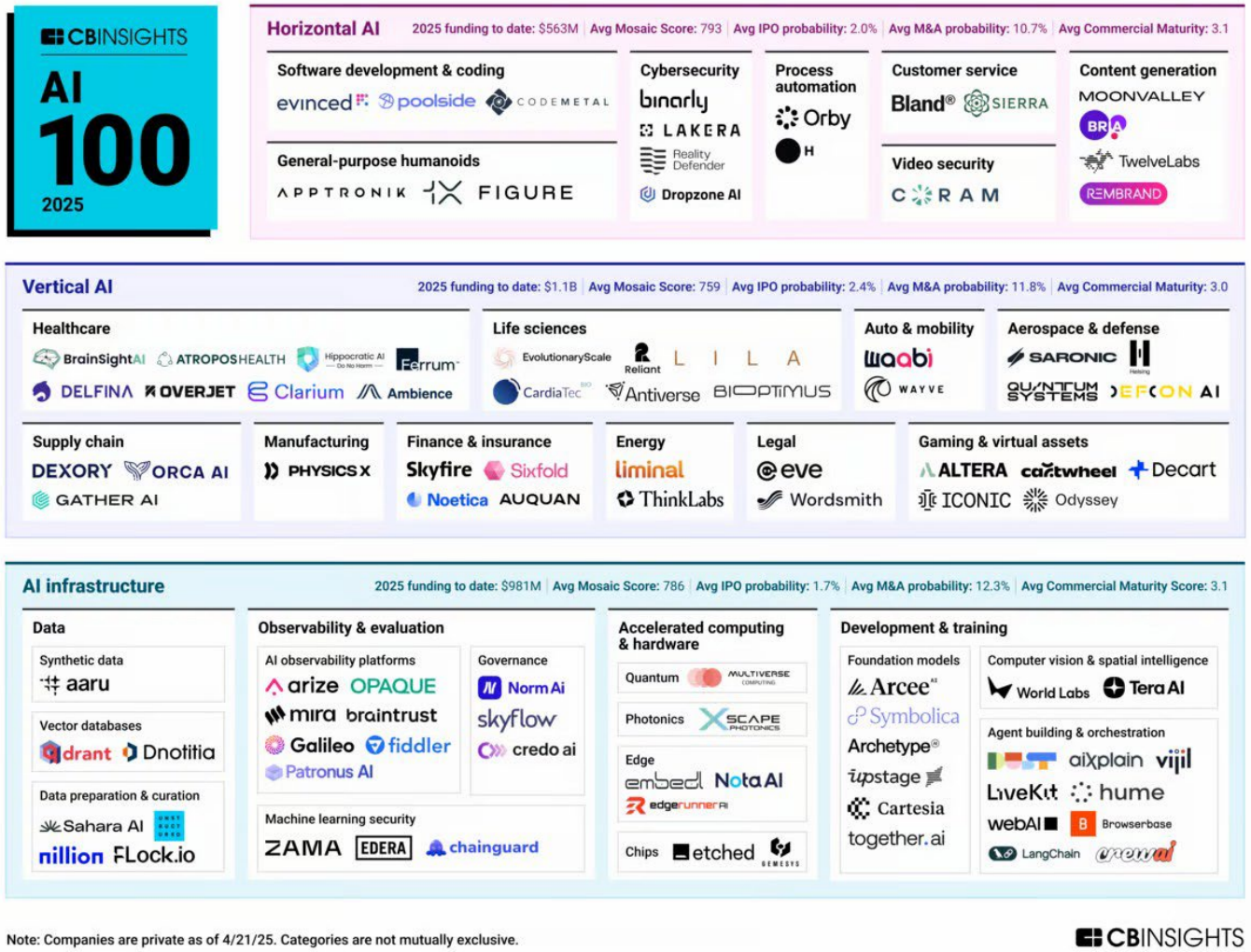

AI potential and investments……

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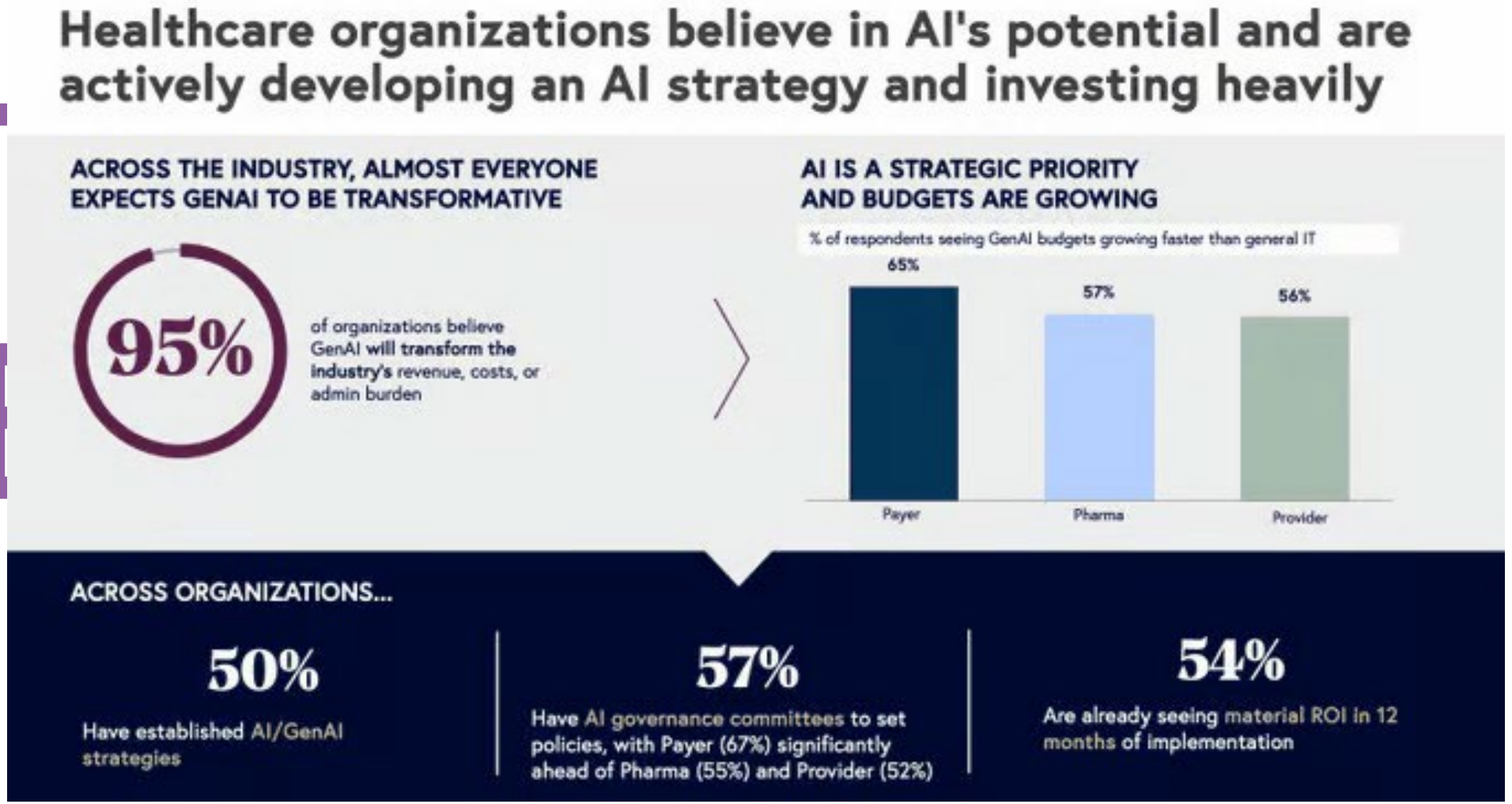

Executie aspirations for AI……

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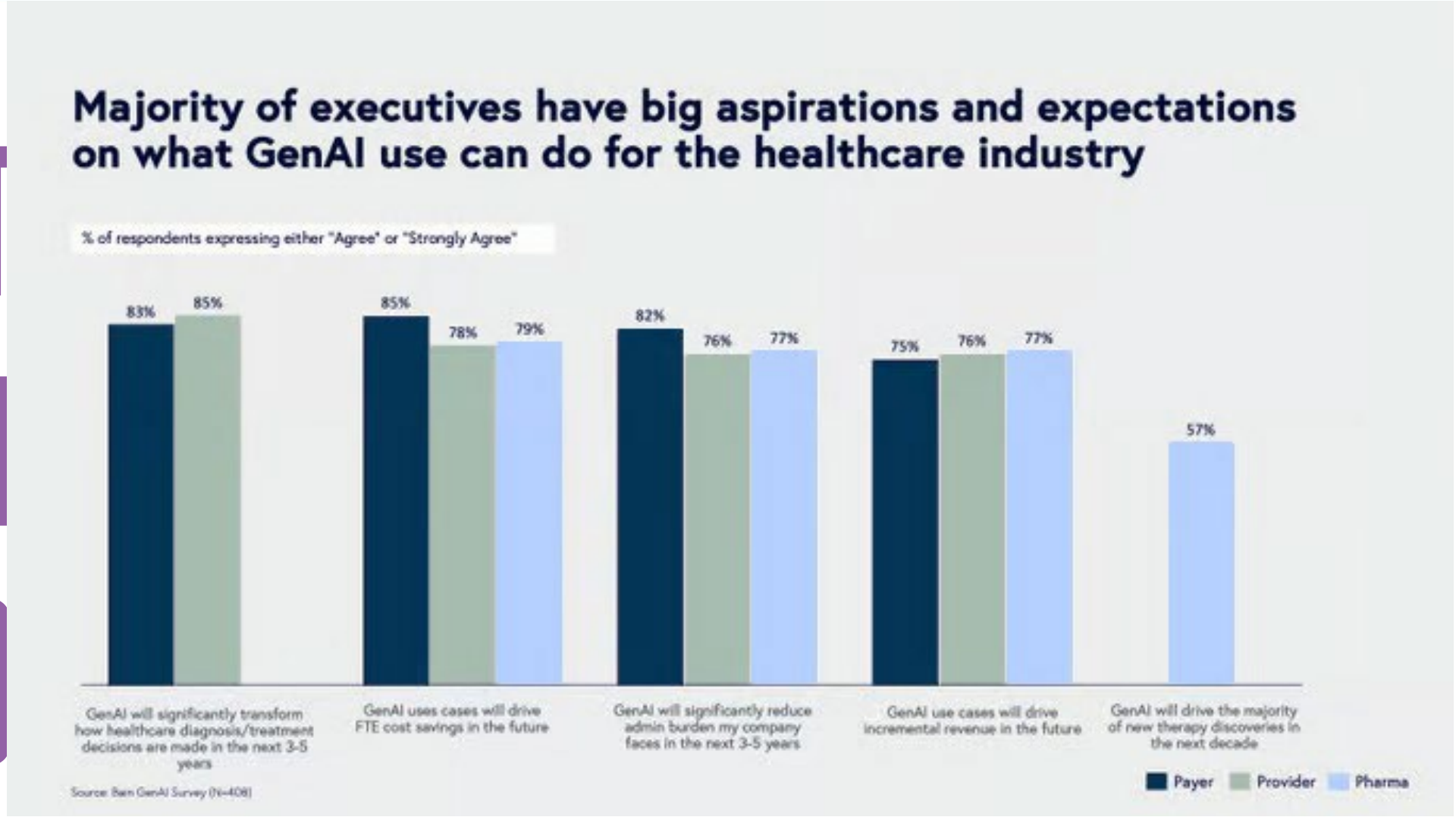

59 jobs to be done by AI.....

ARTIFICIAL INTELLIGENCE (AI)

59 jobs-to-be-done as potential use cases for AI across segments

PAYER

CLAIMS

- Stop-loss management
- Benefits verification
- Coordination of benefits
- OON claim negotiations
- Medical necessity and claims
- Approval/denial documentation
- Appeals management

NETWORK

- Provider contracting
- Provider credentialing and enrollment
- Provider quality/outcomes
- PA and concurrent utilization
- Provider roster and data

MEMBER

- Member enrollment
- Member follow-up and engagement
- Proactive wellness program
- Care gap analysis
- Call center operations
- SDOH tracking
- Plan and care navigation

PRICING

- Underwriting and pricing
- Prospective risk adjustment
- OON claim repricing and negotiations

PHARMA

PRECLINICAL

- Molecule identification and structure design
- Hit-to-lead optimization
- Target identification
- Indication selection
- Biomedical literature review and mining
- IND submission

CLINICAL

- Patient recruitment optimization
- Protocol design
- Data management, site logistics, and comms
- Regulatory intelligence
- NDA submission
- Pharmacovigilance monitoring
- Predictive analytics

MARKETING & SALES

- Hub and patient services
- HCP engagement
- Competitive intel
- Budgeting and forecasting
- Pricing and patient affordability
- Marketing, sales and medical affairs team enablement

PROVIDER

CARE

- Patient triage
- Provider credentialing and enrollment
- Patient scheduling
- Staff scheduling
- Risk adjustment/accurate patient diagnosis capture
- Referral management
- Care gap identification
- Clinical trial coordination
- Documentation support (scribe/ambient listening)
- Follow-up care
- Quality metrics and patient registry reporting

RCM

- Medicaid/Medicare enrollment
- Prior authorizations
- Medical coding
- Underpayment mgmt.
- Payor contracting mgmt.
- Denial/appeal management
- Clinical documentation improvement and compliance assurance for payer interactions

Note: Jobs-to-be-done descriptions in Appendix

Executive Roadblocks ahead……

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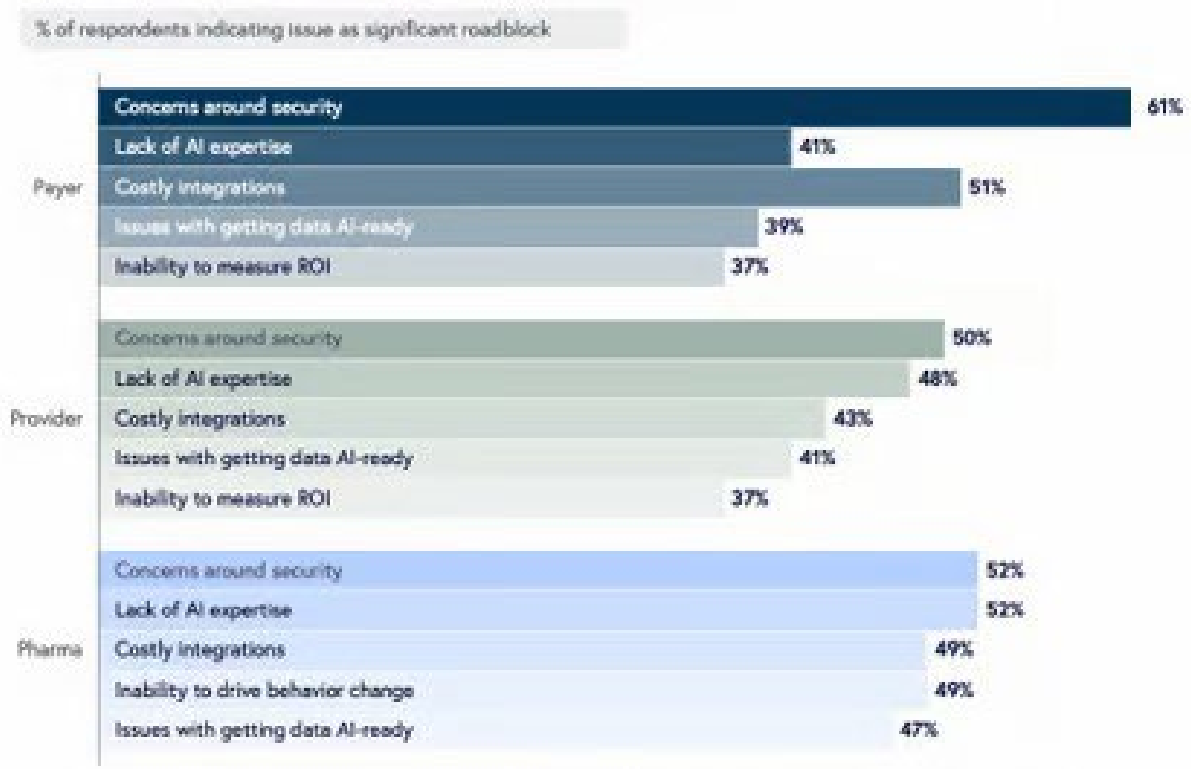
Executives cite roadblocks to scale: security concerns, costly integrations and lack of AI expertise in-house



Note: "Significant roadblock" defined as respondents describing a roadblock as a high barrier or extreme barrier | Source: Bain GenAI Survey (N = 408)

MOST CITED ROADBLOCKS

Concerns around security, given significant amounts of confidential/sensitive patient data in healthcare

Lack of AI expertise in nascent healthcare IT solutions

Costly integrations and additional IT work needed to move to full production

Issues with getting data AI-ready attributed to fragmented, unstructured, non-standardized data inputs throughout healthcare

Inability to drive behavior change among key stakeholders/the frontline due to longstanding habits among tenured professionals

AI Medical Devices approved by FDA

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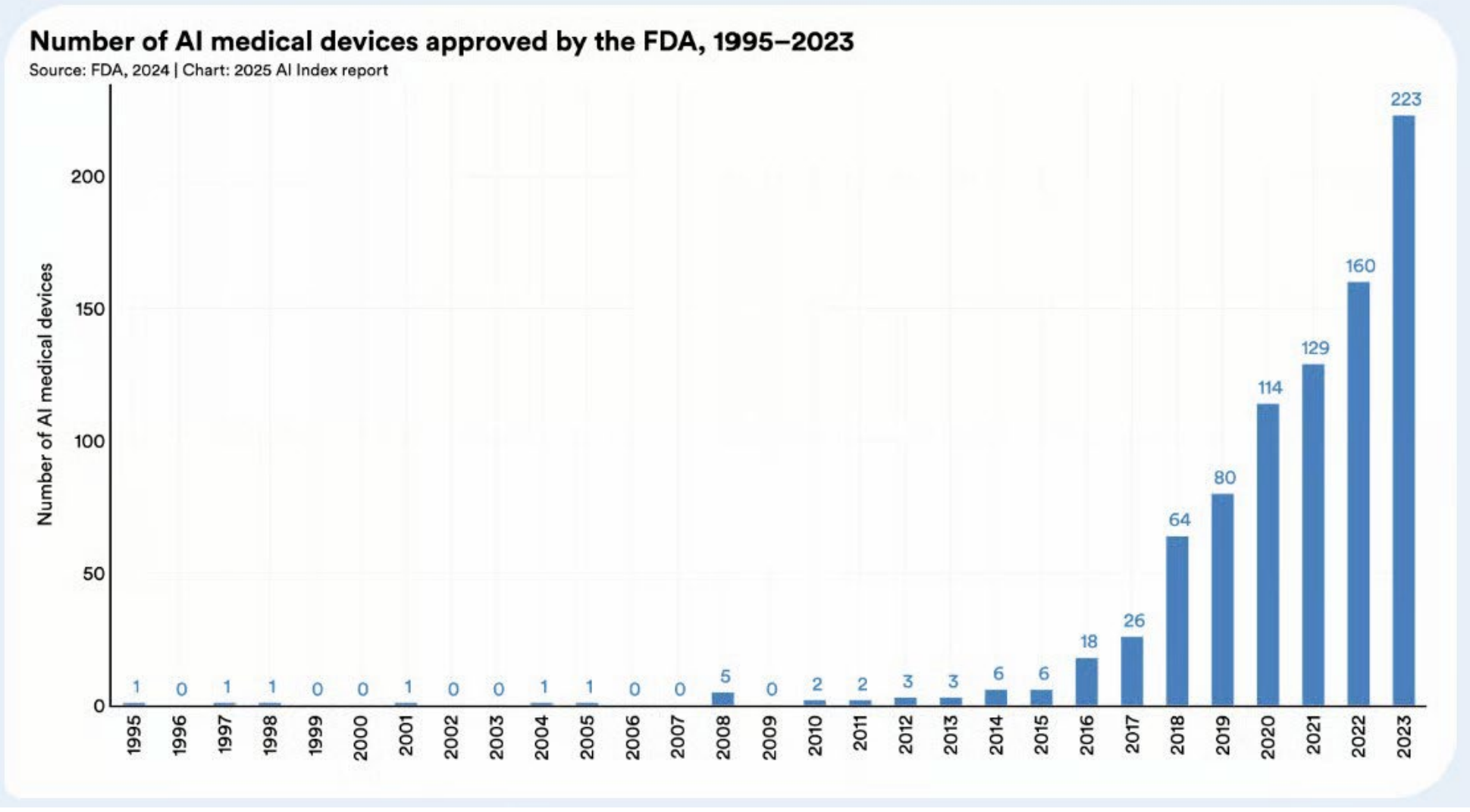

Early Insights on Ambient Scribe Adoption

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Exhibit 1

SUMMARY OF EARLY INSIGHTS ON THE IMPACT OF AMBIENT SCRIBE ADOPTION

✚ Suggest or Support Positive Impact ■ Too Early to Draw a Conclusion ● Mixed Feedback on the Impact

Impact Area	Example Metrics	What We Know Today
Clinician	Attrition	■ Too early to draw a conclusion
	Burnout	✚ **Emerging evidence suggests a positive impact**
	Clinician experience	● Mixed feedback on the impact
	Clinician time saved	● Mixed feedback on the impact
	Cognitive load	✚ **Emerging evidence suggests a positive impact**
	Pajama time	● Mixed feedback on the impact
	Quality of clinical note summary	✚ **Data/anecdotal feedback support a positive impact, with a human in the loop**
Patient	Patient experience	✚ **Emerging evidence suggests a positive impact**
Financial	Number of patient encounters per period	● Mixed feedback on the impact
	Accuracy of coding	■ Too early to draw a conclusion

Say What, Bill Gates?

ARTIFICIAL INTELLIGENCE (AI)

Bill Gates thinks AI will replace doctors in the next 10 years

Bill Gates believes AI will reshape the world over the next decade — and healthcare is right at the heart of that transformation. In a recent interview, he said expertise like top-tier medical advice will soon be free and widely accessible, thanks to AI. Insights once limited to elite doctors could soon be available to anyone, anywhere. Gates calls this the era of "free intelligence," where breakthroughs in medicine, diagnostics, and care delivery become the norm. He's optimistic about what this means for global health: faster drug development, smarter diagnostics, and better patient outcomes. While he admits the rapid pace of change can be unsettling, he sees AI in healthcare as a massive opportunity and he's urging the next generation to lead the charge. We agree that AI will accelerate the move toward lower-cost, more accessible care. But healthcare is still deeply human, and it's hard to imagine a future where that element is removed entirely. (link)

US Provider C-Suite Executives

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US Provider C-Suite Executives: Biggest Opportunities and Outcomes from Gen AI

Figure 1: What do you consider the biggest opportunities for GenAI in your organization?

Figure 2: Which of the following outcomes do you anticipate will be most positively impacted by the implementation of GenAI tools in your workforce?

Forbes AI Top 50

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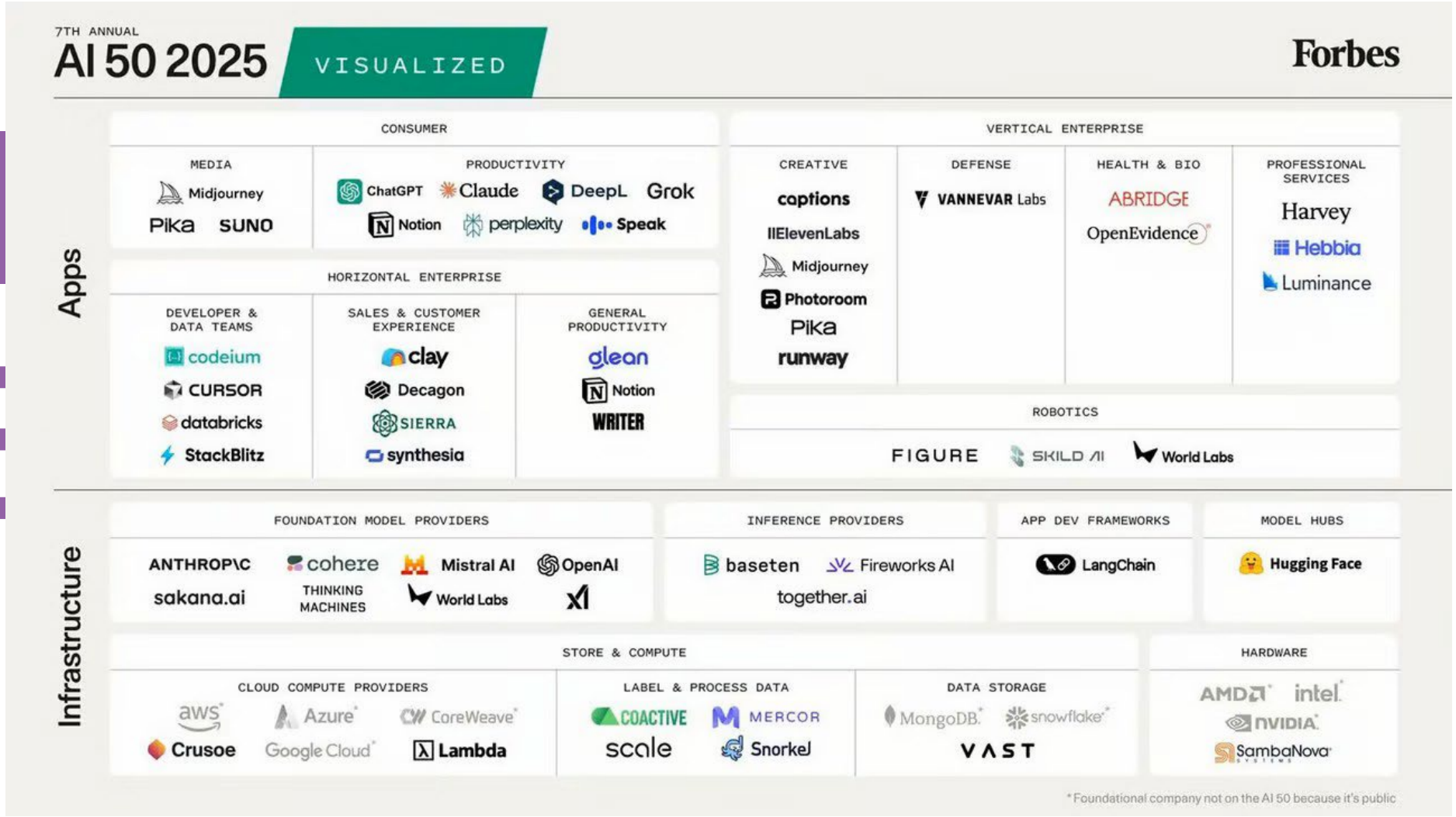

Thank you!

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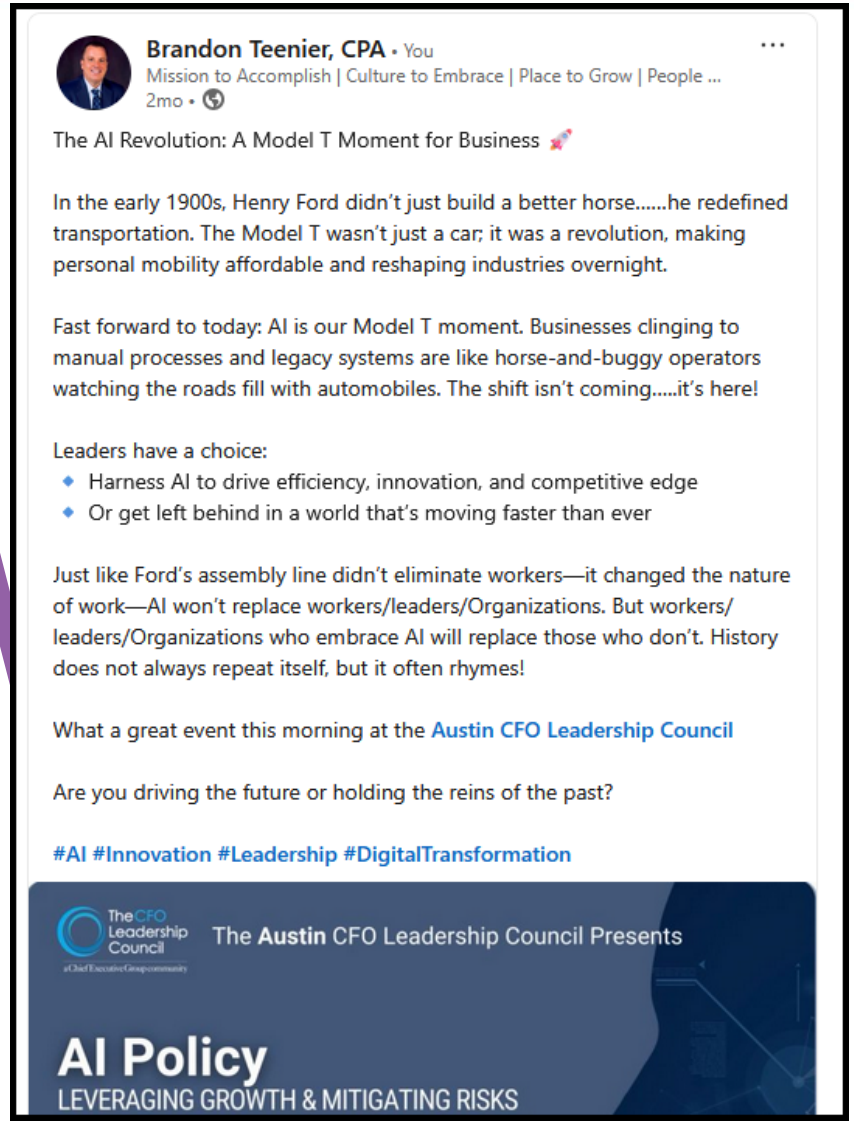

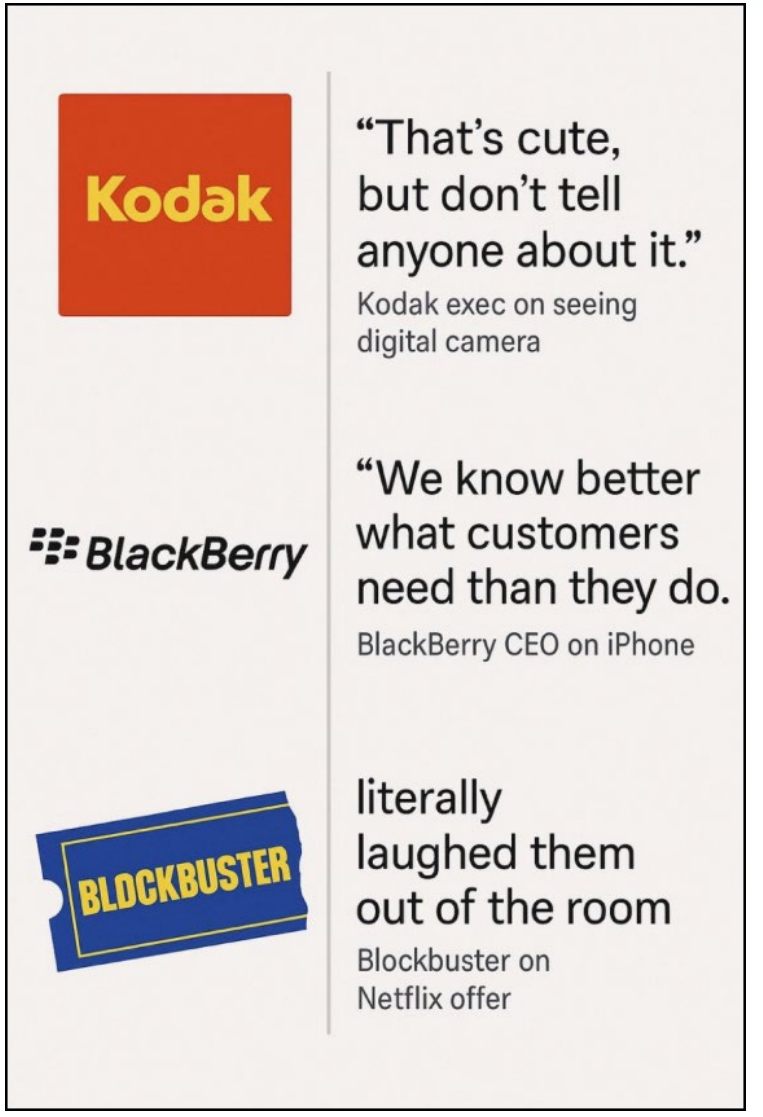

Questions?

ARTIFICIAL INTELLIGENCE (AI)