

Humanizing Health Tech in the Age of AI

How AI is actually being used to scale care – without losing the human connection

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Presented by:



&

Qubika

In coordination with:



Educational Webinar Series

Meet The Speakers

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Audience Poll

Where are you in your AI
journey?

SEGMENT 1

Why Healthcare AI Feels So Hard

HIPAA Friction · Legacy Systems · No Clear Policy · Fear Of Getting It Wrong



The Barriers Are Real – and Specific

~10%

of healthcare orgs have a formal AI policy today

Most are deploying without a blueprint

70%

of payers & providers actively pursuing generative AI

Most without patient-facing consent frameworks

\$1.5B

signal from United Healthcare on AI investment

The financial stakes of getting this wrong are real

Adoption has outpaced governance. The gap is the #1 unaddressed risk in healthcare AI right now.

SEGMENT 2

AI Built In, Not Bolted On

Giving clinicians time back and putting it directly toward patients



The Fastest ROI in Healthcare AI: Documentation

68%

of health systems now
use AI clinical note-taking

*62% year-over-year growth
Fastest-growing AI use case in healthcare*

Frame it as automation, not AI

Clinicians respond to concrete problems solved – not technology adopted.

Built in, not bolted on

AI that surfaces the right patient without adding cognitive load wins. AI that creates more steps fails.

Time freed goes directly to patients

Every minute recovered from documentation is a minute available for meaningful care.

Source: Eliciting Insights AI Adoption Survey 2026 · Doximity State of AI in Medicine 2026

Audience Poll

What's your biggest barrier
to AI adoption?

SEGMENT 3

From Reactive to Proactive

Closing care gaps, optimizing AWWs, and predictive modeling for longitudinal care



The Four-Step Model: From Data to Action

01

Risk-Stratified Outreach

AI ranks AWW-eligible members by clinical risk – not just those who haven't been called yet.

02

Intelligent Sequencing

SMS → care team call → provider escalation. Each touchpoint driven by actual response data.

03

Longitudinal Data Unification

Claims, ADT feeds, RPM, and EMR in one patient record. No gaps from fragmented data.

04

Human in the Loop – Always

Predictive models flag risk. A human reviews before any intervention fires. Every time.

<50%

avg. AWW completion in Medicare Advantage

90-day

predictive window for patient deterioration

30%

guaranteed readmission reduction (Avery RAP)

Source: Interwell Health 2025 · Avery Telehealth program data · Pabau Healthcare Predictions 2026

SEGMENT 4

Guardrails, Consent & Policies That Actually Work

What responsible AI deployment requires before the next vendor contract



What a Real AI Policy Actually Covers

The Governance Gap

~10%

of orgs have a formal
AI policy today

70%

pursuing generative AI
without consent frameworks

✓ **Approved tools + PHI handling**

Define which AI tools are sanctioned and exactly how patient data is handled.

✓ **Clinical override protocol**

Who can override an AI-generated recommendation – and how that gets documented.

✓ **End-user AND developer behavior**

Policy must cover engineers, not just clinicians. The gap between the two is a real liability.

✓ **Audit trail for every AI-influenced action**

When a model surfaces a risk score and the care team acts on it, that chain must be traceable.

Draft your policy before the next vendor contract. One page changes your entire risk profile.

Source: NIST AI Risk Management Framework · CMS 2026 Final Rule ·
Vention Teams 2025

Audience Poll

Does your organization have a formal AI policy today?

Questions & Answers



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Avery Telehealth

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RESOURCES

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Metric/Category	Value
Admits per year	5,556
Readmissions rate	18%
Readmissions per year	1,000
Annual readmission cost	\$15,000,000
Readmission reduction	176
Cost per readmission	\$15,000
Savings	\$2,632,500
RAP Fee	\$1,500,000
Net Savings	\$1,132,500
ROI	76%

86%
Reduction in 30-day readmission rate per member

63%
Reduction in 90-day readmission rate per member

90%
Member Satisfaction

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