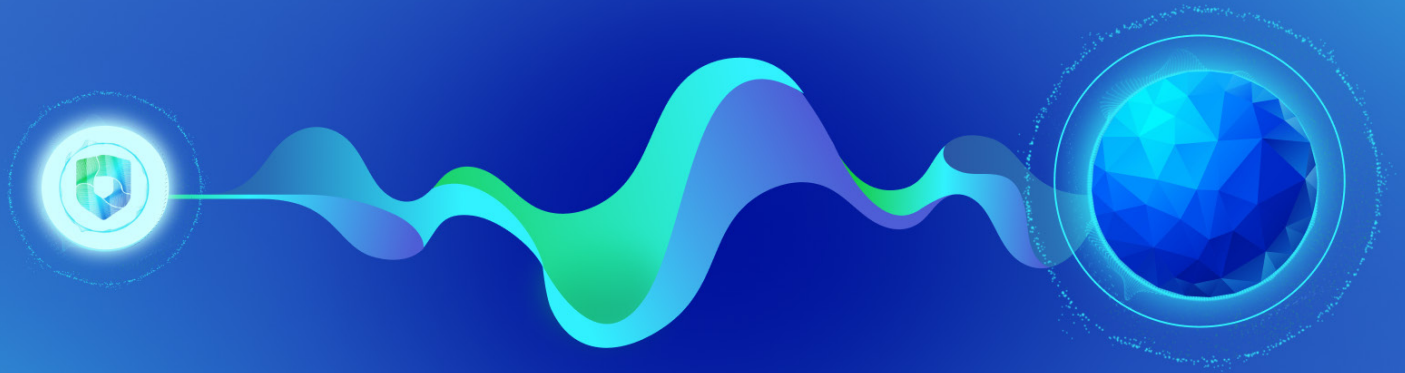




Healthcare's Age of Abundance

How health systems are moving from clinical scarcity to infinite capacity with AI

Scarcity has always shaped the day-to-day realities of healthcare – so deeply that it’s embedded in the industry’s clinical language. “Triage” presumes there aren’t enough resources to treat everyone at the level they need. “Population health” sounds comprehensive, but in practice it means identifying the highest-risk portion of a patient panel and concentrating limited resources there.

At the Age of Abundance Healthcare Summit, hosted by Hippocratic AI during the Becker’s Healthcare 16th Annual Meeting in Chicago, leaders from Advocate Health, WellSpan, Cincinnati Children’s, Cleveland Clinic and OhioHealth took the stage to share how a new generation of AI is helping them move beyond that scarcity model.

“We almost never can provide help to the entire population,” said Munjal Shah, co-founder and CEO of Hippocratic AI, in his keynote. “We pick a sliver of it – that’s our highest-risk part – and we focus on them. I think in so many ways, we’ve assumed the scarcity in how we design care pathways.”

The workforce math reinforces the point. “In the state of Pennsylvania right now there’s a deficit of 20,000 nurses,” said Mark Kandrysawtz, senior vice president and chief innovation officer at WellSpan. “A third of our workforce is going to retire. Everyone that’s aging into Medicare age is going to have three or more comorbidities. So, we have more patients, sicker patients and less people to take care of them.”

The toll extends to the bedside. “What I hear from nurses across the board is that they leave their shifts thinking, ‘I did not do enough,’” said Amy McCarthy, DNP, chief nursing officer at Hippocratic AI. “‘I did not do the care that I wanted to do.’”

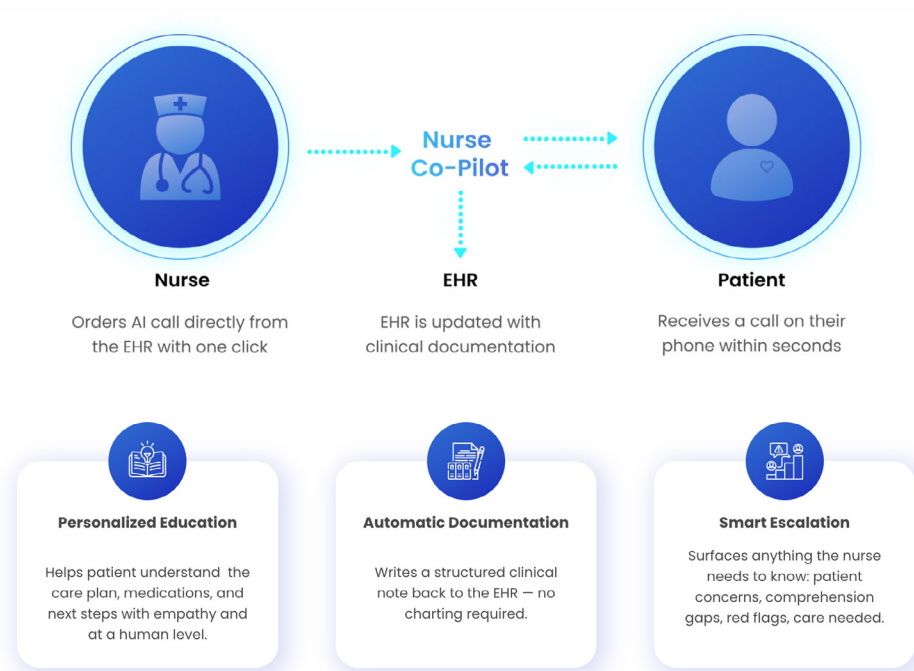
But a new generation of clinically safe AI voice agents is beginning to change the equation – not by automating existing workflows, but by enabling care that was never possible before. Across the country, health systems deploying Hippocratic AI’s platform are demonstrating what happens when clinical capacity becomes effectively infinite: patients who were lost to follow-up get called back, families receive the time and attention they deserve, and nurses begin to reclaim the practice they were trained for.

From autopilot to ‘infinite pilot’

The most compelling use cases for AI in healthcare may not be the ones anyone planned for.

Since launching its first product, Hippocratic AI has conducted more than 180 million patient interactions. The early focus was on what Mr. Shah called “autopilot,” which included using AI agents to handle outbound tasks that staff were already doing, like post-discharge calls or appointment reminders, but at greater scale and lower cost.

But a more powerful insight emerged. “If autopilot is the things you do today that we can now staff better or you can do cheaper, infinite pilot is the things you never thought to do until you had an infinite supply at a very low cost,” Mr. Shah said.



At one health system deploying Hippocratic’s AI agents, 1,700 patients were overdue for low-dose CT scans to check for lung nodules. Staff had sent texts, letters and EHR-based messages. The patients who hadn’t responded were effectively abandoned – not because the system didn’t care, but because there were only so many hours in the day. Hippocratic’s AI agent called them anyway, patiently addressing concerns one by one. It re-engaged 249 patients. One was diagnosed with cancer and began treatment.

At another partner health system, the AI persuaded 464 patients who had been filling specialty medications at outside pharmacies to return to the in-house pharmacy, recapturing \$1.5 million in recurring margin.

“These were people we gave up on, but we got to use the AI to not give up,” Mr. Shah said. “The health system didn’t want to give up. They just have limited resources.”

12 in 1 at Advocate Health

At Charlotte, N.C.-based Advocate Health, one of the nation’s largest nonprofit health systems serving patients across seven states, the results have come quickly. The organization has deployed six use cases with Hippocratic AI, four of which are currently live. Liz Blackburn, vice president of enterprise ambulatory care coordination and management, said the impact on outreach was immediate.

“In one month, AI was able to complete patient outreach that was equal to what previously required 12 months of cold calling,” Ms. Blackburn said. “This is allowing us to reinvest that nurse time that was spent cold calling actually into patient care.”

Connection rates have increased to 17%, and enrollment in the outreach program has doubled. Perhaps more surprising has been patient receptivity. “The majority of patients are very comfortable talking to AI, and in many cases tell the agent way more about themselves and their conditions than they would a human,” Ms. Blackburn said.

Safety is governed through Advocate Health’s Fair AI Governance Framework, which evaluates all AI solutions before deployment. The agents are built to detect negative sentiment markers – depression, suicidal ideation, loneliness – and can connect patients to the Suicide and Crisis Lifeline in real time, with a connection rate of under 30 seconds in testing. Every agent was designed and tested by clinicians and nurses, including the escalation protocols

The system is now expanding from one-off calls to continuous AI-assisted care pathways, with chronic condition agents for hypertension already live and diabetes and medication adherence in development.

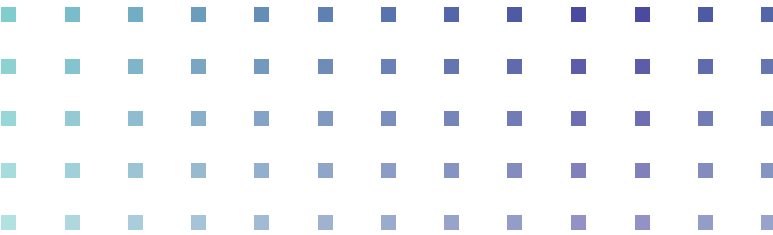
Cincinnati Children's: Reaching families that were never reached before

At Cincinnati Children's, one of the nation's premier pediatric institutions, the AI is reaching populations the system had struggled to serve. Oliver Rhine, chief strategy officer, pointed to the organization's Spanish-speaking patient population. Under its value-based care model, Cincinnati Children's was completing fewer than 2% of health risk assessment calls to Spanish-speaking families.

"When we rolled out Rachel, it went to over 40%," Mr. Rhine said, referring to the system's AI agent. "These are calls that we never would have made. They're surfacing really important issues from a vulnerable population." Patient experience scores on those calls exceeded 9 out of 10.

The results extend to scheduling. Cincinnati Children's offers numerous types of sleep studies, and it previously took an average of more than two weeks to schedule one. With the AI agent handling routing, that number has dropped to fewer than four days. "Delayed care is bad care," Mr. Rhine said.

Mr. Rhine framed the imperative in terms specific to pediatrics: "There's a harrowing shortage and maldistribution of subspecialists. So, we have to think with abundance." He also noted that in pediatrics, safety and empathy are inseparable. "Safety is a practice, not a press release. And the empathy – it's engineered into the interaction. In pediatrics, empathy is not ornamental, it's essential."



Reimagining the front door

For more than a decade, health systems have invested in the "digital front door" – online portals, chatbots, interactive voice response systems. The results have been mixed at best.

"In the digital front door, we were really just trying to deflect people from ending up talking to humans," Mr. Shah said. "In the AI front door, we realized that technology's gotten to the point where it can build a relationship with you, where it can answer any question, where it can truly deliver a relational experience instead of a transactional experience."

Hippocratic AI's AI Front Door, announced at the summit, is designed around a concept called Omnitopic – the ability to handle any question a patient might have on a single call, whether it involves scheduling, billing, clinical concerns or care gaps. Rather than routing patients through a decision tree, the AI engages them in a natural conversation, draws on their full medical history and takes action in real time.

Type of Agent	Duration per Call	Frequency per Shift	Total Time Saved
Admission Agent	15 min	1x	15 min
Education Agent	15 min	4x	60 min
Medication Agent	15 min	4x	60 min
Family Education Agent	10 min	4x	40 min
Check-In Agent	10 Min	3x	30 min

WellSpan: When the easy calls are already handled

At York, Pa.-based WellSpan, the AI Front Door addresses a challenge that's specific to digitally mature health systems. Eighty-five percent of WellSpan's patients already use the system's digital self-service tools, logging in an average of eight times per month. That means the roughly 140,000 calls that still come into WellSpan's call center each month are disproportionately complex.

"People have developed coping mechanisms over the years when they can't get what they need," Mr. Kandrysawtz said. That means the bar for what counts as a helpful interaction is already higher than usual for those inbound calls.

WellSpan projects that the AI will be able to handle 30% of that complex volume, freeing human staff for cases that truly require human judgment. But the impact has gone beyond call center efficiency. When Mr. Kandrysawtz's team live-demoed the AI for 75 senior leaders, the reaction was unexpected.

"What was really remarkable about that experience was it wasn't about building trust in the use case," he said. "It ignited a degree of creative problem-solving around exploring what AI would be possible to do. It catalyzed this sea change of embracing AI."

WellSpan's longer-term vision centers on trust. "Someone may have chosen WellSpan for 10 or 20 years, but the moment they need a new modality of care, they're treated like a new person all over again," he said. "Until now, when we can fill in the gaps with a longitudinal relationship that our human care teams could never execute at scale."

Cincinnati Children's: The front door to trust

Mr. Rhine sees the AI Front Door through the lens of pediatric care, where the caller is rarely the patient. "It could be a grandparent, could be a foster parent. The stakes are higher and the margin for error is smaller," he said.

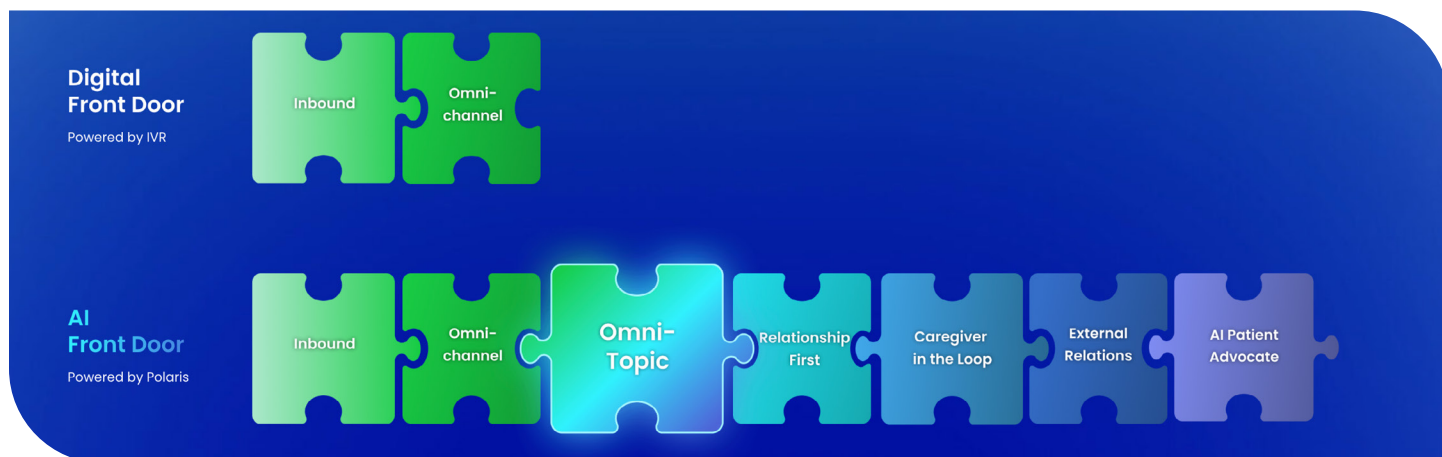
Rather than thinking of it as a call center upgrade, Cincinnati Children's reframed the concept entirely. "It's the front door to trust," Mr. Rhine said. "When parents are reaching out to us, it's because they're worried, they're scared, they're confused. It rarely happens on their best day."

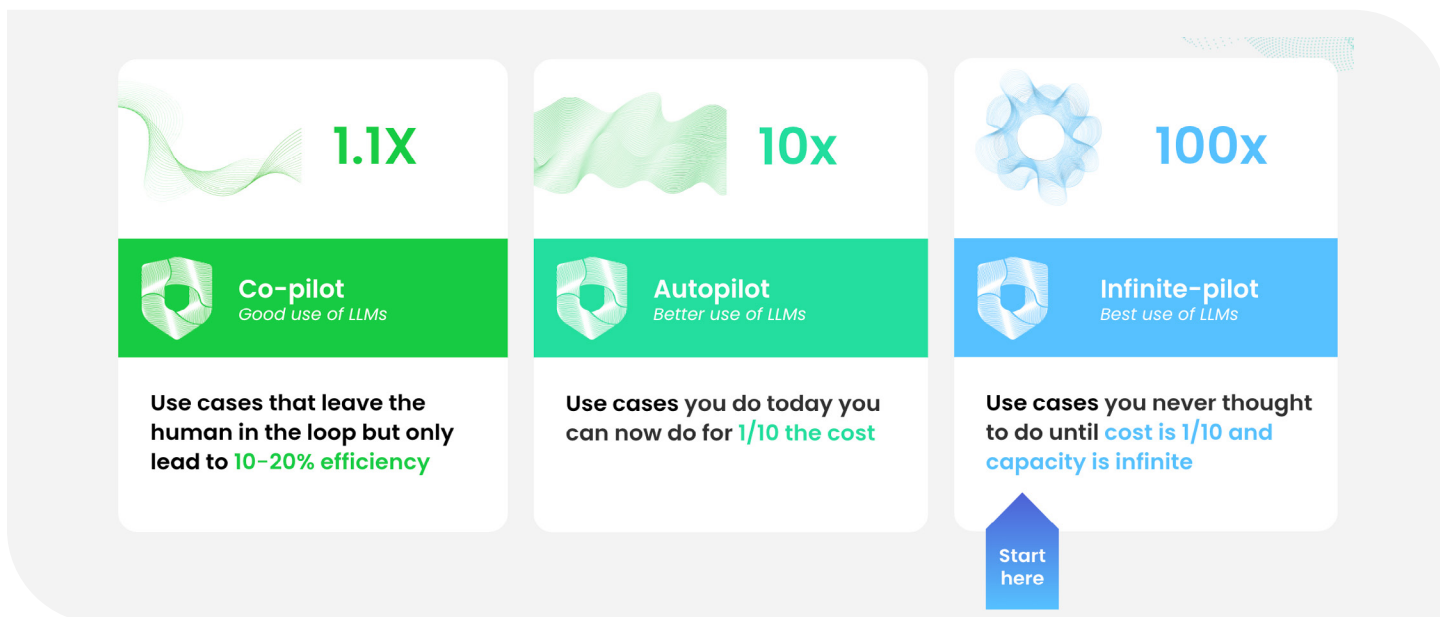
The system is now processing roughly 1,000 inbound calls per day through the AI, with early results showing significant improvements in scheduling speed and care coordination.

Moving inside the hospital: Nurse copilot

Another of the summit's major announcements was Nurse Copilot, Hippocratic AI's first product designed for the inpatient setting. Unlike the outbound agents and the AI Front Door, which operate autonomously, Nurse Copilot is launched directly by clinicians from within the EHR. Nurses select a patient, choose an agent – admissions, discharge preparation, education, family education – and deploy the call. The conversation is documented and integrated back into the medical record.

The product was co-designed with three health systems: Cleveland Clinic, OhioHealth and Cincinnati Children's. That co-design process, all three emphasized, was not a formality.





Nursing in the driver's seat at Cleveland Clinic

Nelita Iuppa, DNP, executive director and associate CNO for informatics at Cleveland Clinic, framed the opportunity in terms of scale. "Nursing is probably one of the major work engines in healthcare today so the question is not whether to support nursing with technology, it's how can we do more for our nurses now?" she asked.

Dr. Iuppa acknowledged that nursing is a harder domain for AI than some of the earlier use cases. "We don't know what we don't know yet in this space. Nursing is very complex. We're a mobile workforce. We have very dynamic days. We get interrupted," she said.

But that complexity is precisely why she wanted Cleveland Clinic at the table early.

She described a litmus test she applies to every AI vendor: "How big is their nursing team? Because we have seen the value of technology solutions based on the in-depth knowledge and expertise of nursing practice," she said.

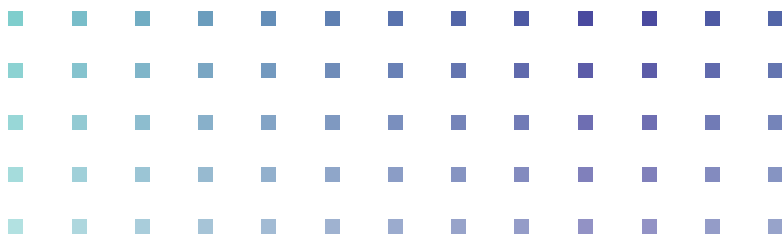
Above all, Dr. Iuppa said she wants nurses to own the technology rather than have it imposed on them. "I don't want technology to happen to them as it did with the EHR," she said. "We want them to start to be in the driver's seat."

OhioHealth: Elevating nurses to top of license

At Columbus-based OhioHealth, Scott Estep, RN, system vice president of nursing operations, saw Nurse Copilot as a way to address two challenges simultaneously: the documentation burden keeping nurses from patients and the cost of scaling virtual nursing programs.

"How does this take some of these tasks off of our nurses that they don't need to do? And how do we elevate them to the top of their license?" Mr. Estep said. The approach was collaborative from the start. "Don't do things to them, do things with them. And this is exactly the approach that we've taken."

The need, he said, is not abstract. "Our nurses need the help and they're telling us that," he added. "It shows up in everything that they're doing and everything that they're telling us."



Cincinnati Children’s: From nursing to the whole care team

At Cincinnati Children’s, the co-design process expanded beyond nursing. Jennifer Gamm Ruschman, assistant vice president of digital health, described envisioning sessions that brought together nurses, respiratory therapists and pharmacists.

“We started in a room with respiratory therapists and nurses and asked, ‘What are your pain points?’” she said. The pharmacy team became particularly enthusiastic. When the broader team encountered early implementation challenges and considered pulling back, the pharmacists pushed to continue. “No, we’ve got this,” they told the team, according to Ms. Ruschman.

The buy-in extended to families. Ms. Ruschman described a father in the hallway who initially resisted the idea of AI. After a brief conversation about how the agents would be used – welcome calls, resource education, check-ins – he walked to the nurse station and began advocating for it himself. “They’re going to do something down there to help you guys out,” he told the nurses, as relayed by Ms. Ruschman. “This is going to help you out so we can spend more time together when we need to.”

Ms. McCarthy estimates that across the initial use cases, Nurse Copilot could save nurses one to four hours per shift. This time can be redirected to direct patient care.

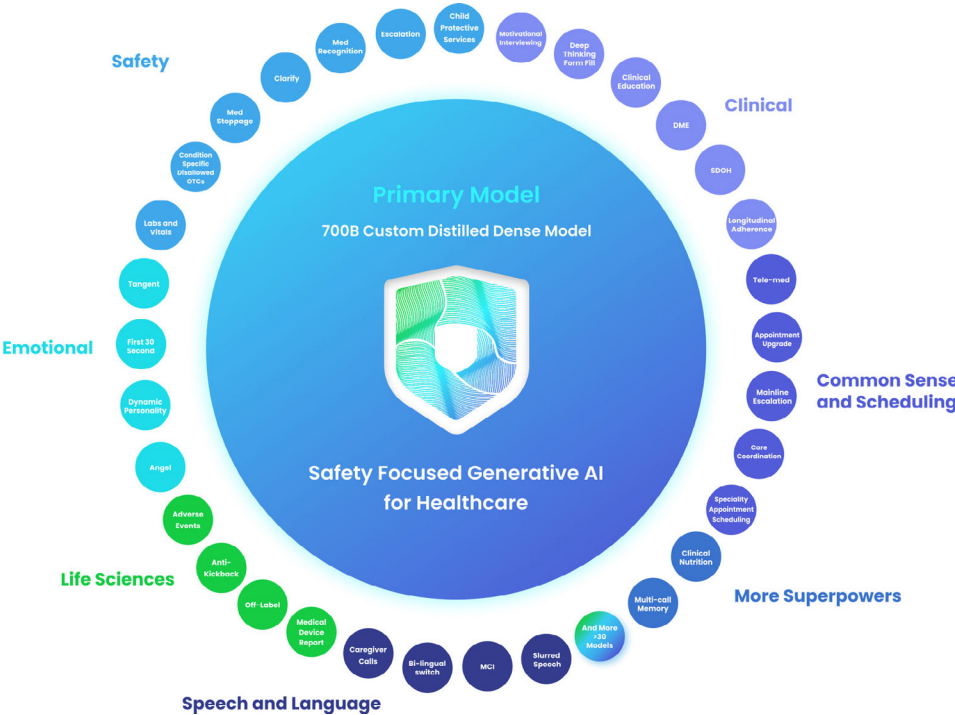
Safety by design

Throughout the summit, health system leaders returned to the same theme: the technology only works if it is safe. Hippocratic AI’s safety architecture is built on redundancy. The platform’s latest version, Polaris 5, orchestrates a constellation of 31 models totaling 5 trillion parameters in real time. Supervisor models check other supervisor models. A dedicated overdose detection engine monitors every turn of every conversation.

“All good safety systems are redundant,” Mr. Shah said. “You fly on your plane – you can control it by wire, you can control it by mechanical, you can control it by radio.”

The system has been refined through millions of patient interactions. Real-world deployment surfaced problems that no amount of lab testing would have revealed: background television noise that was disrupting calls (the failure rate dropped from 25% to under 2% after a filtering feature was built), patients coughing or crying in ways that contradicted their words, drug names being pronounced inconsistently and single-word intake answers that tripped up the speech. Each issue was addressed with purpose-built features.

The platform maintains a 99.89% safety rate with zero severe harm or death events.





What abundance actually looks like

Mr. Shah closed his keynote with a personal story. His mother, he said, did not take her blood pressure medication for five years. "She told us she was very healthy. The system knew because she didn't refill her blood pressure meds for five years. But the clinician couldn't possibly have had the time to sit there and analyze every single patient." She eventually presented with a blood pressure of 220 and the beginnings of congestive heart failure.

"Somebody could have called Mrs. Shah," he said. "Somebody could have said, 'Hey, Mrs. Shah, I noticed you haven't refilled in a while. Are you really still taking this?'"

For Mr. Shah, the alternative scenario represents the promise of clinical abundance – it's not replacing the clinicians who deliver care but ensuring that every patient who needs attention actually receives it.

During the summit, Mr. Shah offered another observation. "Healthcare is probably the second-fastest industry to adopt [AI] after coding for software engineers," he said. "I think everybody in healthcare should pat themselves on the back. This time, we're first – or almost first."

The health systems on stage at the Age of Abundance Summit are no longer debating whether AI can work in healthcare. They're delivering care that didn't exist a year ago. In doing so, these organizations are making the case that clinical abundance isn't a vision for the future. It's already here.