

# The Implementation Gap

## Bridging AI promises and healthcare realities

References to artificial intelligence are everywhere – so much so that one could argue that calling AI discussions cliché has itself become a cliché. Amid all the AI noise, identifying what's working, what's not and what's next can be challenging.

A retrospective look at AI integration at America's health systems over the last few years would reveal a mixed bag loaded with stalled pilots and a few meaningful successes. However, the tide is shifting as more health systems are moving out of pilot purgatory and into a transformational space where AI is a foundational [component of healthcare strategy](#).



During a featured session at Becker's 13th Annual CEO + CFO Roundtable, a panel of health system and technology leaders convened to discuss the current and future state of AI in healthcare.

Panel participants were:

- Simos Kedikoglou, MD, President and Chief Operating Officer, Anumana.ai
- Sanjiv J. Shah, MD, Stone Endowed Professor of Medicine & Director of Research, Bluhm Cardiovascular Institute, Northwestern Medicine (Chicago)
- Jody K. Reyes, BSN, RN, Chief Operating Officer, Clinical Enterprise, University of Iowa Health Care (Iowa City)
- Zafar Jamkhana, MD, Chief Medical Officer & Vice President, Medical Affairs, SSM Health St. Mary's Hospital-St. Louis and SSM Health Saint Louis University Hospital

The conversation was moderated by Dave Ludwig, Strategic Initiatives Lead, ECG Solutions, Ambulatory Monitoring & Diagnostics, Philips.

Mr. Ludwig's opening remarks set the stage for the conversation:

"The goal of today's discussion is to draw on the expertise of our esteemed panelists to focus more deliberately on the broad topic of AI and explore where it is proving most impactful and meaningful in today's practice."

## AI is everywhere, but it's not all the same

The panel drew a sharp distinction between the broad universe of AI tools and what several speakers called "medical-grade AI," which Dr. Shah suggested are the software-based medical devices that incorporate AI and directly inform clinical care. This differs from the AI solutions many healthcare teams leverage first, which include early ambient scribe solutions, scheduling bots and other back-office automation technology. These tools may reduce administrative burden and bolster operational efficiency, but they aren't designed to meet the same regulatory standards as an AI-powered diagnostic device that can detect heart failure.

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For AI tools that will be used to inform front-line clinical care, Northwestern's Dr. Shah argued the bar for approval and use has to resemble traditional medical devices, not generic software.

“The way to think about it is thinking about what clinicians would say is proof that the AI model is working,” he said, emphasizing that these tools need to prove efficacy and safety at a level acceptable to the FDA.

“A company could claim anything,” Dr. Shah said. “They could say ‘yeah, it works, we tested it on 50 people and it seems good’ ... the FDA would never buy that.”

The good news is more and more medical-grade AI solutions are meeting rigorous FDA standards and hitting the market. Companies like Philips, for example, have integrated a host of [FDA-cleared AI tools](#) into its cardiovascular ultrasound systems to diagnose more cardiac disease patients.

These are the kind of solutions panelists expressed excitement about: medical-grade AI that fits into regulated care pathways, can be explained to clinicians and is subject to the same scrutiny as other tools that touch patients.

### Trust is a strategy, not a soft skill

The evidentiary bar for medical-grade AI isn’t the only high standard that needs to be met for AI solutions to yield meaningful results. Meeting the cultural requisites for successful adoption also demands a rigorous approach. Throughout the conversation, panelists emphasized that governance, transparency and clinician trust are not side projects – they are strategy.

Dr. Jamkhana of SSM Health was direct about what AI needs to succeed inside a complex delivery system.

“What it all goes back to [is] making sure that at a health system level, there is a governance committee and a clear plan,” he said. That plan should include clear expectations before any system is turned on: “Have a plan towards a pre-deployment strategy... and also have a post-deployment monitoring plan.”

For Ms. Reyes, who oversees the clinical enterprise at University of Iowa Health Care, trust has to be earned at the local level. Historically, technology rollouts in healthcare haven’t always met that standard, which greatly inhibits the impact of the technology.

“If administration simply just comes into the clinics... and says, ‘We’ve got this new gadget that we want you to try’ – if it’s not coming from [clinicians], there’s going to be a lack of trust,” she said. “That foundation of trust from my perspective is the most important.”

Trust also shapes how fast leaders move. “Go slow to go fast,” Ms. Reyes advised. That doesn’t mean needlessly delaying progress. It instead means co-designing workflows early so that when it comes time to scale, adoption isn’t a battle.

Across the panel, the message was clear: AI is not a plug-and-play technology. It requires governance structures, clinician champions and a carefully constructed timeline. These strategic pillars must all be stood up before any algorithm sends its first alert or any AI-powered diagnostic tool is used in the clinical setting.





## Lessons from the field

As the discussion moved from high-level strategy to tactical practice, each panelist offered a window into how AI is being deployed and stress-tested. Their experiences reinforced a common theme: AI implementation is messy, human and deeply informed by situational context.

### *What Northwestern Medicine learned after rapid AI expansion*

Northwestern Medicine – a nationally ranked academic health system and home to the Bluhm Cardiovascular Institute – has the research infrastructure and patient volume to pilot AI tools early. But even with those advantages, deploying clinical AI at scale comes with hard lessons.

Dr. Shah recounted Northwestern’s rollout of an atrial fibrillation prediction algorithm that analyzes standard ECGs to flag patients who may develop AFib within six months. The concept was simple; the execution was not.

At first, the tool was made available in select clinical areas. But after limited progress, the team opted for a bold shift. “We just thought, well, we have to rip off the band aid,” he said. The technology was then deployed systemwide in an opt-out approach for eligible patients.

That rapid expansion surfaced new challenges. A handful of physicians, for example, were angry about the deployment and distrustful, Dr. Shah acknowledged. However, it wasn’t the model’s accuracy that caused friction. It was the workflow disruption.

Northwestern’s experience served as a reminder that successful AI implementation requires more than evidence; it requires clear communication, and space for clinicians to push back and be heard.

### *Clinician-informed AI at University of Iowa Health Care*

University of Iowa Health Care – the state’s only comprehensive academic medical center – operates at the intersection of community need, medical education and advanced specialty care. The organization evaluates and implements AI with a sharp focus on clinician partnership.

For Ms. Reyes, meaningful AI adoption hinges on one foundational principle: the people who use the technology must help design the technology. That means clinicians cannot simply be informed of changes but invited in early, empowered to influence decisions and given the space to shape how tools fit into their workflows.

“Take your time, work it out with those clinicians hand in hand to ensure that they are right there along with you and that you are developing it in the right way,” she said.

Part of that work is ensuring every implementation is grounded in a clearly defined problem. “Measuring an ROI on a lot of these tools is actually pretty easy as long as you understand why you’re implementing it and what your goal is,” Ms. Reyes said.

## Unlocking ROI at SSM Health

SSM Health operates across four states, blending community-based hospitals with academic medical centers, including SSM Health Saint Louis University Hospital, which is a teaching hospital with a long history of complex care. This diversity of sites and care models informs how the organization evaluates AI investments.

For Dr. Jamkhana, AI implementation begins with a straightforward expectation: the technology must create value from day one. "Any product coming on right from get go should have an ROI," he said.

At SSM Health, ROI is measured along two parallel tracks. The first is immediate operational value: improvements in efficiency, throughput or staff workload. The second is longer-term clinical value, captured through measures such as readmissions, length of stay or mortality.

Dr. Jamkhana also stressed that value can evaporate quickly if workflows are not meticulously designed. "When you're going to pilot it, do it at one spot and go deep into it," he said. That means testing in a controlled environment, monitoring closely and solving operational issues before scaling wider.

## The power of partnership at Anumana.ai

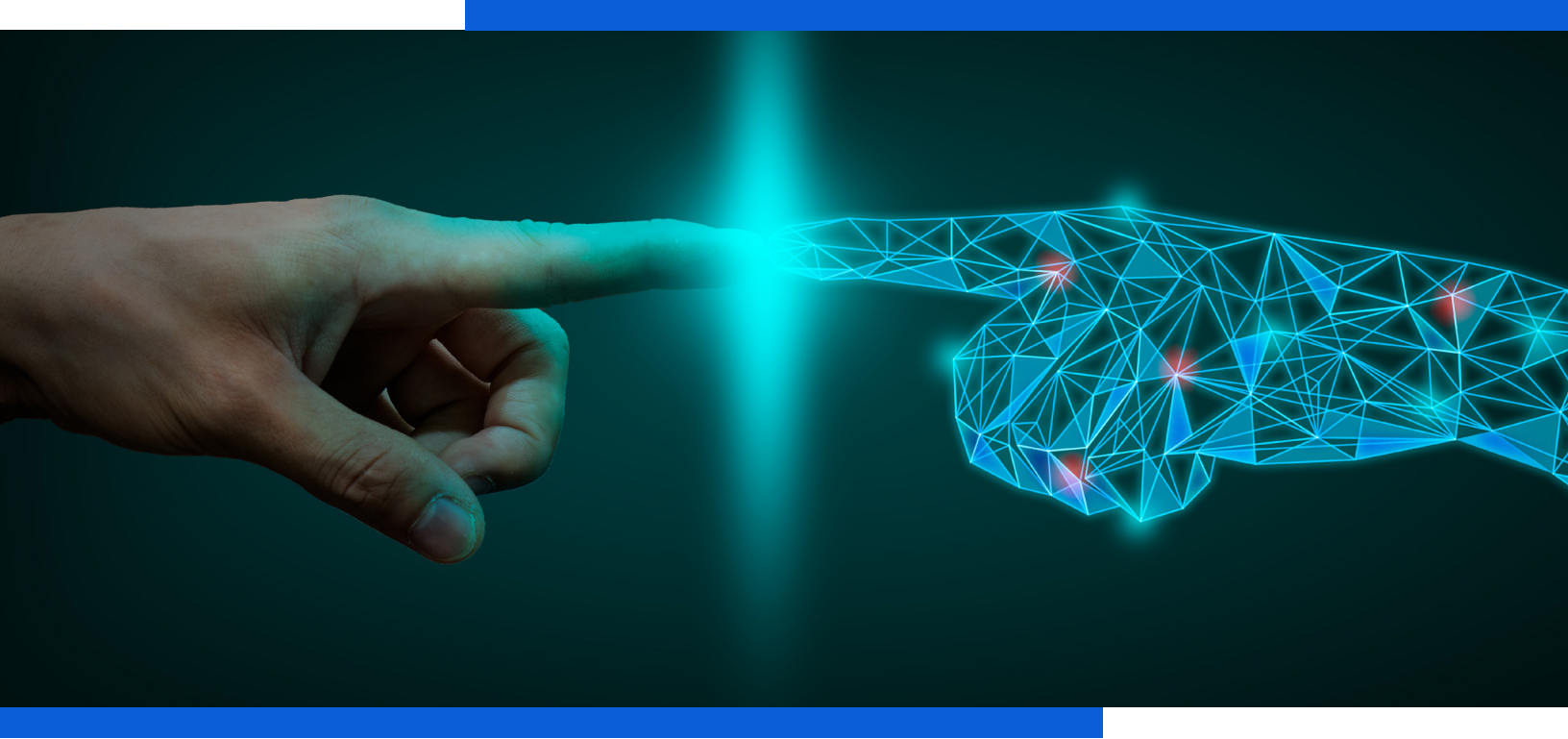
As health systems work to discern which AI models are ready for clinical use, companies like Anumana.ai are working to raise the standards for AI development. Anumana.ai is focused on creating FDA-cleared, software-based cardiology diagnostics built directly on ECG data.

Dr. Kedikoglou emphasized that rigorous validation is the only viable path forward for tools that inform diagnosis. He pointed to Anumana's approach with its low ejection fraction algorithm, which required a massive 22,000-patient prospective study to ensure safety and reliability. That level of evidence mirrors the expectations for traditional cardiac devices not typical software platforms.

Integration is equally important. Dr. Kedikoglou highlighted the role of strong infrastructure partners in making AI operational for health systems. Anumana works with multiple vendors, but one collaboration stands out. "The one with Philips though is the one that has worked well because there's trust on the practicalities of the pipes," he said.

That phrase – "the practicalities of the pipes" – speaks to a growing recognition that AI does not succeed simply because of an algorithm. It succeeds because it is embedded into workflows, connected to devices clinicians already trust, and delivered through platforms that make adoption easier, not harder.





## What's next

Across the panel, one idea surfaced repeatedly: AI's future in healthcare will be defined by integration, not novelty.

Health systems are quickly moving past the era of scattered pilots toward models that require oversight, standardization and alignment with enterprise strategy. AI will increasingly be evaluated through the same lens as any other clinical technology.

Clinicians will also need new kinds of training. The goal should not be to turn every provider into a data scientist, but to give them the literacy to understand what an algorithm is doing, how it fits into their clinical decision-making and when it should be challenged.

Panelists also agreed that the industry is heading toward AI platforms rather than isolated, single-use models. As Dr. Jamkhana noted, systems will eventually be "forced to have a platform of AI suite products," rather than a disconnected set of tools competing for attention.

That platform shift is also a workflow shift. Health systems aren't just looking to consolidate vendors, they're trying to standardize how AI shows up in everyday care so it doesn't become a patchwork of alerts, logins and one-off processes that clinicians have to relearn every time a new model goes live.

For industry partners like Philips, this shift represents a tremendous opportunity and responsibility. Health systems need AI that is explainable, validated, and seamlessly integrated into clinical environments and workflows. Vendors that succeed will be those who can meet these expectations and help providers operationalize AI safely and sustainably.

The next chapter of AI in healthcare will not be written by the flashiest tech, but by the teams and partnerships that make AI feel as dependable as any other tool in the clinician's hands.