



Top Trends of HIMSS26

FROM INNOVATION TO IMPACT:
What Healthcare Leaders Must Do Next



DOES HEALTHCARE HAVE AN IMPLEMENTATION PROBLEM?

At the HIMSS Global Health Conference & Exhibition, providers, payers, and policymakers convened to examine how the industry is translating rapid innovation into measurable outcomes.

Across the Views from the Top sessions, a consistent reality emerged: healthcare is not constrained by a lack of innovation. It is constrained by the difficulty of implementing that innovation at scale—within complex systems, fragmented data environments, and operationally strained organizations.

Artificial intelligence continues to be deployed at rapid pace across clinical and administrative workflows. Data is increasingly digitized and exchanged. New tools promise to improve efficiency, reduce burden, and enhance patient outcomes. And yet, progress remains uneven.

The challenge is no longer discovering what is possible. It is operationalizing what already exists, integrating technology into workflows, aligning stakeholders across systems, and scaling solutions in ways that deliver consistent value.

IMPLEMENTATION, NOT INNOVATION, IS THE BOTTLENECK

The primary constraint on healthcare transformation is not access to technology—it is the ability to implement it effectively.

Organizations are investing heavily in digital health infrastructure, AI, and automation. However, translating these investments into system-wide impact remains difficult. Solutions often remain confined to pilot programs or isolated use cases, limiting their ability to drive meaningful change.

In practice, the barrier is not technical, it is organizational. Scaling solutions requires alignment across clinical leadership, IT, operations, and governance. Without that alignment, innovation remains fragmented—and impact remains limited.

Organizations that are successfully moving beyond pilot programs are taking a different approach:



At the American Medical Association, leaders emphasized defining clinical problems first to ensure solutions are grounded in real workflows.



At Rady Children's Health, leadership highlighted cross-functional alignment and stakeholder engagement as essential to scaling initiatives.



At Jupiter Medical Center, teams focused on integrating AI into existing workflows, avoiding disruption and improving adoption.



Across multi-stakeholder discussions, organizations emphasized governance frameworks that enable coordinated, enterprise-wide implementation.

These approaches reflect a shift from isolated innovation to coordinated execution—where success is defined not by what is built, but by what can be implemented and sustained at scale.

“Why do we have this incredible technology on the shelf today, but we’re not deploying it to save lives?”

– Bruce D. Greenstien,
Secretary of Health,
Louisiana Department
of Health



SYSTEM PRESSURE IS RESHAPING PRIORITIES

Healthcare systems are facing rising patient demand, persistent workforce shortages, and significant administrative burden.

These pressures are structural and long-term. As a result, transformation efforts are increasingly focused on solutions that can deliver immediate, measurable impact.

This shift is changing how innovation is evaluated. Rather than focusing on theoretical potential, organizations are prioritizing tools that can be implemented quickly, integrated into workflows, and scaled across teams.

For example, organizations such as Blue Cross Blue Shield Association and Highmark are advancing electronic prior authorization and real-time approval workflows—reducing delays and improving operational efficiency.

In this environment, the value of technology is defined by its ability to solve real, immediate problems—not by its novelty.

***“We are
faced with
increasing
demand for
care—and a
shrinking
workforce
to deliver it.”***

– Hal F. Wolf III,
President and
CEO of HIMSS



DATA AVAILABILITY HAS IMPROVED— USABILITY HAS NOT

Healthcare has made significant progress in digitizing data and expanding data exchange over the past decade.

Electronic health records are widely adopted. Interoperability frameworks continue to evolve. Data is more accessible than ever before. However, a critical limitation remains: data is not consistently usable in the context of care delivery.

While most data exists in digital form, it is often fragmented across systems, difficult to access in real time, and not aligned with clinical workflows. In many cases, digitization has replicated existing inefficiencies rather than eliminating them.

Early progress is already visible. Expanded use of APIs, improved data-sharing frameworks, and increased coordination across health systems are beginning to reduce fragmentation and improve access.

Organizations making the most progress are focusing on making data actionable—integrating it directly into clinical workflows and decision-making, rather than treating it as a separate system to navigate.

For example, the Colorado Office of Health Innovation is advancing patient-centered interoperability strategies, while federal efforts through ASTP are scaling national data exchange frameworks to improve real-time access across systems.

The next phase of transformation will not be defined by how much data is available—but by how effectively it can be used in the moment care is delivered.

***“Somewhere
right now,
a clinician
is printing
a digital
record just
so someone
else can
fax it.”***

– Amy Gleason,
Administrator
& Senior Advisor
U.S. DOGE
Service & CMS



***Administrative activities alone
account for approximately
25–30%
of total healthcare spending
in the United States.***

AI IS DELIVERING VALUE—BUT DEPLOYMENT MODELS ARE LIMITING ITS IMPACT

AI is no longer a future capability—it is already being deployed across healthcare organizations in meaningful ways.

Health systems are deploying AI to improve care delivery at the bedside. At organizations like Mayo Clinic and AdventHealth, intelligent hospital room models are being designed by starting with clinician and patient pain points—then embedding AI capabilities directly into care environments. These implementations enable new forms of virtual care, automate routine tasks, and improve documentation and care coordination.

In operational settings, AI is being used to optimize workflows and system performance. Early deployments are focused on areas such as documentation, staffing, and revenue cycle—where organizations are seeing measurable improvements in efficiency and reductions in administrative burden.

However, impact remains uneven. There is a disconnect between how AI solutions are developed and how care is delivered in practice.

Leaders from American Medical Association and Mayo Clinic emphasized that successful implementations take an approach that is:



**Designed with direct input
from clinicians**



**Integrated into
existing workflows**



**Focused on clearly
defined problems**

There is also growing recognition that perfection is not the appropriate benchmark for deployment. Executives emphasized the need to balance risk with missed opportunity—acknowledging that failing to deploy beneficial tools can have real consequences.

As AI adoption expands, organizations must establish clear frameworks for validation, oversight, transparency, and feedback.

AI is moving from experimentation to infrastructure. The question is no longer whether it will be adopted, but how effectively it will be implemented.

“The real question is not whether AI will change healthcare, but how it will be used.”

– Gil Bashe, Author,
Radio Show Host,
Chair Global Health
and Purpose,
FINN Partners



LEADERSHIP ALIGNMENT WILL DETERMINE OUTCOMES

Leadership emerged as the defining factor in healthcare transformation.

As systems become more complex, transformation continues to be an organization-wide challenge, requiring alignment across clinical, operational, and technical stakeholders.

Leaders must:



Define governance structures



Align priorities across teams



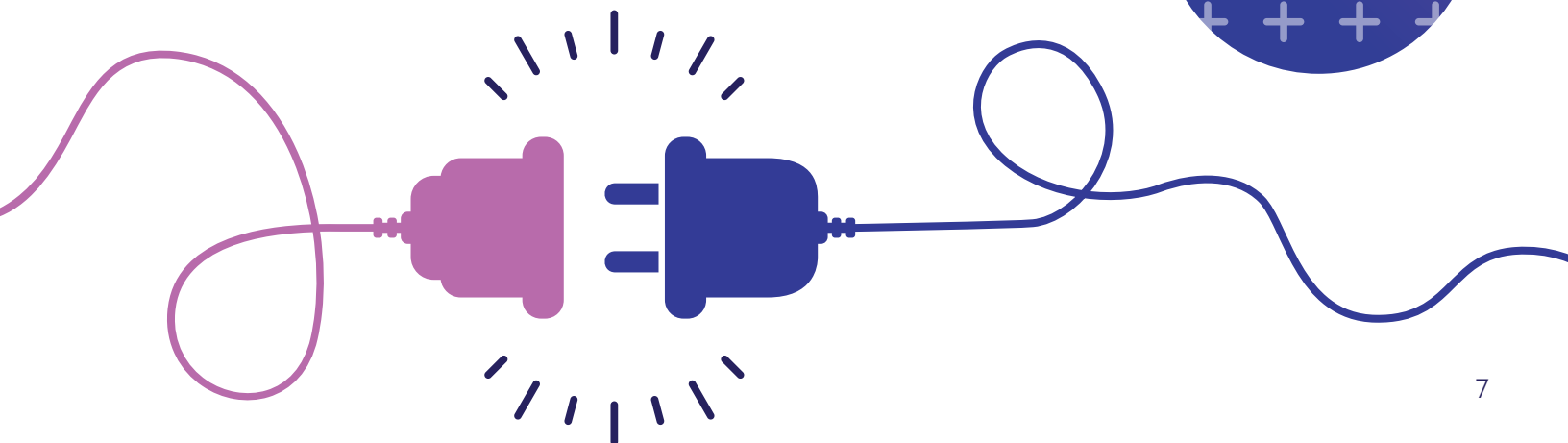
Ensure that new capabilities are integrated into workflows

Across discussions involving federal and state leaders, there was a clear emphasis on ecosystem-level alignment—recognizing that progress depends on collaboration across providers, payers, and government entities. This introduces new challenges around standardization, interoperability, and shared accountability. It also raises expectations around speed.

Balancing speed with alignment is one of the most difficult challenges leaders face. Organizations that are making progress are establishing governance frameworks upfront.

For example, CMS is accelerating change through collaborative initiatives, while ASTP is standardizing data frameworks to enable faster, safer implementation. This allows organizations to move more quickly while maintaining trust, ensuring new technologies are introduced safely, scaled effectively, and continuously improved over time.

HEALTHCARE IS DIGITIZED— BUT NOT CONNECTED.



“These are not technical questions. These are leadership questions.”

– Gil Bashe, Author,
Radio Show Host,
Chair Global Health
and Purpose,
FINN Partners



WHAT'S NEXT

Across HIMSS26, a consistent message emerged: progress in healthcare will not be defined by access to innovation—but by the ability to implement it effectively.

For leaders, this requires a shift in focus.



Prioritize implementation as a core function

Technology alone does not drive transformation. Organizations must invest in the capabilities required to deploy, integrate, and scale solutions across the enterprise.



Make data usable, not just available

Expanding access to data is no longer enough. Value is created when data is integrated into workflows and supports real-time decision-making.



Align AI to clearly defined problems

AI adoption should begin with the problem—not the tool. Solutions that are not grounded in real-world use cases will fail to deliver impact.



Establish governance that enables responsible speed

Organizations must balance the need for rapid implementation with the need for oversight, transparency, and trust.



Lead across the healthcare ecosystem

Transformation increasingly depends on coordination across organizations. Leaders must look beyond their own systems to drive broader alignment.



CONCLUSION

The industry has made meaningful progress: Data is increasingly digitized and exchanged. AI is moving into clinical and operational environments. New tools continue to expand what is possible.

And yet, outcomes remain uneven.

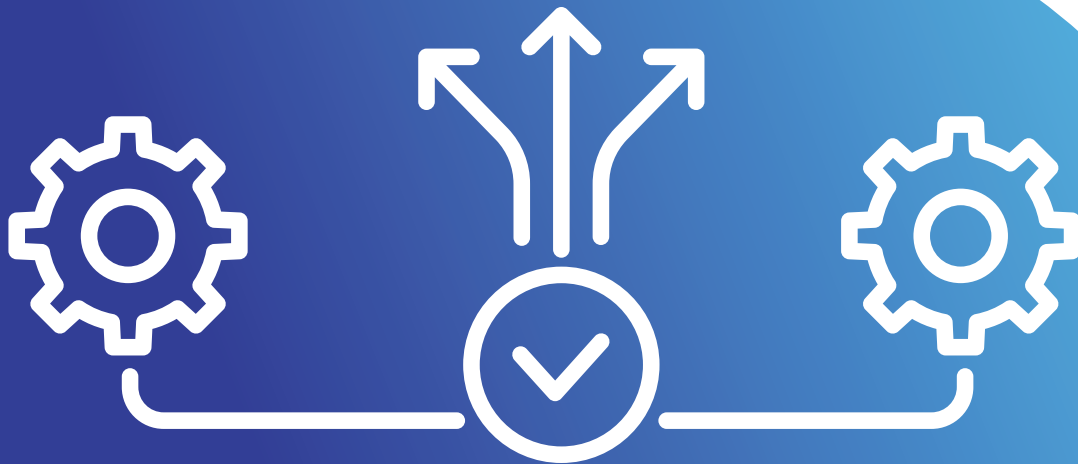
The gap is not technological—it is operational.

Implementation remains difficult within fragmented systems. Data, while available, is not always usable in the context of care. AI, while promising, is often deployed in ways that limit its effectiveness. And transformation continues to be shaped by structural pressures, including workforce constraints and administrative burden.

Across these challenges, one factor stands out as the defining variable: leadership.

The organizations that succeed will be those that can align people, processes, and technology—moving beyond isolated innovation to coordinated execution. This requires not only adopting new capabilities, but integrating them into workflows, scaling them across systems, and governing them in ways that enable both speed and trust.

Healthcare has reached a point where the question is no longer what is possible. The question is what can be delivered—reliably, at scale, and in ways that improve outcomes for patients and providers alike.



**Innovation is no longer
the differentiator.**

EXECUTION IS.

SOURCES

HIMSS26 Views From The Top Sessions

States Take Action in Transforming Digital Health in Colorado, Nevada, and Louisiana

- Bruce D. Greenstein, Secretary of Health, Louisiana Department of Health
- Dianne Primavera, Lieutenant Governor, State of Colorado

From the Bedside to the Boardroom: The Physician's Role in Healthcare AI Strategy

- Hal Baker, Board Member, Former Senior VP, Chief Digital Officer, CIO, HIMSS, WellSpan Health
- John Whyte, Chief Executive Officer & Executive Vice President, American Medical Association (AMA)
- Micky Tripathi, Chief AI Implementation Officer, Mayo Clinic

Operationalizing Prior Authorization Across a Payer Continuum

- Srihari Muthyala, Director, Health Care Solutions and Interoperability, Cambia Health Solutions
- Rich Cullen, Vice President, Inter-Plan Solutions, Blue Cross Blue Shield Association (BCBSA)
- Timothy Law, Chief Medical Officer, Highmark Blue Cross Blue Shield
- Jennifer Jones, Senior Director, Legislative and Regulatory Policy, Blue Cross Blue Shield Association (BCBSA)

Redefining the Hospital Operating System: Where People and AI Move as One

- Shez Partovi, Chief Innovation Officer, Philips Healthcare
- Keith Dreyer, Chief Data Science and Information Officer, Mass General Brigham

Executive Perspectives on AI-Assisted Intelligent Hospital Rooms and Care Delivery Models

- Tamera Dunseth Rosenbaum, Chief Nurse Executive, UC Health
- Brian Weirich, Chief Nursing Innovation Officer, Bon Secours Mercy Health
- Dr. Valerie McKinnis, VP of Innovation/CMIO, Advent Health
- Jennifer Crews, Nurse Administrator for Nursing Practice and Digital Transformation, Mayo Clinic

Beyond EHR: Building an AI-ready Healthcare Data Infrastructure

- Kevin Olson, Vice President, Chief Information Officer, Jupiter Medical Center
- John Henderson, Vice President, Chief Information & Digital Officer, Rady Children's Health

Recognizing the "Value Proposition" Criteria While Selecting AI Applications

- Gil Bashe, Author, Radio Show Host, Chair Global Health and Purpose, Moderator, FINN Partners
- Harold (Hal) F. Wolf III, Digital Health Transformation Leader, President and Chief Executive Officer, HIMSS
- Ran Balicer, Deputy-DG, Chief Innovation Officer, Clalit Health Services
- Isaac Kohane, Computer Scientist, Physician leader, Marion V. Nelson Professor and Chair, Biomedical Informatics, Harvard Medical School

The State of Interoperability with ASTP's Dr. Tom Keane

- Samuel Kaardal, Deputy Assistant Secretary for Interoperability, HHS
- Mark Atalla, Deputy Assistant Secretary for Technology Policy, Deputy National Coordinator for Policy, HHS
- Tom Keane, Assistant Secretary for Technology Policy, Office of the Assistant Secretary for Technology Policy, US Dept of Health and Human Services
- Steve Posnack, Principal Deputy Assistant Secretary for Technology Policy, Principal Deputy National Coordinator for Health Information Technology, HHS
- Elise Sweeney Anthony, Associate Deputy Assistant Secretary for Technology Policy, Executive Director, Office of Policy, HHS
- Avinash Shanbhag, Associate Deputy Assistant Secretary for Technology Policy, Executive Director, Office of Standards, Certification, and Analysis, HHS

CMS Health Tech Ecosystem: Strategy, Roadmap, and Demonstrations

- Amy Gleason, Administrator & Senior Advisor, U.S. DOGE Service & CMS
- Alberto Colon Viera, Chief Health Technology Officer, Centers for Medicare & Medicaid Services (CMS)
- Chase Ausley, Director & Senior Advisor, U.S. DOGE Service & CMS
- Zac Jiwa, Digital Services Expert, CMS

Invisible Forces: Life Lessons from a Neurosurgeon

- David Langer, Chairman, Department of Neurosurgery, Lenox Hill Hospital

