EMERGE

INNOVATION. CONNECTIONS. INVESTMENT.

Healthcare Innovation in Action

What the Emerge Experience Revealed About Execution, Integration and Scalable Transformation

HEALTHCARE ORGANIZATIONS ARE BECOMING FAR MORE SELECTIVE ABOUT WHAT QUALIFIES AS INNOVATION.

At HIMSS26, the strongest Emerge conversations were not centered on technology alone. They focused on a more practical question: whether new solutions can reduce operational friction inside increasingly complex healthcare environments.

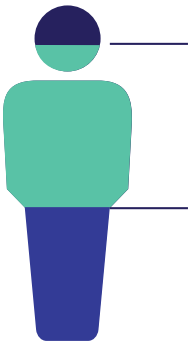
Across provider, payer and investor discussions alike, a consistent theme emerged. Organizations are prioritizing technologies that improve coordination, reduce manual burden, accelerate responsiveness and integrate realistically into existing workflows.

The Emerge Pitch Competition's Best in Show winners reflected these priorities in action, addressing challenges tied to patient retention, workforce sustainability, operational visibility, data usability and continuous care.

Together, the Emerge sessions and winning solutions revealed a healthcare industry becoming more focused on execution, scalability and operational fit.

PATIENT EXPERIENCE AND OPERATIONAL FRAGMENTATION

Health systems have spent years layering digital tools onto the patient journey — scheduling platforms, portals, virtual care apps, billing systems and automated communications — yet many patients still experience those systems as disconnected environments that are difficult to navigate.



Praia Health cites that

89% of patients identify ease of navigation as a key reason for switching providers.

While **up to 40%** of downstream care may leave the system due to fragmented experiences and poor coordination.

Speakers at HIMSS26 repeatedly emphasized that healthcare organizations no longer want point solutions that add additional digital complexity. Esther Kim, Head of Emerging Technologies at Mass General Brigham, discussed the growing importance of technologies that fit naturally into existing patient workflows rather than forcing patients and care teams to navigate disconnected experiences.

That shift reflects a broader operational reality surfacing across healthcare systems: patient experience is increasingly being evaluated through the lens of continuity, retention and workflow coordination rather than purely digital engagement.

The Solution in Action

Praia Health approached the problem by consolidating fragmented patient-facing systems into a centralized orchestration layer.

Rather than requiring patients to move between separate portals, scheduling systems, virtual care tools and engagement channels, the platform creates a unified access experience designed to simplify navigation and strengthen continuity across the patient journey.

Operational outcomes highlighted by Praia Health include:

- 106% lift in MyChart adoption
- 33% fewer support calls
- 52% increase in same-day bill payments
- 67% increase in virtual physical therapy appointments
- More than 6 million patient accounts supported across deployments

praia health

Healthcare organizations are beginning to evaluate digital experience investments differently:

Does the system reduce friction?

Does it improve continuity?

Does it lower support burden?

Does it help retain patients across the care journey?

FROM THE INNOVATORS

How are healthcare organizations rethinking patient experience as an operational and retention challenge rather than simply a digital engagement initiative?

"An improved patient experience bidirectionally correlates to an improved provider experience. However, healthcare is perhaps realizing the need to balance patient throughput with operational excellence / provider care quality. Because the very indicator (an increased throughput) that keeps the organization running and profitable, could create provider burnout and attrition, creating a negative loop unless proactively managed. It is evidently a challenge that has to be thoughtfully addressed, prompting a reframing of the operational and retention challenge as an existential one rather than a nice-to-have discretionary investment."

– Ayman Mukerji Househam, Founder, Jivika

WHY HEALTHCARE DATA STILL BREAKS DOWN AT THE POINT OF CARE

Despite years of investment in interoperability and digital records, many care teams still struggle to access complete patient information when decisions need to be made quickly. In many clinical environments, retrieving a complete patient history still requires staff to navigate fragmented systems, PDFs, faxes and manually coordinated records requests.

HealthAtlas framed the issue around the large volume of non-FHIR and unstructured records still trapped across disconnected workflows.

40–60%
of patient records may exist outside interoperable systems

88%
of Americans struggle to understand their own medical records

The operational consequences are significant:

- Clinics spend hours retrieving documentation manually
- Patient histories remain incomplete
- Duplicate testing becomes more likely
- Care decisions are delayed
- Patients struggle to participate in their own care

HealthAtlas described current-state workflows where record retrieval may take 7–21 days and staff can spend 2–4 hours per patient coordinating documentation manually.

Karandeep Singh, Chief AI Officer at UC San Diego Health, emphasized the growing importance of technologies that make healthcare information operationally usable rather than generating additional disconnected reporting layers for already strained teams.

That distinction surfaced repeatedly throughout discussions at HIMSS26. Organizations are increasingly prioritizing systems that help information move faster between retrieval, interpretation and action.

The Solution in Action

HealthAtlas approaches the problem as both a retrieval challenge and a usability challenge. Its platform combines concierge retrieval of non-FHIR records with AI-powered translation designed to convert fragmented documentation into plain-language, operationally usable information.

Importantly, the platform is not positioned as another analytics layer added on top of fragmented workflows. It is designed to reduce the operational burden created by fragmented records in the first place.

The larger shift emerging across healthcare organizations is that data access alone is no longer enough. Systems are increasingly being evaluated based on whether information can become actionable quickly enough to improve operational and clinical decision-making in real-world environments.

HEALTHATLAS

Current-state record retrieval often means:

Fragmented Systems

Delayed Decisions

Manual Coordination

Incomplete Patient Histories

Duplicate Testing Risk

OPERATIONAL RESPONSIVENESS AND REAL-TIME INFRASTRUCTURE

In many healthcare environments, operational teams do not discover problems until disruption has already started. Supply shortages, facilities issues, vendor delays and equipment problems often become visible only after they begin affecting patient flow, staffing coordination or day-to-day operations.

Many organizations still rely on delayed alerts, spreadsheets, email chains and manual escalation processes to manage operational challenges across departments.

PubNub described healthcare environments where inventory alerts may trigger only after supplies are already depleted, forcing teams to make decisions using information that may already be hours old.

Limpiar identified similar breakdowns inside facilities operations. Its Emerge materials described fragmented workflows built around spreadsheets, phone calls, emails and manual vendor coordination that can consume hundreds of operational hours monthly.

During Emerge at HIMSS26, Margaret Malone of Flare Capital Partners and Randy Scott of HealthQuest Capital discussed how operational inefficiency creates opportunity for innovation while simultaneously making healthcare deployment uniquely difficult.
The conversation highlighted how startups often underestimate the complexity of integrating into large healthcare systems where multiple operational workflows, stakeholders and legacy technologies already intersect.

That operational complexity is increasingly pushing healthcare organizations toward technologies capable of supporting continuous visibility and faster response coordination.

The Solution in Action

PubNub focused on event-driven infrastructure capable of processing operational activity in real time.

Its platform processes events in under 100 milliseconds and supports:

- Real-time alerts
- Automated reordering workflows
- Redistribution notifications
- Continuous operational visibilitysupported across deployments

Limpiar approached the issue through operational consolidation. Its platform combines vendor management, maintenance workflows, scheduling, compliance tracking and multisite coordination into a unified operating layer designed to reduce fragmented facilities management processes.

Both examples reflect a broader shift away from reactive operational management and toward continuous visibility models capable of supporting faster decision-making. Healthcare organizations increasingly recognize that delayed operational awareness creates downstream consequences across staffing, patient flow, supply availability and facilities coordination.
The value of real-time infrastructure is not automation for its own sake. It is operational responsiveness under pressure.

PubNub® LIMPIAR Property operations, simplified

Reactive operational models create cascading strain across:

Supply Chains

Staffing

Facilities

Vendor Coordination

Patient Flow

FROM THE INNOVATORS

Why do operational coordination challenges make healthcare innovation uniquely difficult to scale?

"Large scale operational coordination (i.e., cross functional, cross department, etc.) can be a nightmare. An antidote is to simplify - taking small "micro" steps in operational improvements rather than large hyper ambitious multiyear strides. Also, as a startup that brings about cultural changes through small actions, we have learned the power of having a simple repeatable scaling playbook."

– Ayman Mukerji Household, Founder, Jivika

WORKFORCE SUSTAINABILITY AND WORKFLOW DESIGN

Healthcare burnout is often framed as a staffing or resilience issue. Emerge conversations suggested a more operational reality.

Clinicians and care teams are working inside increasingly fragmented environments:

- Disconnected communication systems
- Constant context switching
- Excessive administrative coordination
- Workflow interruptions
- Staffing strain
- Operational inefficiency

This creates a form of cognitive overload that technology can unintentionally worsen when implementation introduces additional friction instead of reducing it.

Jonathan Slotkin, Chief Medical Officer of Strategy and Growth at Geisinger, and Brad Brooks, Co-Founder and Executive Chairman of TigerConnect, discussed how promising technologies often fail when implementation requires frontline teams to fundamentally change how they work or absorb additional operational burden.

The discussion repeatedly returned to workflow alignment, operational trust and long-term adoption realities inside large healthcare systems. The speakers emphasized that scaling healthcare innovation requires iterative deployment, partnership alignment and systems capable of fitting naturally into existing clinical environments rather than disrupting them.

The Solution in Action

Jivika approached workforce support differently by embedding lightweight interventions directly into existing routines rather than requiring clinicians to adopt separate wellness systems.

Pilot outcomes include:

- 55% reduction in burnout indicators
- 100% increase in retention
- 68% repeat monthly usage among staff

The significance is not only the metrics themselves. It is the workflow model behind them. Jivika's approach acknowledges that workforce support only scales when it feels operationally sustainable for teams already under pressure.

One of the strongest workforce themes across Emerge was that adoption fails when innovation becomes another burden.

The technologies gaining traction are increasingly those capable of reducing friction inside the workday rather than creating additional dashboards, systems or workflow complexity for clinicians to manage.

Workforce strain is increasingly tied to:

Workflow Fragmentation

Cognitive Overload

Administrative Burden

Disconnected Communication

Implementation Fatigue

FROM THE INNOVATORS

What causes promising healthcare technologies to fail adoption at the frontline workflow level?

"The most common failure is when a tool doesn't solve an explicit pain point faced by either the patient, clinician, or administrative staff. When a solution adds steps, logins, or handoffs to an existing workflow, it gets abandoned regardless of how compelling the ROI may be. Sustainable adoption means meeting users where they already are, not asking them to change behavior to accommodate the technology."

– **Douglas Grapski, VP Strategy & Operations, Praia Health**

CONTINUOUS VISIBILITY AND THE SHIFT TOWARD PROACTIVE CARE

For patients with chronic conditions or complex care needs, this model can leave long gaps between moments of visibility. The result is often reactive intervention rather than proactive care management.

This issue surfaced throughout Emerge discussions involving remote monitoring, patient engagement and long-term care coordination. Organizations increasingly recognize that delayed awareness contributes to avoidable utilization, fragmented care and higher operational strain.

The push toward earlier intervention is also changing how organizations think about visibility across care delivery itself. Rather than relying exclusively on isolated moments of interaction, health systems and payers are increasingly exploring ways to maintain continuous awareness across patient populations between traditional points of care.

The Solution in Action

Ejenta's presentation focused on intelligent agents capable of continuously monitoring patient data, identifying changes in condition and alerting providers before deterioration escalates.

Its system combines data from medical records, connected devices and patient activity tracking to create continuous oversight models designed to support earlier intervention.

The company also shared how the platform evolved from intelligent-agent technologies originally developed for NASA astronaut monitoring.

Importantly, Ejenta also emphasized the operational reality of scaling healthcare innovation: moving from proof of concept into healthcare deployment requires validation, clinical testing and trust-building over time.

The broader Emerge conversation around continuous care focused less on remote monitoring as a standalone product category and more on what earlier visibility enables operationally:

- Earlier intervention
- Faster escalation
- Improved coordination
- More proactive care management

That shift represents a larger move away from delayed awareness and toward continuous operational visibility across care delivery.

Traditional care delivery models still depend heavily on episodic intervention:

Appointments

Scheduled check-ins

Escalation after symptoms worsen

Delayed identification of risk

EJENTA

FROM THE INNOVATORS

What separates healthcare innovation that scales from innovation that stalls at the pilot stage?

"The innovations that scale are designed from the start to work within a health system's existing constraints rather than replace them. What scales is modular, fast to deploy, and built so the same capability proven at one system can go live at the next in months, not years. From a market creation perspective, new innovations need to be future proofed and designed to augment emerging EMR capabilities. EMR vendors will win based on existing install base and bundled pricing before product capabilities are considered."

– Doug Grapski, VP Strategy & Operations, Praia Health

WHAT HEALTHCARE LEADERS SHOULD PRIORITIZE NEXT

One of the clearest themes across Emerge was that healthcare organizations are becoming more disciplined about how innovation is evaluated, implemented and scaled.

The strongest discussions consistently returned to a common set of operational questions:

- Does the solution reduce friction?
- Does it integrate into existing workflows?
- Can frontline teams realistically sustain adoption?
- Does it improve coordination?
- Can value be measured operationally?
- Is the implementation path realistic?

The sessions reinforced that healthcare innovation increasingly depends on alignment between:

- Operational need
- Workflow design
- Implementation strategy
- Organizational trust
- long-term scalability

The Best in Show winners demonstrated different approaches to those challenges:

	FOCUS AREA		FOCUS AREA
EJENTA	Continuous visibility and proactive intervention	LIMPIAR	Operational coordination
HEALTHATLAS	Operationally usable data	praia health	Continuity and patient retention
JIVIKA	Workflow-aligned workforce support	PubNub	Real-time responsiveness

Healthcare transformation rarely happens through technology deployment alone. Sustainable adoption requires partnership alignment, operational adaptation and realistic integration pathways capable of surviving beyond the pilot stage.

Healthcare organizations are entering a phase where operational sustainability, workflow alignment and measurable execution increasingly determine which innovations gain traction — and which remain stuck at the pilot stage.

Healthcare organizations are increasilngly prioritizing:

Workflow alignment

Measurable operational value

Implementation realism

Scalability under pressure

Sustainable adoption pathways

FROM THE INNOVATORS

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CONCLUSION

Emerge at HIMSS26 revealed a healthcare industry becoming more pragmatic about innovation.

The strongest conversations and solutions were not centered on technology alone. They focused on operational realities healthcare organizations are already struggling to manage:

- Fagmented patient experiences
- Incomplete data visibility
- Delayed operational response
- Workforce strain
- Reactive care models
- Implementation complexity

The sessions reinforced that healthcare buyers increasingly prioritize operational fit, workflow alignment and measurable outcomes over feature expansion or abstract AI capability.

Together, the Emerge sessions and winning solutions reflected a broader shift underway across healthcare innovation: the organizations gaining traction are increasingly those capable of improving execution inside the environments where care already happens.