

The AI Catalyst Pulse

January 14th, 2026

Upcoming AI Catalyst Events

Mark your calendars

- **January 28nd: Candid Vendor Conversation – Milagro and Codametrix Present their AI-Automated Coding Solutions** | [Register Here](#)
Hear from two innovators building AI-enabled coding platforms—and learn how health systems are streamlining workflows, improving accuracy, and accelerating speed-to-bill. After vendor presentations, join your peers for a candid discussion on pilot outcomes, integration challenges, and what “good” looks like in real-world adoption.
Recommended audience: CRCO, CMIO, Directors of Coding, RCM staff
- **February 4th: Candid Vendor Conversation – Latent & Notable on AI-Enabled Prior Authorization** | [Register Here](#)
Prior authorization remains one of the most resource-intensive blockers to patient access and revenue capture. These companies will share how their AI models are driving faster determinations, reducing manual touches, and unlocking capacity for clinical and rev cycle teams.
Recommended audience: CRCO, CMIO, RCM staff
- **March 3rd: AI 101 Mass Education: AI 101 for Healthcare Professionals** | [Register Here](#)
Join a dynamic session designed to equip leaders and staff with essential AI knowledge. Gain a clear understanding of AI’s core types and applications, along with real-world examples of its impact in healthcare.
Recommended audience: All leaders and staff at your organization

OpenAI Unveils Multiple Healthcare-Focused Chatbots for Providers and Consumers

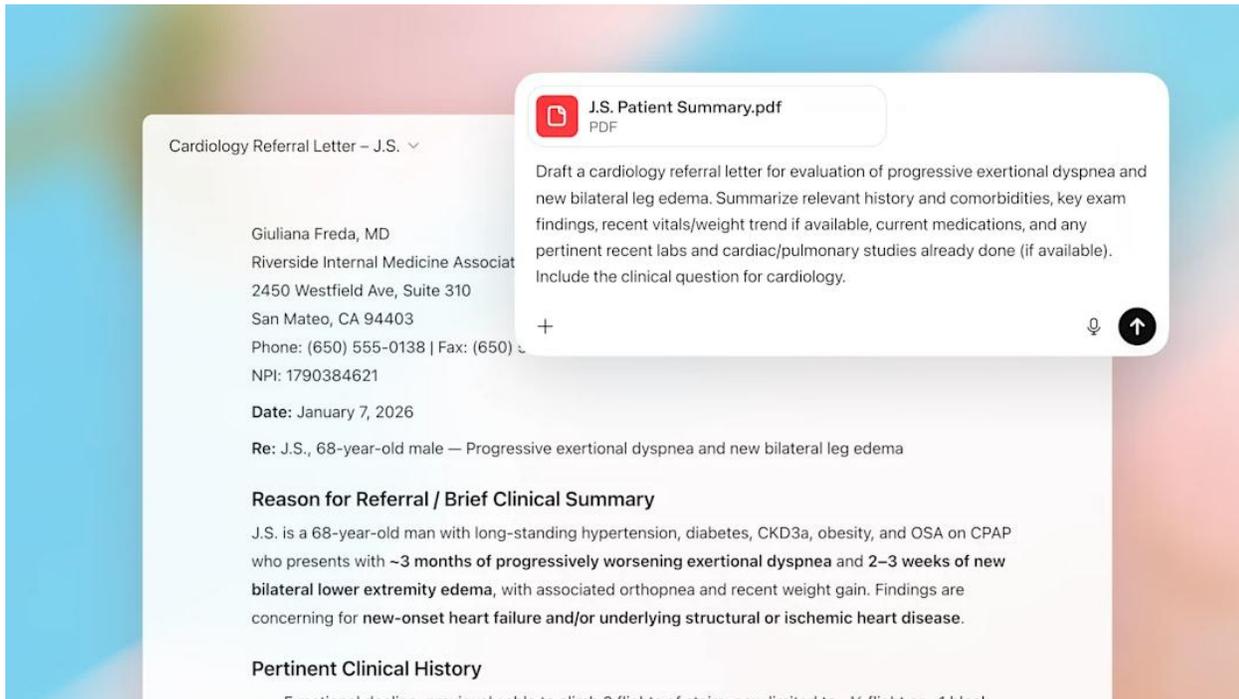
OpenAI is kicking off the new year with a string of product launches that aim to establish ChatGPT as a one-stop shop for healthcare AI. The newly unveiled offerings create both risks and opportunities for health systems: it’s now easier than ever for patients to seek out AI-generated health advice without their doctor’s oversight, and a new set of enterprise tools could speed up clinical workflows at your health system (or a competitor’s).

New products for providers, health systems, and health tech

On Jan. 8, the company [announced](#) “OpenAI for Healthcare”, a suite of HIPAA-compliant AI tools with clinical and administrative use cases. The announcement featured two major products:

- **ChatGPT for Healthcare**, a special enterprise version of ChatGPT with various healthcare-specific capabilities including clinical evidence search, care pathway management, and referral letter generation.

- The product is already in use at **AdventHealth, Baylor Scott & White Health, Boston Children’s Hospital, Cedars-Sinai Medical Center, HCA Healthcare, Memorial Sloan Kettering Cancer Center, Stanford Medicine Children’s Health, and UCSF.**



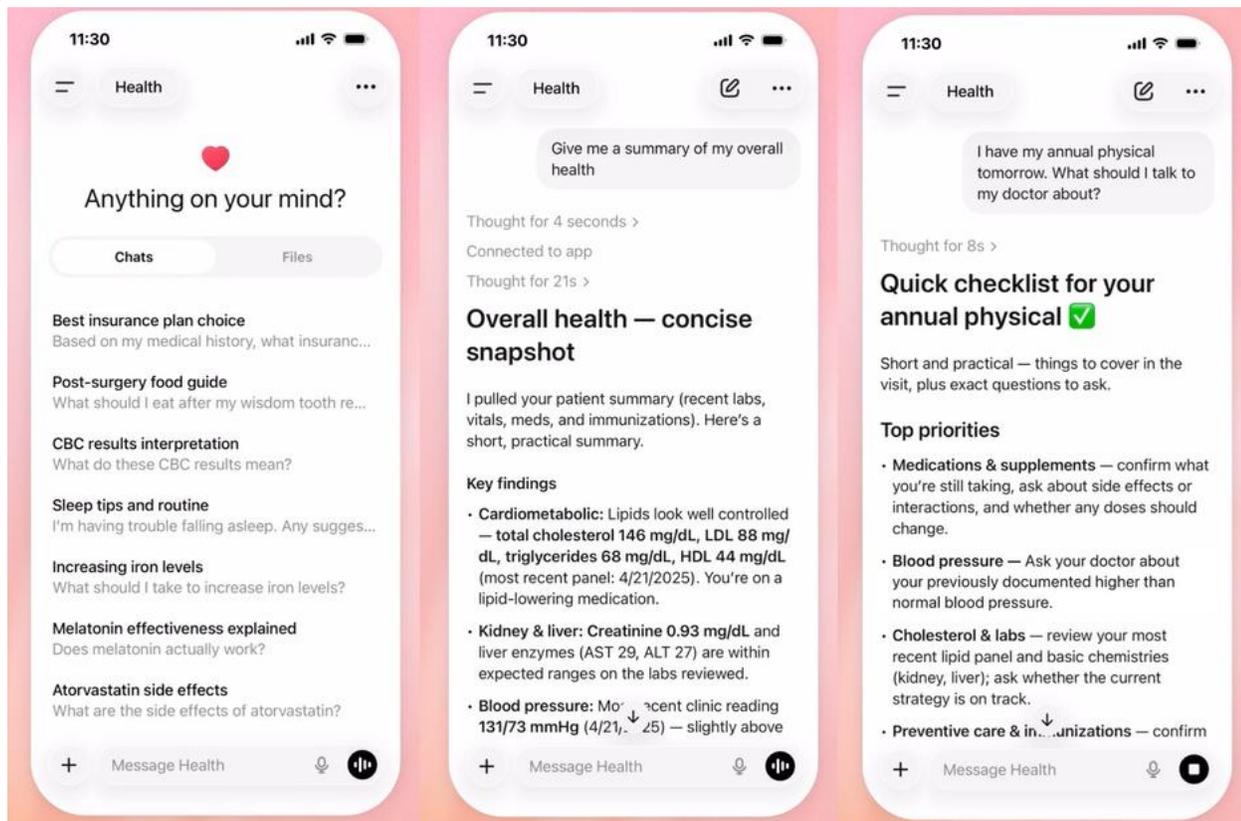
- **OpenAI API for Healthcare**, a platform that lets third parties interface with the company’s LLM models to power their own custom applications.
 - According to the announcement, third parties can use the API for use cases like patient chart summarization, care team coordination, and discharge workflows. The tool’s existing users include **Abridge, Ambience, and EliseAI.**

Together, these products position OpenAI both as a direct enterprise vendor to health systems and as an infrastructure provider for the broader healthcare AI ecosystem. This dual strategy allows the company to shape workflows directly while also powering many of the point solutions health systems already use.

Consumer-focused offering could supercharge self-directed care

That same week, **OpenAI** also [announced](#) the upcoming launch of ChatGPT Health, a patient-facing app that will let users upload medical records, dietary information, and exercise routines that will enable the LLM chatbot to answer queries about healthcare and wellness.

A series of promotional videos released with the announcement show the chatbot summarizing EMRs, preparing users for an upcoming physical, suggesting workout routines, and providing diet suggestions for GLP-1 users. While the company claims the new product is “not intended for diagnosis or treatment”, some of the examples given seem awfully close to medical advice, and we wouldn’t be surprised if consumers end up testing that limit in practice.



The company has opened a waitlist for users who'd like to be part of an early test of ChatGPT Health (we've signed up), and OpenAI says the tab will be made available to all users in the coming weeks. The new features will supercharge what many users are already doing with the chatbot. More than 5% of all ChatGPT messages globally are about healthcare, according to a [recent report](#) by the company. That includes nearly 2 million queries every week related to health insurance coverage and billing. ChatGPT is by far the most commonly used chatbot by consumers, with [roughly 65% market share](#), although that number has fallen over the past year.

The company's announcement stresses that the new healthcare tab will have special protections and controls for privacy and sensitive information. User data will be compartmentalized and not used to train the broader LLM model. The healthcare chatbot can also be connected to other healthcare and wellness apps including **Apple Health**, **MyFitnessPal**, **Peloton**, and **Function**.

So What?

We're looking forward to testing ChatGPT Health and sharing the results once it is fully available. Likewise, we'd love to hear from any member systems that have firsthand experience with the provider-focused offerings. In the meantime, here are some of our early thoughts on the announcements and their implications for health systems:

1. OpenAI wants to be the Epic of AI, offering simplicity but also lock-in.

Many health systems have experienced AI point-solution fatigue—too many narrow tools, each solving a small problem while adding integration, governance, and workflow complexity. OpenAI's push to sell their products to health systems through a single unified workspace (OpenAI for Healthcare) echoes the industry's consolidation around Epic's EMR: fewer tools, tighter integration,

and a single application where work happens. The appeal isn't best-in-class performance in any one task, but simplicity at scale.

With that said, if the market for provider-focused AI tools consolidates into just a handful of platforms (OpenAI, Microsoft, Epic), health systems may gain operational ease in the near term while facing reduced flexibility and greater pricing power concentrated in the hands of a few vendors.

2. The new ChatGPT Health tab will speed up and broaden patient adoption, but it's not necessarily breaking new ground.

In some ways, there's less here than meets the eye. It doesn't seem like they've made significant changes to GPT-5 or fine-tuned a health-specific algorithm (although the announcement is a bit fuzzy here); it really just seems to be an easier way to get your health records into ChatGPT so you can do all the same stuff you could do previously.

With that said, many people (especially in healthcare) underestimate what the chatbot is already capable of doing. [Academic research](#) already shows that LLM models can produce accurate diagnostic information given the right context. OpenAI could take this a step further: their announcement touts a collaboration over two years with more than 260 physicians in 70 countries and dozens of specialties to give feedback on how ChatGPT Health can be improved. Even if the product isn't breaking new ground in a technical sense, it could still be highly disruptive in practice (especially at the scale it operates). If even a fraction of those 2 million weekly insurance and billing queries shifts from health system call centers to ChatGPT, that could radically affect both your costs and the quality of your patient relationships

3. AI startups are moving more aggressively into clinical use cases than most health systems are comfortable with.

OpenAI is taking on a great deal of legal and reputational risk by integrating its LLM so directly with medical care (in a practical sense, whatever the legal framing). Health systems have been [at the forefront](#) of AI adoption, but most patient-facing use cases involve direct clinician oversight, whereas ChatGPT Health envisions patients getting AI-generated health information and advice without a human in the loop.

While shying away from these kinds of risks was not necessarily the wrong decision for health systems with established reputations to protect, it's increasingly clear that if they don't move into this space, other parties will. As a case in point, rival AI developer [Anthropic followed up](#) OpenAI's announcement with its own set of provider and consumer-focused healthcare AI tools with a similar range of features.

4. Your health system's brand could show up in ChatGPT Health responses—unless your competitors get there first

One intriguing part of OpenAI's promotional videos for ChatGPT Health was a moment where the chatbot pulled in branded videos and workout routines linked to the Peloton app in response to a user query about getting back in shape. Integrated partnerships with other apps and services appear to be a central part of the vision for the app, which raises the question of whether health systems can get in on the action.

Health systems with national reputations for clinical excellence in specific specialties could make a compelling pitch to have their programs or recommendations featured prominently by the chatbot.

We could also imagine more local partnerships that connect patients with nearby providers based on their IP address. OpenAI has [previously partnered](#) with **UTHealth Houston** to test AI use cases in clinical and educational settings, which suggests the company is open to health system partnerships.

Of course, this raises competitive questions: do health systems need to fight for visibility within healthcare chatbots in much the same way that they compete to appear at the top of Google search results? And will there be a first-mover advantage for health systems that partner with OpenAI early on?

For now, the chatbot's partner capabilities appear limited—the app doesn't appear to be able to pull in data from partners (like a history of past Peloton rides). And health systems might justifiably feel a bit wary about associating their brand with a consumer-facing product that is likely to be a work-in-progress.

The suite of tools offered through ChatGPT for Healthcare are a safer bet because they're not patient facing. Early adopting systems might be able to burnish their credentials as technology-forward organizations while also offering their providers real convenience. As with any AI deployment in a healthcare context, training and buy-in are key.

Four Critical Steps to Maximize Impact of AI for Clinical Decision-Making

Approximately [77% of FDA-approved AI-enabled devices](#) are focused on radiology and imaging, making it the clear frontrunner in AI-powered clinical decision support (CDS). Radiology's digital first workflow allows AI to integrate naturally across the imaging lifecycle, unlocking opportunity for greater accuracy, efficiency, and improved clinical outcomes.

Yet adoption has not been without friction. Clinicians face rising exam volumes, increasing exam complexity driven by an aging population, and growing workforce strain as burnout and attrition rates climbed from [1.9% to 3%](#) post-pandemic. Radiologists exemplify the tension that we see across healthcare more broadly: the gap between healthcare supply and demand is widening. At the same time, hesitancy remains around AI tools that influence clinical decisions rather than simply reducing administrative burden.

Radiology's experience offers a preview of what's coming for AI-enabled CDS across healthcare. Health systems that apply these lessons will be best positioned to address the growing imbalance between clinical demand and available capacity.

Our latest briefing outlines four core principles leaders must embrace to maximize the impact of AI-powered CDS:

1. **Make AI invisible through workflow integration.** When deploying AI tools for ambient documentation, success often depends on training clinicians to optimize how they use the technology. AI-powered clinical decision support, however, requires the opposite approach: the technology must adapt to the clinician, not the other way around. Sutter Health demonstrates this approach through its use of CDS algorithms for imaging challenges such as lung nodules and cancer detection, in partnership with Ferrum Health. The lung nodule tool succeeds because it is

non-intrusive, running post-dictation as a safety net, adding clinical value without disrupting how radiologists work.

2. **To boost adoption, position the human as the decider by involving them early, framing AI as supportive, and embedding safeguards that preserve autonomy.** Sutter Health exemplified this approach by engaging clinical experts, including chest specialists and thoracic imaging fellows, to test and validate its lung nodule detection tools. Early involvement of trusted peers built confidence and accelerated adoption among radiologists.

Duke Health's Surgical Artificial Intelligence and Innovation Laboratory (SAIIL) applied the same principle in developing AI for live surgical video analysis. Because surgeons value autonomy in the operating room, real-time AI alerts can feel disruptive. To respect surgeons' autonomy and gain surgeon buy-in, Duke framed the AI as a legal protection rather than liability. Surgeons were engaged from the outset as expert contributors, with plans for customizable user interfaces to further reinforce clinician control.

[Adventist Health](#) similarly reinforced human authority with its KATE AI triage tool. Nurses retain final decision-making power by choosing whether to accept or reject AI recommendations, while also providing direct feedback - ensuring clinicians remain in control and enabling continuous real-time improvement.

3. **Let AI do the work that 'wastes' expertise.** [UMass Memorial Health](#) adopted the AEYE-DS tool for diabetic retinopathy screening and, during its pilot phase, reduced screenings by 75%. While the tool has since been discontinued, the time savings enabled physicians to focus more on direct patient care, patient education, and timely communication of results - driving improved outcomes and stronger adherence to clinical guidance.
4. **Reframe value expectations (for AI CDS tools) from cost-savings to clinical confidence and safety.** In imaging, AI can be integrated at multiple points in the workflow, but its impact ultimately depends on what happens after the report is completed. Outcomes are shaped by downstream clinical decisions, timeliness of follow-up, and patient access to care. In most cases, measurable ROI from efficiency gains should not be expected immediately. Instead, the value of AI-powered CDS lies in building clinical and executive confidence.

Adventist Health's KATE AI solution demonstrates this approach by supporting frontline nurses amid declining levels of clinical experience. Rather than focusing on near-term cost savings, the value of KATE AI lies in strengthening clinical judgment and giving both nurses and executives greater confidence in care delivery.

Radiology's experience with AI-powered CDS has shown that the true value lies not in replacing clinicians, but in strengthening their confidence and capacity to deliver timely, high-quality care. As AI-powered CDS expands across specialties, health systems that apply these lessons will be best positioned to realize meaningful clinical impact.

[Read our complete research brief](#) for more details on these four key lessons and case studies from successful implementation.

AI Strategy Quick Hits

Noteworthy moves from peers to implement AI technologies

- [Sentara Health](#) generates \$1.7M in six months with [Inflo Health's](#) AI radiology follow-up platform
- [WellSpan Health](#) scales [Aidoc](#) AI across 9 hospitals and 250+ care locations
- [MultiCare](#) adds 3,200 surgeries in one year with [LeanTaaS](#) predictive analytics
- [Intermountain Health](#) achieves seven-figure reimbursement lift with [Solventum's](#) AI-driven documentation tool
- [Tampa General](#) cuts call center wait times 58% with [Hyro](#) conversational AI
- [Mayo Clinic](#) develops nurse-led ambient documentation with voice AI

Emerging Use Cases

New capabilities that indicate AI's potential

- [Mass General Brigham](#) spins out [AIwithCare](#) for clinical trial patient matching
- [Baptist Memorial](#) doubles lung nodule detection with AI care navigation tool
- [Cleveland Clinic](#) reduces trial screening time from 427 minutes to 2.5 with AI
- [Atlantic Health](#) deploys [AWS](#) AI specimen tracking for surgical pathology
- [AMC Health](#) reduces remote monitoring alerts 45% while improving accuracy
- [Utah's Department of Commerce](#) pilots [Doctronic's](#) autonomous AI service to handle prescription renewals for patients

Policy Updates

Understanding the evolving AI regulatory and legislative landscape

- [HHS](#) solicits public input on accelerating clinical AI adoption to reduce costs
- [ASTP/ONC](#) proposes HTI-5 rule to reduce AI certification requirements and ease developer burden
- [FDA](#) loosens regulatory oversight for AI-enabled medical devices and wearables
- [Trump administration](#) moves to eliminate AI 'model card' transparency requirements
- [NAACP](#) and [Sanofi](#) release equity framework for healthcare AI development

The News in Numbers

An interesting data point that caught our eye

>40M

weekly active ChatGPT users find themselves prompting healthcare-related questions every day, according to a recent [OpenAI report](#).

81%

of participating physicians in a recent [Offcall study](#) state that they are dissatisfied with their employer's AI adoption speed.

Expert Insights

For further reading, articles, videos, and podcasts that we found insightful

- *NEJM*, ["A Pragmatic Randomized Controlled Trial of Ambient Artificial Intelligence to Improve Health Practitioner Well-Being"](#)
- *Cornell University*, ["An Investigation of Memorization Risk in Healthcare Foundation Models"](#)
- *IDC*, ["Worldwide IT Market on Course for Strongest Performance Since 1996"](#)