

From AI pilots to operational transformation

WHITEPAPER

What healthcare CXOs must get right now

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Executive summary

As cost pressures, workforce constraints, and rising digital expectations converge; healthcare leaders who are responsible for AI, digital transformation, operations, revenue cycle, and EHR modernization are entering a more disciplined phase of transformation. AI, automation, interoperability, and digital engagement are already reshaping care delivery, finance, and patient experience. The challenge heading into 2027 is no longer whether these technologies can work, but whether they can deliver measurable value with clear ownership, trusted governance, and sustainable operational impact.

Most healthcare organizations will soon have access to similar AI capabilities. Competitive advantages will come from how effectively those capabilities are embedded into everyday operations. Success will depend on redesigning workflows, connecting data across the enterprise, strengthening decision accountability, modernizing revenue cycle and patient access functions, optimizing EHR platforms, and ensuring that governance keeps pace with innovation.

Market signals point in a consistent direction. Providers are prioritizing revenue cycle performance and faster returns on technology investments. Payers are investing in utilization management, payment accuracy, and administrative simplification. Health systems are expanding ambulatory and post-acute care models while protecting already strained margins. At the same time, Epic and other EHR platforms are evolving into operational foundations for patient engagement, AI-enabled workflows, cybersecurity, payer-provider collaboration, and enterprise-wide standardization. Regulators, clinicians, and patients are also demanding greater transparency, safety, privacy, and accountability as AI becomes more embedded in healthcare operations.

For healthcare CXOs, the opportunity is significant, but tolerance for isolated pilots is diminishing. Initiatives that fail to improve access, reduce administrative burden, protect revenue, strengthen workforce capacity, or build trust will be difficult to justify.

The organizations best positioned for 2027 will be those that connect technology investments to workflow redesign, governance, data quality, and measurable business outcomes, turning AI from experimentation into an accountable operating capability.



The seven disciplines of healthcare transformation

1. AI is moving from experimentation to operational infrastructure

The biggest shift in healthcare AI is not the technology itself. It is where technology is being embedded across the healthcare enterprise. AI is moving into revenue cycle, patient intake, clinical documentation, call handling, payer policy intelligence, risk identification, cohort building, access management, and administrative workflows. It is becoming less of a standalone assistant and more of a layer inside everyday operations.

Leading organizations are already testing AI in high-friction workflows: Oracle Health is expanding AI capabilities across revenue cycle and clinical workflows; Ensemble Health is embedding real-time payer policy intelligence earlier in the revenue cycle; Mass General Brigham is using AI to improve intake and access while keeping guardrails around autonomous action; and Jefferson Health has reported more than **1 million clinician hours saved** against a stated 10 million-hour goal by 2028. These are not side experiments; they are attempting to redesign how work gets done.

Even so, the operating model matters as much as the model itself. Hospitals are already asking what happens when AI tools fail, drift, or become part of daily workflows without clear fallback plans. Leaders need practical governance: local validation, human oversight, permissioning, auditability, downtime procedures, escalation paths, and named owners for results.

2. Cost pressure is turning digital investment into a CFO-level discipline

Healthcare organizations are facing a difficult paradox. They need to modernize faster, but every investment is under stronger scrutiny. Several articles point to the same tension: providers want stronger returns on IT investments, revenue cycle tools are attracting attention, payers are investing in utilization management, and executives are preparing 2027 budgets around a mix of growth, efficiency, and compliance pressure.

At the same time, AI may raise costs before it reduces them. There are rising concerns that AI-assisted hospital billing could increase payer costs, including Blue Cross Blue Shield Association analysis estimating roughly **\$942 million in excess costs** over two years tied to hospitals' use of **AI-assisted billing tools**. CMS leadership has also warned that AI could “turbocharge” billing in the short term before producing longer-term savings.

That tension gives CXOs a clear mandate: every technology investment must withstand economic scrutiny. AI and automation should be judged by impact on denial prevention, prior authorization cycle time, avoidable touches, productivity, access capacity, leakage, no-shows, payment accuracy, and resilience. In 2027, the strongest AI investments will be funded as operating priorities, not innovation experiments.

3. Revenue cycle transformation is moving upstream

Revenue cycles have always mattered operationally. Today, it is becoming a strategic lever for growth, margin protection, and patient experience. Denials, prior authorization complexity, payer policy changes, coding variation, and patient payment friction are putting direct pressure on margins and trust. The strongest market signal is that revenue cycle transformation is shifting from back-end recovery to front-end prevention.

Oracle Health announced new AI capabilities designed to flag denials, authorization issues, and charge errors earlier in the patient and payment journey. Ensemble Health's work with Penelope points to real-time payer policy intelligence embedded before claims become denials. Experian Health's Patient Access Curator report cites a modeled composite health system protecting **\$50.4 million in revenue** over three years, reducing coordination of benefits denials by 40%, eligibility denials by 35%, and other denial categories by measurable rates.

The implication is straightforward: the revenue cycle can no longer be treated as a downstream finance function. It depends on accurate patient access data, clean eligibility, payer policy awareness, scheduling discipline, clinical documentation, coding quality, and timely exception management. If AI is going to create value here, leaders need to redesign around prevention, not simply automate recovery.

4. Patient access is becoming a growth, trust, and capacity strategy

Patient access is becoming one of the clearest places where healthcare strategy, consumer expectations, and operational performance intersect. The document points to multiple access-related shifts: health systems expanding ambulatory footprints, digital identity being embedded into patient portals and prescribing workflows, AI intake tools routing patients faster, branded calling improving patient answer rates, and access platforms syndicating provider availability across search and AI environments.

Access is not just a front-door problem. It affects leakage, referral conversion, patient satisfaction, schedule utilization, clinical capacity, equity, and revenue capture. In one article, Epic's Hello World communication platform is credited with helping health systems prevent more than **3.4 million patient** no-shows nationwide over the past 12 months. Another article cites Vonage bringing branded calling to Epic Hello World to drive **45% patient answer rates**. Together, these examples show that seemingly tactical **communication improvements** can have meaningful operational impact when they are connected to workflow and data.

For CXOs, access needs to be managed as an enterprise capability, not a set of disconnected front-door projects. Scheduling, identity, communications, referrals, prior authorization, portal adoption, and call center operations need to work together. The organizations that simplify access while improving operational performance will create a meaningful competitive advantage.

5. Epic and EHR optimization are becoming continuous transformation programs

For years, EHR work was often framed around implementation, stabilization, and optimization. That framing is now too narrow. EHR platforms are becoming the foundation for payer-provider collaboration, patient engagement, AI-enabled workflows, identity, cybersecurity, analytics, and operational standardization across increasingly complex care networks.

Penn State Health is moving toward a systemwide Epic launch to unify EHR and billing. Epic is adding branded automated calls through Hello World. CancerIQ is expanding native Epic integrations for screening and survivorship workflows. Memorial Health is evaluating dozens of Epic AI features before activation, underscoring the importance of disciplined adoption. HealthTech coverage also frames EHR optimization as a continuous cycle, especially as mergers, acquisitions, and shared EHR models create larger, more complex application environments.

This shift aligns closely with the challenges many healthcare organizations are facing today. UST helps healthcare organizations modernize infrastructure, optimize Epic and EHR environments, strengthen payer-provider collaboration, and unlock greater value from health data. The goal is not simply better technology, but more effective operations across clinical, financial, and administrative workflows.

6. Workforce capacity is forcing healthcare leaders to redesign work, not just hire more people

The workforce challenge is no longer limited to staffing shortages. It now includes nurse documentation burden, clinician burnout, post-acute capacity constraints, labor action, workplace safety concerns, retention pressure among younger healthcare workers, and the operational complexity of shifting care outside the hospital.

Leaders should recognize that **70% of Gen Z** healthcare workers reportedly plan to **look for a new job** within the next year; 11.3% of healthcare personnel surveyed reported **persistent long COVID** symptoms; and post-acute leaders are warning that capacity and workforce constraints are limiting the industry's ability to absorb demand. At the same time, AI-enabled clinical documentation, nurse agents, workflow orchestration, and communication automation are being positioned as ways to return time to care teams.

The risk is treating automation as a workforce strategy. The better approach is to redesign work around the moments where people add the most value: removing avoidable administrative steps, reducing handoff friction, clarifying roles, strengthening clinical communication and giving teams systems that hold up during downtime, cyber incidents, and demand surges. Ultimately, healthcare teams will judge technology by whether it creates meaningful capacity, reduces friction, and helps people focus on higher-value work.

7. Governance, trust, and resilience will separate scalable transformation from risky experimentation

The governance conversation is intensifying because AI is becoming more capable, embedded, and consequential. Articles in the document raise several governance questions:



Should patients be told when AI is involved in care?



How should hospitals manage agentic systems that can perform actions?



What happens when AI fails or becomes unavailable?



How should organizations control model drift, permissions, reversibility, and local validation?

These questions should not be viewed as barriers to adoption as they are conditions for scale. Healthcare organizations that cannot explain how AI is governed will struggle to earn clinician trust, patient confidence, board support, and regulatory comfort. This is especially true as AI enters billing, utilization management, care navigation, documentation, and clinical decision support.

For CXOs, governance should make scale safer, not slower. It should define what can be automated, what needs human review, where transparency is required, who owns performance, how outcomes are measured, and how the organization responds when digital systems fail. Resilience planning should include AI downtime, third-party dependencies, cyber risk and fallback workflows.

FIVE PRIORITIES FOR HEALTHCARE LEADERS IN 2027

The 2027 healthcare AI agenda will favor leaders who move with discipline. CXOs should focus on five priorities:



- **Prioritize use cases with measurable operating impact.** Anchor AI and automation to revenue protection, access, capacity, productivity, quality, compliance, and experience outcomes before scaling.
- **Move revenue cycle upstream.** Invest in eligibility, authorization, payer policy intelligence, denial prediction, and front-end data quality before leakage occurs.
- **Treat access as an enterprise capability.** Integrate identity, scheduling, communications, referrals, portals, contact center workflows, and patient engagement around a connected experience.
- **Make EHR optimization continuous.** Use Epic and other EHR platforms as transformation infrastructure where AI, data, workflows, and accountability can be embedded into daily operations.
- **Build governance before scale.** Establish clear controls for AI safety, transparency, permissions, auditability, downtime, privacy, human oversight, and who owns the outcomes.

Where UST can help

UST is well positioned to help healthcare organizations move from disconnected digital initiatives to practical, governed transformation. Across payer, provider, and health technology environments, UST brings experience in modernization, cloud-enabled platforms, interoperability, EHR implementation and optimization, Epic Payer and Tapestry services, cybersecurity, data analytics, AI-enabled personalization, and workflow redesign. That combination supports what healthcare leaders will need in 2027: turning AI from pilots into accountable operating capability.

Healthcare leaders do not need more technology for technology's sake. They need solutions that improve how work gets done. They need partners who understand business processes, clinical context, technology stack, compliance expectations, and the human impact of change. UST's role is to help clients turn strategy into working systems by optimizing workflows, strengthening payer-provider collaboration, improving data usability, modernizing infrastructure, supporting Epic transformation and applying AI where it can create measurable, responsible value.

Closing thoughts

Healthcare CXOs are being asked to move quickly without losing discipline: innovate, manage cost, govern responsibly, and protect trust while care models, reimbursement pressure, and workforce realities keep changing. The organizations that succeed in 2027 will not be the ones running the most pilots. They will be the ones that embed intelligence into the workflows, decisions, and operating disciplines that drive performance.

For UST clients and prospects, the path forward is practical: start with the business problem, design around the people doing the work, connect the data behind key decisions, modernize the platforms that matter most, and govern AI as part of the operating model. That is how healthcare organizations move beyond pilots and build transformation that holds up in the real world.

Start a conversation about your 2027 transformation priorities

Whether you're evaluating AI at scale, revenue cycle modernization, patient access transformation, or Epic optimization, UST can help you identify practical opportunities and accelerate results.

Talk to a UST healthcare technology expert →

Together, we build for boundless impact

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