



AI and the future of healthcare

From promise to proof

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Executive summary

As U.S. health systems look ahead, one question is increasingly prominent: What does a future of AI-enabled healthcare look like and how can it be built safely, effectively, and responsibly?

There's an urgent need for transformative solutions in the sector. As spotlighted in the TIAA Institute report, *Towards a sustainable U.S. health system*, hospitals and health systems face a range of long-standing and intersecting challenges. Costs are high and still rising. The care workforce is strained thin in many areas of the country, yet healthcare productivity has been flat for decades, and the number of older, sicker patients continues to grow.

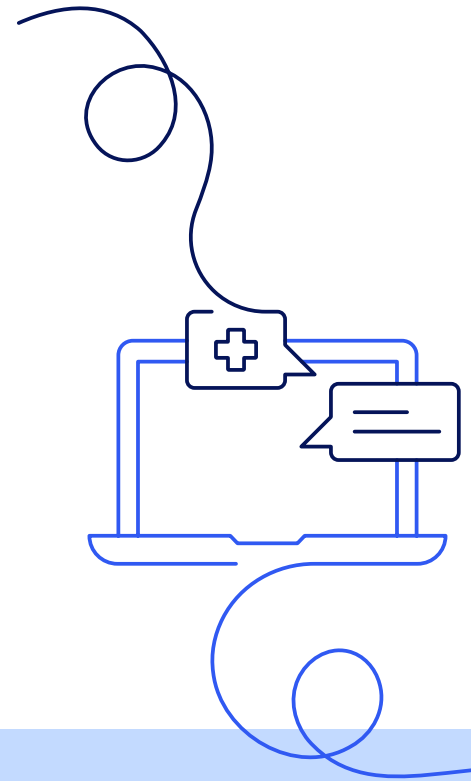
Health system leaders are looking to AI as not just one solution, but many. For effective deployments, the results are striking:

- More than 1 million hours of clinician time saved per year.¹
- A 20% reduction in burnout.²
- A 7X increase in early sepsis detection.³
- A 70% drop in coding-related insurance claims denials.⁴

And the momentum is only building.

Yet health systems also face the persistent reality that most AI efforts never make it out of the proof-of-concept phase.⁵ The huge, growing set of AI tools can be difficult to navigate. And while patients and clinicians express optimism about certain aspects of AI, they also have concerns about accuracy, privacy, and the impact on patient-provider relationships.

Together, these dynamics represent a new “prove it” phase for AI in healthcare, with a few core trends emerging.



EMERGING TRENDS

AI adoption is accelerating.

In a Q4 2025 survey, every health system leader said their organization had at least some plans to pursue generative AI, and 52% had already implemented, up from 25% in just two years.^{6,7} The most mature clinical use case—radiology and imaging—is already deployed by 90% of health systems, and use of AI ambient documentation is rapidly increasing.^{8,9}

Expectations are high, but there are also concerns.

A majority of health system leaders, physicians, and nurses believe that AI has potential for patient care, efficiency, payments, and other areas. However, stakeholders also note concerns like accuracy, patient privacy, regulatory compliance, and cybersecurity. Among patients, a TIAA Institute survey on AI and longevity finds that 54% of people 50+ are very concerned about AI making mistakes in healthcare.¹⁰

Use cases are highly diverse, across patient care and health system operations.

AI applications span the full breadth of health system activity, from clinical uses like clinical decision support, risk detection, and ambient documentation, to operational uses like revenue cycle management, patient engagement, and scheduling.

Success takes organizational readiness across four key domains.

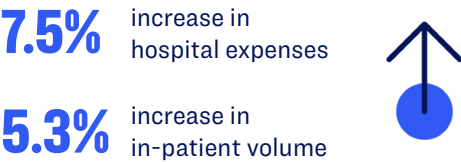
Many AI projects have stalled in the proof-of-concept phase, and reports of success remain low in some surveys. Those health systems leading on AI have typically run rigorous pilots to assess, select, and refine solutions before full deployment. Key domains to consider are strategic, technical, workforce, and mission readiness.

This report, *AI and the future of healthcare*, explores the current state and emerging directions for AI in U.S. health systems. It's intended to support health system leaders and other stakeholders as they assess the landscape, plan and evaluate their own efforts, and continue driving progress toward the promise of AI-enabled healthcare.

The AI adoption curve: Great expectations, growing deployment

The U.S. healthcare sector needs new solutions for a challenging demographic, workforce, and financial equation. Costs continue to rise, with hospital expenses up 7.5% in 2025 alone.¹¹ The need for care is growing as an aging population seeks help for chronic conditions, with total inpatient volumes up 5.3% in 2025.¹² And the care workforce is stretched thin, with shortages projected to deepen in the years ahead.¹³

PRESSURES ON HEALTH SYSTEMS

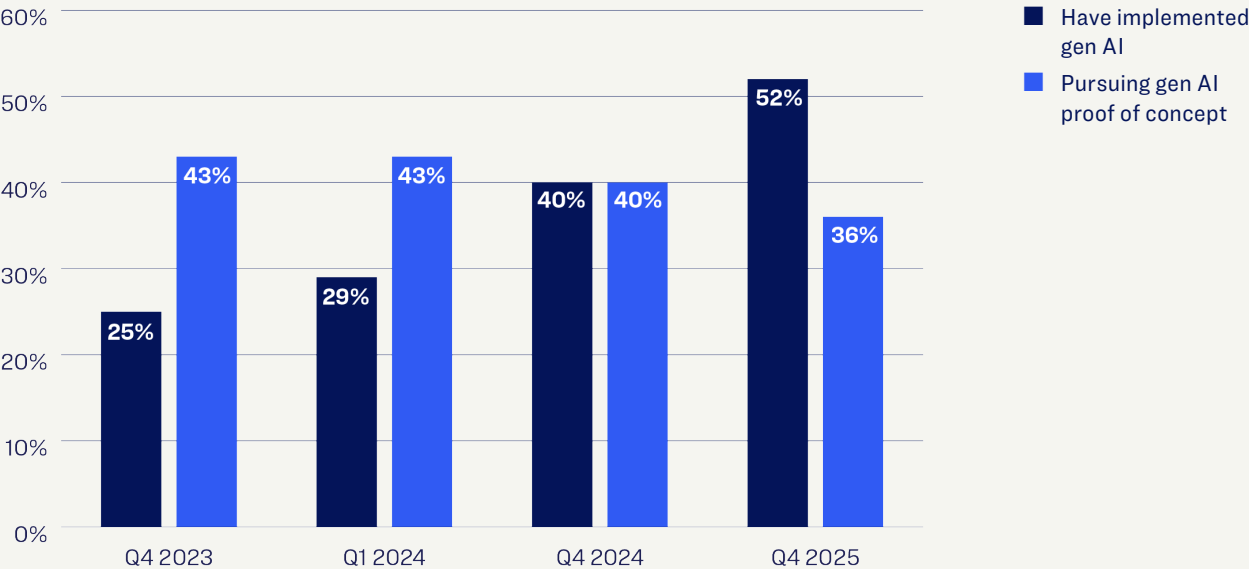


U.S. health systems are in the thick of AI development, assessment, and deployment

As these pressures intersect with the promise of AI, adoption is growing. In a survey of health system executives in late 2025, every respondent said their organization had at least some plans to pursue generative AI, and 52% had already implemented it, a marked increase from 2023 and 2024.¹⁴

ACCELERATING ADOPTION OF GENERATIVE AI¹⁵

Survey of healthcare leaders (2023–2025)

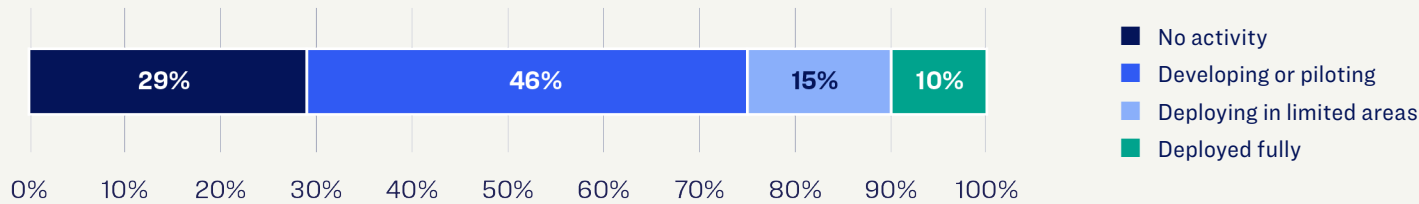


Note: Q4 2023 and Q1 2024 figures include all healthcare organizations, while Q4 2024 and Q4 2025 include only health systems and clinical-care organizations.

However, many AI efforts are in the development, proof-of-concept, or pilot stage. In a survey of health systems, development or pilot was the most common phase for 25 out of 36 use cases.¹⁶ Full or limited deployment was most common for just four use cases.

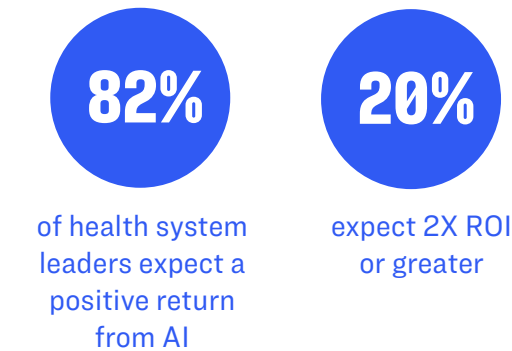
MOST COMMON STATE OF ADOPTION ACROSS USE CASES¹⁷

Survey of health system leaders on AI use cases stage



Perceptions of AI for key stakeholder groups

Expectations are high. Health system decision-makers believe AI will transform how care and diagnosis decisions are made in the next three to five years (85%), reduce administrative burden (76%), and drive incremental revenue (76%).¹⁸ 82% of leaders expect a positive return from their AI efforts, and 20% expect 2X ROI or greater.¹⁹



Clinicians also believe that AI can have a positive impact. In a 2026 American Medical Association report, 81% of physicians said they were using AI—more than double the rate from 2023.²⁰ And 76% saw an advantage in patient care, though top concerns included patient privacy, the impact on the patient-physician relationship, and skill loss.



In a survey of nurses, more than three-quarters said they already use AI daily in their work.²¹ More than 80% said AI can help improve patient care, but respondents also noted concerns about AI accuracy, the impact on human interaction, and data privacy.

	Usage	Expectations	Top concern
Health system executives	78% of AI use cases are underway	85% believe AI will transform care decisions	Security
Physicians	81% use AI	76% see an advantage in patient care	Privacy
Nurses	>75% use AI	>80% believe it can improve patient care	Accuracy

Patient perceptions are mixed, especially among older adults. In a recent TIAA Institute survey on AI and longevity, 54% of people 50+ were very concerned about AI making mistakes in healthcare.²² Also, 75% of older respondents said AI will have a mostly negative or mixed impact on quality of life, with less preparedness expected for older people.

AI CONCERNS GREATER AMONG OLDER ADULTS

For adults 50+ in TIAA Institute survey:

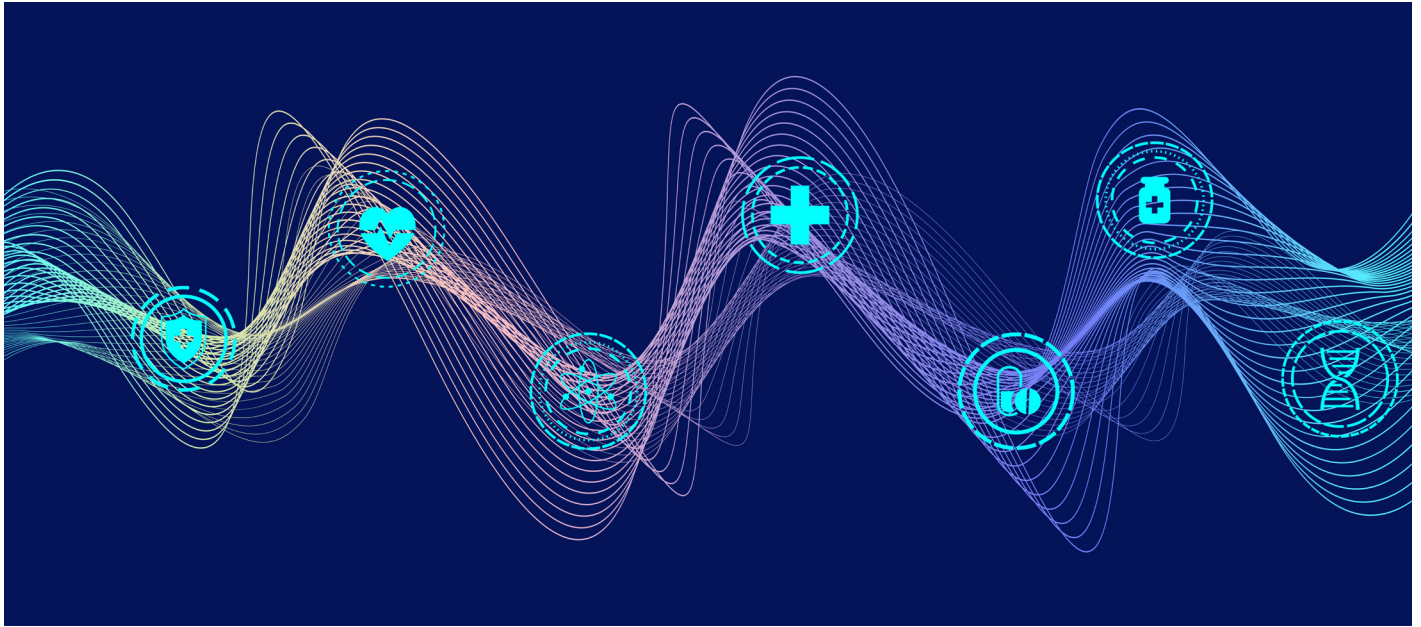
- 54% very concerned about AI making mistakes in healthcare
- 25% say AI will have a mostly negative impact on quality of life
- Majority of people 50+ “not well prepared” for AI



Given these figures, the question is:

How best to design and deploy the right AI solutions for use cases to maximize benefits, while always ensuring responsible implementation.





AI use cases and system-level impacts: Supporting clinicians, strengthening operations and finances

AI can power a huge array of use cases across healthcare. These fall into two main types: tools that enhance patient care and those that support administrative, operational, and financial processes.

Envisioning the future of AI for patient care

Clinical AI solutions are built to support care teams; flag risks early; inform timely, accurate diagnoses and decisions; and offload administrative burden. Health system leaders say these uses align with their primary motivations for AI adoption: care workers' satisfaction (72%), patient safety and care quality (58%), and workflow efficiency (53%).²³

HEALTH SYSTEM LEADERS' MOTIVATIONS FOR AI ADOPTION:

72% care workers' satisfaction

58% patient safety and care quality

53% workflow efficiency

If we envision a future of healthcare where AI-enabled solutions are fully deployed across the spectrum of care, a patient journey could look like the following:

Patient triage and navigation – AI solutions more quickly match each patient to the right level of care and specialty, reducing wait times and closing care gaps.

Ambient documentation – Scribes automatically draft clinical notes and care plans, freeing clinicians' time, reducing cognitive load and burnout, and setting up appropriate coding and reimbursement.

Risk detection and stratification – Risks like sepsis, drug interactions, falls, and clinical deterioration are flagged early, improving care quality and reducing the strain on care teams.

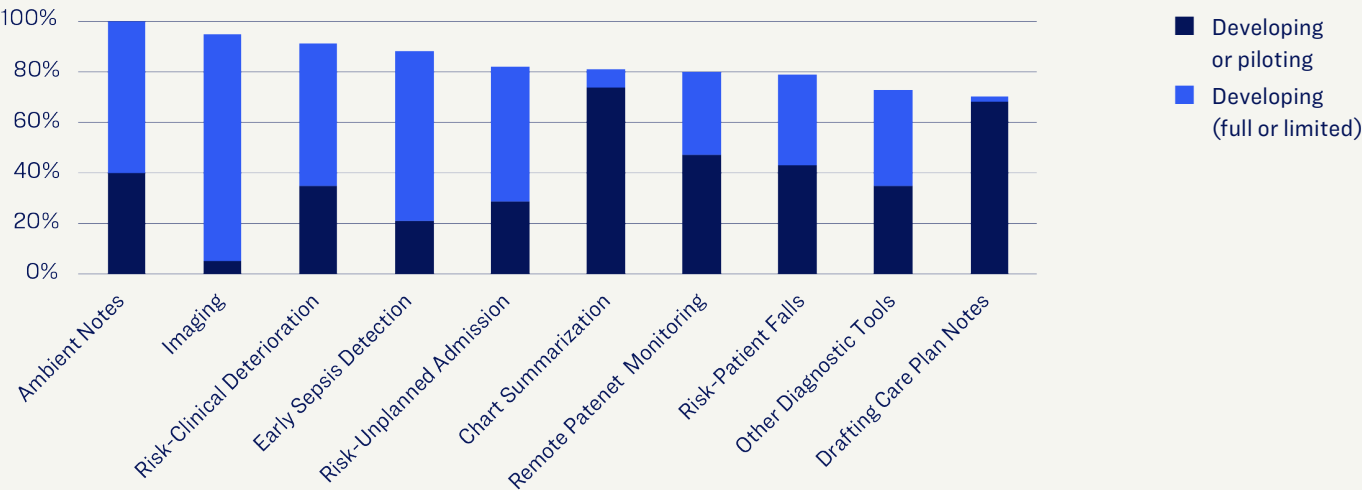
Diagnosis and decision support – AI decision support helps to interpret medical images and other factors for early, accurate diagnosis and other care decisions.

Remote patient monitoring – AI analyzes data from wearables and devices to guide at-home care, extending the care team's reach.

Health systems are developing, piloting, and deploying solutions across all of these use cases. The most mature is AI for radiology and imaging, which 90% of health systems have deployed either fully (40%) or in limited areas (50%).²⁴ Ambient documentation is a fast-growing use case, with nearly \$500 million spent by health systems in 2025 alone.²⁵

ADOPTION OF TOP USE CASES FOR PATIENT CARE²⁶

Most widely adopted clinical use cases in health system survey

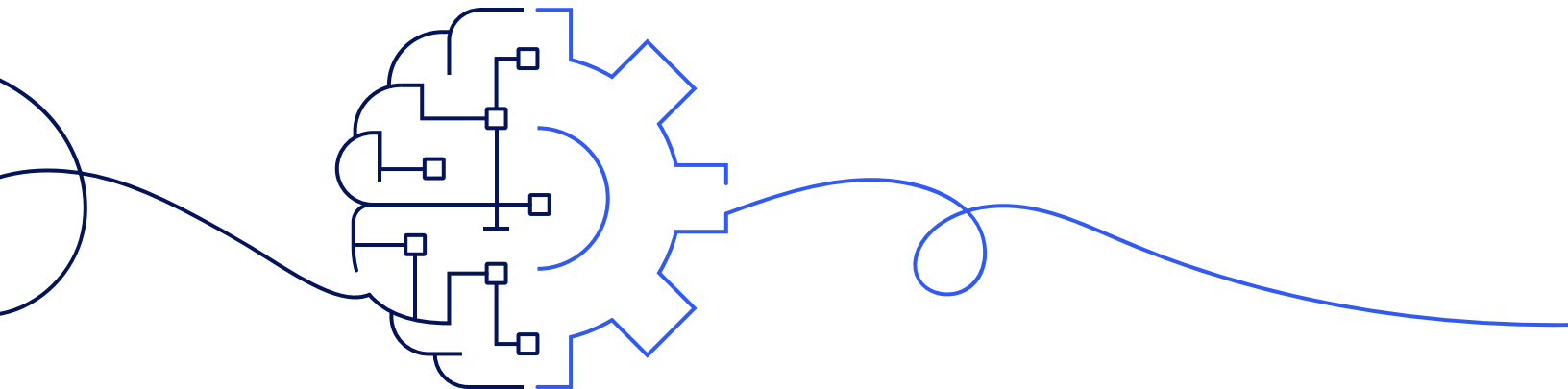


Financial and workforce implications

Clinical AI solutions promise a future where clinicians have more time and focus for high-touch patient care, enabling greater job satisfaction, less burnout, higher retention, greater productivity, and lower costs associated with turnover. However, systems must ensure AI does not negatively impact care quality, patient privacy, or regulatory compliance.

In a previous TIAA report, *Towards a sustainable U.S. health system*, we explored three levers to support workforces and finances: cultivate the talent pipeline, elevate the employee value proposition, and innovate to increase productivity. To these three we'll add a fourth focused more directly on payment: capture greater value from services.

In each, there's promise for AI tools, early evidence emerging, and a question for the future of the field.



AI: IMPROVING PATIENT CARE, EMPLOYEE SATISFACTION AND FINANCIAL HEALTH



01 Cultivate the talent pipeline

THE PROMISE

AI solutions attract those who want to use the latest technologies for good, while reducing the burden of repetitive tasks like documentation.

FRONTLINE EXAMPLES

Radiologists cite the presence of cutting-edge AI tools as a factor in job decisions.²⁷

THE NEXT QUESTION

How do AI tools shift the best mix of roles, skills, and specialties?



02 Elevate the employee value proposition

THE PROMISE

AI solutions save clinicians' time and help them focus on patients, reducing burnout, improving job satisfaction, and supporting retention.

FRONTLINE EXAMPLES

Across pilots, **more than 80% of clinicians say AI scribes are helpful**, save time, and positively impact patient interactions.^{28,29,30} AI tools are also linked to greater job satisfaction and a stronger desire to stay in the profession.^{31,32}

THE NEXT QUESTION

How do clinicians and health systems use the time and capacity freed up by AI solutions?



03 Innovate to increase productivity

THE PROMISE

AI tools jump-start healthcare productivity, helping clinicians provide more efficient care to more patients.

FRONTLINE EXAMPLES

On one hand: 56% of health systems that have adopted AI in remote patient monitoring report either **2X or >3X ROI**.³³

On the other: **A virtual ED/triage solution generated \$30 million** in shared savings, but reduced dollars in other parts of the business.³⁴

THE NEXT QUESTION

How can health systems realize the value of increased productivity and new care models, including for preventive care outside the hospital?



04 Capture greater value from services delivered

THE PROMISE

Clinical AI tools connect with back-office medical coding and RCM tools, creating seamless documentation for appropriate reimbursement.

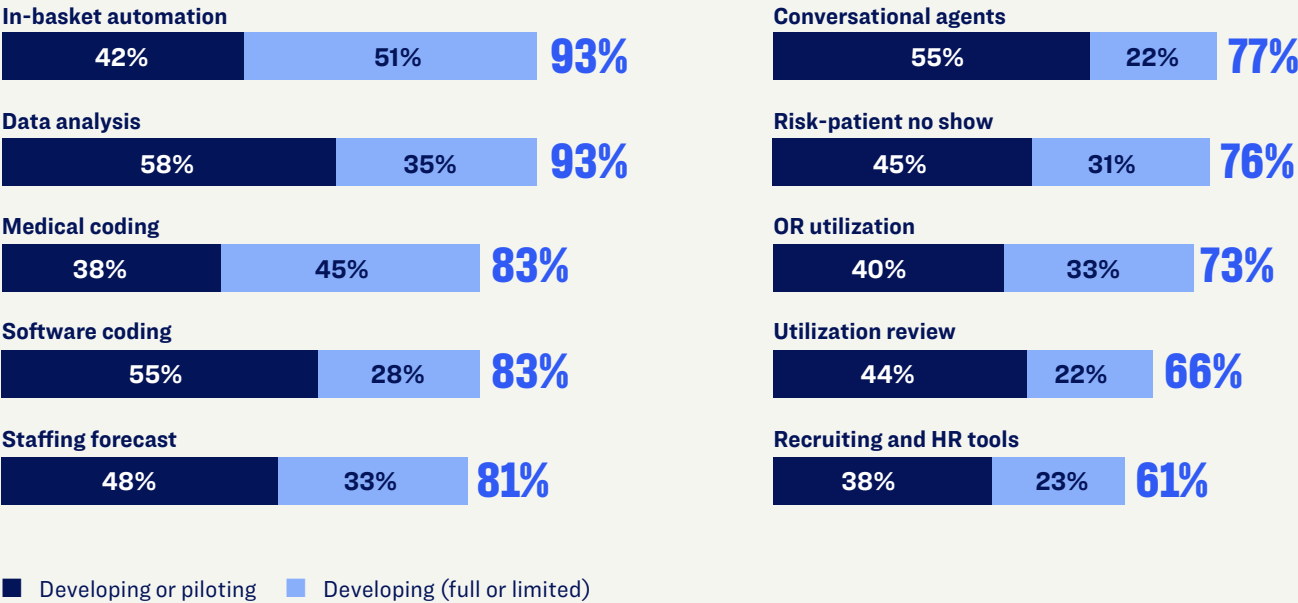
FRONTLINE EXAMPLES

AI-powered clinical document integrity, coding, and ambient listening tools rank in the top four use cases for reported ROI by adopters.³⁵

THE NEXT QUESTION

How do payers respond?

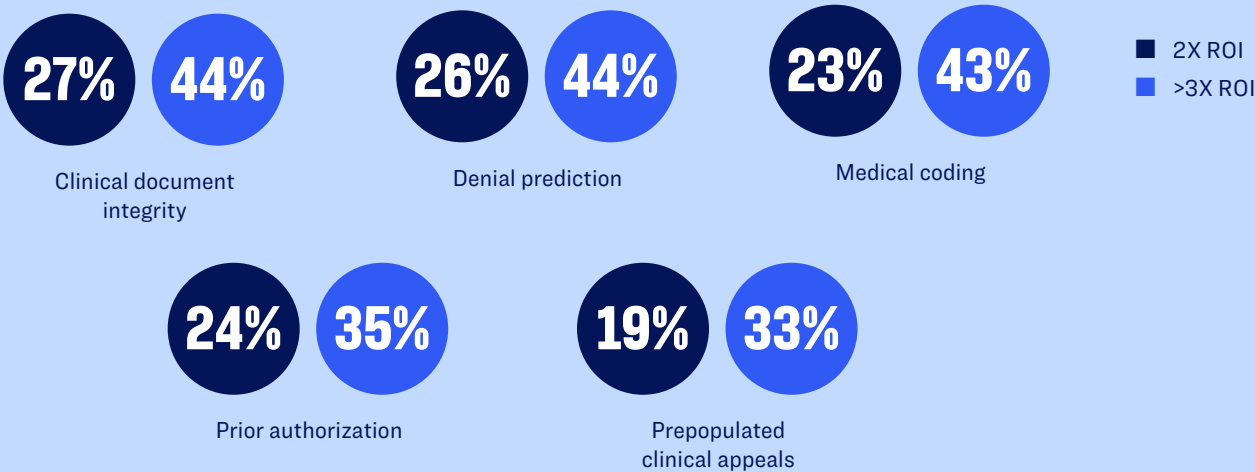
MOST WIDELY ADOPTED ADMINISTRATIVE USE CASES IN HEALTH SYSTEM SURVEY³⁷



Financial and workforce implications

Administrative and operational AI solutions link directly to finances, especially tools for revenue cycle management. The American Hospital Association estimates hospitals spent \$43 billion in 2025 trying to collect payment for services delivered.³⁸ AI revenue solutions aim to help.³⁹

AI REVENUE SOLUTIONS DOUBLE, EVEN TRIPLE ROI⁴⁰



AI: IMPLICATIONS FOR PATIENTS, THE WORKFORCE AND SYSTEM FINANCES



01 Cultivate the talent pipeline

THE PROMISE

AI supercharges recruiting efforts, helping health systems reach overlooked talent pools and equip with needed skills.

FRONTLINE EXAMPLES

Healthcare organizations using one AI recruitment tool reported **44% savings per hire** and 97% reduction in interview scheduling time.⁴¹

THE NEXT QUESTION

How can AI integrate into medical education to accelerate training, improve job readiness, and bridge to roles?



02 Elevate the employee value proposition

THE PROMISE

AI helps tailor benefits and communications to each employee, while surfacing insights from survey responses and other sources.

FRONTLINE EXAMPLES

40% of employee questions about benefits come **outside of traditional working hours**.⁴²

THE NEXT QUESTION

How do health systems implement employee-facing AI tools in a way that aligns with their existing culture?



03 Innovate to increase productivity

THE PROMISE

AI engages patients and manages scheduling on the front end, while optimizing beds, operating rooms (ORs), staffing, and costs on the back end.

FRONTLINE EXAMPLES

One health system used an AI solution for OR efficiency to deliver **savings of \$100 per minute per OR**.⁴³

THE NEXT QUESTION

Does a highly optimized system begin to erode the clinician experience benefits of AI tools?



04 Capture greater value from services delivered

THE PROMISE

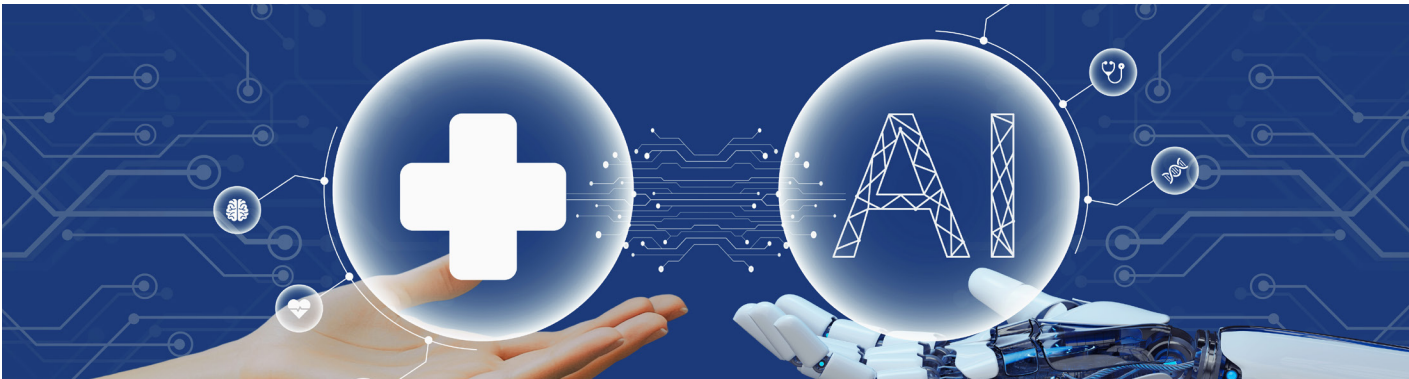
AI enables health systems to better code and charge for services.

FRONTLINE EXAMPLES

AI tools have dropped denial rates by 24%–70%.^{44,45} RCM tools are the top three use cases in reported ROI by early adopters, and seven of the top 13.⁴⁶

THE NEXT QUESTION

Payers are implementing their own AI solutions to control costs. What happens as the two efforts meet?



Organizational readiness and change leadership: Bridging the gap from early promise to scaled results

While there’s great potential for AI, many health systems are not realizing it at scale. Leading systems show what’s possible and what needs to be in place to achieve results, while solving challenges and addressing any concerns.

Navigating AI’s proof-of-concept phase

The first barrier is simply getting AI projects into motion. There are significant gaps between where health system leaders see the greatest potential for AI versus where they have deployed it, including 49 points for administrative efficiency.⁴⁷

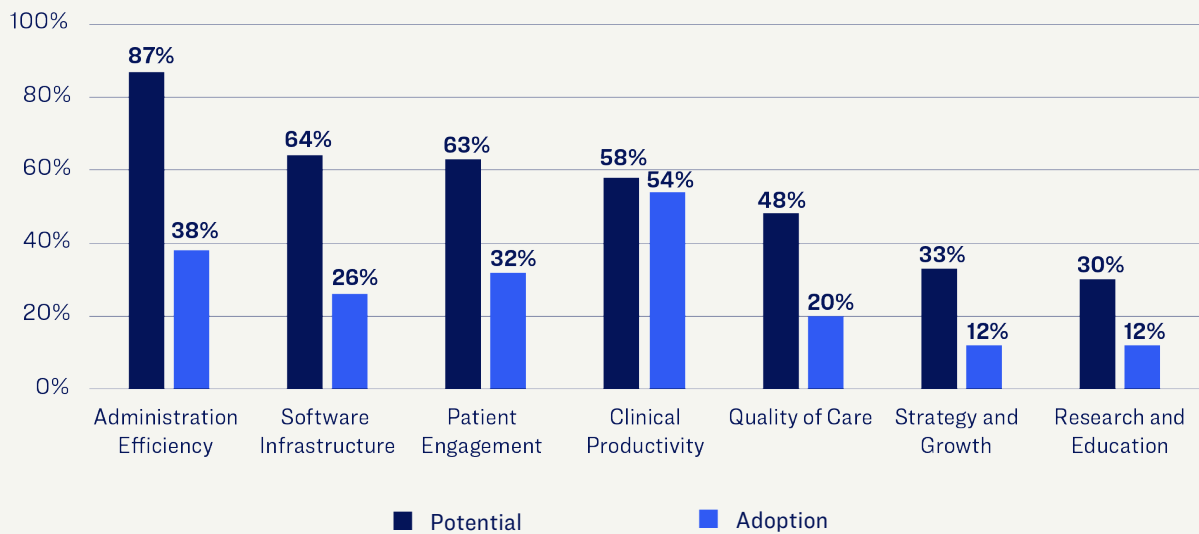
When projects do move forward, they often stall. According to the Healthcare AI Adoption Index, only 35% of AI proof-of-concepts make it into production.⁴⁸ In another survey, just 19% of adopters, on average, said AI had a “high degree of success” across 10 use cases, and just one—clinical documentation—had more than half report highly successful adoption.⁴⁹

35%

of AI proof-of-concepts make it into production.

FIGURE 6. THE GAP BETWEEN POTENTIAL AND ADOPTION⁵⁰

Survey of Health System Leaders on Potential vs. Adoption



Barriers fall into two categories:**Concerns about capabilities and concerns about risk**

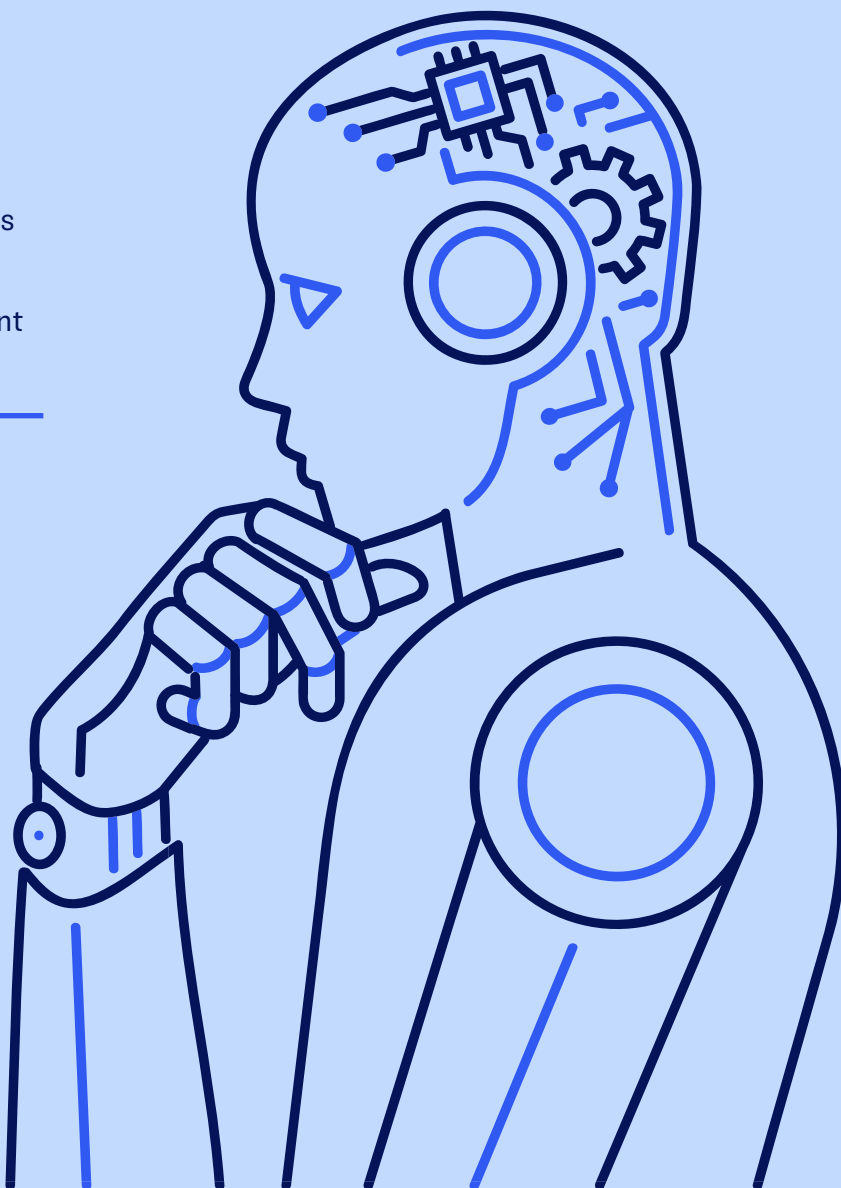
Health system leaders say common hurdles include whether AI tools will work for their organization and whether these tools could introduce new operational, financial, or reputational risks.

CONCERNS ABOUT CAPABILITIES

- AI tool maturity and reliability
- Health system's technical capabilities
- Workforce trust, skills, and adoption
- Sufficient results to justify investment

CONCERNS ABOUT RISKS

- Regulatory compliance
- Bias, hallucinations, and model drift
- Cybersecurity
- Patient data privacy
- Reputational risk



Four readiness areas for responsible and effective innovation

Despite the challenges, leading health systems are scaling from pilots to full deployment. Most of these efforts have a common thread: a rigorous pilot phase that assesses tools on clearly defined criteria, engages the workforce in the effort, builds collaboration with technology partners or vendors, and prepares the way for full scale.^{51,52,53,54,55}

An analysis of these AI leaders reveals four “readiness areas” and related questions to consider when moving forward with an AI use case: strategic readiness, technical readiness, workforce readiness, and mission readiness.

With these readiness areas in place, AI can shift from a series of one-off pilots into a coordinated, deliberate organizational capability. Health systems that work through these questions—with C-suite alignment, the right technical foundation, an engaged workforce, and a clear connection to mission—are the ones turning promise into results.

1

Strategic readiness

- Are C-suite leaders bought-in and making the key strategic decisions?
- What is the overall philosophy and governance for AI usage?
- How many concurrent AI projects can the system run capably?
- How is success measured for each AI project?
- What happens if a project reaches its defined success metric? What if it doesn't?
- What is the business case for investment, and are results hitting targets?

2

Technical readiness

- What is the right solution model (vendor, partner, or in-house)?
- How are vendors/partners evaluated and selected?
- Is the right data clean, uniform, and harmonized to feed into the AI tool?
- Does the AI tool need to connect to other tools, platforms, the EHR, etc.?
- What happens if existing workflows are accelerated by AI? Do they need to be adjusted beforehand?

3

Workforce readiness

- Which teams need to work together to deploy and assess the AI project?
- What's the case to employees for why they should use the tool?
- What concerns are employees raising, and how can the project address them?
- Do employees need any new skills for the AI tool? Do they need any training?
- Will employees' roles, tasks, or time usage change? Do they need upskilling, reskilling, or additional support?

4

Mission readiness

- Does the use case align with the organization's purpose and values?
- Does the tool safeguard patient trust and patient-provider relationships?
- What is the likely impact on the quality of patient care?
- Does the solution work equally well for patients of all ages?



Conclusion

Enduring commitments in an era of disruptive change

As society considers the implications of AI, healthcare represents the sector with perhaps the greatest potential to improve lives. The promise is a world where AI-enabled healthcare helps the United States to meet the rise of aging and chronic disease, empower the caring workforce, and unlock new models of personalized, predictive care.

Health systems are central to building that future. While there are concerns and barriers, the potential benefits are too great to ignore. As health systems move forward, the same values that have always guided them—a commitment to patient care, scientific rigor, employee engagement—are only becoming more vital.

The path forward will be shaped by the choices health systems make today: which use cases to prioritize, which partners to trust, and how best to engage clinicians and patients. With the right decisions, AI could help to bend healthcare's hardest curves for cost, capacity, and care.

The future of healthcare won't be defined by AI alone, but by how thoughtfully and responsibly health systems put it to work.

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Surya P. Kolluri is head of TIAA Institute and is recognized as a thought leader in retirement and healthy aging research. The TIAA Institute is a think-tank within TIAA, and conducts cutting-edge research in the areas of financial and longevity literacy, lifetime income, retirement plan design and behavioral finance for higher education, healthcare and the broader non-profit and for-profit sectors.

Surya sits on the board of the Wharton Pension Research Council, the advisory councils of Georgetown Center for Retirement Research, the Stanford University Center on Longevity, the Retirement Research Center of the Defined Contribution Institutional Investment Association (DCIIA), the National Center to Reframe Aging (GSA) and the Global Coalition on Aging (GCOA). He also served on the board of the MA/NH Chapter of the U.S. Alzheimer's Association. In 2021, Surya received The President's Volunteer Service Award via AmeriCorps for his commitment to strengthen communities.

Surya holds an MBA from The Wharton School at the University of Pennsylvania and a master's in mechanical engineering from Drexel University. He lives with his family in Brookline, Massachusetts.

Anne Ollen develops and executes the TIAA Institute's higher education program. The program seeks to build and share knowledge important to higher education leaders about drivers of change and innovative solutions and strategies in three broad thematic areas: leadership, academic workforce trends, and higher education operating models. Anne leverages the Institute's pillars of work – research, partnerships, convenings and strategic communications – to bring distinctive value to Institute stakeholders in alignment with TIAA business priorities.

Anne's career spans 30+ years of experience in front-line business, marketing, operational, and leadership roles at TIAA. She was part of the founding team of the TIAA Institute and has shown how inclusive leadership can generate thought leadership that creates business impact and forges influential relationships. A key contributor to Institute research projects on academic trends, longevity fitness, and retirement planning, Anne also helped create and launch several Institute signature initiatives, including the TIAA Institute Fellows Program, Higher Education and women's leadership forums, professional development programs for HR professionals, the TIAA Institute Theodore M. Hesburgh Award for Leadership Excellence in Higher Education and the Louise Whitfield Carnegie Award for Leadership Excellence in Healthcare.

Anne has a Masters in Elementary Education and has obtained the Certified Employee Benefits Specialist (CEBS) designation.

Charles Pennell is Senior Editorial Director at High Lantern Group (HLG). He works with clients and teams across HLG to craft their most important messages, articulate their best ideas, and navigate the moments when the stakes are highest. With over ten years at the firm, he has experience in most every industry, format, and business scenario. His work has been published in *The Wall Street Journal*, *Fortune*, *CNBC*, and elsewhere.

He attended Davidson College and holds the record for most HLG offices worked at: Asheville, Philadelphia, New York and Atlanta.

About the TIAA Institute

The TIAA Institute helps advance the ways individuals and institutions plan for financial security and organizational effectiveness. The Institute conducts in-depth research, provides access to a network of thought leaders, and enables those it serves to anticipate trends, plan future strategies, and maximize opportunities for success.

To learn more, visit tiaainstitute.org.

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