Signity
SOLUTIONS

The State of AI in Healthcare 2026

Learn How 80% of Healthcare Leaders Are Already Cutting Costs with AI? And, What You're Missing?

The Gap Has Already Formed

Most healthcare organizations are no longer at the starting point

Where the Industry Stands (2026)

70%
Using AI

of healthcare organizations are using AI *(Source: OpenAI, 2026)*

69%
Using Gen AI

are using generative AI *(Source: OpenAI, 2026)*

85%
Increasing Budgets

are increasing AI budgets *(Source: BVP, 2026)*

What Has Changed?

AI is now part of regular operations across many organizations.

Investment decisions are being made with a clear intent to expand usage, not to test it.

What was limited to specific teams is now being used across workflows, systems, and decision-making processes.

What does this signal?

- The market has moved beyond early adoption
- Budget allocation reflects a long-term commitment
- Organizations are building capability

Cost Pressure Is Building Across The System

Operational strain is increasing across clinical and administrative functions

Where Costs Are Rising?

- **Operational expenses** continue to increase across care delivery and support functions
- **Staff shortages and burnout** are affecting capacity and continuity of care
- **Administrative workflows** remain time-intensive and fragmented
- **R&D cycles** are long, expensive, and difficult to scale

How It Looks Like n Practice?

- More time spent on coordination than care
- Delays in decision-making and execution
- Higher dependency on manual processes
- Increasing pressure on already constrained teams

What It Signals?

These are not isolated issues. They are structural inefficiencies that directly affect cost, output, and quality of care.

Implication for Leadership

Cost control is no longer only about reducing spend. It requires improving how work gets done across the system.

Where AI Is Delivering Returns?

Results are already visible in specific areas of healthcare

What the 2026 Data Speaks?

80%

Reduced Annual Costs

of organizations report reduced annual costs with AI *(Source: BVP, 2026)*

57%

ROI in Imaging

report ROI in medical imaging *(Source: BVP, 2026)*

46%

ROI in Drug Discovery

report ROI in drug discovery and development *(Source: BVP, 2026)*

Where Returns Are Most Visible?

- Clinical imaging and diagnostics
- Documentation and administrative workflows
- Drug discovery and research processes

Implication for Decision-Making

Broad implementation does not guarantee results.

AI shows clear impact in areas where workflows are repetitive, data-heavy, and time-consuming.

In short, focused deployment in the right areas matter.

What Has Changed in How AI Is Being Used?

The focus is shifting from adding new use cases to improving existing ones

Doubling Down on AI Performance (2026)

- **47% of organizations are focused on improving AI-driven workflows** *(Source: BVP, 2026)*
- **A smaller share is focused on identifying new use cases** *(Source: BVP, 2026)*
- **Increased interest in AI systems that can handle tasks with limited human input**

What This Looks Like in Practice?

- Existing AI tools are being integrated deeper into workflows
- Systems are being refined based on actual usage
- Teams are prioritizing reliability and consistency over expansion

What It Signals?

The value is coming from making current systems work better, and not from adding more tools.

Implication for CTOs

Progress is no longer defined by how many AI initiatives are started. It is defined by how well existing ones are scaled and maintained.

Where AI Is Reducing Costs Across the System?

Five areas where impact is already visible

1 — Clinical Documentation
Reducing time spent on notes, transcription, and record updates

2 — Administrative Workflows
Improving billing, coding, scheduling, and coordination

3 — Diagnostics and Imaging
Faster analysis with higher consistency in image-based decisions

4 — Drug Discovery and Clinical Trials
Shortening research timelines and improving candidate selection

5 — Patient Engagement
Automating communication, follow-ups, and routine queries

What Connects These Areas?

These functions are:

- Repetitive
- Data-intensive
- Time-consuming

Key Observation

Workflow optimization, language processing, and imaging systems are delivering the most consistent results.

Back Office Is Where Costs Are Won or Lost

Administrative work is one of the few areas where savings show up quickly

Where the System Is Slowing Down?

- Clinicians spending hours on documentation instead of care
- Billing and coding cycles delayed by manual reviews
- Disconnected systems creating repeated handoffs and rework

What Does it Means in Practice?

- More patients handled without increasing staff
- Faster billing cycles → improved cash flow
- Reduced dependency on manual coordination

What AI Is Changing?

AI Scribes

Reduce documentation time significantly *(Source: OpenAI, 2026)*

Automated Coding & Billing

Improve turnaround time and accuracy

Workflow Orchestration

Removes delays between systems and teams

It is not a marginal improvement. It is AI directly affecting capacity, revenue cycles, and cost per patient.

Data Applicatione byyER

| Clinical Decision Support | Clinical Decision Supports | Treatment Recommendations | Satin Scoring | Treatment Recommendations | Trimlc Scorldels |
| Alerts | Alerts | Pattient Overview | | Alerts | Patient Overview |

AI Models   Predictive Recalytics   Training Pipelines

How AI Systems in Healthcare Are Structured?

Most implementations follow a three-layer approach

1

1. Data Layer — The Foundation

- Clinical records (EHR)
- Medical imaging
- Genomic and research data

This is where accuracy and consistency begin.

2

2. Model Layer — The Processing Engine

- Generative AI for text and documentation
- Predictive models for risk and outcomes
- AI systems that can handle tasks with limited input

This layer turns data into usable outputs.

3

3. Application Layer — Where Work Happens

- Clinical decision support
- Administrative and operational tools
- Patient-facing systems

This is where teams interact with AI.

What Leading Organizations Are Doing?

82% are using open-source models *(Source: BVP, 2026)*

Implication

Flexibility at the model layer allows better alignment with internal systems and data.

Where Most Organizations Stand Today?

AI maturity is uneven across the healthcare industry

Four Stages of Adoption

1 **1. Exploration**

Initial evaluation, limited internal alignment

2 **2. Pilot**

Small-scale use cases, isolated teams, early results

3 **3. Production**

AI integrated into workflows with measurable outcomes

4 **4. Scaled Enterprise**

AI deployed across functions with consistency and governance

What the Data Suggests?

A large share of organizations are between **pilot and production**, where systems exist but are not yet fully integrated *(Source: BVP, 2026)*

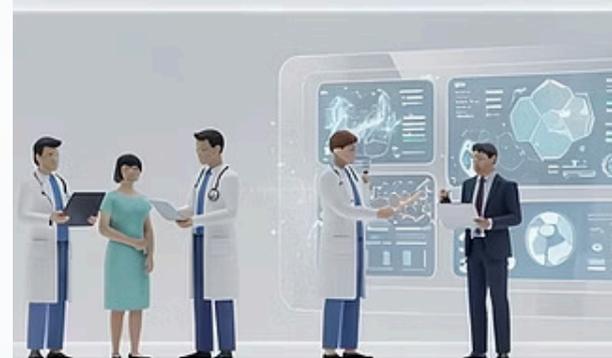## What Does it means in practice?

- Partial results, but limited system-wide impact
- Repeated effort across teams
- Benefits not fully realized

Implication

Value is not lost in early stages. It is lost when systems do not move beyond pilot into consistent use.

Scaled Enterprise

Pilot

Production

Exploration

Phase 1 (0–3 Months) Set Direction and Show Early Results

Focus on a small number of use cases with clear impact

1
Review Cost-Heavy Workflows
- Identify areas with high manual effort and delays
- Focus on documentation, billing, and coordination

2
Select 2–3 Use Cases
- Choose areas with measurable outcomes
- Avoid spreading effort across too many initiatives

3
Use Available Models to Start
- Begin with off-the-shelf solutions
- Apply limited customization using internal data

What This Phase Should Deliver?
- Clear understanding of where AI fits
- Initial results that can be measured
- Internal alignment across teams

What to Avoid?
- Large, multi-department rollouts
- Long evaluation cycles without implementation

Phase 2 (3–9 Months) — Integrate and Improve

Move from isolated use cases to consistent, system-level usage

1 — Integrate into Core Workflows

- Embed AI into clinical and operational systems
- Ensure it fits into how teams already work

2 — Expand in High-Impact Areas

- Scale documentation support across teams
- Extend into billing, coding, and operations

3 — Establish Governance

- Define data usage, access controls, and compliance
- Set standards for performance and monitoring

What This Phase Should Deliver?

- Consistent usage across teams
- Reduced manual effort in key workflows
- Better reliability and trust in outputs

What Does This Reflects?

47% of organizations are prioritizing improving existing workflows *(Source: BVP, 2026)*

Phase 3 (9–18 Months) — Scale and Standardize

Extend what works and make it part of the system

1

Expand Across Workflows

- Roll out proven use cases across departments
- Ensure consistency in how AI is used

2

Introduce AI Systems for Task Execution

- Use AI to handle routine, repeatable tasks
- Reduce dependency on manual coordination

3

Build and Use Internal Data

- Strengthen datasets from ongoing operations
- Use data to improve accuracy and performance

4

Continuously Improve

- Monitor outcomes and refine systems
- Adjust based on real usage and feedback

What This Phase Should Deliver?

- Consistent performance across teams
- Lower cost per process or task
- Stronger internal capability over time

What Does This Signals?

AI is moving toward systems that can manage parts of workflows with minimal intervention.

The Cost of Delayed Action

Gaps widen quietly, then become difficult to close

Operating Costs Remain High

Manual processes continue without improvement

Workforce Pressure Increases

Limited productivity gains compound staffing challenges

Efficiency Gap Widens

Others improve workflows and turnaround times while you fall behind

Delivery Cycles Slow Down

Across operations and research functions

What This Looks Like in Practice?

- More effort required to achieve the same output
- Slower response across clinical and administrative functions
- High reliance on hiring to solve operational issues

What Does This Leads To?

- Reduced flexibility in managing cost
- Lower ability to scale without adding resources
- Gradual loss of operational efficiency

Implication

The impact is not immediate, but it compounds over time. Cost structure and efficiency begin to diverge across organizations.

Build for Efficiency, Not Experimentation

What AI in Healthcare Needs Now?

- **Define a clear AI roadmap** tied to cost reduction
- **Identify 2–3 high-impact workflows** to scale first
- **Move from pilots to consistent implementation**
- **Track outcomes in terms of cost, time, and capacity**

What Does This Enables?

- Lower cost per patient or process
- Faster operational cycles
- Better use of existing teams without increasing headcount

What Leading Teams Are Doing Differently?

They are not testing more use cases. They are scaling the ones that already work.

How Signity Can Support This Journey?

We work with healthcare teams to:

- Identify high-impact use cases aligned to cost reduction
- Integrate AI into existing systems and workflows
- Build structured and measurable rollout plans

> The gap between early adopters and others is still manageable.
>
> But, it will not stay that way for long.
>
> **Plan Actions Now!**