

A THOUGHT LEADERSHIP ROUNDTABLE
**Reshaping Care Access: Agentic AI's Leap from
Promise to Practicality**



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The session was led by **Keith Fraidenburg**, CHIME's Chief Operating and Innovation Officer, and sponsored by Hyro, whose CEO and Co-Founder **Israel Krush** joined the discussion.

The CHIME members participating in the roundtable were:

Matt Kull

Chief Information Digital Officer
Inova Health System

Joe Diver

Vice President, Chief Information
Officer
Signature Healthcare

Gerald Greeley

Chief Information Officer
Shields Health

Jeremy DePrato

Enterprise Architect, Franciscan
Missionaries
Our Lady Health System

Geoff Fallon

Vice President, Clinical and Business
Solutions
MaineHealth

Renato Inacio

Director of IT/Interim CIO
Child Mind Institute

Tyler Gauthier

Director of Digital Transformation
UVA Health

Dustin Hufford

Senior Vice President & Chief
Information Officer
Cooper University Health Care

SUMMARY

Healthcare today is evolving faster than ever, driven by rapidly accelerating digital innovation as well as the urgency to improve patient experience, operational efficiency, and workforce satisfaction. Amid this momentum, agentic AI is emerging as a powerful force for reimagining access to care.

What once seemed like a futuristic concept — AI agents capable of performing human-like tasks and learning from experience — is now being actively explored and even implemented by forward-thinking healthcare organizations. From call center automation and password resets to appointment triage and ambient documentation, agentic AI is moving from the margins of strategy decks into real-world workflows.

To explore how these technologies are being deployed and measured, CHIME convened a Thought Leadership Roundtable at the 2025 CHIME Innovation Summit in Fairfax, Virginia. Sponsored by Hyro, the session brought together CIOs and digital health leaders to share candid insights on implementation challenges, early wins, and the cultural shifts required to move from hype to impact. Their insights painted a vivid picture of where agentic AI is delivering value today and where it's headed next.

"No one's got this figured out, but everyone's trying. And that's the spirit of this roundtable," said Keith Fraidenburg, CHIME's Chief Operating and Innovation Officer and moderator of the roundtable, opening the discussion.

WHY AGENTIC AI IS GAINING STRATEGIC MOMENTUM

As healthcare leaders face persistent labor shortages, rising patient expectations, and increasingly fragmented digital ecosystems, agentic AI is no longer viewed as a distant ideal; it's becoming a practical necessity.

"People are moving past that initial fear that AI will take their jobs," said Geoff Fallon, VP of Clinical and Business Solutions at MaineHealth, summarizing a key shift in mindset. Rather than fearing replacement, clinicians and support staff are increasingly looking to AI to help them work more efficiently and at the top of their license.

For many leaders, the strategic conversation around agentic AI begins with a fundamental workforce challenge: how to grow services and patient access without growing headcount. Joe Diver, CIO at Signature Healthcare, shared a question posed to him by his executive team: "How can we grow the organization while keeping FTEs flat on the operational side?" His answer: bring agentic AI into the equation.

Others echoed this sentiment but emphasized that the issue isn't just budget, it's availability. "We can't find the FTEs to do the job, at this point," Fallon added.

Inova's Matt Kull framed AI's value proposition in economic terms. "We want to improve the correlation between revenue growth and expense growth, and agentic AI gives us a way to scale without adding space and headcount every time," he said. "If you look at every hospital that's gone from \$2 billion to \$10 billion in revenue, the margin generally doesn't change. Economies of scale aren't always easy to come by. We need to solve for that, and AI gives us that shot. By reducing the administrative expense burden, we can invest in our communities to further improve access to care."

While the potential for workforce impact may be uncomfortable to some, leaders argued it's more about avoiding unnecessary administrative burden and creating headroom for clinical expertise and delivery. Still, Kull didn't sidestep the reality: "It's a fundamental error to think AI won't reduce some types of jobs. It will. But that doesn't mean we're eliminating human value—we're redirecting it so people can work at the top of their skill level and license."

"We can't replace anyone, and we can't add people. So, we must do more with what we have. That's where AI comes in."

Renato Inacio
Director of IT/Interim CIO
Child Mind Institute

For Renato Inacio of the Child Mind Institute, a small nonprofit with limited hiring flexibility, the shift to AI isn't optional; it's essential. "We can't replace anyone, and we can't add people," he explained. "So, we must do more with what we have. That's where AI comes in."

Tyler Gauthier of UVA Health connected AI adoption to broader transformation goals. "We've communicated a 10-year strategic plan that includes digital transformation," he reported. "Agentic AI is one way to achieve that transformation, especially for improving patient convenience while reducing staff burden."

This kind of cultural shift, encouraging staff to grow into new roles rather than fear replacement, was echoed by Jeremy DePrato, Enterprise Architect at Franciscan Missionaries of Our Lady Health System.

"We have a culture where people come here and stay 25 to 30 years, and they don't always have outside lenses for how things could be different," he explained. "So, we're trying to shift the conversation: 'You're not going to lose your job, but you are going to be expected to produce something different.' Freeing up the help desk can lead to more productivity upstream, and engineers can retool their skill sets to address needs at the board level."

That's the differentiator DePrato's team is targeting: Getting people to push forward and grow faster. "We're getting away from, 'Oh, this is how we've always done it.' Those days are gone."

Whether the goal is scaling access, easing clinician workloads, or enabling strategic growth without staffing inflation, participants made one thing clear: Agentic AI is no longer just a technology experiment. It's a strategic response to very real pressures, and its moment has arrived.

GETTING FROM VISION TO REALITY: PREPARING FOR IMPLEMENTATION

While the promise of agentic AI is clear, participants were quick to note that realizing that promise depends on more than enthusiasm or vision. The hard work lies in preparing the organization—technically, operationally, and culturally—for implementation.

For those further along, like Dustin Hufford at Cooper University Health Care, implementation has laid bare the deeper, more systemic issues that need fixing.

“We quickly realized how messy our Epic instance was,” he said. “We couldn’t even turn on online scheduling due to the complexity of visit types and decision trees. That’s when we understood: this isn’t just an AI implementation. It’s a system redesign.”

That foundational cleanup — standardizing visit types, simplifying scheduling logic, aligning care models— isn’t a side project. It’s the prerequisite. “Doing that work alone brings enormous ROI,” Hufford added. “You don’t even need AI to see improvements in access once that’s fixed, but AI can then take you even further.”

Kull shared a similar experience at Inova: “People who no-show their appointments often call to cancel but hang up after a short time if a live person doesn’t answer. Once we added an agentic AI solution that could handle cancellations instantly, without hold time, our no-show rates dropped significantly.”

As digital transformation moves forward, it’s important to recognize that technology is only one part of the equation. Equally critical is how organizations support their people through change.

One theme that surfaced in this conversation is the understandable hesitation that can arise when automation impacts team structures. As Kull, Matt shared, “Understandably, leaders may feel that their sense of value is tied to the size of the teams they manage. When we talk about streamlining operations, it can feel deeply personal.”

This is why the best approaches will be rooted in empathy and clarity. Efficiency doesn’t diminish anyone’s importance — it creates opportunities to focus on higher-value work, strategic leadership, and innovation. The goal is to empower every team member to thrive in a more agile, forward-thinking environment.

There was a shared notion among participants that working together should go beyond just implementing new tools and, instead, building a culture that embraces progress while honoring the people who make it possible.

Gerald Greeley, CIO at Shields Health, highlighted the sharp resistance that often surfaces when AI fails to meet expectations. “It’s amazing, the pushback that is there,” he said. “And if it fails once, it’s ‘we told you so.’” He noted that such early setbacks can sour perceptions and give opponents ammunition unless leaders have the patience and the messaging to weather the early friction.

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He also emphasized the importance of selecting proven tools that can demonstrate value quickly, not just in cost savings, but in improving patient and provider experiences. “That’s ROI too,” he noted.

Fallon agreed that cultural adoption extends to patients and their have different comfort levels with AI. “Some people still carry negative associations from other industries, like trying to get through to your cell phone company’s bot,” he said. “And if you have bad scheduling data behind the scenes, that just reinforces those fears.”

To mitigate these concerns, Inova designed a user-friendly fallback approach.

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Israel Krush, CEO of Hyro, acknowledged that complaints are inevitable: “Even when the agent performs perfectly, you’ll still get resistance. You need organizational resilience to see it through.”

From broken data to entrenched workflows, participants made it clear: implementing agentic AI is more than just selecting the right tool. It’s preparing the entire organization to think, act, and scale differently.

MEASURING ROI IN BOTH DOLLARS AND EXPERIENCE

Once agentic AI moves from idea to implementation, the question inevitably becomes: Is it working?

Participants emphasized that measuring the return on investment (ROI) requires more than just financial modeling. It demands a clear understanding of what outcomes matter most to patients, staff, and the organization as a whole.

Kull offered a real example of cost savings through intelligent automation. At Inova, which partnered with Hyro to implement agentic AI in the call center, the results have been tangible.

“Within six months, we were handling 40,000 calls a month through the agent,” he said. “Help desk password resets represent 30 to 40 percent of ticket volume in many systems. With AI agents and secure ID tools like CLEAR, that’s a solvable problem right now. You could improve the efficiency of that part of the help desk operations overnight.”

While savings are compelling, some of the most valuable returns have emerged in unexpected places. Inova’s AI-driven appointment management solution directly improved access.

“We weren’t even thinking about no-shows when we started,” said Kull. “But it turns out, with the agent seamlessly handling cancelations instantly, we can offer up those empty appointments to others. The number of empty appointment slots has dropped dramatically.”

Krush summed up the overall impact for providers: “By automating appointment confirmations and rescheduling, health systems will see a measurable drop in no-shows and fewer empty appointment slots — directly translating to higher patient throughput and improved ROI.”

Gauthier of UVA Health reported similar results through a different use case. “When we allow patients to manage their appointments online, we see a 20 to 30 percent reduction in no-show rates,” he said. “It’s a simple but powerful shift.”

These operational benefits ripple into the patient experience. Hufford explained that AI has helped Cooper Health reduce administrative burdens and improve retention.

“We’re focused on making sure staff are working at the top of their license,” he said. “We’ve seen a real impact on workforce satisfaction and even agency cost reduction, because people feel more supported and less buried in routine tasks.”

DePrato added that some of the most meaningful returns come from restoring simplicity and presence in care delivery—especially when technology gets out of the way.

“I was sitting with our CMO just a couple weeks ago and just peeling back all the clutter that got introduced when we brought in EMRs. What I saw reintroduced was this analog experience, this conversational thing,” he said. “Watching how happy they were — face-to-face, not turning their backs — it was clearly a much better experience. Being part of that in some capacity was really satisfying.”

Qualitative benefits can be harder to measure, but participants agreed they’re just as critical. “Patients don’t necessarily care what technology we’re using,” said Gauthier. “What they notice is whether it’s easier to get care, whether someone follows up, whether they feel heard. AI can help with all of that—if it’s implemented thoughtfully.”

Krush emphasized that success is not just automation volume but also experience quality. “It’s not just about replacing a human with an AI agent — it’s about eliminating the friction of outdated workflows,” he said. “With AI, patients can reschedule an appointment at 10pm after they’ve put their kids to bed, rather than waiting on hold during a busy 9-to-5 workday. We’re not competing with people; we’re competing with missed opportunities for access and satisfaction.”

Taken together, the early results suggest that agentic AI goes beyond improving productivity to help organizations close longstanding gaps between patient expectations and system performance.

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LOOKING AHEAD: SCALING THOUGHTFULLY, LEADING DELIBERATELY

As agentic AI moves from pilot projects to enterprise-level deployments, CIOs and digital leaders are thinking beyond tools to include trust, culture, and long-term strategic alignment.

Across the roundtable, there was a shared emphasis on keeping people at the center of AI adoption. Participants stressed that while automation offers new levels of efficiency, its real value lies in enabling a better experience for patients, providers, and staff. That requires not only selecting the right tools but fostering a mindset shift: one that prioritizes innovation without losing the human connection.

That support includes not only the frontline but also those tasked with implementing and managing new workflows. Multiple participants noted that middle managers — often the most directly affected — can feel squeezed. Leaders must be proactive in communicating purpose, supporting skill growth, and reinforcing value.

Keith Fraidenburg, CHIME's Chief Operating and Innovation Officer and moderator of the session, noted that the tone of the conversation itself marked a shift in healthcare's AI journey.

"A year ago, the conversation was still hypothetical: 'Should we be looking at AI agents?' Now it's, 'Here's how we're using them.' That's a big leap in a short time."

That leap isn't just technological. It's human. It's organizational.

DePrato emphasized the importance of questioning long-standing assumptions.

"We're trying to change our organization, so that the default answer isn't just to follow whatever our EHR vendor doing," he said, noting his team is exploring specialized AI offerings. "We're saying, 'Hey, maybe let's go with a more interesting attempt to start off with, and then peel that back if needed.' That mindset — branching out first — is more forward-thinking for us."

Krush urged attendees to think in terms of learning loops, not just system upgrades.

"The real magic of agentic AI isn't in replacing people; it's in learning from them," he said. "Every patient interaction can train the agent to do better next time. That's how we scale with quality, not just speed."

Whether deploying conversational agents in the call center or weaving intelligent automation into patient engagement platforms, the most successful implementations share a common theme: they are designed for humans first.

VISION WITHOUT LIMITS

A glimpse at what healthcare leaders would build if nothing stood in their way.

CHIME's Thought Leadership Roundtables focus on real-world insights: what's working, what's not, and what's next. But vision is an essential element.

If there were no budgets or red tape to stand in the way, what agentic AI-powered solution would these digital health experts implement to transform access to care?

Here is a sample of what they imagined:

- **Gerald Greeley** envisioned an AI-driven imaging platform that would eliminate geographic and logistical barriers to expert radiology reads.
- **Joe Diver** wished for psychographic segmentation to tailor communication and outreach to each patient's personality and needs.
- **Geoff Fallon** proposed a digital workforce navigator: an AI agent that could reduce friction, answer staff questions, and help them work at top of license.
- **Matt Kull** imagined a system that flags when patients have gaps in their care journey and automated interventions can occur before conditions worsen.
- **Keith Fraidenburg** closed with a vision of "actionable insights that improve outcomes without increasing burden."

Their visions varied—but each pointed toward the same goal: a healthcare system where intelligence and empathy scale together.



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