THE STATE OF AI FOR HEALTHCARE

# Healthcare Isn't Short on Heroes. It's Short on Human Capacity.

Why generative AI is the first technology that can lift the administrative tax off every role in healthcare, and what it means for the clinicians, leaders, and teams holding the system together.

**Mike Kaput**
Chief Content Officer, SmarterX · Instructor, AI Academy

3-PAGE BRIEF · COURSE 1

Healthcare has spent decades digitizing records, rolling out EHRs, and investing in predictive tools. So why does the work still feel unsustainable? Because **nearly every critical step, from diagnosis to billing to patient messaging, still runs on direct, unscalable human effort.** Demand keeps rising, the paperwork rises with it, and the people carrying the system are running out of time and energy.

THE THREE FLAWS HOLDING HEALTHCARE BACK

## Why heroic effort can't fix this anymore.

### 01

**The Administrative Tax**

Administrative work in support of care costs the U.S. roughly $1 trillion a year, 15 to 30% of all healthcare spending. It isn't medicine or innovation. It's the work about work: billing, back-office processes, and paperwork that pull people away from patients.

### 02

**Burnout and Pajama Time**

Primary care physicians spend a median 36.2 minutes in the EHR per visit, longer than the 30-minute visit itself. The overflow follows them home as evening and weekend charting. Physician burnout sits at 39.5%, versus 24.6% of the general workforce.

### 03

**Preventable Harm**

An estimated 424,000 Americans die each year from misdiagnosis, with more than 900,000 serious harms in total. Inefficiency and exhaustion make errors more likely, and capacity gaps leave a third of Americans without a primary care physician at all.

**$1T**
spent each year on U.S. healthcare administration, not on care itself

**39.5%**
of physicians report burnout, versus 24.6% of the general working population

**2 in 3**
physicians now use AI in their work, with physician AI use up 78% since 2023

Sources: National Institutes of Health · Health Affairs · American Medical Association · Johns Hopkins University



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> *“Our health care systems are built on the heroic, unscalable efforts of their people.”*
>
> Mike Kaput, Chief Content Officer, SmarterX

THE AI TIPPING POINT

## From specialist tool to everyone’s copilot.

AI isn’t new to healthcare. Predictive models have read scans for years, and more than 900 FDA-approved AI devices exist today, 77% of them in radiology. What changed is language. Generative AI works in plain words, so any doctor, nurse, or administrator can now use world-class AI with no technical background.

**THE OLD MODEL**

- × Reactive: problems treated after they appear
- × Clinicians charting long after the visit ends
- × AI siloed in IT, data science, and radiology
- × Every task relies on unscalable human effort
- × Quality, access, and cost traded off forever

→

**THE AI-FORWARD MODEL**

- ✓ Predictive: risk flagged before harm occurs
- ✓ Ambient scribes document while care happens
- ✓ AI in the hands of every role and function
- ✓ Human plus machine, working as centaurs
- ✓ Quality, access, and cost improved together

THE REWARD FOR DISRUPTION

## Three converging forces make this moment unavoidable.

### A Tidal Wave of Data

Healthcare now generates about 30% of the world’s data, from EHRs and medical imaging to genomics and wearables. It is the fastest growing data sector on the planet, and it is exactly the fuel modern AI needs.

### Cheaper, Faster Compute

Better, cheaper chips and cloud infrastructure have made it economically and operationally realistic for healthcare organizations to put that data to work at scale, not just in research labs.

### AI for Everyone

Generative AI runs on natural language, so anyone can use it with no technical training. The new baseline is no longer the unaided expert. It is the professional augmented by AI, and that gap widens fast.

BELLWETHERS ALREADY AT SCALE

**MAYO CLINIC**

AI drafts nurse replies to patient messages, rated more empathetic, and is projected to save **1,500 nursing hours a month**.

**CLEVELAND CLINIC**

AI predicts patient flow and discharge readiness: a **4.5% shorter average stay** and **600 ICU days** saved annually.

**MOUNT SINAI**

AI flags patients at high risk of delirium before symptoms appear, **quadrupling detection** and treatment rates.

## The risk isn’t AI. The risk is inaction.

AI systems compound. Early movers accumulate data that makes their AI smarter, generating more data and widening the gap. Every quarter of delay turns into a moat your team has to climb later, when the cost is higher and the talent is scarcer.

YOUR NEXT STEP:

**AI EDUCATION →**

**Start your AI Transformation with AI Academy by SmarterX.**



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AI MASTERY MEMBERSHIP

PROFESSIONAL CERTIFICATE SERIES

# Go deeper with AI for Healthcare

This brief covers the “why.” The full four-course series takes you from strategy to hands-on execution, built for healthcare leaders, clinicians, and non-clinical teams alike.

## WHAT YOU’LL LEARN

**01** Analyze healthcare’s systemic flaws and the data-backed case for AI-driven transformation.

**02** Navigate the three core strategic shifts that build a lasting advantage with AI in healthcare.

**03** Apply the Use Case and Problem-Based Models to build a prioritized AI roadmap for your role or team.

**04** Select compliant AI tools and get hands-on with reasoning models, deep research, and custom assistants.

| 4 | ~4 hrs | Beginner+ | Certificate |
|---|---|---|---|
| COURSES | ON-DEMAND | COURSE LEVEL | AFTER FINAL EXAM |

## THE COURSE SERIES

COURSE 1
**The State of AI for Healthcare**

COURSE 2
**The Future of Healthcare: Core AI-Forward Strategies**

COURSE 3
**Finding Your AI Advantage in Healthcare**

COURSE 4
**Applied AI for Healthcare**

## Included with an AI Mastery Membership.

Get all four courses, the hands-on Use Case and Problem-Based Workbooks, and the professional certificate exam. Business plans are available for groups of 5+.

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