

HIMSS26 Field Notes: The Agentic Turn Is Real and It Happened Fast

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Abstract

Key HIMSS26 announcements across major themes:

- Epic previewed Agent Factory, a no-code visual builder letting health systems create, configure, and deploy custom AI agents within the Epic environment; revenue cycle

AI tool Penny cut prior auth submission time 42% at Summit Health; coding-related denials down 20%+ at high-usage systems

- athenahealth launched athenaConnect, an intelligent interoperability layer covering 170,000 providers and 20% of the US population, and previewed a first-of-kind M server enabling authorized AI agents including Claude to access structured patient data directly inside athenaOne

- Google Cloud announced partnerships with Humana, CVS Health, Highmark Health, Waystar, and Quest Diagnostics all running Gemini-powered agentic AI launched Health100, a standalone health tech subsidiary built entirely on the stack; Waystar cited 15B+ in prevented denials since launching its AI

- FinThrive framed agentic AI as an operating model, not a feature, with autonomous workflows across 50+ use cases recovering 1.1% on underpayments for early adopters; XiFin debuted an autonomous Appeals Agent handling the full denials workflow to end

- Stryker launched SmartHospital Platform via a new Smart Care business unit, combining ambient sensors, the Engage alarm-filtering middleware engine, voice-activated Sync Badge devices, and virtual nursing workflows

- Singulr AI launched Agent Pulse, a real-time AI agent governance platform; Syneos Health launched Dawn, an always-on AI mental health product built on a proprietary clinical model with MindGuard safety classifiers

- Wolters Kluwer integrated UpToDate Expert AI into Microsoft Dragon Copilot Teams; ModMed Scribe 2.0 hit 240,000 visits in under 100 days

- The through-line: HIMSS26 was not about what AI might do. It was about what it was already doing, and the governance, infrastructure, and interoperability plumbing required to let it scale

The Conference in One Sentence

If HIMSS25 was the year everyone arrived with a generative AI slide deck, HIMSS was the year people started showing receipts.

That is the honest one-sentence summary of what happened in Las Vegas this week. The demos shifted. The conversations shifted. Health system buyers are not asking whether AI can help anymore. They are asking which vendors have actually deployed it, how many claims it touched, how many hours it returned, and what happens when it goes sideways. That last question finally has a vendor category of its own, which tells you something about how far this market has moved in twelve months.

The overarching theme, and it was not subtle, was agentic AI: systems that do not just surface recommendations but actually execute workflows without a human rubber stamping every step. Revenue cycle, clinical documentation, physical logistics, patient data access, mental health, population health contracting. Agents everywhere. The vendors showing up with pure summarization tools looked like they brought a flip phone to a 5G conference.

Here is what actually mattered.

Epic Builds the Agent Factory

Epic came to HIMSS26 with outcomes data and a platform play, which is a more dangerous combination than most people give them credit for. The headlining announcement was Agent Factory, a no-code visual builder embedded inside the environment that lets health systems configure, deploy, and monitor their own AI agents. The framing matters here. Epic is not shipping a pre-built agent and calling it innovation. They are handing health systems a development environment for building custom automation inside the EHR, which is a structurally different move.

The outcomes data they brought to the floor was hard to ignore. At Summit Health, Epic's revenue cycle AI tool Penny cut medication prior authorization submission time by 42%, with 92% of AI-generated responses accepted without edits. At system level, with the heaviest Penny usage, coding-related denials dropped more than 20%. For context, prior auth is one of the most expensive and despised administrative drag

ambulatory care. A 42% time reduction in that specific workflow is not a demo n it is a CFO conversation.

On the clinical side, Epic highlighted Chart with Art, its AI charting tool for behavioral nursing, which Houston Methodist became the first system to deploy. Home care workflows are slated for April. The clinical AI story at Epic is quietly expanding ambient documentation into workflows that touch actual care delivery, not just an administrative wrapper around it.

The strategic implication is the one worth sitting with. Epic is building a platform moat around agentic AI that competitors will find nearly impossible to replicate inside the health system enterprise. If Agent Factory gets real adoption, the health system AI stack becomes even more tightly coupled to Epic than it already was. Good news for Epic retention. Sobering signal for any company selling workflow automation into an Epic shop and hoping to survive the next three years.

athenahealth Opens the Data Layer

The single most technically interesting announcement at the conference, for anyone thinking seriously about the AI agent infrastructure layer in healthcare, was athenahealth's MCP server. Model Context Protocol is the open standard that lets AI agents communicate with external systems in a structured, permissioned way. athenahealth previewed what it describes as an industry-first patient MCP server enabling authorized AI agents, including Claude specifically, to access structured patient data directly inside athenaOne.

This sounds like a plumbing announcement. It is actually a strategic one. The current bottleneck for deploying AI agents in clinical environments is not the model quality. It is secure, structured data access. Getting an AI agent to actually do something useful in a healthcare context requires it to read and understand patient records, not just summarize free text it has been handed. athenahealth just built a formal, permissioned pathway for that to happen inside their EHR. The fact that they called out Claude by name in their press materials is notable and speaks to where enterprise AI partnerships are heading.

Beyond the MCP server, athenahealth also launched athenaConnect, an intelligence interoperability layer designed to serve as a single access point connecting 170,000 athenahealth providers, representing roughly 20% of the US population, to health systems, pharmacies, labs, and external partners. The framing was interoperability beyond compliance, meaning not just meeting the minimum FHIR requirements but actually making data actionable in real time at the point of care. They also hosted a panel at the conference asking whether LLMs can finally replace HL7 standards for interoperability, which is a genuinely interesting question that the industry is going to be arguing about for the next few years.

RCM Is Getting Automated Whether Finance Teams Are Ready or Not

Revenue cycle was the busiest category on the floor this year and for good reason. Administrative waste in US healthcare runs somewhere north of 400 billion dollars annually, and RCM is the single most tractable part of that problem for AI to attack. Several vendors showed up with autonomous agent deployments, not pilots.

FinThrive made the most aggressive positioning play, framing agentic AI not as a feature but as an operating model. Their Fusion data architecture runs autonomous workflows across more than 50 use cases, with early adopters reporting a 1.1% recovery rate on underpayments, translating to nearly a million dollars in recovered cash within three months of deployment. That is the kind of number that gets a CFO to pick up the phone.

XiFin debuted its Empower AI ecosystem with a specific focus on denials, which is where the real money is. Their autonomous Appeals Agent reviews denied claims, retrieves medical necessity documentation, drafts patient-specific appeal letters, submits the full package to payors, all within defined compliance guardrails and without a human touching it. The end-to-end automation of the appeals workflow is significant because appeals management is one of the most labor-intensive parts of hospital billing, and one of the areas with the clearest ROI for automation.

Waystar expanded its partnership with Google Cloud to accelerate its agentic AI capabilities across complex revenue cycle workflows. Since launching its AI platform, Waystar has helped providers prevent more than 15 billion in denied claims, and clients have reported cutting time spent on appeal and documentation workflow by 90%. These are large numbers from a vendor with real scale, and they are being achieved in the context of expanded capability deployment, not initial pilots.

Google Goes All In With Health System Partners

Google Cloud had one of the more consequential booth presences at HIMSS26, not because of anything Google itself announced, but because of who they brought with them. The list of organizations publicly committing to Gemini-powered agentic AI deployments included Humana, CVS Health, Highmark Health, Waystar, and Quest Diagnostics. That is a cross-section of payers, providers, diagnostics, and health technology companies that represents a significant portion of US healthcare transaction volume.

The CVS announcement deserves particular attention. The company launched Health100, a standalone health technology services subsidiary with agentic AI built into its foundation. The pitch is a unified healthcare engagement platform for consumers regardless of which pharmacy, care provider, insurer, PBM, or digital health solution they use. That is a very ambitious interoperability play from a company with the distribution to actually execute it, and it signals that CVS is now a serious bet on being a technology company in addition to a healthcare services company.

Quest Diagnostics launched Quest AI Companion, a HIPAA-compliant AI chat function embedded in the MyQuest app that helps patients understand their lab results in plain language. It sounds simple. It is actually one of the more patient-facing deployments of AI in diagnostics and addresses a real problem: most patients cannot interpret a lab panel without calling their doctor, which creates unnecessary downstream utilization. Helping patients understand their own results at the moment of access is genuinely valuable.

Stryker Enters the Digital Hospital OS Race

Stryker made a move that most people in the health tech investment community probably underestimated, launching the SmartHospital Platform through a newly formed internal business unit called Smart Care. The platform is designed to do something deceptively ambitious: serve as a connective layer between all the hardware, software, and people inside a hospital, essentially positioning itself as operating system for the physical hospital environment.

The technical components are worth understanding individually. Engage is the middleware engine at the core of the platform, designed to filter and prioritize alerts and notifications so that nurses are not buried in irrelevant alerts. Alarm fatigue is a real and well-documented clinical problem. Nurses in some settings receive hundreds of alerts per patient per day, the overwhelming majority of which are non-actionable. A middleware layer that intelligently triages that noise is clinically meaningful, not just operationally convenient. The Sync Badge is a voice-activated, hands-free communication device that delivers prioritized alarms and clinical information to individual staff members. Virtual nursing and ambient monitoring workflows are built into the platform.

What makes this announcement strategically interesting is the context. Stryker acquired AI-assisted virtual care company [Care.ai](<http://Care.ai>) in 2024 and communication platform Vocera in 2022. SmartHospital is the first major public signal that Stryker is integrating those acquisitions into a unified platform play, rather than running them as standalone product lines. A medtech company of Stryker's scale and hospital distribution moving into digital hospital infrastructure is a different competitive threat than a startup attempting the same thing.

Physical Automation Arrives on the Floor

Robots were on the HIMSS show floor this year in a way that felt less like a novelty and more like a product category. Two announcements stood out for different reasons.

VSee launched what it described as the world's first fully autonomous telehealth robot, purpose-built for hospital deployment. The device uses LiDAR navigation, 30x optical and infrared night vision to navigate hospital corridors independently, reaching patient bedsides without requiring staff escorts for virtual rounding, telestroke response, and specialist coverage in emergency departments and ICUs. It also includes programmable drawers for medication and supply delivery, meaning a single autonomous pass can handle both the clinical encounter and the logistics of delivering what was prescribed in it. The underlying AI Workflow Engine is a no-code/low-code layer that lets hospitals configure and scale clinical AI modules without rebuilding existing IT infrastructure. VSee claims common customizations can be completed in as little as one day.

On the logistics side, Diligent Robotics continues to expand Moxi, the autonomous hospital delivery robot that has now completed over one million picks in healthcare settings. Moxi handles the non-patient-facing tasks that consume an outsized portion of nursing time: running lab samples, fetching medications, moving supplies between units, distributing PPE. The documented outcomes from existing deployments are meaningful. One nursing system reported getting back the equivalent of 595 full nursing days over the deployment period. A hospital pharmacy saved 6,350 staff hours. At one system, nurses were performing routine item movements over 300 per day before Moxi. The robot handles that without complaint, without overtime, and without calling in sick.

The pattern across both announcements points to something the investment community should take seriously. Physical automation in hospitals is no longer a futuristic aspiration. It is an operational product category with real deployments, outcomes data, and real unit economics. The question for investors is not whether the market exists. It is which companies have the integration depth, the hospital relationships, and the operational support model to scale it.

Governance Finally Gets Its Moment

One of the most telling signals at HIMSS26 was not any single product announcement. It was the emergence of AI governance as a standalone vendor category. Singularity launched Agent Pulse, a platform specifically designed to monitor and control AI agent behavior in real time. The technical framing is runtime governance: the system provides context discovery, risk intelligence, and policy enforcement to ensure that agents only execute authorized actions within defined parameters.

This matters because autonomous AI agents operating on PHI inside a hospital create a risk surface that the industry has not had to manage before. An AI agent that can access patient records, draft clinical documentation, submit prior auth requests, initiate appeals is enormously useful. It is also a compliance and liability exposure if it behaves outside its intended scope. The fact that a dedicated governance vendor showed up at HIMSS with a real product, and generated serious interest, tells you that health system CIOs are thinking hard about this problem.

Wolters Kluwer addressed the hallucination problem from a different angle, integrating its UpToDate Expert AI directly into Microsoft Dragon Copilot and Teams. The logic is sound: if clinicians are going to use AI-assisted documentation and communication tools, embedding curated, evidence-based clinical intelligence directly into those tools creates a guardrail against the model generating confident but incorrect clinical content. UpToDate is one of the most trusted clinical reference databases in the world. Putting it inside Dragon Copilot is a meaningful safety layer, not just a partnership announcement.

What the Pattern Actually Means

Step back from the individual announcements and a coherent architecture starts to emerge. At the infrastructure layer, the MCP server movement, led by athenahealth and picked up by multiple ecosystem vendors, is establishing a standard for how agents access EHR data. That is the equivalent of agreeing on an API specification before building the applications on top of it. It is foundational and will determine which AI vendors can play inside health system workflows versus which ones get locked out.

At the application layer, the agentic AI deployments in RCM, clinical documents, and patient engagement are moving from pilot to production. The outcomes data being cited at HIMSS26 is real and measurable. Prior auth time cut by 42%. Denials reduced by 20%. Fifteen billion in prevented claim losses. These are not aspirational projections. They are retrospective results from live deployments at named health systems.

At the physical layer, autonomous robots are now a product category with commercial traction, documented ROI, and serious institutional capital behind the leading companies. The hospital operations automation story is not a ten-year thesis anymore. It is a three-to-five year scaling story for companies already in the market.

And threading through all of it is the governance question, which is the most underappreciated investment theme coming out of this conference. Every autonomous system that operates on PHI, executes financial transactions, or influences clinical decisions creates regulatory surface area that health systems are not fully equipped to manage on their own. The vendors who can credibly answer “how do we know this agent is doing what it is supposed to do” are going to have very short sales cycles. Any health system CIO who just watched a week of agentic AI demos in Las Vegas is now quietly terrified about what happens when one of them goes wrong.

HIMSS26 was the conference where the hype settled and the infrastructure work became visible. That is usually when the interesting investing starts.



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