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WHAT IT REALLY TAKES TO BUILD AI THAT CLINICIANS AND CARE MANAGERS WILL USE

HealthLeaders webinar dives into real-world AI—surfacing high-risk patients, closing care gaps, and taking pressure off clinical and care teams.

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HealthLeaders webinar dives into real-world AI—surfacing high-risk patients, closing care gaps, and taking pressure off clinical and care teams.

Hospitals are moving past the AI hype and into action—finding new ways to support nurses and care managers with tools that are already making a measurable impact. While much of the early momentum has centered on administrative use cases—particularly in the revenue cycle—the clinical side is starting to gain ground. Health systems are using AI to help nurses and care managers identify rising-risk patients, reduce task fatigue, and act faster on social determinants of health (SDOH) and care coordination gaps.

Healthcare industry leaders tackled those questions during the recent Health Leaders webinar, **"The Winning Edge for Using AI to Improve Care Management,"** sponsored by Lightbeam Health Solutions. Panelists included **Ishani Ved,** MHA, CPHQ, FHELA, director of transformational population health and outcomes at Saint Peter's Healthcare System; **Danielle Bergman,** MSN, APRN, FNP-BC, AVP of clinical development for Lightbeam Health Solutions; and **Mike Wells,** president of OSF HealthCare Saint Francis Medical Center (Peoria).

Below is a recap of their conversation.

PANELISTS

DANIELLE BERGMAN, MSN, APRN, FNP-BC

AVP of clinical development for Lightbeam Health Solutions

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Director of Transformational Population Health and Outcomes

Saint Peter's Healthcare System

MIKE WELLS

OSF HealthCare Saint Francis Medical Center (Peoria)

AI's growing presence in nursing and care management

The conversation kicked off with a reality hospitals know well: nurses and care managers are stretched thin—and AI is stepping in where it counts. "What we know about nurses is that they have task fatigue, and they need to be working at the top of their license," said Ved, noting that Saint Peter's uses Lightbeam's population health AI tool helps them do so, by identifying risk factors likely to drive high near-term utilization so care managers can proactively address them during upcoming inpatient visits. In doing so the AI tool helps care managers identify patients they might not have engaged otherwise until after a high-cost event.

Wells outlined multiple AI applications in play at Saint Francis Medical Center—the flagship hospital of OSF Healthcare in Illinois—including one that uses generative AI to review a patient's history and offer care planning guidance to nurses and care managers. "AI is capable of rapidly taking a huge amount of data, analyzing it, and providing actionable insights for a user…to act on," he said. That includes

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—Danielle Bergman

proactive suggestions based on past care effectiveness, as well as alerts when a current order deviates from previous clinical patterns.

Wells also discussed a pilot for Saint Francis’s ambient listening solution, first tested in outpatient settings and now expanding to inpatient care. “AI listens to the conversation between a provider and a patient, summarizes an encounter note and posts this into the patient record in the EHR,” he said. The inpatient version, however, is designed to populate discrete fields in the medical record.

In addition, Saint Francis uses predictive analytics to identify patients at risk for readmission, ED visits, or mortality. “It provides guidance for the care manager or the nurse in terms of long-term care planning and connectivity to the outpatient setting,” said Wells. The system has also implemented AI tools to flag patients nearing discharge who require authorizations, helping staff prioritize tasks.

Bergman emphasized that the value of using AI is that it can reduce cognitive load. “The goal is to offload the mental bandwidth for our end users that is required to manage these specific at-risk populations,” she said. “The biggest opportunity with AI is to prioritize time, resources, and knowing what action to take next.” With high-risk populations, it’s crucial to intervene more proactively, she added.

The challenge of clinical integration

While enthusiasm around AI continues to grow, the panel acknowledged that serious challenges remain—especially when it comes to scaling adoption in inpatient care. Wells noted that the most difficult issues tend to surface as organizations move from basic pilots to more advanced applications, particularly in settings that are inherently more chaotic and less predictable than outpatient care.

At Saint Francis, one area under exploration is the next generation of its virtual sitter program, which currently uses live video monitoring to watch patients at risk of falling. Wells said AI could help monitor more patients at once, extending staff capacity while keeping humans involved.

Still, inpatient use cases present unique risks and require careful rollout, he added. “We are managing the risk and doing tests of change over time so that we can implement it safely and don’t start to experience an increase in falls.” Autonomy, Wells stressed, needs to be introduced with caution. For example, while AI might eventually connect directly with a nursing home to coordinate a discharge, that level of independence demands accurate data and strong oversight.

"This to me is similar to the impact that genomic sequencing had on diagnostics, care planning, and pharmacology—it's that magnitude of change," said Wells. "I think the next thing is to give autonomy to AI appropriately so that AI can actually take action on the data," he added. Referring to the virtual sitter example, he said, "Wouldn't it be cool if AI could actually interact with the patient and preemptively stop the patient from getting up rather than having to prompt the person to do it?"

—Mike Wells

Ved emphasized that transparency and trust are essential when deploying AI in clinical care. At Saint Peter's, the team has focused on creating a culture where clinicians clearly understand what the technology is and isn't. "It's here to empower our clinicians and help them use their time better," she said. Trust, she added, is built by reinforcing what AI supports—and does not replace clinical judgment. "Every interaction has at least one human taking a look at it. We say, 'Does what we're seeing make sense?'"

Like Wells, Ved underscored the need for strong data inputs. "It's important that the data that backs up the engine accurately targets our patient populations, which are medium to high-risk individuals," she said. That focus has yielded results. "We've been fortunate to have a department of medicine that's really partnered with us and championed this," she added. As adoption grows, the model continues to improve. "It's a reflection of the collective brainpower of the organization."

From the platform side, Bergman said one of the biggest barriers is earning clinical trust. "The models do have to be transparent, and they have to be clinically explainable," she said. "Even the best performing model won't succeed if your clinicians can't understand or validate the output." In fast-paced inpatient environments, timing and relevance is everything, she added. "If the AI data is not being delivered in the right place to the right person at the right time, it's going to get ignored in the clinical workflow. Change management is a hard principle in healthcare, and so we must work with minimizing that burden which arises when you bring a tool in."

Winning over stakeholders at the Point of Care (POC) and driving long-term sustainability

Clinician buy-in isn't just about believing in AI—it's about seeing it work within the demands of real clinical life. Success hinges on how seamlessly the technology is integrated into existing workflows and how clearly its value is communicated. "If you have a department which is on board and includes multidisciplinary teams, you're going to have powerful stakeholders to really bring in adoption and utilization for AI," Bergman said.

Ved said one of the most convincing ways to win over clinicians is by connecting the technology to tangible results. "Those types of real interventions that come as a result of using the technology are really what helped our clinicians see the value in what we're doing," she said. "They realize that, 'Hey, our patients are 7% less likely to have an inpatient or ED visit after this intervention, even if we don't get to everybody.'"

"The better our throughput is, the more transfers that we're able to accept and the more procedures and surgeries that we're able to continue to move through. All of those things are easily translatable to financials,"

—Mike Wells

Wells added that at Saint Francis, clinician support has been "overwhelmingly positive" from the start with ambient listening. He noted that provider documentation time decreased, patient satisfaction increased, and the organization is now "actually taking a look at managing the enthusiasm about the utilization of AI."

To sustain momentum, organizations must demonstrate value over time. Bergman stressed that trust and adoption is the key to achieving those outcomes. "If you're not using it, you're not going to realize the value," she said. She added that, clinically, organizations are measuring impact on workload and time efficiency, while also tracking metrics like readmissions, ER visits, cost of care, and length of stay (LOS) outliers. SDOH metrics look at improvement in screening and transportation barriers, and dive deep into specific patient populations.

Ved pointed out that ROI doesn't always mean dollars in the door. "It's a money saver, like [with] quality and safety." Wells added that ROI shows up in productivity and quality outcomes. "The better our throughput is, the more transfers that we're able to accept and the more procedures and surgeries that we're able to continue to move through. All of those things are easily translatable to financials," he said.

The next leap for clinical AI in population health

The panel closed with a look at the next wave of innovation, where data is more precise and AI shifts from supporting decisions to driving them, such as initiating outreach, launching tasks, or enrolling patients into care programs automatically. Emerging use cases include predicting specific patient outcomes, guiding triage decisions, and expanding AI's role in virtual sitter programs. As we move to a future state, Bergman asked, "Can we automate referrals and tasks where we don't need to bring in the human?" Lightbeam is already working to build that capability, she added.

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