Center for Health Care Innovation
Yale New Haven Health | New Haven,
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Health AI Symposium

Health AI Symposium

Health AI Symposium

Event Summary

Dates

May 26–27, 2026

Inside this document

4 featured sessions | 2-day symposium | Executive summary | Moderator prompts | Schedule and logistics

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Health AI Symposium

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Executive Summary

In May 2026, the YNHHS Center for Health Care Innovation convened the Health AI Symposium and the YNHHS Innovation Awards. Together, these programs reflect a maturing innovation landscape in which success depends not only on novel ideas, but on the ability to implement, govern, measure, and scale solutions in real-world care settings.

Health AI Symposium

Developed in collaboration with Senator Maroney, the State of Connecticut, and peer Connecticut health systems, the symposium brought together health system leaders, clinicians, operators, investors, and founders for two days of discussion on how AI is moving from promise to practice. Across the sessions, speakers emphasized that the central challenge in healthcare AI is no longer idea generation, but disciplined execution in live clinical and operational environments.

A consistent theme emerged across the symposium: healthcare AI creates value only when it is embedded into workflows, aligned with user needs, supported by strong governance, and measured against tangible outcomes. Speakers returned to a common set of questions: Does the tool reduce clinician burden? Does it fit how care is actually delivered? Can value be demonstrated in operational, financial, or mission-driven terms? And is the organization prepared to monitor and sustain it over time?

The presentations highlighted complementary dimensions of this challenge, including workflow integration, ROI, governance, enterprise readiness, and post-deployment monitoring. Taken together, they underscored that implementation, not technical novelty alone, is what ultimately determines impact.

YNHHS Innovation Awards

The YNHHS Innovation Awards extended these themes in a practical way. Finalists and winners presented a strong pipeline of innovations, many of them AI-enabled, focused on clinical decision support, automation, predictive analytics, and workflow redesign. The most compelling pitches were those that clearly articulated the problem, the end user, the implementation pathway, and how impact would be measured. Across both the symposium and the awards, the message was consistent: the future of healthcare innovation will be shaped by solutions that are implementable, scalable, and capable of delivering measurable value.

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Opening Remarks (May 26)

Speaker: Pam Sutton-Wallace
President, Yale New Haven Health

Key Takeaways	Key Insights
• Prioritize solutions that reduce clinician burden and friction • Ensure innovations are embedded into existing workflows and scalable • Evaluate solutions based on real-world usability and impact • Design for access and equity •	• Innovation must be grounded in frontline reality • Clinician experience is a leading indicator of success • Access and equity are strategic priorities, not secondary outcome • Execution is the differentiator • Integration determines impact

Narrative Summary:

Pam Sutton-Wallace opened the event and grounded the program in the real-world mission of health system transformation, emphasizing that innovation must ultimately serve clinicians and patients in tangible ways. She framed the program not as a celebration of ideas, but as a mechanism to solve meaningful problems at scale, particularly those that reduce friction in care delivery and improve access.

A central theme of her remarks was the importance of alleviating clinician burden, highlighting that the most impactful innovations are those that give time back to providers and improve their day-to-day experience. She also reinforced that patient access and equity are essential benchmarks for success, not secondary considerations. She set a clear expectation that innovation must be practical, measurable, and embedded within workflows, rather than existing as standalone tools or concepts and acknowledged the increasing complexity of the healthcare environment, emphasizing the need for disciplined prioritization and thoughtful integration. At a broader level, she positioned YNHHS as both a convener and catalyst, bringing together clinicians, industry, and partners to advance solutions.

The tone was both optimistic and pragmatic, reinforcing that meaningful innovation requires persistence, alignment, and a deep understanding of frontline realities.

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Presentation 1: AI in Practice: From Promise to Reality (May 26)

Moderator: Lee Schwamm MD
Panelists: Alexi Nazem MD, Dana Edelson MD, Andrew Gostine MD

Key Takeaways	Key Insights
• Innovation is driven by clinical experience and real-world problems • Predictive models must translate into actionable workflows • Scaling requires discipline, focus, and prioritization • Platform extensibility is increasingly valued over point solutions	• Prediction alone does not create value • Workflow integration is the single biggest determinant of adoption • Founders must balance persistence with adaptability

Narrative Summary:

Figure 1: Artisight Concept Vision

This fireside discussion grounded the event in the realities of deploying AI in clinical environments, moving beyond theoretical promise to execution barriers and lessons learned. Panelists emphasized that innovation begins with lived clinical experience, with many solutions originating from frontline frustration rather than abstract opportunity. A central theme was that predictive analytics alone are insufficient; value is only created when insights are translated into real-time, actionable decisions embedded within existing workflows. The conversation highlighted the tension between technological ambition and operational discipline, with repeated warnings against overextending product scope too early. Founders reflected candidly on the need to balance persistence with responsiveness to user feedback, noting that early assumptions often shift significantly once solutions encounter real-world complexity. The discussion also surfaced the importance of focusing on high-impact user groups, particularly nurses and frontline staff, who ultimately determine adoption success. A recurring thread was that clinician burden remains the most critical litmus test, with solutions failing quickly

if they introduce friction. Panelists also underscored the emotional and mission-driven aspects of innovation, reinforcing that purpose, not financial incentive, sustains long-term effort. Overall, the session reinforced a clear message: success in healthcare AI depends far more on implementation, behavior change, and workflow integration than on model performance alone.

Select Quotes

Panelist	Quote
Dana Edelson, MD, AgileMD	"A predictive analytic by itself is just a predictive analytic. If you can't translate it into action, it doesn't really matter."
Andrew Gostine, MD, Artisight	"The urge is always to say yes to everything. That is not how you do it. You'll get so spread thin that you won't be successful."
Andrew Gostine, MD, Artisight	"Do not start a company for money. There is no amount of money that will sustain you through how hard this journey is."
Alexi Nazem, MD, AlleyCorp	"If you're creating something new, it hasn't been done before. You need the conviction to push through, but also the ability to pivot."

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Presentation 2: Measuring Value & ROI in Healthcare AI: Balance Sheet vs. Mission (May 26)

Moderator: Sari Kaganoff

Panelists: Josh Flum, Alastair Erskine MD, Rish Jain, Sandya Rao MD

Key Takeaways	Key Insights
• Hard ROI remains the primary decision driver • Soft ROI (clinician experience, equity) influences adoption but is difficult to quantify • Stakeholder incentives across payer, provider, and patient are often misaligned • Successful innovations align with existing economic drivers first	• ROI must be: measurable, predictable, attributable • Short-term ROI enables entry; long-term transformation drives system impact

Narrative Summary:

This panel explored the complex and often uncomfortable intersection between financial performance and mission-driven healthcare outcomes. Across perspectives from payers, investors, and operators, there was strong alignment that hard ROI remains the primary gating factor for adoption, particularly in the current economic climate. Panelists described a disciplined approach to investment decisions, often requiring defined return thresholds within relatively short time horizons to justify deployment. At the same time, there was acknowledgment that many high-value innovations deliver benefits that are harder to quantify, including clinician satisfaction, reduced burnout, and improved patient access. The discussion surfaced a fundamental challenge in aligning incentives, as financial gains may accrue to different stakeholders than those bearing implementation costs. Participants emphasized the importance of defining the problem clearly before introducing technology, reinforcing that AI should be viewed as a tool rather than a solution in itself. The panel also highlighted growing competition among vendors, with an increasing number of solutions attempting to address overlapping use cases. This has heightened scrutiny on differentiation and defensibility, particularly among investors. Ultimately, the conversation made clear that successful innovations must navigate both financial rigor and mission alignment, with those able to demonstrate near-term economic impact gaining the greatest traction.

Select Quotes

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Panelist	Quote
Alistair Erskine, MD, Highmark Health	"Every project is done in partnership with finance. Before it begins, we decide what percent of value is attributable to digital."
Sandhya Rao, MD, BCBS Massachusetts	":We're looking for two-to-one ROI over 12 to 18 months. It needs to impact utilization in the near term."
Rishabh Jain, Latent Health	"If your solution is aligned with revenue growth, proving ROI becomes much easier."
Josh Flum, LRVHealth	"The most universal measure across stakeholders is hard financial return." "AI is a tool. If you can't clearly define the problem you're solving, it doesn't matter how good the technology isn't."

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Presentation 3: Connecticut Health AI Snapshot: From Strategy to Practice (May 26)

Moderator: Lee Schwamm MD
Panelists: Christine Finck MD, Peter Grevelding, Barry Stein MD, Jasper Tolarba DNP, Amit Kumar PhD,

Key Takeaways	Key Insights

• AI governance is evolving into integrated enterprise oversight
• Post-deployment monitoring is a growing operational burden
• Risk-based governance frameworks are emerging as standard
• Adoption is accelerating rapidly across all systems
	• Governance is shifting from: static approval to continuous monitoring
	• Risk frameworks increasingly include:
	  ○ Human in the loop
	  ○ Human over the loop
	  ○ Autonomous systems

Narrative Summary:

This session provided a system-level view of how AI is being implemented across regional health systems, with a strong focus on governance, scaling, and operational readiness. Panelists described a shift away from experimental pilots toward more structured, enterprise-wide deployment strategies, reflecting increasing organizational maturity. Governance emerged as a central theme, with multiple speakers highlighting the transition from isolated AI review processes to integrated digital oversight frameworks that account for varying levels of risk. The discussion also revealed the growing burden of post-deployment monitoring, with systems struggling to balance the need for continuous oversight against limited resources.

Panelists acknowledged that traditional validation approaches are not scalable given the volume and pace of AI deployment, necessitating more pragmatic, risk-based models. There was also recognition that accountability for AI performance often resides with clinical stakeholders, reinforcing the need for strong domain ownership. A key insight was that governance is no longer a one-time approval process but an ongoing responsibility that extends throughout the lifecycle of a solution. The conversation underscored that many organizations remain in a learning phase, adapting policies and frameworks in real time as new use cases emerge. Overall, the panel

highlighted governance and monitoring as emerging bottlenecks that could constrain future innovation if not addressed systematically.

Select Quotes

Panelist	Quote
Lee Schwamm, MD, YNHHS	"Post-deployment monitoring may become the biggest lift we face in the next phase."
Barry Stein, MD, Hartford HealthCare	"Governance is about risk. Surface it, understand it, and build a mitigation plan."
Pete Grevelding, Chief Operating Officer, Gaylord Specialty Healthcare	"What looks promising in a controlled setting often behaves very differently once it hits real workflows"
Christine Finck, MD Surgeon-in-Chief, Connecticut Children's	"Adoption depends on whether clinicians trust the tool and understand how it fits into their decision-making."
Amit Kumar, Head of Licensing and Venture, UCONN	"You need alignment between the technology, the buyer, and the end user. Without that, adoption stalls."

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Presentation 4: Learning from AI in Practice Presentation (May 27)

Moderator: Margaret Cartiera PhD
Panelists: Rohan Khera MD, Adam Landman MD, Lee Schwamm MD, Richa Sharma MD

Key Takeaways	Key Insights
• Deployment, not model development, is the hardest and most critical phase • Continuous iteration and real-world feedback are required for success • Workflow integration is the primary determinant of adoption • Sustained post-launch engagement is necessary to maintain performance and impact	• Success depends on moving from validation to real-world use • AI solutions require dynamic, ongoing recalibration • Implementation is constrained by system readiness and alignment • End-user behavior ultimately determines value realization

Narrative Summary:

This session shifted the focus from early innovation to the realities of scaling solutions that have already demonstrated initial success. Drawing on experiences from prior award winners and system leaders, the discussion emphasized that the transition from validated model to operational deployment is often the most challenging phase of the innovation lifecycle. Panelists described implementation as a continuous process requiring iteration, adaptation, and sustained

engagement with end users. A key theme was that early success does not guarantee scalability, as solutions must be reconfigured to accommodate different workflows, populations, and institutional constraints. The conversation highlighted the importance of feedback loops, with real-world usage informing ongoing refinement and improvement. There was also recognition that deployment introduces new complexities, including integration challenges, governance requirements, and performance variability over time. Panelists stressed that innovation teams must remain engaged well beyond initial rollout to ensure sustained impact. The discussion reinforced the importance of organizational support structures, including leadership alignment and operational sponsorship, in enabling scale. Ultimately, the session underscored that implementation is not a discrete milestone but an ongoing process that determines whether an innovation achieves meaningful and lasting impact.

Select Quotes

Panelist	Quote
Richa Sharma, MD, Polaris	"Moving from an approved algorithm to something that is actually used every day is a completely different challenge."
Rohan Khera, MD, Ensight-AI	The model is only the starting point. The real work begins once you put it into a live clinical environment."
Adam Landman, MD, Brown Health	"Implementation is where these solutions succeed or fail. Not in development, not in validation, but in the real world."
Lee Schwamm, MD, YNHHS	We have to think about these tools as living systems that require continuous oversight and adjustment."
Margaret Cartiera, PhD, Yale School of Medicine	""What you learn after deployment is often more important than what you learned during development."

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Closing Remarks (May 26)

Speaker: Christopher O'Connor
President, Yale New Haven Health

Key Takeaways	Key Insights
• Treat innovation as a system-level priority • Build infrastructure to move solutions from pilot to scale • Strengthen internal and external partnerships • Invest in deployment, not just validation • Maintain momentum beyond the competition lifecycle	• Innovation is a core strategic capability • The Innovation Awards are an entry point, not the finish line • Scaling is the defining challenge ahead • Partnerships are essential to progress • Sustained leadership commitment is critical

Narrative Summary:

Chris O'Connor closed the event by reinforcing the strategic importance of innovation as a core capability for the health system, not a peripheral activity. His remarks reflected on the breadth and quality of the finalists, highlighting the diversity of solutions addressing clinical care, access, operations, and technology. He emphasized that the Innovation Awards represent more than a competition—they are a pipeline for driving system-wide transformation. A key focus of his closing message was the importance of continuing momentum beyond the event, ensuring that promising ideas move into implementation and scale. He underscored the role of partnership, both internally across YNHHS and externally with innovators and investors, as critical to advancing these solutions. He also acknowledged the effort and collaboration required from judges, organizers, and participants, reinforcing the collective nature of innovation. Importantly, his remarks signaled leadership commitment to supporting the next phase of development, including deployment and operational integration. The tone was forward-looking, positioning the awards as a starting point rather than an endpoint, and reinforcing that sustained focus and execution will determine long-term impact.

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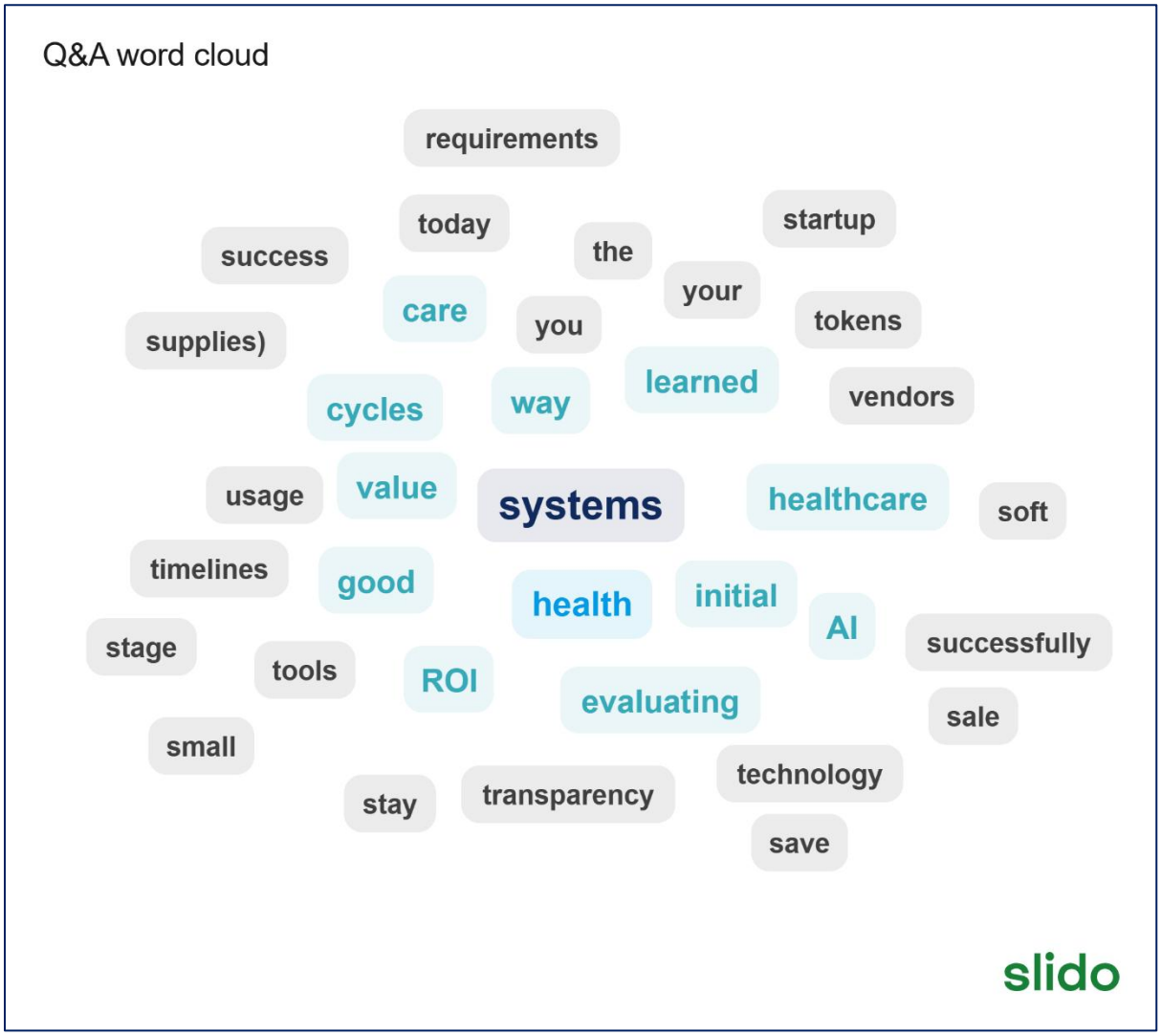
Audience Wordcloud and Q&A



Audience Q&A by Thematic Area

The audience questions surfaced a consistent set of themes across the symposium, including implementation and adoption, ROI and value measurement, governance and oversight, data infrastructure, and go-to-market strategy for innovators. Grouping the questions this way highlights the practical concerns that resonated most with attendees.

Implementation, Adoption, and Change Management

- What commonalities do you see in solutions that were successfully adopted in healthcare?
- After going through numerous implementation cycles, what success criteria are commonly overlooked?
- If an initial 18-month deployment fails, can companies show lessons learned and improvement, or is performance judged cumulatively?

- What have we learned from earlier iterations of digital transformation, and how can organizations better manage the friction that comes with transformation?
- Do you value ease of integration or degree of impact more when evaluating technology tools? Put differently, would you choose a solution that is easier to integrate even if it delivers less impact?

ROI, Value Measurement, and Decision Criteria

- How can we capture ROI in patient care that focuses on softer endpoints such as bedside provider efficiency and satisfaction, rather than length of stay or FTE utilization?
- How do health systems balance internal inefficiencies and cost savings, such as revenue cycle management and supplies, against external revenue drivers such as marketing and community growth?
- What demographic do you focus on to bring humanity into decision-making when increasing ROI makes some problems seem "too small"?

Governance, Risk, and Vendor Oversight

- How often do AI governance models identify vendors that are not meeting health system requirements?
- How do you answer questions about algorithm transparency? Do you publish all input variables to give visibility into your product's predictions?

Data Infrastructure and Enterprise Architecture

- Can anyone discuss data systems and how to centralize information so that different agents do not need to query the record for the same information repeatedly?

Startup Partnerships, Sales, and Market Entry

- How does a clinical AI startup find its way into a pilot or sale with health systems? Who are the initial contacts before an opportunity reaches a governing board?
- How do you navigate sales and procurement cycles with public healthcare systems while managing long timelines and maintaining a sustainable customer acquisition cost?
- How do you construct enterprise agreements that preserve good faith with health systems facing an ever-growing catalogue of alternative options?
- How do you evaluate partner fit, especially when a weak early partner can materially affect product and company trajectory?

Founders and Team Evaluation

- How important is educational background when evaluating a founder? Do you place more value on pedigree, or on other indicators of potential?

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YNHHS Innovation Awards

The 2026 YNHHS Innovation Awards pitch competition served as the centerpiece of the event, showcasing a highly competitive and increasingly mature innovation pipeline. Out of 43 total applications, 27 were advanced for detailed review, with 12 finalists selected to present and 8 ultimately recognized as award winners. This structured funnel reflected both the depth of interest across the system and the growing rigor applied to identifying solutions with real potential for impact.

Finalists delivered concise, high-intensity pitches followed by rapid-fire Q&A, creating a dynamic environment that tested not only the strength of the ideas, but the teams' ability to clearly articulate implementation pathways under pressure. Notably, the composition of the finalist pool signaled a clear shift in the innovation landscape: approximately 70–75% of solutions were AI-enabled, with the majority focused on clinical decision support, workflow automation, and predictive analytics. At the same time, teams spanned a broader range of innovation types, including maternal health platforms, chronic disease management tools, and device-enabled and immersive technologies.

Across presentations, the strongest teams demonstrated a deep understanding of clinical and operational realities, with clear articulation of who the end user is, how the solution integrates into workflows, and how value will be measured. Many finalists showed evidence of early validation or pilot experience, with defined pathways for EHR integration and deployment. Judges consistently gravitated toward teams that moved beyond technical novelty to demonstrate practical execution, scalability, and ownership of outcomes. In contrast, weaker pitches struggled to define a clear path to scale or relied too heavily on pilot-stage framing without demonstrating readiness for broader adoption.

Several thematic clusters emerged, including a strong concentration in chronic disease management (CKD, cardiovascular, gout), maternal and population health, and operational efficiency, reflecting system-level priorities. What ultimately differentiated leading teams was their ability to connect problem, solution, workflow, and impact into a cohesive and credible narrative, supported by tangible progress toward implementation.

Overall, the competition reinforced a broader shift within YNHHS: innovation is no longer being evaluated based on what is possible, but on what is implementable, scalable, and impactful in the near term**.** The finalist pool reflected a maturing ecosystem, where success depends not only on strong ideas, but on the ability to navigate complexity, integrate into real-world environments, and deliver measurable value at scale.

Winners

The winners highlighted the innovations that most clearly combined a compelling problem statement, a credible implementation pathway, and strong potential for measurable impact. While the solutions varied by category and modality, they shared a common strength: they moved beyond concept to demonstrate practical relevance, scalability, and readiness for real-world adoption.

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Winners

Gold Award	Gold Award
	
NeuroProbe **Description:** Implantable multimodal neuro monitoring system integrating ICP, EEG, temperature, and oxygenation sensors for neurocritical care. **Team:** Hitten Zaveri, MD; Dennis Spencer, MD; Emily Gilmore MD **Type:** Device	**Enrich Health** **Description:** Digital platform improving early prenatal care access for Medicaid and underserved populations **Team:** Monique Rainford, MD; Andrea Lee MD **Type:** Community Platform
Silver Award	Silver Award
	
ECG OMI **Description:** AI enabled ECG surveillance integrated into ED workflows to detect missed or under recognized occlusive myocardial infarction patterns. **Team:** Rohit Sangal, MD; Lovedeep Dhingra, MBBS; Sumukh V. Shankar; Rohan Khera, MD **Type:** Clinical Decision Support	**Lumen** **Description:** Mixed reality platform streaming live fluoroscopy into operator's field of view to reduce strain during interventional procedures. **Team:** Jonathan Tefera, MD, Chaitu Dandu, MD, Daniel Webb, Julius Chapiro, MD, PhD, Edouard Aboian, MD **Type:** AR/Hardware

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Silver Award	Bronze Award
	
Elevare Health **Description:** Maternal care continuity platform spanning pregnancy through one year postpartum with clinician on the loop oversight and adaptive care plans. **Team:** Lucas Favazza, Kayla Walsh, Sofia Hirschmann **Type:** Clinical Decision Support	**PROMPT CKD** **Description:** EHR clinical decision support delivering real time, patient specific recommendations to reduce inertia in CKD care. **Team:** Hitten Zaveri, MD; Doc Spencer, MD; Emily Gilmore MD Type: Clinical Decision Support
Bronze Award	Bronze Award
	
SterileVision **Description:** Technician facing AI assisted visual inspection tool to detect instrument defects in real time **Team:** David Israel, MD; Scott Israel, Katie Israel **Type:** Computer Vision	**Hygieia** **Description**: Multimodal AI agent to assist rare-disease diagnosis and risk gene prioritization by integrating phenotypic features, genomic data, and clinical records **Team:** Tianyu Liu; Wangjie Zheng; Feiyang Wen; Hua Xu; James Zou; Hongyu Zhao Type: Clinical Decision Support

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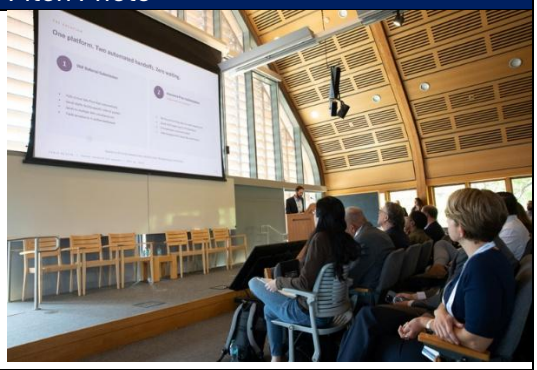
Finalists

The finalists reflected the breadth and maturity of this year's innovation pipeline, spanning AI-enabled tools, digital platforms, devices, and workflow solutions. Together, they illustrate the range of clinical and operational problems being tackled across the system, as well as the growing emphasis on solutions that can integrate into care delivery and generate measurable value.

Finalist	Pitch Photo
AI Enabled SNF Discharge Coordination **Team Lead:** George DiSesa **Description:** GenAI enabled automation of SNF referrals and insurance prior authorization within Epic to reduce avoidable length of stay. **Type:** Automation Workflow	
Elevare Health **Team Lead:** Lucas Favazza **Description:** Maternal care continuity platform spanning pregnancy through one year postpartum with clinician on the loop oversight and adaptive care plans. **Type:** Clinical Decision Support	
SterileVision **Team Lead:** Scott Isreal **Description:** Technician facing AI assisted visual inspection tool to detect instrument defects in real time **Type:** Computer Vision	
Hygieia **Team Lead:** Tianyu Liu **Description:** Multimodal AI agent to assist rare-disease diagnosis and risk gene prioritization by integrating phenotypic features, genomic data, and clinical records **Type:** Clinical Decision Support	

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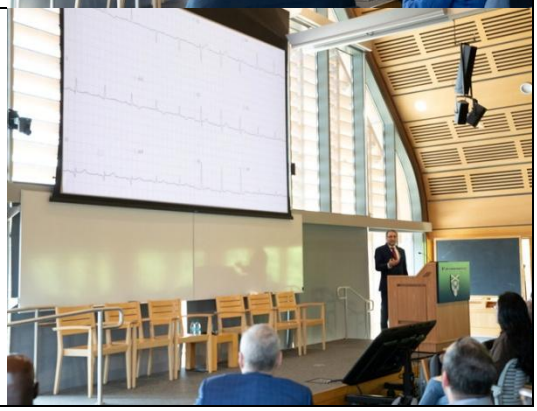
Gout Flare AI **Team Lead:** Hong Na **Description:** Platform leveraging longitudinal HER data to predict recurrent gout flares to enable personalized intervention. **Type:** Clinical Decision Support	
Apple Vision Diagnostic Imaging **Team Lead:** Zaid Qureshi **Description:** Spatial computing platform enabling immersive 3D diagnostic imaging interpretation and real time bedside clinical consultation. Type: VR/Hardware	
Enrich Health **Team Lead:** Monique Rainford Description: Digital platform improving early prenatal care access for Medicaid and underserved populations **Type:** Community Platform	
ECG OMI Team Lead: Rohit Sangal Description: AI enabled ECG surveillance integrated into ED workflows to detect missed or under recognized occlusive myocardial infarction patterns. **Type:** Clinical Decision Support	

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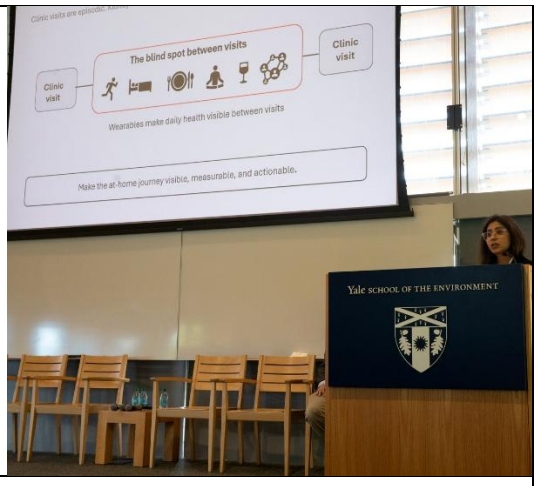
Link-Digital **Team Lead:** Menaka Sarav **Description:** Digital health support program helping early CKD patients use wearable & dietary data between visits to reinforce self-management. **Type:** Clinical Decision Support	
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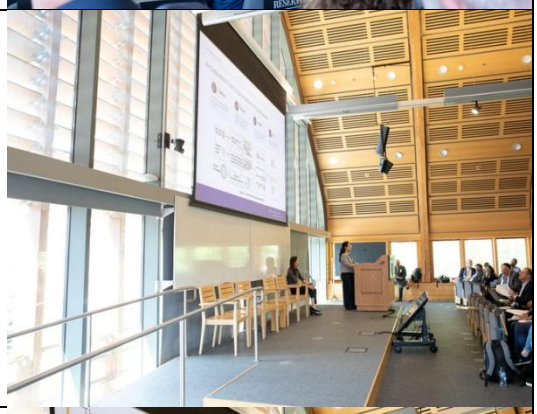
PROMPT CKD **Team Lead:** Angela Victoria-Castro **Description:** EHR clinical decision support delivering real time, patient specific recommendations to reduce inertia in CKD **care.** **Type:** Clinical Decision Support	
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Judge Deliberation

Judges reviewed and assessment the pitches according to a pre-defined rubric and consistently praised innovations that demonstrated:

- Real-world integration potential
- Equity and access-conscious design
- Robust validation methodology

Review Selection Criteria
UNMET MEDICAL NEED
• Clear statement of compelling unmet need and significance of the problem being addressed
TECHNICAL FEASIBILITY
• Strong rationale demonstrating the likelihood of successful implementation, including feasibility of approach and technical soundness.
NOVELTY
• Degree of innovation, originality, and differentiation from existing solutions, with clear articulation of how the approach advances the field.
SPEED TO VALUE
• Clear roadmap with plans to reach key milestones
SCALABILITY AND SUSTAINABILITY
• Potential for broad adoption, long-term viability, and sustained impact, with consideration of implementation pathways and resource requirements.
PROPOSAL AND/OR TEAM STRENGTH
• Proposal strength, quality and diversity of team

From Internal Recognition to Ecosystem Momentum

The YNHHS Innovation Awards increasingly serve as a feeder into the broader Yale and Connecticut innovation ecosystem by identifying, validating, and elevating high-potential ideas before they gain recognition on larger stages.

This year, that pattern was especially visible: after being recognized at the YNHHS Innovation Awards on May 27, Jonathan Tefera and Monique Rainford went on to win first prizes in Blocks 1 and 2, respectively, at the Yale Innovation Summit on May 28.

The same momentum extended to other members of the CHI community, including Reggie Miller III, a previous Health AI Championship applicant, who received an award for OASIS (Optimized Assistant, Support, and Information System), and Naomi Choi, a past 2024 Innovation Awards applicant, whose project InTerp received second place in Health: AI, Data and Clinical Intelligence. InTerp's origins, rooted in the experience of a patient with limited English proficiency who struggled to understand antibiotic instructions and subsequently developed a septic infection requiring additional proximal amputations, underscore the kind of patient-centered problem identification that CHI programming helps surface and advance.

Together, these examples illustrate how the awards do more than recognize strong ideas in the moment. They help cultivate a pipeline of innovators whose work continues to mature, compete, and gain traction across the wider ecosystem.

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Event Leadership and Program Architecture

The success of the Health AI Symposium and YNHHS Innovation Awards reflected a strong partnership between the CHI and DTS teams. CHI served as the architects of the program, leading the strategy, content development, competition design, and overall vision, while DTS served as the operational backbone, driving logistics, coordination, and execution. Together, the teams created and delivered a high-quality event that brought together leaders across YNHHS, Connecticut, and the broader innovation ecosystem.