Health AI Symposium

Health AI Championship
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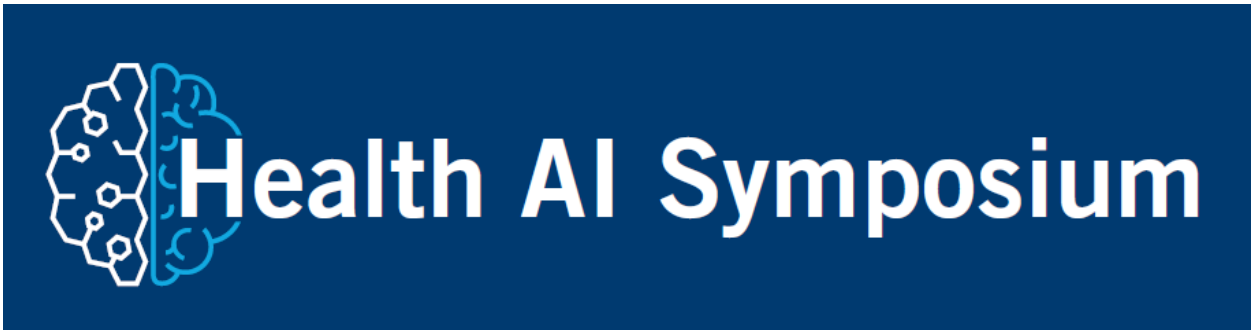

Event Summary – May 27

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Executive Summary

The Health AI Symposium and Championship, hosted by Yale New Haven Health System (YNHHS), convened national thought leaders, startup innovators, and healthcare executives to explore the transformative potential of artificial intelligence in healthcare. The event was structured to advance discussion across three tiers: health system-level innovation, startup innovation, and national AI policy and governance.



Purpose and Scope:
The symposium aimed to foster cross-sector collaboration, promote responsible AI development, and highlight implementable innovations across academic health systems in the state of Connecticut. It also provided a platform for leading AI innovators to present impactful healthcare solutions and for institutions to discuss the governance, ethical, and strategic implications of integrating AI into care delivery.

Key Themes:

- The need for robust governance structures to guide responsible AI adoption.
- Emphasis on health system-originated innovation for maximal patient value.
- The critical role of interoperability, trust, and workforce alignment in scaling AI.
- Bridging the gap between early-stage innovation and scalable implementation.
- Providing leaders and policy makers with “next-best actions”

Strategic Implications:
Health systems must proactively invest in AI governance, establish enterprise-wide standards for validation and deployment, and forge strategic partnerships to remain at the forefront of digital transformation. The event underscored the urgency of creating cohesive frameworks to ensure ethical, equitable, and effective AI deployment.

Standout Innovations and Concerns:

- Startups showcased cutting-edge tools from ambient documentation to algorithmic sepsis prediction.
- Discussions highlighted the persistent challenge of bias, transparency, and regulatory alignment in AI applications.
- A shared concern: innovation must not outpace oversight.

Actionable Next Steps:

- Establish or enhance AI governance bodies within health systems.
- Engage clinical leaders and data scientists collaboratively in solution vetting.
- Prioritize pilot programs that validate tools in real-world clinical workflows.
- Develop education initiatives to prepare the healthcare workforce for AI integration.

Panel Discussions

Welcome & Opening Remarks (Pamela Sutton-Wallace, Lee Schwamm)

Key Takeaways:

- Symposium served as a catalyst for institutional innovation rooted in healthcare delivery.
- Encouraged a values-based approach to AI—empathy, equity, and human-centered design.

Key Insights / Emerging Trends:

- Cross-institutional collaboration as a model for state-wide innovation.
- Innovation should originate within clinical settings for greatest impact.

Strategic Implication:

- Leaders should invest in fostering a culture of innovation and shared values to align AI tools with clinical excellence.

Memorable Quotes:

- "If we keep these values at the core of what we do, technology becomes not a threat, but a powerful extension of our caring mission." – Pamela Sutton-Wallace
- "To be of the greatest value to our patients, healthcare should originate from ideas, inspirations, observations made in the healthcare space." – Lee Schwamm

Keynote: Innovation at the Front Line – An AI Startup Perspective (Lee Schwamm, Shiv Rao)

Key Takeaways:

- AI's transformative value begins with streamlining the clinician experience—especially around documentation.
- Trust and meaningful patient-clinician interaction must remain central in AI adoption.

Key Insights / Emerging Trends:

- Ambient AI technologies are at the forefront of relieving administrative burden.
- LLMs and transformer-based models are driving the next wave of clinical documentation tools.

Strategic Implication:

- Health systems should partner with agile startups for clinically-aligned innovation targeting real pain points.

Memorable Quotes:

- "The most profound impact that a doctor delivers is not in documentation, but in the moments of presence and trust with their patients." – Shiv Rao
- "Healthcare rewards missionaries, not mercenaries—start with the impact you want to leave, then find the business model." – Shiv Rao

Panel: Evolving Approaches to AI Governance within Academic Health Systems (Abbe Gluck, Mark Sendak, Adam Landman)

Key Takeaways:

- Successful AI implementation requires frameworks that span from pilot to scale.
- Governance must be ongoing, adaptive, and inclusive of clinicians and operations staff.

Key Insights / Emerging Trends:

- Increasing adoption of clinical trial-style phased deployment for AI tools.
- Expanded use of platform-based solutions for scalable validation and monitoring.

Strategic Implication:

- Institutions should formalize AI governance bodies and embed risk-based validation tiers.

Memorable Quotes:


- "AI is not a panacea, but if you combine AI with people and process changes, it can help us solve our biggest challenges." – Adam Landman
- "Most low-resource healthcare systems are flying blind—without support, AI innovation risks further widening equity gaps." – Mark Sendak
- "We're seeing the same divide in law as in healthcare—wealthy institutions are adopting AI, while underserved communities are left behind. Bridging that gap is essential." Abbe Gluck

Panel: National Perspectives on Implementing Responsible and Trustworthy AI (John Halamka, Jennifer Goldsack, Brian Anderson)


Key Takeaways:

- National frameworks are essential for enabling safe AI innovation at scale.
- Misalignment between billing data and clinical utility remains a major bottleneck.

Key Insights / Emerging Trends:

- Agencies like CMS are leveraging AI for oversight, not just care delivery.
- New paradigms like deep phenotyping are reshaping clinical relevance in AI models.

Strategic Implication:

- Health systems should align with emerging national standards and participate in public-private initiatives.

Memorable Quotes:

- “We have to stop repurposing billing data for clinical decisions—deep digital phenotyping is the next frontier.” – Jennifer Goldsack
- “Only 6% of AI models validated in academia make it into clinical use—we need to change how we define success.” – Brian Anderson
- “We’re not going to fully automate doctors or nurses in the next 10 years. Those who think otherwise don’t understand what clinicians actually do.” – John Halamka
- “In healthcare, the only currency that ends up mattering is trust. So how do you fast-track trust as a startup, especially in AI?” – John Halamka
- “The supply chain for health technology is so brittle. If people fail to bring you the latest technologies, you’re just not seeing them on the market.” – Brian Anderson
- “I’ve read the FDA’s software-as-a-medical-device guidance 50 times, and it’s still unclear what’s regulated and what’s not. We need clarity to accelerate innovation.” – Jennifer Goldsack

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Startup Pitches and Championship Highlights

Each startup finalist showcased a solution to address critical pain points in care delivery using AI. A few highlights:

Winners

First Prize	Second Prize
Deep Machine Learning Model for Prediction of Death in Organ Donation after Circulatory Death (DCD). (Ramesh Batra, MBBS; Smita Krishnaswamy, PhD): AI-enabled model that predicts time-to-death following terminal extubation to optimize organ procurement processes, reduce dry runs,& enhance transplant outcomes. Home Institution: Yale University	Polaris (Richa Sharma, MD, Kevin Sheth MD): AI-driven co-pilot that utilizes machine learning to classify stroke etiology and extract actionable insights from unstructured EHR data, aiming to improve stroke outcomes and brain health. Home Institution: Yale University
	
Second Prize	**Third Prize**
Ensight-AI (Rohan Khera, MD, Philip Kroon, MD, Evan Oikonomou MD): AI-enabled ECG analysis tool that uses deep learning on standard ECG images to detect subclinical myocardial disease in real time, facilitating early diagnosis and timely intervention. Home Institution: Yale University.	Use of AI, Computer Simulation & Mathematical Optimization for Optimizing ED Resource Allocation (Tze Chiam, A Qasem, S. Visker, J. Brancato): Cloud-based ED ops management platform that integrates AI/ML forecasting, optimization modeling, discrete-event simulation,& digital twin tech. Home Institution: UConn Health
	

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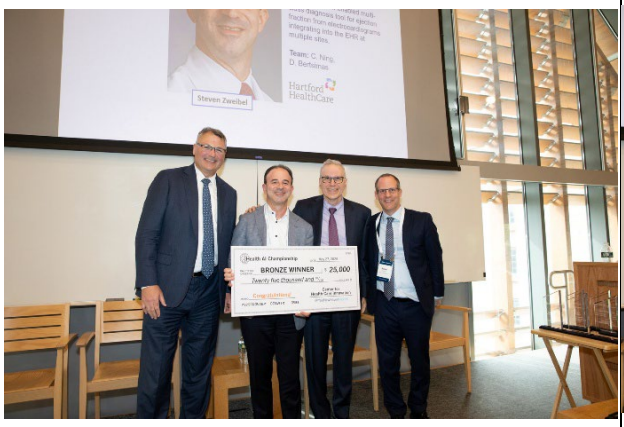
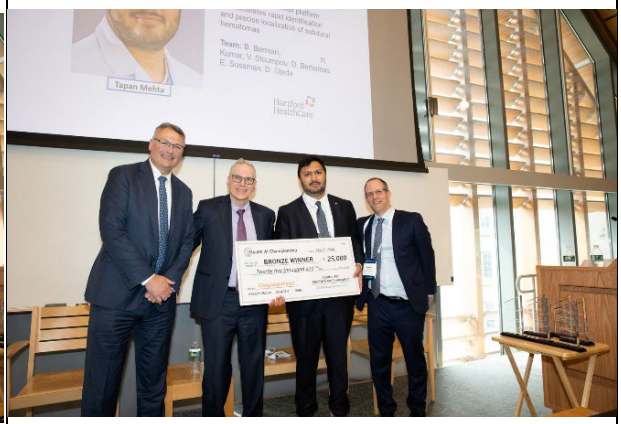
Third Prize & Audience Choice	Third Prize
AI-Enabled Multi-Class Diagnosis of Ejection Fraction from Electrocardiograms (Steven Zweibel, MD, Catherine Ning, Dimitri Bertsimas, PhD): AI-enabled multi-class diagnosis tool for ejection fraction from electrocardiograms integrating into the EHR at multiple sites. This team also received the Audience Choice Award.	Detection and Localization of Subdural Hematoma with Subsequent Recurrence Prediction using AI (Tapan Mehta MD, Bernard Berman Rohan Kumar, Vasiliki Stoumpou, Dimitris Bertsimas PhD): AI-driven platform that facilitates rapid identification and precise localization of subdural hematomas
	
Honorable Mention	
GaylordAuth, an AI-Driven Pre-Authorization Optimization Platform: (David Chen, MD, Henry Hyrdlikca) AI-driven pre-authorization optimization platform for LTACHs that streamlines the PA process to reduce denials and administrative workload while enhancing revenue cycle efficiency.	Re-Agent (Po-Jen Lin, MD, Tai-Lin. Lee, MD, Yu-Tien Hsu, Kai Wang): AI-driven research collaboration platform that employs agentic AI to automate complex administrative workflows—from IRB applications to funding proposals.
	

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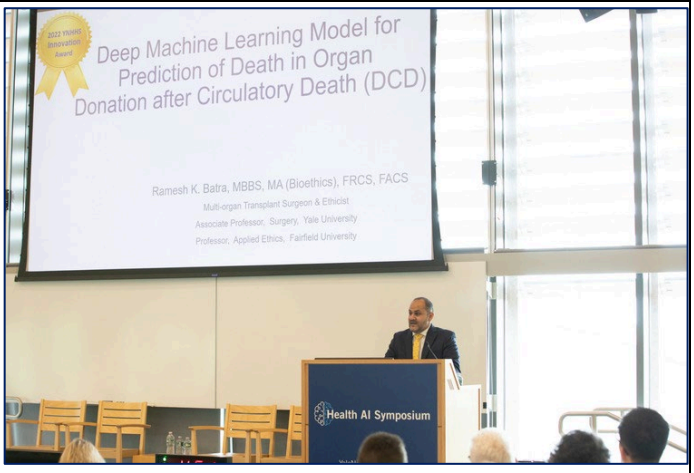
Finalist Pitch Competition

12 Finalist Teams pitched at the Health AI Championship on May 27

Finalist Overview	Pitch
Deep Machine Learning for DCD Prediction (Yale New Haven Health – Ramesh Batra): Predicts time-to-death post-extubation using dynamic clinical data to optimize organ procurement and reduce dry runs.	
GaylordAuth AI (Gaylord Specialty Care – David Chen): Automates prior authorization with NLP, reducing denials and enhancing revenue cycles	
Emergency Dept Resource Optimization (Connecticut Children's – Tze Chiam): Real-time ED staffing optimization using AI, simulation, and digital twins.	

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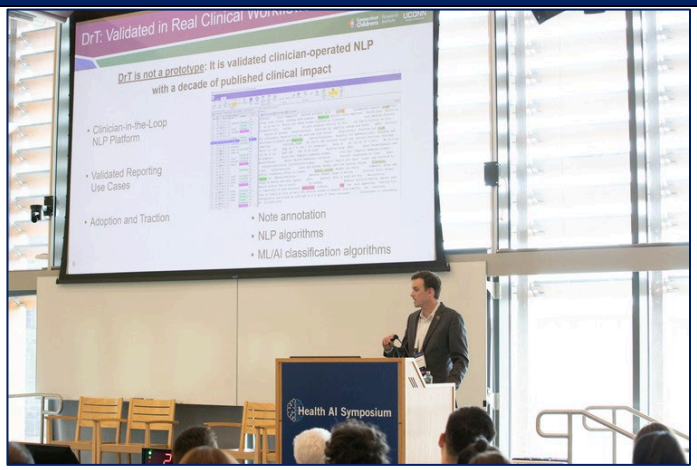
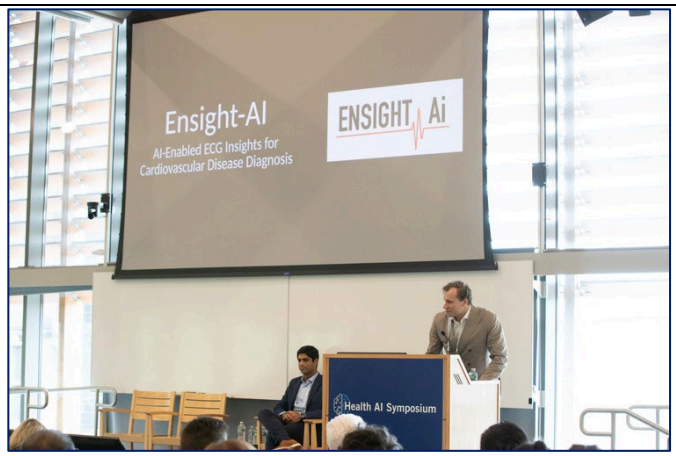
Finalist Overview	Pitch
Low-Value Care Automation (Connecticut Children's – Alex Hogan): NLP-based real-time tracking of low-value asthma care in EHRs.	
Ensight-AI (Yale New Haven Health – Rohan Khera): ECG-based AI tool for detecting subclinical cardiac disease.	
Re-Agent (Nuvance Health – Po-Jen Lin): AI platform for automating research admin tasks using agentic AI and blockchain	

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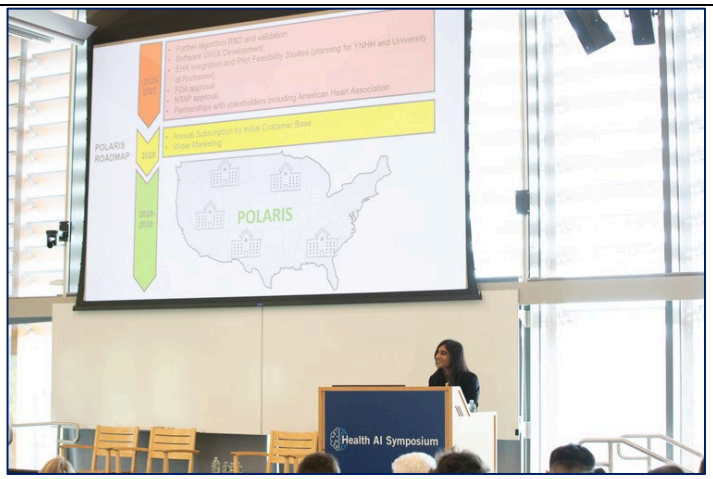
Finalist Overview	Pitch
Mobile Infectious Disease Detection (UConn Health – Changchun Liu): Point-of-care diagnostics using deep learning-enhanced CRISPR on smartphones.	
Subdural Hematoma AI (Hartford HealthCare – Tapan Mehta): AI-driven localization and recurrence prediction using CT scans.	
POLARIS (Yale New Haven Health – Richa Sharma): ML model for classifying stroke etiology and extracting insights from unstructured data.	

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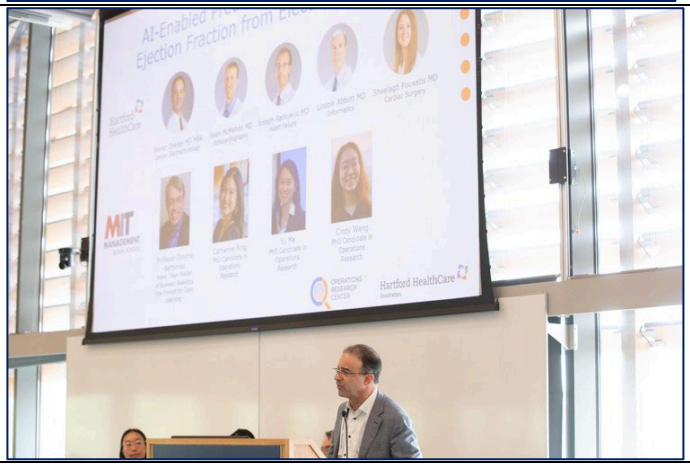
Finalist Overview	Pitch
NEC Detect (Connecticut Children's – David Sink): AI-driven early detection of NEC in neonates using integrated imaging and clinical data.	
Agentic OR Scheduling (Yale New Haven Health – Hua Xu): Multi-agent AI scheduling tool for real-time anesthesiology staffing.	
Ejection Fraction from ECGs (Hartford HealthCare – Steven Zweibel): AI-based multi-class EF diagnosis using ECG and EHR integration.	

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Judge Deliberation

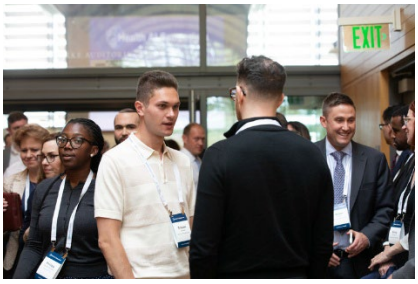


Judges reviewed and assessed the pitches according to a pre-defined rubric and consistently praised innovations that demonstrated:

- 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

Cross-Cutting Themes and Trends

Common Threads Across Panels and Pitches:

- **Workflow Integration**: Innovations that fit seamlessly into clinical environments were most valued.
- **Governance as Enabler**: AI governance is evolving from gatekeeping to strategic enablement.
- **Bias and Equity**: The equity implications of AI were highlighted as a core concern.
- **Interdisciplinary Collaboration**: Partnerships across law, informatics, and clinical domains are foundational.
- **Data Trust and Transparency**: A shift toward open benchmarks and transparent model performance.

Shifts and Opportunities:

- AI is now a when-not-if conversation.
- Clinical use cases are expanding rapidly; governance must keep pace.
- National policy and payer shifts (e.g., CMS) are actively influencing AI adoption.

Actionable Recommendations for Leadership:

- Establish adaptive, tiered AI governance bodies.
- Validate all tools through pilot testing and phased implementation.
- Invest in enterprise-wide AI literacy programs.
- Align early with national frameworks and regulatory pathways.
- Prioritize equitable, human-centered technology deployment

Audience Participation & Audience Questions

Our team used the Slido tool to solicit questions from attendees during the day. A list of key engagement metrics and questions are listed below



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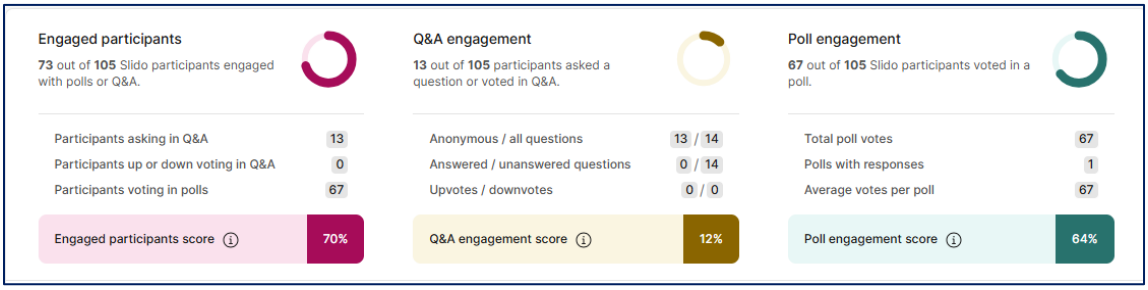
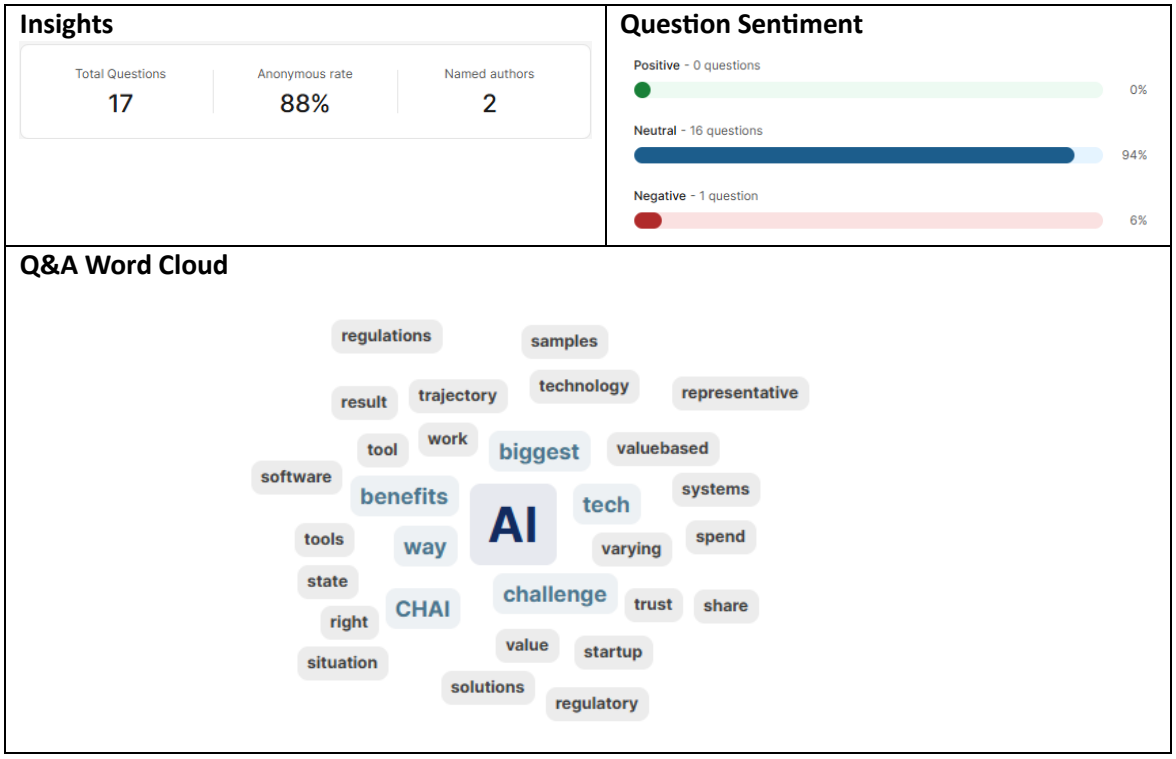
Engagement Insights



Q&A Insights



Audience Q&A

- Will AI influence changes to healthcare practices/policy, or will current policies dictate future AI developments in this space?
- How does AI differentiate flawed current practice data when assessing the cost/benefit of implementing new technology in value-based medical device purchasing?
- What was your biggest learning from your meeting with Rick Rubin? How did it influence your company trajectory?
- What has been your biggest challenge as a founder up to this point? What keeps you awake at night right now?
- Sounds like an AI arms race between payers and healthcare providers is beginning. Will we really improve healthcare value or just spend more & more on AI tech?

- Will AI Governance committees be able to make decisions that can be implemented?
- What impact will the cuts to NIH funding have on the work you are doing with AI?
- The AI landscape is changing rapidly, how do you balance implementing numerous point solutions vs implementing an “AI Operating System”?
- What are challenges internally and externally on acceptance, education when implementing AI tools?
- Mark, what do you think the market pains are for software acceptance? Seems your product might lack clear market benefits?
- How does a tech startup become part of CHAI? Is any investment needed, and what are the benefits for the startup?
- With populations prioritizing differently, how does the coalition incorporate community? Both locally with varying ethnic groups, and international regulations?
- A challenge when developing models is gaining access to representative samples that result in generalizable products. How can CHAI mediate such access?
- Are the state level regulatory frameworks being developed in a way concordant with political persuasion or are they being discussed across the board?
- With the proliferation of AI tools, what is the best way for health systems and consumers to choose the optimal tool for their needs in a given situation?
- Jen noted we don’t hold physicians at fault for med adverse reactions. Seems like, however, missing part is AI companies share no liability? Shouldn’t they?