



The AI Workforce Shift in *Healthcare*

Why Multi-Agent Systems Will Replace Your Point Solutions by 2027

A strategic guide for healthcare leaders navigating the shift from AI tools to AI teammates.

Healthcare is *buying* AI, not deploying it

The average health system now runs 10+ disconnected AI point solutions — scribes from one vendor, phone bots from another, coding tools from a third. Each solves one task but creates new data silos and integration overhead.

\$995M

invested by US health
systems in 2025

30%

actually reach
production

10+

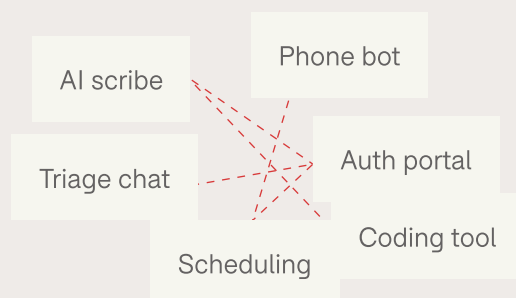
disconnected point AI
solutions are used by
large hospitals

“Multi-agent architectures are less a technology option and more an operating-model shift, forcing organizations to rethink how tasks are decomposed, orchestrated and governed end-to-end”

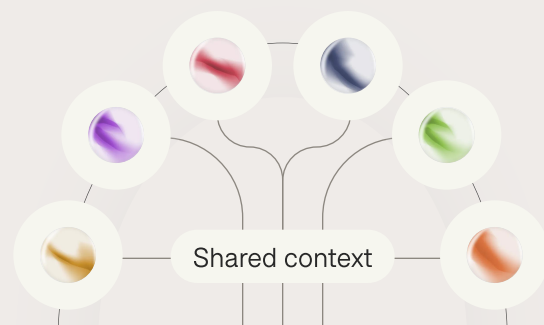
—Gartner, 2026

The fragmentation problem

Today: 5-8 disconnected tools

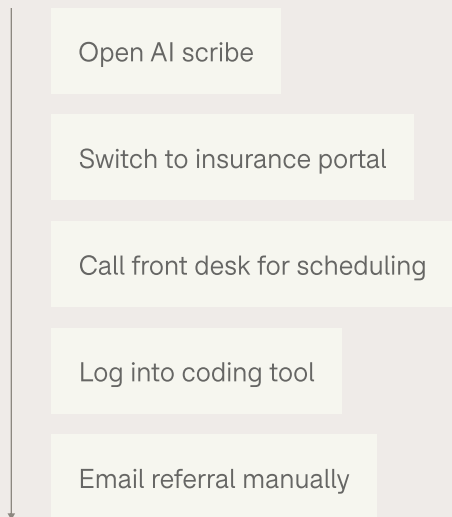


Future: Unified AI team



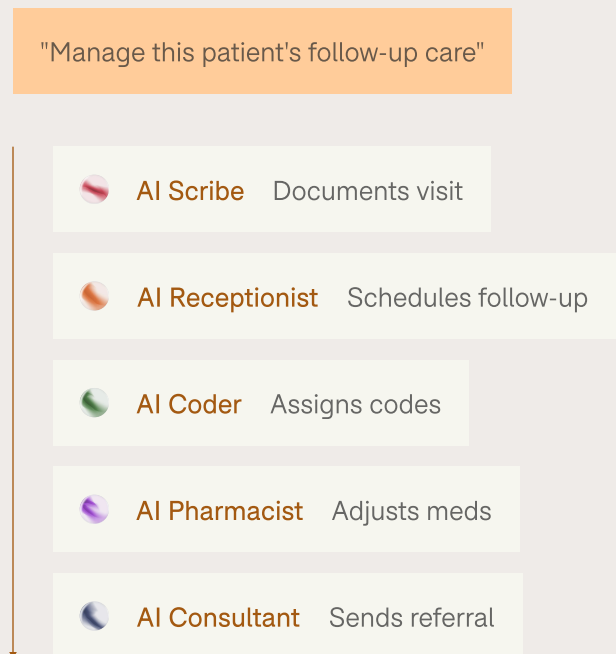
From AI tools to AI *teammates*

2024: Provider Juggles 5 Tools



Each step = new context,
new login, new delay

2026: Provider Delegates to AI Team



The paradigm shift

Software is shifting from direct manipulation to goal-oriented delegation. Instead of providers operating 5 separate AI tools, they assign goals to an AI team that executes multi-step workflows autonomously — with the provider maintaining oversight.



5–10 min

saved per patient encounter



One workflow

replaces 5 tool switches



Zero

context lost between steps

Why point solutions *fail* in healthcare

Context fragmentation

Your AI scribe doesn't know what your AI receptionist told the patient. Follow-up instructions contradict the visit summary. Clinical insights from one tool never reach another.

The integration tax

Every point solution requires a separate EHR integration, BAA, IT review. 6 tools = 6 vendor relationships, 6 security audits, 6 data pipelines. Each takes 3-6 months.

No cross-agent intelligence

When a scribe captures that a patient missed three doses last week due to side effects, that signal stays buried in documentation. It never reaches the pharmacist recommending an alternative or the nurse scheduling a check-in call.



The hidden cost of fragmentation

IT Integration Overhead	3-6 months per tool
Clinician Context Switching	15+ minutes/day wasted
Data Reconciliation	10+ hours/week
Vendor Management	6 separate BAAs & reviews
Training & Onboarding	Different UI per tool



How multi-agent AI teams *work*



Conversational

Answers clinical questions with full patient history. Providers ask any question and get sourced answers immediately.



Ambient

Runs during visits, surfacing checklists, relevant clinical considerations, and topics to discuss in real-time.



Autonomous

Receptionist handles calls, schedules appointments, verifies insurance, runs outreach.



Collaborative

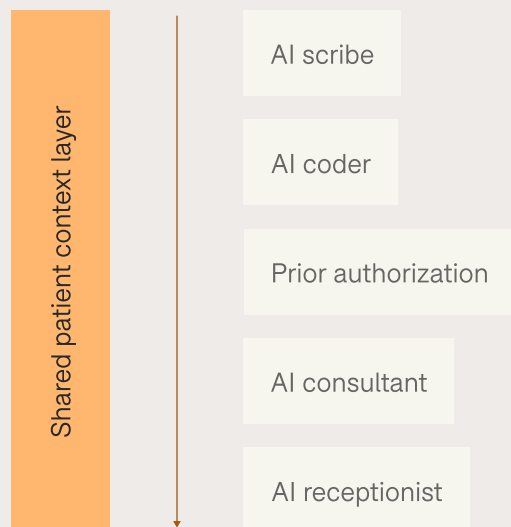
Scribe passes to Coder, triggers Prior Auth, Consultant suggests referral, Receptionist executes.



Proactive

Scribe listens to visits and auto-generates referrals, orders, and follow-ups without being asked.

How agents collaborate on a single patient case



50%

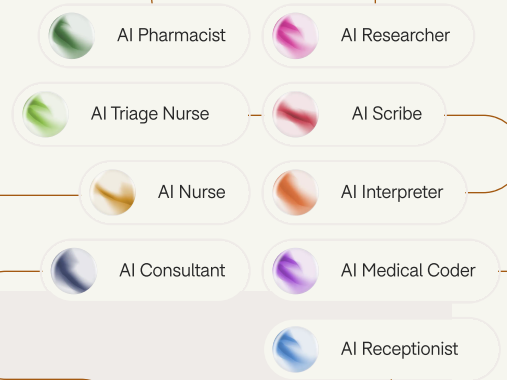
higher growth rates

for organizations using
shared-context agents

The key differentiator: Shared patient context

One patient. One conversation. One shared context across every agent. When the scribe hears something, the pharmacist knows it. When the consultant flags a risk, the receptionist schedules accordingly.

Inside the *Sully* agentic healthcare workflow



1 Before visit

Foundational intelligence

Provider asks Sully about patient Caroline Elkady's recent changes.

Instant context

Blood pressure improved, glucose stabilized, weight down 2 lbs. New joint pain flagged for follow-up.

Action ready

Provider selects agent teammates for quick actions: schedule follow-up, verify insurance, contact patient.

2 During visit

• 2:34

Ambient scribe

Listens to provider and patient, creates clinical documentation in real-time while checking off visit items.

Proactive diagnosis

Surfaces potential diagnoses (migraine with aura, tension headache) and ask-about topics (chest pain, fatigue).

Background actions

Detects dermatologic finding, auto-creates referral order. Creates follow-up scheduling action.

3 After visit

⚡ Execute

AI team actions

Receptionist: schedule in-person follow-up in 1 week. Nurse: order A1C test, chest X-ray, EKG.

Specialist referral

Consultant: refer to cardiology at Scripps. Referral order auto-populated with visit note, ICD-10 codes.

Provider control

Every action shows Review or Execute. Provider can auto-execute trusted workflows or review individually.

Control *without* compromise

The trust dial: Configurable agent autonomy



Review everything ●

Smart defaults ●

Auto-execute ●

Prescriptions, referrals, lab orders, follow-ups, scheduling, insurance checks, etc...

Visible actions



Every agent action visible to clinicians and administration. Full audit trail for every decision.

Configurable rules



Upload your policies, CMS requirements, HIPAA rules. Agents auto-configure to your compliance framework.

Workflow control



Define workflows with listeners, conditions, and actions. Set auto-execute or require human review.

Activity monitoring



Real-time dashboards: calls handled, actions taken, escalation rates, response times.

Real-time agent operations dashboard

2,847 +7.25%
calls handled today

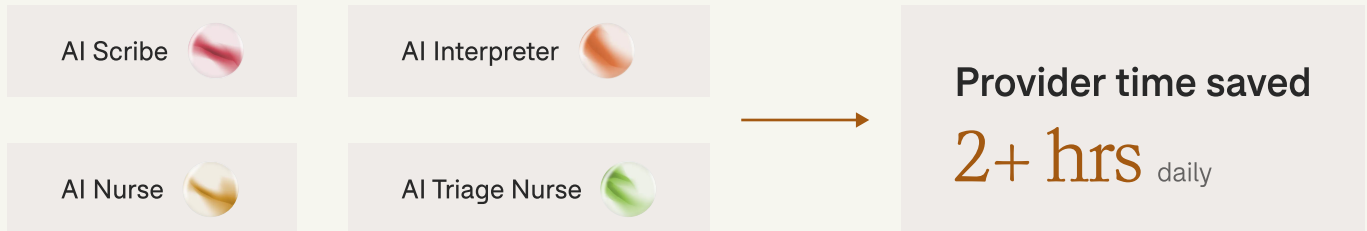
3,240 +72%
actions taken

1.8s
average response time

11%
human escalations

2:25
average call duration

The *return* on investment



For a 1,000-provider system:

- ✓ 2,000 provider-hours recovered daily
- ✓ 10,000 hours/week returned to patient care
- ✓ Equivalent capacity of 250+ FTEs
- ✓ No new hires required

New appointments

25% more appointments

If the system books 10,000 appointments/month at an average of \$150/visit:

- ✓ +2,500 additional appointments captured monthly
- ✓ +\$375,000 in monthly revenue recovered
- ✓ +\$4.5M in annual revenue from after-hours & waitlist fills alone

Revenue recovered

60% fewer denials

The average health system has a 7–10% claim denial rate, losing \$5M+ annually to rejected and uncollected claims.

- ✓ \$3M in previously denied claims now recovered
- ✓ 24% fewer coding errors eliminating costly rework and resubmissions



Before:

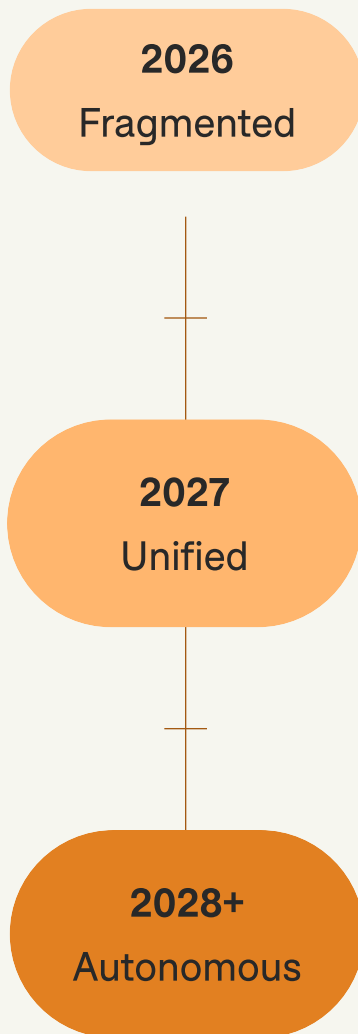
\$40 per visit/provider

After:

\$4 per visit/provider

↓ 90%

Where *healthcare* goes from here



2026 — Where most health systems are stuck

- Ambient scribing as standalone tool
- Basic chatbots that can't take action
- Manual follow-up scheduling
- Single-function AI tools
- Provider reviews and manages every AI output

2027 — Where Sully operates today

- Multi-agent systems coordinating workflows
- Proactive actions across care touch-points
- Automated referrals, coding, and scheduling
- Cross-departmental agent collaboration
- Smart defaults with configurable autonomy

2028+ — Where Sully is heading next

- Self-improving agents learning from outcomes
- Population health management at scale
- Predictive care gap identification
- Autonomous care coordination
- Strategic planning and resource optimization

Strategic advice

The AI vendors who will win in healthcare are those who control both the clinical workflow and the patient context. Generic AI platforms built for every industry won't cut it. Health systems that move now will set the standard. Those that wait will be forced to adopt whatever their competitors already built.



See the AI workforce in *action*

Book a 15-minute demo to see how Sully's AI teammates work inside your EHR workflow.

Book
your demo →