

# SOUTHEAST HEALTHCARE INNOVATION SUMMIT

## Introduction

The 2025 edition of the US Southeast Healthcare Innovation Summit convened in Atlanta on September 4, 2025, gathering senior healthcare executives, clinicians, policymakers, and technology leaders for a day of strategic dialogue. With the Southeast facing unique demographic pressures, rural access challenges, and rising financial cuts, the summit provided a platform to explore how innovation, collaboration, and data-driven strategies can accelerate the region's transformation in care delivery.

Discussions highlighted the intersection of clinical innovation and workforce resilience, underscoring how ambient AI, virtual nursing, and predictive analytics are reshaping frontline practice while addressing burnout and capacity constraints. Leaders emphasized that technology adoption must be coupled with governance, training, and equity frameworks to ensure measurable improvements in patient outcomes and staff well-being.

Population health emerged as a focal point, with case studies on AI-enabled risk stratification, chronic disease management, and Medicaid pilots targeting social determinants of health. Participants examined how cross-sector partnerships—between providers, payers, public health agencies, and community organizations—are advancing integrated models of care that

extend beyond the hospital into schools, workplaces, and local communities.

Sessions also explored the Southeast's accelerated digital transformation agenda. Key themes included interoperable EHR ecosystems, secure cloud migration, virtual care models to expand access in underserved regions, and scalable approaches to embedding generative AI in administrative and clinical workflows. Examples showcased both cutting-edge deployments and practical lessons learned from piloting technology in complex health system environments.

The summit reinforced that innovation in the Southeast must balance ambition with pragmatism: aligning public and private investments, embedding equity into design, and translating advanced capabilities into tangible value for patients and providers. As part of the broader Healthcare Innovation Series by Bamberg Health, the US Southeast edition served as a catalyst for regional collaboration and a testament to the collective drive to redesign healthcare systems around resilience, equity, and measurable impact.

Read the Top Insights of the USSEHIS discussions in the following report.





**Moderation:** Benjamin Wilson, Partner, Ropes & Gray

**Speakers**

**Karen Minyard**, Chief Executive Officer, Georgia Health Policy Center  
**Dr. Tobi Amosun**, Deputy Commissioner, Tennessee Department of Health

**Main Ideas**

- **Navigating Healthcare’s “Perfect Storm”:** The panel opened with an acknowledgment of the extraordinary pressures faced by universities, medical centers, and health systems: COVID recovery, inflation, workforce reductions, funding cuts, and declining morale. Fear among faculty, concerns for patients, and strained public health partnerships frame the environment. Leaders are responding with agile strategies, shorter project timelines, liquidity-focused financing, and robust multi-channel communication to maintain stability.
- **From Chaos to Complexity:** The conversation explored the notion of “taming chaos” in today’s uncertain environment. Stability emerges through creating common ground, building shared knowledge, and designing carefully crafted conversations. Strategic tools highlighted include leadership communication techniques, navigating local-state-national “triple-level chess,” emergent learning maps, and realist evaluation frameworks. Centering community voice was emphasized as a way to anchor decisions in real-world needs.
- **The Expanding Role of States:** Given federal turbulence, states are assuming a more prominent role in setting health policy priorities. Strategic plans, legislative partnerships, and an understanding of government structures are becoming central to policymaking.

Panelists stressed the importance of simplifying legislative reports, using infographics, and balancing the needs of both metropolitan and rural communities. Rural hospitals and local leaders were identified as critical drivers of health in many states.

- **Building Systems Thinking for Policymakers:** Training legislators to think systemically was presented as a vital tool for effective governance. Approaches include behavior-over-time analysis, systems mapping, and scenario modeling to anticipate policy impacts. Creative methods, such as improvisation exercises with musicians, illustrate how adaptive thinking can spark innovation. Systems thinking was also connected to the rising importance of AI, highlighting its role as an essential competency for future leaders.
- **Partnerships and Investment Opportunities:** Despite the challenges, new funding streams and partnerships were identified as major opportunities. Federal resources, particularly through large infrastructure and health bills, are flowing into states with a focus on access to care and innovation. Public health was highlighted as a frequently overlooked but essential partner, alongside philanthropic organizations and rural communities. Telehealth, technology, and AI were recognized as areas of significant potential investment, especially in underserved regions.



*“When you’re in chaos, things are uncertain and agreement is scarce... we have to bring strands of chaos into complexity, where opportunities for innovation can emerge.”*

**Karen Minyard**

Chief Executive Officer, Georgia Health Policy Center



**REVENUE CYCLE TRANSFORMATION: ENHANCING EFFICIENCY & PAYMENT INNOVATION**



**Moderation:** Jamie Darch, Partner, Ropes & Gray

**Speakers**

**Anthony Cunningham**, Chief Revenue Officer, LCMC Health  
**Matt Mettry**, Vice President of Revenue Cycle, Alpine Physician Partners  
**Raheel Retiwalla**, Chief Strategy Officer, Productive Edge  
**Derrick Deberry**, VP, Sales, Cedar

**Main Ideas**

- Front-End Accuracy and Authorization Automation:** The panel emphasized that revenue cycle efficiency starts at patient intake. AI-driven rules engines ingest payer data, denial histories, and medical policies to flag authorization requirements and assemble complete packets. Early deployments demonstrated significant reductions in uncollectibles, faster cycle times, and ROI multiples, with roadmaps moving toward API-based auto-submission and real-time eligibility verification.
- Denials, Appeals, and Payment Integrity:** AI solutions are being applied to denial prevention and appeals, generating comprehensive letters from clinical records and aligning submissions with payer-specific rules. Organizations reported overturn rates rising from ~20% to ~70%. Vendors highlighted semantic AI that interprets contracts, coverage policies, and clinical guidelines to proactively detect missing documentation and prevent denials at submission rather than reacting after the fact.
- Coding, RPA, and Workforce Efficiency:** Autonomous coding platforms are targeting 90–95% automation with near-perfect accuracy, particularly valuable for HCC and risk-adjusted models. Robotic process automation is augmenting eligibility checks and repetitive workflows, with AI accelerating bot design. Reported outcomes included dramatic A/R reductions, higher collections despite lower volumes, and improved physician documentation via ambient scribing.
- Governance, Risk Controls, and Change Management:** Scaling AI requires enterprise architecture discipline: point solutions must integrate with core platforms and undergo review boards. Explainability and observability were cited as essential for compliance and auditability. Change management involves whiteboarding future workflows (not automating legacy friction), iterative rollouts, multi-channel training, and role redesign. Leaders stressed reframing AI as workload rebalancing, not job elimination.
- Future Outlook: Holistic and Patient-Centered RCM:** Panelists envisioned RCM evolving into a single patient-first ecosystem. Conversational AI could manage billing inquiries with seamless staff handoffs, reducing call volumes and increasing payment likelihood. Payers are exploring proactive authorizations for rising-risk patients and tighter integration with provider EHRs. Longer-term opportunities lie in shared context across AI agents, enabling continuous state management from intake through payment resolution.



*“If it doesn’t make staff lives easier, adoption becomes really hard empathetic AI means designing for both patient and staff.”*

**Derrick Deberry**  
VP, Sales, Cedar

