

HDAI Happenings

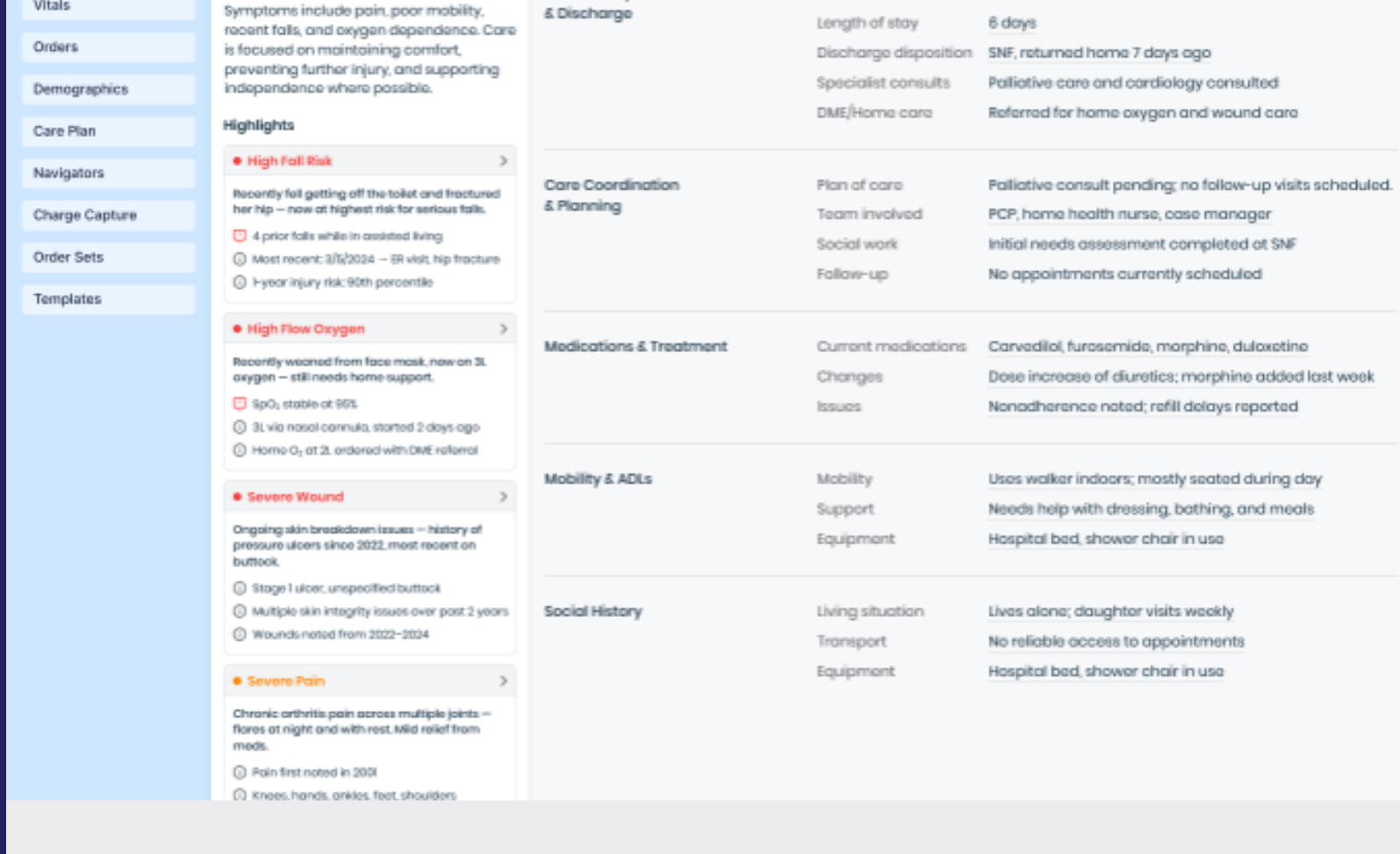
June 2026 Vol. 28

Predictive and Generative AI: A Perfect Match to Transform Acute Care Outcomes

Smarter Decisions at the Bedside

In acute care, timing is everything. The difference between a safe discharge and a preventable readmission, and between a reactive care decision and a proactive one, often comes down to whether the right information reached the right clinician at the right moment.

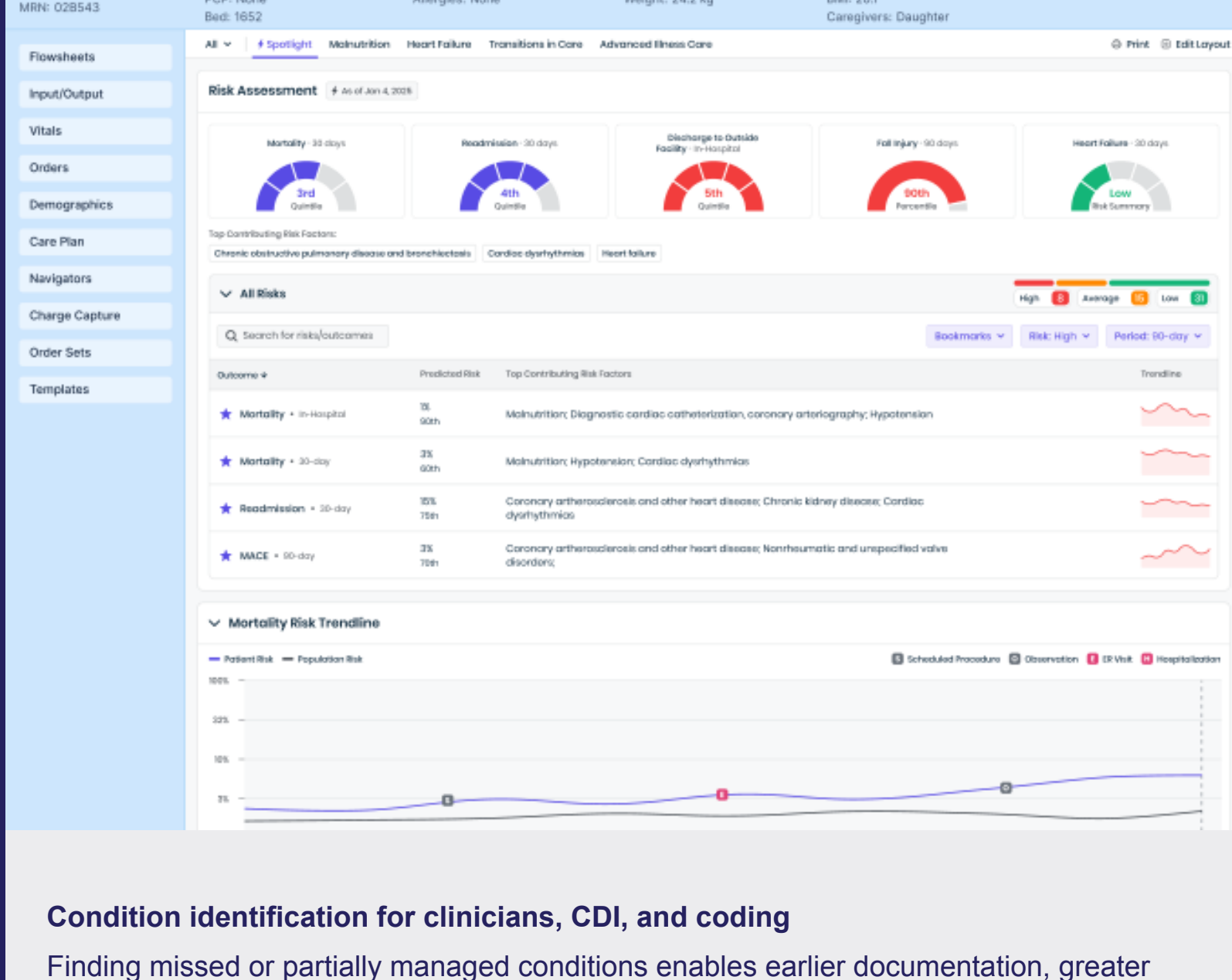
HDAI's [HealthVision™](#) platform brings real-time predictive and generative intelligence directly into acute care workflows. Covering identification of missed diagnoses, readmission prevention, discharge planning, advanced illness identification, and safe transitions across the continuum. No separate portal, no context-switching, just actionable insights delivered where care teams already work.



Readmission Prevention

HealthVision identifies patients at highest risk of 30-day readmission at the point of admission and continues to update predictions and summaries as long as the window for intervention is still open. Condition-specific models for cardiac, pulmonary, and surgical and others surface individual risk factors, purpose-built summaries, and enable the most impact from scarce resources.

[Houston Methodist](#) deployed HealthVision across 8 hospitals, dropping readmission rates from 18.1% to 16.2% while acuity remained flat, climbing from #54 to near the top of the rankings at #7 among 114 academic medical centers nationally.



Condition identification for clinicians, CDI, and coding

Finding missed or partially managed conditions enables earlier documentation, greater treatment options, and can support accurate reflection of the disease burden of your patients. Discovering diagnoses buried in the patient record or present on admission and never noted has been shown to result in fewer mortalities and readmissions as well as increased CMI and reimbursement for the work being done.

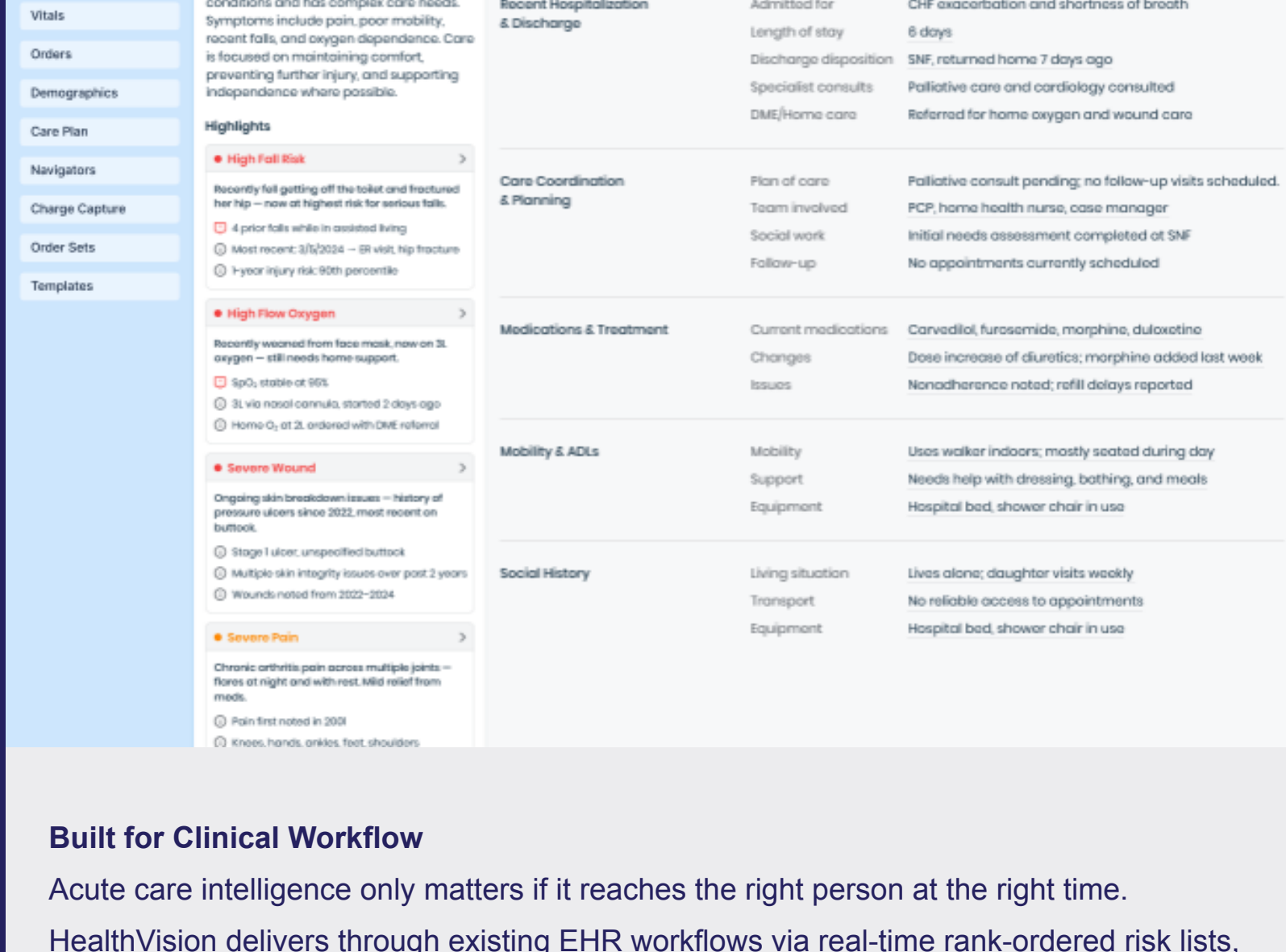
Discharge Planning & Transitions

Proactive discharge planning reduces delays, improves transitions, and lowers cost. HealthVision predicts discharge destination, expected length of stay, and post-acute care needs — updated daily — so care teams are planning ahead, rather than scrambling at the last minute. SNF performance benchmarking supports smarter referral decisions.

Advanced Illness Identification

Patients who would benefit from palliative care, advance care planning, and goals-of-care conversations are often identified too late. HealthVision flags these patients earlier, before a crisis forces reactive decisions, and delivers AI-generated clinical summaries that reduce clinician burden and accelerate appropriate referrals.

[Houston Methodist Coordinated Care's](#) Advanced Illness Care program achieved \$2,935 lower inpatient costs per enrolled patient, with earlier hospice referrals and higher patient and family satisfaction.



Built for Clinical Workflow

Acute care intelligence only matters if it reaches the right person at the right time. HealthVision delivers through existing EHR workflows via real-time rank-ordered risk lists, patient-level spotlights inside the chart, automated triggers for care management program enrollment, and outcomes tracking against digital twin benchmarks.

[Request a Demo](#)

Our Latest Blog Post

BLOG

Not Whether, But How:
The Path Forward for
Clinical AI

Not Whether, But How: The Path Forward for Clinical AI

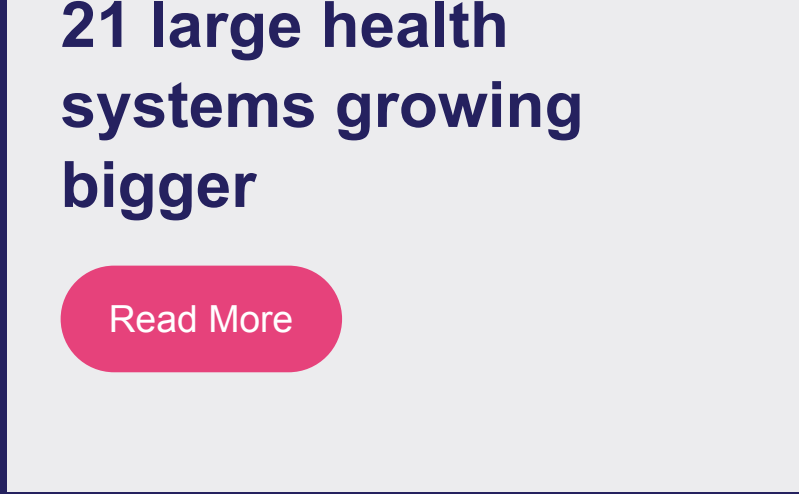
Clinical AI tools are landing in health systems faster than most organizations have frameworks to evaluate them. OpenAI's recent launch of ChatGPT for Clinicians — free, available now, and already in use by millions of clinicians — makes that gap harder to ignore.

The question for health system leaders is no longer whether to use AI. It's how to evaluate, adopt, and measure these tools in a way that actually improves care.

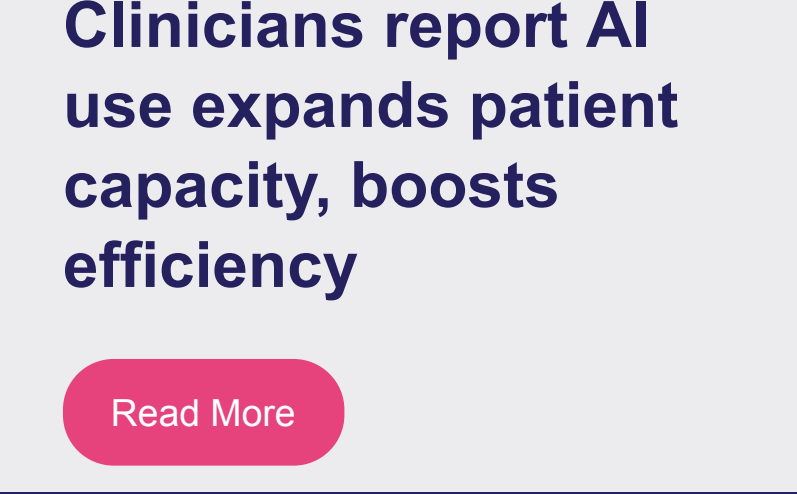
HDAI's latest post offers a practical framework for doing exactly that -- by covering governance, use case classification, clinical validation, workflow integration, and outcome measurement. It's written for leaders who are ready to move past the philosophical debate and into the harder, more productive work of operationalizing clinical AI responsibly.

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