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# Healthcare Decisions at an Organizational Level – 2025 Health IT Predictions

🕒 December 30, 2024 👤 Grayson Miller 📖 15 Min Read

As we wrap up another year and get ready for 2025 to begin, it is once again time for everyone's favorite annual tradition of Health IT Predictions! We reached out to our incredible [Healthcare IT Today Community](#) to get their insights on what will happen in the coming year and boy did they deliver. We in fact got so many responses to our prompt this year, that we have had to narrow them down to just the best and most interesting. Check out the community's predictions down below and be sure to follow along as we share more [2025 Health IT Predictions!](#)

Check out our community's predictions related to healthcare decisions at an organizational level:

## **Harshit Jain, MD, Founder and Global CEO at [Doceree](#)**

The complexities of healthcare have established it as a science in its own right. In 2024, as digital adoption expanded across the healthcare industry, marketing communications also evolved, significantly influenced by technologies like Artificial Intelligence. Brands have increasingly shifted focus from merely engaging healthcare professionals (HCPs) to achieving healthcare outcomes through improved script lifts, in partnership with HIPAA-certified, data-compliant platforms, all thanks to advanced AI solutions that are helping brands reach HCPs at scale and with precision.

Moving into 2025, the ability of brands to leverage AI for 'personalized communication' and delivery of the 'right messaging at the right time' will be observed with even established brands prioritizing data security and privacy alongside technological advances. At Doceree, we shall remain dedicated to enriching HCP-patient engagement, strengthening global partnerships, and empowering the life sciences sector to reach new milestones responsibly and ethically.

## **Pete Heydt, President at [PatientPay](#)**

In recent years, we've seen EMR vendors promote internal solutions for patient financial responsibility communications and payments. They've even touted the use of AI without proving practical results of more payments and less cost. In 2025, we're going to see these vendors start to loosen up and realize they can't be everything to everybody. You'll see them start to accept and use third-party integrations that offer best-in-breed solutions that incorporate predictive analytics to drive results-oriented patient financial communications. By investing in tools specifically crafted to address consumer payment behavior, EMR vendors and revenue cycle leaders will work together to improve organizations' margins and overall financial health.

## **Adam Farren, CEO at [Canvas Medical](#)**

Clinician entrepreneurship and private practices will grow in 2025 and beyond. As larger healthcare entities divest and improved AI tools reduce the burden of administrative tasks, it will become much more accessible for clinicians to form their own medical practices, given both supply and demand factors. With higher demand for insurance products, virtual care, and new treatments, an influx of doctor-owned practices will be the only thing that can meet demands directly.

In particular, we will see new practices starting up in non-traditional specialties that can take advantage of advances in technology on both the consumer and provider side. As consumers become more conscious of their healthcare data through connected devices, they will seek help with wellness, sleep, and other non-acute conditions that lend themselves to on-demand or virtual care. New practices will be most equipped to meet that demand, which creates an entrepreneurship opportunity for clinician owners.

pharmacies grapple with financial headwinds and scale back their footprint. We're starting to see retailers and retail pharmacies accelerate their shift toward e-commerce to align with patient expectations and meet them where they are. At the same time, our recent research shows Americans still value the personal touch and accessibility of their community pharmacies and have genuine concern about closures threatening to disrupt access to care and medication.

However, the digitization of the pharmacy uniquely positions pharmacists to guide patients through their care journey. When it comes to healthcare, we all want that human connection for guidance and empathy. Pharmacies have the potential to emerge stronger in 2025 and grab market share by engaging with a hybrid of digital patient education and experiences to maximize time spent with patients and help them find answers to their questions.

**Katrina Rice, Chief Delivery Officer of Biometrics Services at [eClinical Solutions](#)**

To foster greater inclusivity, sponsors will rethink recruitment strategies by partnering with urban leagues, faith-based organizations, and HBCUs, enhancing greater accessibility and building trust. This shift, driven by the FDA's Diversity Action Plans, will accelerate trial enrollment, improve representation, and ultimately enhance patient safety by ensuring more diverse data in research. Additionally, AI can be a game-changer for risk and design; predictive analytics can reshape trials by identifying high-impact patient populations and preventing adverse events, thus, offering practical strategies to reduce inefficiencies and align trials with real-world patient needs.

**Mintu Turakhia, Chief Medical & Scientific Officer and EVP of Product Innovation at [iRhythm Technologies](#)**

While AI in healthcare is booming, most startups face a critical flaw: they lack a hardware platform. Without it, their solutions risk becoming mere 'features' difficult to scale, commercialize, and easily displaced by hardware-embedded AI. Success lies in pairing AI with hardware, creating validated, use-case-specific models that integrate seamlessly into care without added data or workflow burdens. The future of healthcare AI belongs to those with a home for their algorithms, not just ideas.

**Mike Brandofino, President and COO at [Caregility](#)**

The shine has come off of flashy AI companies as pilot after pilot has been canceled after the technology failed to deliver the expected results or was simply too expensive to scale. In 2025 I think we will see a more focused back-to-basics approach to applying technology to the modernization of care, with health systems being more laser-focused on addressing one or two specific pain points as opposed to a shotgun approach of throwing technology at problems to see what sticks.

**Bethany Robertson, Clinical Executive at [Wolters Kluwer Health](#)**

During the third quarter of 2024, there were 27 announced hospital mergers and acquisitions, representing \$13.3 billion in transacted revenue marking the highest number in seven years. As healthcare mergers and acquisitions reshape the industry, one critical yet often overlooked factor is cultural alignment, especially within care teams. This is where nursing leaders must step in, bridging the gap between clinical excellence and strategic integration. Nurse leaders, such as Chief Nursing Officers/Chief Nurse Executives, are uniquely positioned to ensure seamless integrations across healthcare facilities, promoting patient-centered care and clinical excellence while building trust and cohesion across diverse teams. These cultural and competency alignments are vital for effective collaboration in newly merged organizations, supporting a stable, unified approach to patient care and organizational success.

**Oliver Kharraz, Founder and CEO at [Zocdoc](#)**

Amazon will materially restructure its healthcare offerings. Tech giants have had a notable lack of traction in healthcare, and Amazon, Apple, Google, and Microsoft have all learned firsthand that this space is not easy to disrupt from the outside in. While most have retrenched, Amazon has persisted. Despite various pivots, it has not yet been able to show traction in this space. For a company that prizes efficiency, it is untenable to continue to carry hundreds of millions in losses. 2025 will be the year that

providers is a very different business than managing logistics. We may see a pivot that prioritizes pharmacy, which is more aligned with their core competencies, is more scalable, and divests other care services.

**Dr. Kevin Wang, Chief Medical Officer at [apree health](#)**

The U.S. healthcare affordability crisis can be solved by 2030 if we can improve access to primary care. There's truly a crisis of affordability in US healthcare today: 1 in 3 Americans have medical debt, and 1 in 5 don't think they'll ever pay it off. Primary care has been proven to play a key role in helping drive down healthcare costs and is the single biggest lever we have to address the affordability crisis. The U.S. could save \$67 billion in health costs if every American used a primary care physician as their go-to, usual source of care. The challenge is that access to quality care isn't always easy to come by, with appointments often booked out for months.

What's more, the healthcare industry faces a primary care physician shortage that makes it even more difficult for patients to be seen. In 2025, we'll begin to see a renewed focus on reimagining primary care through more effective policies implemented to remove barriers to care and address the physician shortage the industry currently faces, as well as tax incentives to encourage employers to drive down health costs by prioritizing primary care.

**Allison Combs, Head of Product, Payer, Clinical Effectiveness at [Wolters Kluwer Health](#)**

In 2024, Medicare Advantage faced decreasing reimbursement rates alongside surging enrollment, and both trends are likely to continue into and beyond 2025. These trends will compress the system, as more people require costly medical care, highlighting a nationwide affordability challenge. Additionally, the industry must prepare for further pressures. Looking ahead, Payers and Pharmacy Benefit Managers (PBMs) will continue to adapt their business models to meet shifting expectations and reimbursements. Specifically, with advanced analytics, Payers and PBMs are leveraging smarter interventions to pull forward the value of longer-term impacts into the short-term to address these challenges.

**Charlie Byrge, SVP at [Tendo](#)**

As healthcare costs continue to climb, 2025 will see a surge in self-insured employers taking greater control over their healthcare strategies. By directly managing their employees' health plans, these employers aim to curb costs while delivering tailored, high-quality care. This shift is reshaping the healthcare landscape, driving demand for solutions that combine cost-efficiency with exceptional access. For self-insured employers, access to high-quality, nationwide networks is critical. These networks ensure employees can receive top-tier care regardless of location, enhancing satisfaction and improving health outcomes.

Furthermore, nationwide coverage allows employers to standardize benefits across a dispersed workforce, offering consistency and equity in care. To support this evolution, providers and platforms must prioritize transparency, bundled pricing, and streamlined navigation tools that connect employees to the right care at the right time. Employers are no longer passive purchasers, they are active drivers of value, and their focus on quality, affordability, and accessibility will continue to shape the future of healthcare.

**Kent Dicks, Chief Executive Officer at [Life 365](#)**

Healthcare costs in the U.S. are expected to reach \$6 trillion by 2027, representing roughly 18% of the GDP. Healthcare providers and payers recognize that this growth is not sustainable for the country, especially given the steep rates of clinician burnout and labor shortages expected for the foreseeable future. That is why, in 2025, I expect to see a more serious commitment and significant forward progress among stakeholders in embracing a shift from reactive to proactive care. Technology will play a critical role in this shift, with more providers adopting an AI-powered, virtual-first approach to chronic condition management to keep patients at home and prevent emergency department visits and hospitalizations.

**Donald Rucker, MD, Chief Strategy Officer at [1upHealth](#)**

economy – namely APIs (application programming interfaces) – will power a rethink of HIT. APIs allow many types of software to talk with each other. They make the whole greater than the sum of the parts. Today we have the technology (RESTful) and data (FHIR) standards needed to make this work. This API-first approach will be driven by health plans needing to perform with Medicare Advantage and managed Medicaid. Government-funded capitation has to ensure care is adequate.

Given the plan incentives to do less, countervailing payment incentives for adequate care also need to be robust. Today we see those incentives, the CMS Star Ratings, exerting pressure on all Medicare Advantage players with major effects on earnings and stock prices. In July 2024 MedPAC stated that MA is “22% more expensive” per capita than classic Medicare – pricing pressure will continue! MA and Medicaid plans will be working overtime to harvest data and influence rating outcomes. APIs connecting the data sources and digital leverage points with patients and providers will be the battleground for winning in the capitated payment world.

**Chris Stenglein, Chief Executive Officer at [Curae](#)**

A large number of highly populated states will implement populist medical debt laws prohibiting providers from collecting balances if a patient is under a multiple of FPL and prohibiting selling patients bad debt under any circumstances. This effectively ends the medical debt industry and its access to capital and triggers the promotion of retail-like patient financing by healthcare providers to gain payments for patient responsibilities. Patient financing programs will surpass traditional payment plans as the preferred option for health systems in 2025.

Rising interest rates are making standard payment plans increasingly impractical for patients, while financing programs offer flexible, structured payment options to address high out-of-pocket costs. Patient financing programs differ from payment plans by providing loans or credit through third-party institutions, with clear terms and consumer protections under the same regulations banks adhere to. This framework makes them increasingly more appealing to health systems as they ensure reliable cash flow and reduce reliance on collections. Financing solutions also enhance the patient experience, offering increasingly accessible, personalized, and manageable repayment options that improve satisfaction and payment adherence.

As economic pressures grow, health systems will prioritize financing programs for their ability to balance patient affordability with financial stability. In 2025, these programs will set the standard for patient financial engagement, replacing payment plans with a more sustainable solution.

**Nate Perry-Thistle, Chief Product & Technology Officer at [CipherHealth](#)**

The US has a healthcare spending problem. As a share of Gross Domestic Product, healthcare spending stands at over 17%, almost \$14,000 per year for every person in the country. And still, health systems face intense financial pressures, with reimbursements under strain and rising costs across the board, particularly in staffing. The current landscape points to a need for real change, and many systems are looking to technology and standardized pathways as a way to sustain quality care amidst these financial constraints. Those who can adapt by embracing efficiency and support tools will find themselves better equipped for the road ahead. In 2025, systems that adapt by maximizing efficiency through standardized care pathways and AI-backed decision support will be best positioned to maintain high-quality care under intense financial pressures.

**Joe Dore, President at [USBenefits Insurance Services](#)**

High insurance premiums and medical costs don't discriminate or differentiate based on your political affiliation. Therefore, healthcare should be one of your top priorities for the new administration. As a country, we have been passengers passively watching the medical costs increase while the services deteriorate, only reacting when the problem lands on our doorstep. I don't see the gas pedal on cost easing but rather pressed closer to the floor. Healthcare in the US is among the most expensive in the world. To add insult to injury, the level of care provided is subpar to other countries of similar economic stature. I am not opposed to paying top dollar to receive the best in service and treatment. Therefore.

the cost should directly commensurate to the services received, however when the two do not align, that's a red flag.

What's the solution? Unfortunately, legislation and enforcement of such. I'm a supporter of capitalism, however when the product or services do not align with the cost, the consumer's options are handcuffed and being leveraged, and the government must establish some boundaries. The medical industry is entitled to make a profit, but not at the expense of financially collapsing the system and bankrupting individuals.

### Frank Sposato, Senior Director Clinical Trial Payments Technology & Operations at [IQVIA](#)

The clinical trial payment landscape is set for a major transformation in 2025, with AI driving significant changes in financial operations management. Currently, less than 15% of investigative sites use system portals, but emerging AI systems will automate invoice processing by converting emailed attachments into structured data and automating budget comparisons. Traditional straight-line enrollment predictions will be replaced by machine learning models that generate dynamic enrollment curves based on therapeutic area-specific patterns. AI systems will master clinical trial agreement processing by extracting payment schedules from inconsistently formatted PDF exhibits. Financial reconciliation will advance through automation, with AI systems handling real-time matching of funds and automated currency exchange calculations. The implementation roadmap includes deploying invoice ingestion automation, protocol and budget ingestion capabilities, and cross-platform reconciliation systems.

These changes will benefit stakeholders by improving forecasting accuracy, reducing processing costs, and enhancing compliance monitoring. Sites will experience reduced administrative burdens and faster payments. While AI will reduce routine tasks, human roles will evolve to focus on strategic oversight and quality control. Beyond 2025, developments will include blockchain integration, advanced fraud detection, and more sophisticated predictive analytics. Success depends on thorough implementation planning and continuous system improvement.

Thank you so much to everyone who took the time out of their day to submit a prediction to us and thank you to all of you for taking the time to read this article! We could not do this without all of your support. What do *you* think will happen for Healthcare Organizations in 2025? Let us know on social media. We'd love to hear from all of you!

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