



AI For Resilient Healthcare Systems: The Journey From Algorithm to Action A White Paper¹

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² The editors are affiliated with Arizona State University and the Arizona Department of Health Services. Chat GPT was used to enhance certain sections of the Paper.

Artificial Intelligence (AI) is reshaping the landscape of modern healthcare. From diagnostic imaging and clinical decision support to supply chain management and population health analytics, the integration of AI technologies is accelerating the transformation of how care is delivered, measured, and sustained. Yet, the promise of AI extends far beyond efficiency or automation - it lies in creating **responsible, resilient, and human-centered systems** that connect innovation to outcomes.

Against this backdrop, the **Arizona Business and Health Summit 2025**, hosted by the **W. P. Carey School of Business at Arizona State University**, convened an exceptional community of scholars, clinicians, executives, and policymakers under the theme *AI, Business Strategy, and Responsible Supply Chains for Resilient Healthcare*. The event sought to answer a defining question for this decade: ***How can we align the rapid expansion of AI capabilities with the principles of ethical leadership, operational resilience, and equitable access in healthcare?***

Now in its fourth year, the annual Summit has evolved into a national model for interdisciplinary collaboration, bridging the domains of **business analytics, health delivery systems, and supply chain management**. The gathering moved beyond theoretical discourse to emphasize actionable pathways—translating AI research into policy, workforce training, and cross-sector innovation. Throughout the day’s sessions, a rich dialogue emerged among diverse thought leaders with sessions led by:

- **Dr. Susan Feng Lu** (University of Toronto) opened with Beyond the Algorithm, reframing the future of healthcare AI as a partnership between human judgment and machine intelligence.
- **Drs. Jyoti Pathak, Priya Radhakrishnan, and Maria Manriquez** (ASU) explored AI’s role in building a smarter, more equitable public health infrastructure.
- **Bindiya Vakil** (Assio3D) and Dan Hopkins (Resilinc) demonstrated how Agentic AI can strengthen supply chain visibility and resilience.
- **Dr. Denis Cortese** (ASU) provided guidance for the three breakout sessions on (1) AI in Healthcare Supply Chain, (2) AI for Workforce and Human Resources and (3) AI in Clinical Care.
- **Geoff Zwemke** (CAPS Research) presented data on the tempo of AI adoption, revealing how organizations are balancing automation with human oversight.
- **Dr. Karen Donohue** (ASU), Drs. Frank Rybicki and Leonid Chepelev (Banner Health) led a pivotal conversation on responsible AI for responsible supply chains, underscoring the ethical and clinical frameworks necessary for safe AI integration.

- **Hitendra Chaturvedi (ASU)** hosted a panel conversation with product innovators and venture fund leaders to unpack their assessment of the landscape for investment in AI for the health sector and the potential for AI to transform both operations and patient care.

For a full agenda and list of presenters see Appendix 1.

This White Paper distills the intellectual and practical insights from the Summit, synthesizing its central message that **the future of healthcare AI depends not only on technological advancement, but on strategic collaboration across business, health, and policy ecosystems.** By analyzing common themes across the presentations, this paper positions the Summit as both a case study and a catalyst—illustrating how interdisciplinary dialogue can generate tangible models for responsible AI adoption. Insights from individual sessions were triangulated across three levels:

- Conceptual Convergence – Identifying shared theoretical underpinnings across disciplines (business, health, engineering).
- Operational Translation – Evaluating how conceptual ideas were transformed into actionable strategies during panel or breakout dialogues.
- Reflective Synthesis – Integrating observations from closing sessions where participants articulated pathways for continued research, funding, and policy engagement.

This layered approach ensured that findings were not merely descriptive of the Summit’s content but analytically generative, enabling the development of a conceptual model for responsible AI adoption in healthcare systems. It frames AI not as a replacement for human intelligence, but as an enabler of more informed, equitable, and resilient healthcare systems.

Although the Summit was an open forum rather than a human-subjects research study, the use of session transcripts and presentations adhered to academic ethical norms. All data were drawn from publicly available materials or with speaker consent, ensuring accuracy, transparency, and attribution. This methodological framing positions the Summit as a qualitative case study in collective intelligence, where dialogic processes and multidisciplinary participation yield theoretical and applied insights into the governance of AI in healthcare. A more detailed methodological account for the grounding of our discussion can be found in Appendix 4.

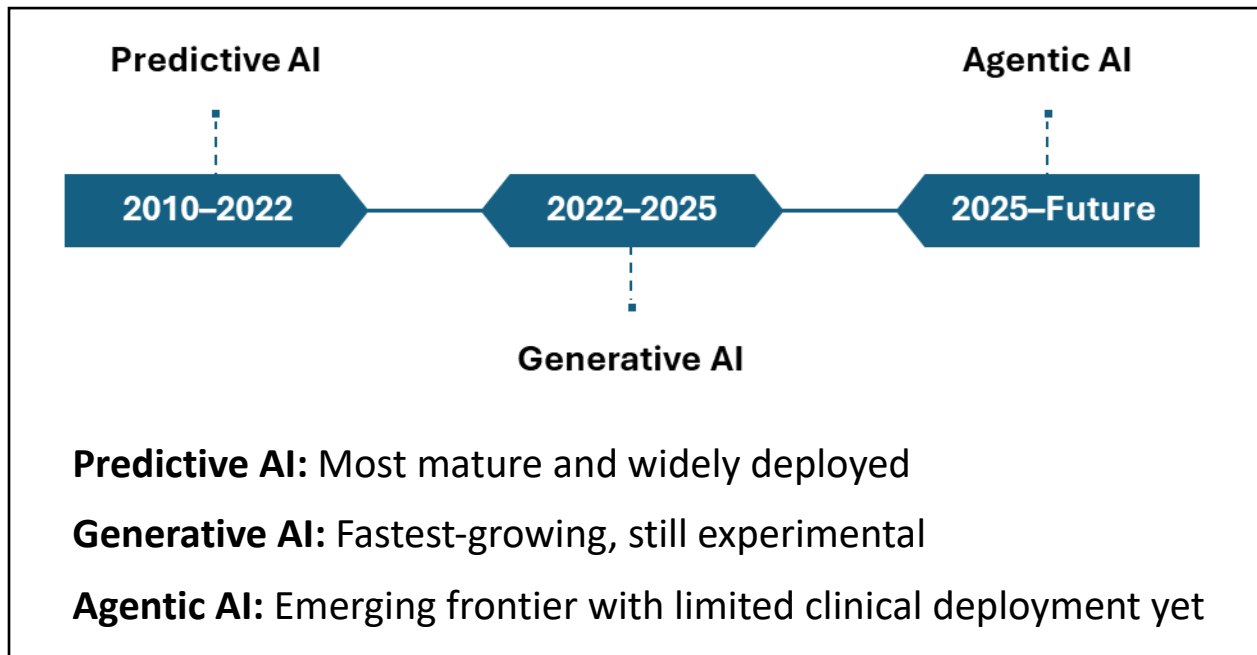
1. Theoretical Context and Rationale

The accelerated integration of Artificial Intelligence into healthcare has prompted scholars and practitioners alike to revisit foundational questions about trust, transparency, and transformation. While early research focused primarily on algorithmic accuracy and predictive power, a more complex picture has emerged—one that situates AI within the social, professional, organizational, and ethical systems in which it operates. Three complementary theoretical lenses frame this discussion:

a. Human–AI Collaboration and Cognitive Complementarity

Recent literature has emphasized that AI’s greatest potential lies not in replacing human intelligence but in augmenting it. Studies on human–AI teaming suggest that effective integration depends on mutual trust, interpretability, and adaptive learning rather than automation alone (Lu, 2025). Within healthcare, these dynamics manifest in diagnostic support, workflow optimization, and patient communication. Dr. Susan Feng Lu’s keynote address, **Beyond the Algorithm**, advanced this framework by conceptualizing healthcare AI through three eras (Figure 1) —predictive, generative, and agentic—each demanding a progressively higher level of human oversight, data integrity, and interdisciplinary training. This evolution reframes clinicians not as data operators but as AI supervisors, responsible for ethical escalation and contextual judgment.

Figure 1 – The Three Eras of Healthcare AI



Source: Susan Feng Lu, 2025 Business and Health Summit

b. Responsible Innovation and Ethical Governance

The concept of responsible AI extends beyond algorithmic fairness to encompass organizational ethics, stakeholder engagement, and societal accountability. In a session led by Karen Donohue, two radiologists, Drs Rybicki and Chepelev, highlighted the RAISE Health and ARCH-AI frameworks as practical mechanisms for ensuring safety and equity in AI-enabled medicine. These align with broader scholarship on responsible research and innovation (RRI), which advocates for anticipatory governance, inclusiveness and reflexivity in technological development. They reinforced this principle by linking ethical design directly to supply chain accountability, suggesting that the integrity of healthcare AI depends on transparent data pipelines, robust regulatory oversight, and shared moral responsibility across institutional boundaries.

c. **Systems Resilience and Agentic AI**

From a systems sciences perspective, the integration of AI into healthcare delivery requires balancing efficiency, adaptability, and robustness. Vakil and Hopkins' session on **Agentic AI for Supply Chain Resilience** situated AI as an active agent in mitigating disruption and improving visibility across supplier networks. This reflects the emerging field of agentic systems theory, where distributed AI entities act semi-autonomously to optimize outcomes under uncertainty. When applied to healthcare, this paradigm connects operational reliability with patient outcomes and public health resilience.

The intersection of these frameworks—**collaborative cognition, ethical responsibility, and systemic resilience**—forms the intellectual foundation of this white paper. Collectively, they suggest that sustainable AI adoption in healthcare depends not solely on computational sophistication but on cross-sector coordination and human-centered governance.

Succinctly, the Arizona Business and Health Summit provided a real-world laboratory where these theoretical concepts converged. By convening academic, clinical, and industry leaders, it transformed abstract principles into shared commitments: to design, implement, and evaluate AI systems that strengthen both institutional performance and the public good.

2. **Key Thematic Findings**

An analysis revealed five interrelated themes that collectively define the trajectory of AI adoption in healthcare:

1. evolution of human–AI collaboration
2. transformation of health care and public health systems through data integration
3. emergence of agentic AI for supply chain resilience
4. operationalization of responsible innovation
5. recalibration of workforce readiness and organizational culture

Each theme reflects a different layer of the healthcare ecosystem, yet all connect on a central idea: AI's success in healthcare depends on coordinated intelligence—human, institutional, and technological.

a. ***The Human–AI Partnership in Decision-Making***

Dr. Susan Feng Lu's keynote, *Beyond the Algorithm: Preparing the Next Generation for Human–AI Partnership in Healthcare*, established a conceptual foundation for understanding AI as a cognitive collaborator rather than an automated replacement. Her framework delineated three eras of healthcare AI—predictive (2010–2022), generative (2022–2025), and agentic (2025–future)—each demanding progressively deeper integration between human oversight, algorithmic transparency, and trust-based adoption.

The discussion underscored that clinical success with AI depends on three pillars:

- **Trust:** Building confidence in algorithmic recommendations through transparency and validation.

- Data: Ensuring data completeness, interoperability, and integrity as the foundation for reliable AI outputs.
- Skill: Equipping clinicians and managers with competencies to interpret, supervise, and ethically escalate AI decisions.

Participants echoed Lu’s call to train “AI supervisors,” capable of contextualizing algorithmic insights within patient-centered and organizational ethics. The session concluded that sustainable innovation requires human literacy in machine logic and machine design rooted in human judgment.

b. Building a Smarter, More Equitable Public Health System

A second major theme emerged from the panel led by Drs Jyoti Pathak, Priya Radhakrishnan, and Maria Manriquez, who explored how AI can strengthen public health infrastructure by integrating data from clinical, educational, and community sources.

Their collective vision reframed AI not as a technological endpoint but as an enabler of health equity. They emphasized:

- Leveraging AI to identify disparities in access and outcomes
- Embedding AI literacy in medical and public health education
- Using digital tools to enhance chronic disease management, addiction recovery, and patient engagement.

This session linked innovation directly to social responsibility, illustrating that equitable healthcare outcomes depend on ethical data ecosystems and inclusive design. The panel further argued strongly that sustainable AI implementation requires a “human infrastructure”—AI knowledgeable professionals who can interpret algorithmic insights and advocate for vulnerable populations.

c. Agentic AI for Supply Chain Resilience

In a pivotal session titled A Vision Going Forward: Agentic AI for Supply Chain Resilience, Bindiya Vakil (Assio3D) and Dan Hopkins (Resilinc) provided an operational lens on AI’s capacity to stabilize healthcare logistics and procurement systems.

Their work illustrated how agentic AI systems—models capable of autonomous reasoning and adaptive action—can:

- Anticipate disruptions in medical supply networks
- Reallocate sourcing dynamically during crises
- Enhance transparency and ethical accountability across supplier tiers.

These discussions connected AI to the practical realities of risk management, organizational resource dependency and continuity of care, suggesting that resilience depends on both organizational vigilances, agility and relational trust among partners. The session also highlighted the NASPO Supply Chain Resilience Initiative as a translational research platform linking academia and industry to advance data-informed preparedness.

d. Responsible AI in Healthcare Practice

Ethics and accountability were central to the panel Responsible AI for Responsible Supply Chains, moderated by Dr. Karen Donohue and featuring Drs. Frank Rybicki and Leonid Chepelev. Their combined expertise in radiology, ethics, and systems anchored the Summit’s normative framework for AI implementation for advancing patient care.

Key principles that emerged included:

- Forward-looking responsibility: Anticipating downstream effects before system deployment.
- Backward-looking responsibility: Ensuring auditability and post-decision accountability.
- Equitability and antifragile design: Developing AI systems that adapt to variability without amplifying inequities.

Frameworks such as RAISE Health (Responsible AI for Safe and Equitable Health) and ARCH-AI (American College of Radiology’s Recognized Center for Healthcare AI) were presented as actionable governance models. These models translate ethical philosophy into operational standards, affirming that responsibility must be integrated into the system architecture, not retrofitted after deployment.

Needed, going forward, is the development of advanced clinical support systems, such as clinical role models, archetypes of individual whose medical histories, lifestyle factors and demographics closely resemble a current patient. As described in the presentation by Esmail Keyvanshokoo, such models leverage the information contained in prior successful treatment trajectories to support the clinician to make low-risk treatment plans.

e. The Tempo of AI Adoption and Workforce Readiness

The CAPS Research presentation, The Tempo of AI Adoption, based on quarter-over-quarter surveys tracking AI adoption across sectors, provided an empirical backbone to the Summit. Using multi-year benchmarking data, Geoff Zwemke and Stephen Downey documented how organizations are pacing AI investment and balancing automation potential with human judgment.

Their findings revealed that:

- Firms with structured AI adoption strategies achieve measurable gain and risk management.
- Workforce adaptability-through upskilling and cross-training- is the strongest predictor of sustained success.
- Governance models that emphasize collaboration over compliance foster innovation without compromising oversight.

Participants concluded that AI adoption is not a linear process but a rhythmic evolution—its “tempo” must align with organizational culture, ethical maturity, and workforce readiness. This insight reinforced a broader Summit message: the future of AI in healthcare is as much about leadership as it is about technological speed.

f. Entrepreneurship for healthcare performance excellence

The panel on Entrepreneurship for Excellence in Patient Care, organized and led by Hitendra Chaturvedi, brought together a panel of seasoned entrepreneurs, investors and innovators in the health sector. The panel, coming at the end of the day, underscored how AI innovation has entered the healthcare system by impacting administrative and workflow efficiency. It was noted that funding for transformative advancements, rather than emerging solely from large health systems, is coming from early-stage startups and hybrid founders, with deep expertise in the health sector. These are individuals who operate at the intersection of technology, clinical practice, and patient experience. Today's winning founders are those who narrow the scope, understand a real clinical or operational pain point, and "ruthlessly solve one problem." **These observations are much in line with the goals of ASU's new technology focused goals for educating the next generation of physicians and public health practitioners.**

Areas where AI has led to greater efficiency in reshaping the economics of healthcare operations include AI scribes, automated discharge summaries, coding optimization, and workflow orchestration. These tools not only generate substantial cost savings but also directly reduce clinician burnout-addressing one of the summit's overarching concerns about workforce sustainability. AI-enabled tools that reduce administrative burden and create more meaningful patient interaction time therefore hold dual value: improving operational efficiency and supporting workforce resilience.

The uncertainty in the environment of acceptance is of continued concern by those assessing the advancement of AI including:

- Limited trust in AI outputs and its impact on clinical practice and performance
- Variability in organizational readiness
- Regulatory uncertainty
- Concerns about data privacy and risk
- Workforce fears about quality plateaus or lowered performance expectations

Overall, the panel contributed a pragmatic and entrepreneurial perspective that complements the Summit's broader themes: **the need for AI governance, workforce development, cross-sector collaboration, and patient-centered transformation.**

3. Integrative Reflection

While AI continues to mature across these themes, the Summit illuminated a shared belief: AI is not yet transforming healthcare, but it is revealing how healthcare systems must change to use information and intelligence effectively and responsibly. The integration of predictive analytics, generative systems, and agentic architectures will only succeed in improving healthcare delivery if accompanied by institutional reflexivity, transparent governance, and continuous human learning. Suggested is a three-dimensional integrative framework-linking human collaboration, organizational adaptation, and systemic governance. Each dimension represents a necessary condition for sustainable and equitable AI integration.

a. Dimension I - Human Collaboration and Cognitive Reciprocity

At the individual and clinical levels, participants emphasized that the future of healthcare AI depends on reciprocal trust between humans and intelligent systems. Dr. Susan Feng Lu's presentation (Figure 1) offered a roadmap for this reciprocity through the evolution from predictive to agentic AI, where human actors increasingly serve as ethical supervisors rather than procedural executors. This cognitive partnership reframes healthcare professionals as orchestrators of intelligence—responsible for interpreting model outputs, validating machine reasoning, and managing exceptions that demand moral or contextual judgment.

b. Dimension II - Organizational Adaptation and Ethical Operations

At the institutional level, the Summit underscored that responsible AI cannot exist in ethically neutral organizations. Participants highlighted how business and health systems must align operational priorities with moral principles. The presentations by Dr. Karen Donohue, Dr. Frank Rybicki, and Dr. Leonid Chepelev made this explicit: ethical AI is not only a compliance issue — it is a governance capability.

This entails three structural commitments:

- **Transparency:** Open documentation of data provenance, model design, and decision pathways.
- **Accountability:** Clearly defined roles for algorithm oversight, including clinical AI safety officers and governance boards.
- **Reflexivity:** Mechanisms for iterative review and system learning to prevent ethical drift and unintended bias.

By embedding these commitments into standard operations, organizations transform ethics from an abstract ideal into a measurable practice - one that enhances reputation, performance, and resilience simultaneously

c. Dimension III - Systemic Governance and Agentic Resilience

At the healthcare ecosystem level, the integration of agentic AI to enhance and manage the infrastructure highlights the interdependence between data integrity and societal well-being. As emphasized by Bindiya Vakil and Dan Hopkins, AI can now act as an autonomous agent within logistical and risk management networks—detecting disruption, reallocating resources, and reinforcing the continuity of care. However, this autonomy introduces new forms of vulnerability. Without cross-sector coordination, agentic AI could amplify existing inequities or magnify systemic risks.

Therefore, governance must evolve from static regulation to adaptive and, given the speed of change, agility in stewardship. This means developing agile, participatory models—engaging regulators, providers, researchers, and patients—to co-create and monitor AI ecosystems. The concept of RAISE Health exemplifies this adaptive governance: a framework that aligns technological progress with fairness, safety, and social accountability.

4. Toward a Unified Model of Responsible AI in Healthcare

Synthesizing the above dimensions yield a Unified Model of Responsible AI Integration, characterized by three reinforcing loops:

DIMENSION	CORE FOCUS	PRIMARY MECHANISM	DESIRED OUTCOME
Human Collaboration	Cognitive Reciprocity	Training and trust-building	Competent and confident AI supervision
Organizational Adaptation	Ethical Operations	Transparent processes and reflexive governance	Accountable and fair AI deployment
Systemic Governance	Agentic Resilience	Cross-sector coordination and adaptive regulation	Sustainable and equitable AI ecosystems

These dimensions are mutually constitutive: human collaboration sustains ethical operations; ethical operations strengthen systemic trust; systemic trust, in turn, empowers investment and innovation.

5. Implications for Practice and Policy

The identified model leads to several actionable implications:

- For Healthcare Leaders: Invest in AI literacy and ethical capacity-building as integral components of workforce development.
- For Business Strategists: Treat AI ethics as a competitive advantage -embedding transparency and equity into procurement, contracting, and analytics.
- For Policymakers: Support adaptive regulatory models that balance innovation incentives with accountability safeguards.
- For Researchers: Pursue interdisciplinary studies on feedback loops between human trust, algorithmic accuracy, and organizational learning.

Together, these directions move the field beyond “AI readiness” toward AI maturity – a state where technological sophistication and ethical governance evolve in tandem.

6. Looking Ahead

The Summit demonstrated that the pathway to responsible AI in healthcare is not a straight line of progress but a continuous cycle of learning, adjustment, and collaboration. The tempo of AI adoption, like the rhythm of care itself, must remain human-paced and value-aligned. The next challenge is sustaining this dialogue through long-term partnerships, research networks, and policy forums that keep ethical innovation at the center of the digital health revolution.

7. Policy and Research Implications

The discussions emerging from the Arizona Business and Health Summit 2025 highlight that the promise of AI in healthcare cannot be realized through technology alone. Real transformation requires coordinated policy action, strategic funding, **and** cross-sector research infrastructure capable of translating ideas into measurable outcomes. The Summit's interdisciplinary framework provides a roadmap for how academic institutions, health systems, and public agencies can act collaboratively to ensure that AI-driven innovation enhances—not replaces—human and institutional capacities.

a. Policy Implications

i) Establishing Ethical and Regulatory Standards

Participants emphasized that responsible AI requires regulatory coherence across health, business, and data governance domains. Policies should move beyond isolated compliance frameworks to adopt adaptive regulation—rules that evolve with emerging evidence about AI performance and social impact.

National health agencies and accrediting bodies could adopt frameworks like RAISE Health and ARCH-AI to define safety, equity, and accountability metrics. CAPS Research presentation demonstrated that benchmarking utilizing metrics provides the ability to compare performance year-over-year with other organizations, understanding current state and steps needed to improve and equips the healthcare organization to justify a new investment or defend an existing one.

State-level health departments, such as the Arizona Department of Health Services, drawing on the perspectives in this White Paper, can lead by serving as early adopters by piloting interoperable data-sharing protocols between hospitals, suppliers, and public health networks and advance the implementation of such protocols.

ii) Integrating AI into Health System Accountability

The Summit's dialogue underscored that the governance of AI in healthcare should mirror the principles of clinical accountability: transparent documentation, peer review, and measurable outcomes.

Health systems should incorporate AI performance metrics into accreditation, safety reporting, and quality improvement programs.

Procurement policies for AI tools must include requirements for explainability, bias auditing, and post-deployment monitoring.

iii) Building Public Trust through Transparency

Participants across sessions reflected on issues related to trust through transparency: AI must earn its social license to operate. Policymakers should promote open communication with patients and the public about the capabilities and limits of AI systems. Public dashboards, algorithmic disclosure reports, and

community advisory boards can enhance legitimacy and trust in digital health technologies.

b. Research Implications

i) Longitudinal Studies of AI Adoption

Future research should move beyond short-term pilot evaluations to longitudinal studies examining how organizations mature in their AI integration. The Tempo of AI Adoption study presented by CAPS Research provides a prototype for this work—linking benchmarking data to workforce adaptation and ethical performance indicators.

ii) Cross-Sector Collaboration and Data Infrastructure

The Summit demonstrated that universities could act as neutral conveners connecting healthcare, industry, and government. W. P. Carey’s model of collaboration between business analytics and health policy suggests a new institutional archetype: the AI and Health Systems Transformation Lab. Such a lab would:

- Support shared data platforms with secure multi-institutional access
- Fund pilot projects integrating AI into supply chain risk management, clinical decision-making, and equity monitoring
- Facilitate translational fellowships linking PhD and professional students to applied research teams.

iii) The Human Factor in Algorithmic Systems

Empirical studies should investigate how human cognition, moral reasoning, and team dynamics interact with AI tools. This includes understanding when clinicians override AI recommendations, how bias is detected and corrected in practice, and what institutional supports enable ethical escalation.

iv) Measuring Ethical and Economic Value

Future research should quantify the dual value of responsible AI: its economic benefits (cost savings, efficiency) and its ethical dividends (equity, safety, and trust). Developing metrics that combine these dimensions will allow funders and policymakers to invest in innovation that is both profitable and principled.

c. Implications for Funders and Foundations

The Summit’s outcomes point to several funding priorities for foundation and research sponsor investment including:

1. Sustained Interdisciplinary Research Centers – Multi-year investments in AI-health systems centers housed at universities like ASU can maintain intellectual momentum beyond one-off events.
2. Pilot-to-Policy Pipelines – Support mechanisms that move pilot findings into policy recommendations and public health implementation.

3. Equity and Workforce Development Grants – Programs that train underrepresented professionals in AI ethics, data science, and public health analytics.
4. Responsible Innovation Endowments – Long-term funding for ethical AI auditing, standard development, and global benchmarking partnerships to enhance early efforts (as pioneered by CAPS Research for procurement) for the development of health sector AI maturity models and roadmaps to support organizations moving to the next level.
5. Cross disciplinary translational research. A major example is the clinical role model scheme developed utilizing ideas akin to digital-twins within non-clinical sectors.

d. National Call to Action

If the 2025 Summit made one message clear, it is that responsible AI is not optional—it is foundational to the integrity and sustainability of healthcare systems. The next frontier requires policy and research ecosystems that are anticipatory rather than reactive, collaborative rather than competitive.

The W. P. Carey School of Business and its partners demonstrate that such a vision is achievable: by uniting data scientists, clinicians, ethicists, and industry leaders under a shared commitment to design and implement intelligence responsibly. The task ahead is to scale this model—turning Arizona’s collaborative experiment into a national framework for AI governance in healthcare.

8. Conclusion

The Arizona Business and Health Summit 2025 offered more than a conversation - **it created a blueprint for how artificial intelligence can be integrated responsibly into the future of healthcare.** Across disciplines, speakers and participants there was a shared realization: **AI’s transformative power rests not in its algorithms, but in the human systems that shape, interpret, and deploy them.**

The Summit’s (1) identification of the importance of reflection for a vision for evolving human–AI partnerships, (2) revealing the criticality of frameworks and governance systems for responsible AI and resilience by and (3) attention through benchmarking of adoption tempo, each contribution affirmed a core principle- AI systems must be crafted for humanity, not merely for performance.

This synthesis underscores three enduring lessons:

1. Integration over isolation – AI in healthcare must bridge business strategy, ethics, and clinical science, operating as a shared system of intelligence rather than as disconnected tools.
2. Governance through collaboration – Sustainable innovation requires collective oversight across academia, healthcare, and industry, transforming accountability from constraint into catalyst.
3. Resilience through responsibility – Ethical design and inclusive leadership are the true sources of adaptability in a world increasingly shaped by intelligent systems.

The Summit is aligned with **the** W. P. Carey School of Business goal to become a national hub for shaping dialogue and action for the advancement of AI. Its partnerships with government, academic institutions, and private industry model how a region can serve as an innovation ecosystem for data-driven, human-centered healthcare.

As the Business and Health initiative moves forward, its mission expands: to turn the insights from this gathering into research, educational programs, and scalable solutions that embody the principles of responsible, equitable, and resilient AI. The next phase will build upon the momentum of this Summit – extending its reach to new collaborators and transforming discourse into action.

Ultimately, the future of AI in healthcare will not be defined by technological speed, but by the rhythm at which human intention and machine capability move together. The Summit's legacy lies in this cadence: a deliberate, transparent, and inclusive approach to innovation that ensures AI serves its highest purpose - improving human life while preserving human values.

The Summit acted not merely as a conference but as a **living laboratory of collaboration**, where theory and practice meet to map the next frontier of responsible AI in healthcare. This was reflected in recognition that the dialogue has moved from “Can AI improve healthcare?” to “How can we design systems that make AI responsible, trustworthy, and resilient?” Thus, while technological challenges persist, advancing AI must be seen as an **institutional design problem challenging developers to harmonize cognitive, ethical, and operational intelligence.**

APPENDIX 1



**W.P Carey School of Business
Arizona State University
November 20, 2025**

Agenda

8:00 – 8:30 Welcoming comments – Gene Schneller, Dean Ohad Kadan, and John Garcia (Arizona Department of Health Services)

8:30 – 9:30 Understanding AI in the health sector

- Susan Feng Lu, Ph.D., Professor of Operations Management and Statistics, University of Toronto

9:30 – 10:15 Building a smarter healthcare system for public health

- Jyoti Pathak, Ph.D., Dean, School of Technology for Public Health, ASU
- Priya Radhakrishnan, M.D., Vice Dean, Clinical Affairs and Graduate Medical Education, John Shufeldt School of Medicine and Medical Engineering and VP of Health Equity and Chief Academic Officer at Honor Health
- Maria Manriquez, M.D. Professor, University of Arizona College of Medicine. Medical Director - Addiction Medicine; UME pain and addiction curriculum; Phoenix Branch Director University of Arizona Comprehensive Center Pain and Addiction

10:15 – 10:30 Break and Networking

10:30 – 11:15 A vision going forward Agentic AI for Supply Chain Resilience

- Examining how suppliers and manufacturers use AI to mitigate disruptions and enhance supply chain robustness.
 - Bindiya Vakil, CEO, Assio3D
- Managing risk across the supply chain ecosystem via AI
 - Dan Hopkins, Senior Vice President, Resilinc

11:15 – 11:45 Breakout Sessions – Recrafting the health sector division of labor in the era of Agentic AI. Pursuing an evidence-based system with emotional intelligence. Moments of awe, managing risk and the seduction of the human – the permeable membrane between artificial intelligence and emotional intelligence.

- Orientation
 - Denis Cortese, M.D., Foundation Professor and Director of the Health Care Delivery and Policy Program at ASU and Emeritus President and CEO of Mayo Clinic
- Breakout 1: AI in the Healthcare Supply Chain – Visibility, Resilience, and Responsibility
 - Moderated by Rui Kin, Ph.D., Associate Professor, Department of Supply Chain Management, ASU
- Breakout 2: AI for Workforce and Human Resources – Talent, Equity, and Organizational Readiness and their impact on clinical roles
 - Moderated by Kristen Will, Associate Dean and Clinical Professor, School of Medicine and Advanced Medical Engineering, ASU
- Breakout 3: AI in Clinical Care – Decision Support, Patient Engagement, and Health Equity
 - Moderated by Craig Norquist, M.D., CMIO, Honor Health

11:45 – 1:00 Working lunch – Breakout sessions continue

1:00 – 1:45 Report out – Breakout Groups 1 – 3

- Moderated by Mikaella Polyviou, Ph.D. and Jim Eckler, Department of Supply Chain Management, ASU

1:45 – 2:45 Responsible AI for Responsible Supply Chains: Risks and Rewards. Moderator: Karen Donahoe, Ph.D., Department of Supply Chain Management and Director for Responsible Supply Chain Management, ASU

- Responsible AI in Medicine
 - Frank Rybicki, M.D., Ph.D., FACR – Chair, Department of Radiology, Banner Health. Dr. Rybicki is the chair of the Arizona Department of Radiology
 - Leonid Chepelev, M.D., Ph.D., Associate Professor, University of Arizona College of Medicine & Banner University Medical Center
- Supporting the search for patient treatment
 - Esmaeil Keyvanshokoo, Ph.D., Assistant Professor of Information & Operations Management, Texas A&M Data Science Institute Assistant Professor of Information & Operations Management

2:45 – 3:30 Evolving Issues. Moderated by Jim Eckler, Adjunct Professor, Department of Supply Chain Management, ASU

- The tempo of AI adoption
 - Geoff Zwemke, Co-Interim Director, CAPS Research
 - Stephen Downey, Chief Supply Chain and Patient Services Officer, Cleveland Clinic

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3:30 – 4:30- Entrepreneurship for excellence in patient care. Moderated by Hitendra Chaturvedi, Professor of Practice, W.P. Carey School of Business, Department of Supply Chain Management, ASU

- Gary Gorden, Director and Strategic Advisor, Clean Sweep, Inc.
- Don Fotsch, Chief Product Officer and Advisor to Green House Energy Management
- Mike Randal, Co-Founder, Managing Partner - Monsoon Venture Fund
- Stephanie Sims, Entrepreneur in Residence, Monsoon Venture Fund

4:30 Concluding Session – Summary Discussion and Questions from the audience

5:00 Networking Reception

APPENDIX 2

Organizing Committee and Staff

- Cristina Baciú, Ed.D. Assistant Director, Research, W.P. Carey School of Business
- Denis Cortese, M.D., Denis Cortese, M.D., Foundation Professor and Director of the Health Care Delivery and Policy Program at ASU and Emeritus President and CEO of Mayo Clinic
- Jim Eckler, Adjunct Faculty, NASPO Department of Supply Chain Management, W.P. Carey School of Business
- John Garcia, MBA, CPM, Office Chief & Program Director, Arizona Biomedical Research Centre, Arizona Department of Health Services
- Jyoti Pathak, Ph.D., Dean, School of Technology for Public Health, ASU
- Mikaella Polyviou, Ph.D. Associate Professor, NASPO Department of Supply Chain Management
- Eugene Schneller, Ph.D., Dean's Council of 100 Distinguished Scholar, NASPO Department of Supply Chain Management, W.P. Carey School of Business.
- Jeffrey Wilson, Ph.D. Professor of Statistics and Biostatistics and Associate Dean for Research, W.P Carey School of Business
- Natalia Wilson, M.D., MPH, Executive Director of the Center for Healthcare Delivery and Policy and an adjunct faculty member in the College of Health Solutions

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Production: The White Paper was drafted by members of the Organizing Committee with an initial assessment of the audio transcript by ChatGPT. For further information regarding the Summit contact jeffrey.wilson@asu.edu.

APPENDIX 3

Presenter Guidelines (Abbreviated)



Summit Overview

In 2025 the Arizona Business and Health Summit (ABHS) will focus on a variety of issues related to Artificial Intelligence (AI) in the health sector. The summit is an opportunity for healthcare managers, executives, clinicians, and academics to learn about the progressive practices from different sectors and document success factors for implementing and sustaining innovative programs and policies to solve healthcare business challenges and improve resilience.

The Summit convenes leading minds in healthcare, business, and technology to address the profound impact of artificial intelligence on the health sector. Participants will engage with real-world case studies, expert panels, and interactive workshops focused on responsible AI adoption, ethical governance, and future-readiness. The summit will spotlight actionable strategies for leveraging AI to enhance patient care, clinical practices, operational efficiency, and community well-being, while preparing for the next wave of agentic AI systems. Attendees will leave equipped with insights and frameworks to guide investment, implementation, and oversight of AI in healthcare, ensuring that innovation drives sustainable value and equity across Arizona's health ecosystem.

- **Use Case–Driven Insights:** Real-world AI applications from hospitals, public health systems, suppliers, and workforce management, including predictive staffing, capacity planning, and supply chain risk management.
- **AI in Clinical, Population Health, and Workforce Domains:** How AI augments co-management of care, advances precision medicine, supports equitable staffing and training, and enables public health leaders to anticipate and respond to community needs. The evolving division of labor – from who to what.

- **Resilience & Responsibility:** Strategies for ethical and sustainable AI integration, aligned with good governance principles, regulatory expectations, and operational continuity across both supply chain and human resources.
- **Responsibility Metrics & Accountability:** Frameworks to measure outcomes, reduce bias, and assure interoperability across organizations, supply networks, and labor systems.
- **Future Horizons:** Preparing for next-generation AI—including agentic AI systems capable of autonomous learning and action—and their implications for workforce models, human capital strategies, supply chain adaptability, health equity, and innovation ecosystems.

2025 Business & Health Summit – Presenter Guide & Information Grid

This document is designed to guide presenters in shaping their session contributions for the 2025 Business and Health Summit: ‘Dueling Guitars – AI Challenging Healthcare – Healthcare Challenging AI.’ Please use the questions below to prepare your content and complete the grid provided for submission to the Summit organizers.

1. Suggested Questions for Presenters

a. Context & Relevance

- What specific problem or gap in healthcare/business/public health does your work address?
- How does your use application, case or research demonstrate the impact of AI on patient care, supply chains, workforce, or public health practice or resilience?
- What motivated this innovation or initiative—regulatory change, market pressure, clinical demand, or disruption (e.g., COVID-19, workforce shortages)?

b. AI Application & Approach

- Is the AI primarily predictive, generative, or agentic?
- What data sources and technologies drive your solution (e.g., EHR, imaging, IoT, supply chain transaction data)?
- How do you ensure data integrity, interoperability, and security across systems?
- Who are the primary end users (e.g., clinicians, supply chain leaders, policy teams, patients)?
- How does your AI initiative affect roles, responsibilities, or workflows across clinical, supply chain, or public health teams?
- What new roles (e.g., data stewards, AI-augmented clinicians) have emerged, and which tasks have been reallocated or automated?

c. Outcomes & Metrics

- What measurable outcomes or KPIs illustrate value (e.g., reduced patient wait times, improved equity, lower costs, enhanced workforce planning, supply chain continuity)?
- How have you measured resilience, responsibility, and ROI?
- What metrics demonstrate progress toward governance principles, equity, and workforce well-being?
- What human resource metrics (e.g., staff utilization, turnover, burnout, role adaptability) demonstrate the impact of AI-driven changes in the division of labor?
- How has AI adoption influenced training needs, credentialing, or skill mix?

d. Governance, Responsibility & Future-Readiness

- What governance or oversight structures guide ethical AI use (e.g., bias testing, transparency, workforce input)?
- What are your strategies for scaling responsibly across geographies or health systems?
- How do you anticipate next-generation agentic AI will affect your domain—workforce roles, division of labor, patient experience?
- How are HR leaders, unions, or workforce committees engaged in the oversight of AI-related workforce transitions?
- What policies or safeguards are in place to maintain professional autonomy (for clinicians, nurses, PAs, etc.)?

e. Lessons Learned & Takeaways for Attendees

- What barriers or risks did you face in adoption (technical, organizational, cultural) and how were they mitigated?
- What are the top 3 actionable insights you would share with Summit participants who want to replicate or adapt your approach?
- What partnerships (e.g., academia, private sector, payors) were most critical to your success?
- Looking ahead, what research or policy gaps need attention to ensure sustainable and equitable AI integration?

APPENDIX 4

Methodological Framework: From Dialogue to Insight

The Arizona Business and Health Summit 2025 served as both a convening forum and a natural experiment in interdisciplinary knowledge generation. Rather than functioning as a traditional academic conference, it was structured as a multi-modal inquiry—an intentional blend of expert presentation, facilitated dialogue, and collaborative reflection. The methodological approach underlying this paper is therefore qualitative and interpretive, drawing from the Summit’s proceedings, transcripts, and presentation materials to identify unifying patterns and emergent insights.

Research Design and Setting

The Summit was held on November 20, 2025, at the W. P. Carey School of Business, Arizona State University. It brought together more than 200 participants from academia, healthcare systems, public health organizations, and private industry. The agenda (see Appendix 1) was crafted to progress from conceptual framing to applied exploration and collective synthesis, beginning with keynote addresses and evolving into panel discussions and breakout sessions.

Thematic sessions included:

- Understanding AI in the Health Sector (Lu, 2025)
- Building a Smarter Healthcare System for Public Health (Pathak, Radhakrishnan, Manriquez)
- Agentic AI for Supply Chain Resilience (Vakil, Hopkins)
- Responsible AI for Responsible Supply Chains (Donohue, Rybicki, Chepelev)
- The Tempo of AI Adoption (CAPS Research)
- Entrepreneurship for Excellence in Patient Care (Chaturvedi et al.)

Each session generated dialogic content that extended beyond disciplinary boundaries—providing qualitative data for analysis through the lens of collaboration and applied innovation.

Data Sources and Collection

Data for this study were drawn from four primary sources:

- Recorded Transcripts and Session Notes – Comprehensive recordings of plenary and breakout sessions were transcribed and coded to capture recurring conceptual and thematic elements.
- Presentation Materials – Slide decks from keynote and industry presentations (e.g., Beyond the Algorithm, Tempo of AI Adoption) were reviewed to contextualize speaker insights and quantitative references.
- Participant Reflections and Discussions – Comments collected during breakout sessions and the concluding forum were summarized to identify practitioner-level challenges and aspirations.
- Event Artifacts – The official Summit agenda, promotional materials, and program documentation provided structural and institutional context.

Methodological and Analytical Approach

Based on recorded transcripts of the sessions, power point presentation and event pre-readings, a thematic synthesis methodology was applied to the combined data sources. Transcripts were reviewed using an inductive coding process, emphasizing concepts related to:

- Human–AI collaboration and cognitive adaptation
- Clinical and business case adoption
- Ethical and responsible innovation
- Organizational transformation and workforce readiness
- Systemic resilience and data-driven decision-making
- Financing opportunities

These categories were refined through iterative discussion among the analysis team to ensure both conceptual validity and contextual grounding in the event proceedings. Where quantitative data (e.g., adoption benchmarks from CAPS Research) were presented, they were treated as illustrative evidence supporting the thematic interpretations.