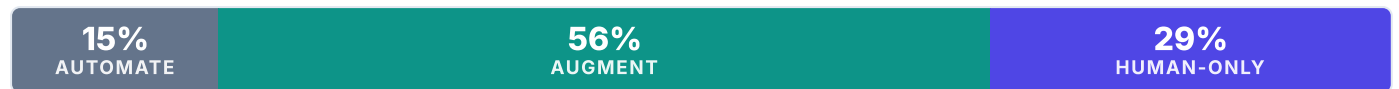


Healthcare AI, broken down to the task

The workflows every healthcare buyer is funding now, mapped to the task level. What automates, what becomes human plus AI, and where the workforce is the bottleneck.



Automate: AI runs it, human audits by exception Augment: human plus AI, the re-skilling surface

Human-only: judgment, empathy, compliance

1,633 healthcare support and operations roles, 25,868 tasks, July 2026. Hirers in corpus: Trinity Health, Sutter Health, Sanford Health, Prisma Health, Ochsner, Geisinger, Mass General Brigham, Houston Methodist.

The money is committed. The bottleneck is the workforce.

The money is committed. The workforce is the bottleneck. The bottleneck lives in the augment band.

Across 1,633 healthcare support roles, the task split is 15% automate, 56% augment, 29% human-only. The 56% augment band is not automation and not untouched work. It is human plus AI work that only functions if the human is trained for it.

That 56% is the readiness gap, quantified. Nuvepro maps the work at task level, classifies each task, and certifies the workforce on the augment band with a competency guarantee.

THE SPEND IS REAL

- Global AI healthcare market reaches \$50.7B in 2026, up from \$36.7B in 2025 (Precedence Research / industry forecast)
- A record 295 AI device clearances in 2025; 1,451 FDA-authorized AI/ML devices cumulatively (FDA)
- 54% of physicians now use AI, up from 38% in 2023; 73% say it reduces administrative workload (AMA / clinician surveys)
- Leaders expect the biggest 2026 AI value in operational efficiency (56%) and administrative workflow (52%) (Deloitte)

THE WORKFORCE IS THE BLOCKER

- 47% name workforce acceptance and AI skill development as an adoption barrier (healthcare adoption survey)
- Only 20.3% of practitioners feel informed about AI applications (practitioner readiness survey)
- 62.8% cite institutional leadership knowledge deficits as a barrier (adoption barrier study)
- 70%+ of medical professionals say AI should stay decision-support only, so a trained human verifier is mandatory (professional stance survey)

Six support and operations workflows

WORKFLOW 1

Patient Access and Onboarding

Registration, identity, eligibility and coverage, prior authorization, intake.

Market signal. Administrative workflow assistance is an \$18B application in 2026; workflow processing time drops 20-40% with AI. (Market.us / XtendedView)

AUTOMATE

- > Clerical duties of patient registration
- > Update registration screens from check information
- > Create, scan, and route documents and forms

AUGMENT

- > Greet patients and verify demographics
- > Read and interpret insurance responses
- > Work registration queues to resolve denied insurance claims
- > Collect co-payments and account balances
- > Initiate patient financial assistance

HUMAN-ONLY

- > Serve as first point of contact for patients entering the facility
- > Abide by HIPAA and patient confidentiality
- > Report patient privacy concerns

Readiness gap. Interpreting insurance responses and resolving denials requires judgment on top of AI-surfaced data. That is a trained skill, not a login.

WORKFLOW 2

Appointment Scheduling

Booking, confirmation, rescheduling, capacity, coordination.

Market signal. AI scheduling cuts appointment no-shows 15-30%. (operational efficiency data / XtendedView)

AUTOMATE

- > Schedule patient appointments (the single most automatable task in the corpus)
- > Maintain recall and reschedule lists
- > Maintain the appointment book

AUGMENT

- > Coordinate provider schedules
- > Coordinate telemedicine appointments
- > Make reminder calls

HUMAN-ONLY

- > Prioritize urgent cases
- > Handle provider-specific exceptions

Readiness gap. "AI handles scheduling" is half true. Routine booking automates; multi-provider and telemedicine coordination stays augment. You cannot orchestrate the workflow until you have split it at the task level.

WORKFLOW 3

Revenue Cycle: Billing, Claims and Payments

Claims status, coverage questions, charge explanation, payment, disputes.

Market signal. AI cuts claim denials 10-20%; fraud detection is a \$17B application in 2026. (Market.us / XtendedView)

AUTOMATE

- > Cash posting per department guidelines
- > Distribute billing information
- > Update the patient account database

AUGMENT

- > Explain insurance benefits to patients
- > Read and interpret insurance responses
- > Resolve registration errors and denied insurance claims

HUMAN-ONLY

- > Resolve complex denials
- > Handle coverage-determination appeals
- > Manage sensitive payment disputes

Readiness gap. Explaining benefits and resolving denials is where dollars leak. It is augment work, AI drafts and the human decides, and it is the hardest to re-skill into.

WORKFLOW 4

Clinical Documentation Support

Note drafting, chart prep, record maintenance, coding support.

Market signal. Clinicians spend about 50% of the workday on admin and documentation; AI cuts documentation time up to 70%. (workflow studies / XtendedView)

AUTOMATE

- > Organize supporting provider documents
- > Prepare and coordinate charts
- > Pull charts for scheduled appointments

AUGMENT

- > Perform medical record maintenance and releases accurately
- > Process multi-channel messages (appointments, referrals, prescriptions)

HUMAN-ONLY

- > Judge what belongs in the record
- > Make compliance-sensitive release decisions

Readiness gap. The 70% time-saving only lands if the documentation workforce trusts and verifies AI-drafted notes. Verify-and-correct is a trainable competency, and it is mandatory, not optional.

WORKFLOW 5

Patient Engagement and Virtual Nursing Support

Between-visit questions, reminders, adherence nudges, care-plan reinforcement.

Market signal. Virtual nursing assistants are the second-largest 2026 application at \$20B. (Market.us / XtendedView)

AUTOMATE

- > Make reminder calls for appointments
- > Maintain recall lists

AUGMENT

- > Obtain and coordinate referrals
- > Arrange interpreter services
- > Coordinate telemedicine
- > Process multi-channel messages related to prescriptions and care

HUMAN-ONLY

- > Escalate clinical concerns to care teams
- > Deliver complex patient education
- > Hold empathy in moments of distress

Readiness gap. The AI handles the nudge; the human handles the moment it goes sideways. Knowing when to escalate is the augment-to-human handoff skill, and it is unmeasured today.

WORKFLOW 6

Complaints and Escalations

Grievances, appeals, service issues, regulatory complaints.

Market signal. Patient-experience improvement is where 86% of leaders expect AI value (35% significant, 51% moderate). (Deloitte)

AUTOMATE

- > Route and log by category
- > Pull interaction history

AUGMENT

- > Process multi-channel messages related to complaints
- > Assess sensitivity and urgency with AI-surfaced context

HUMAN-ONLY

- > Report patient privacy concerns
- > Report patient safety concerns
- > Report compliance concerns
- > Make final resolution on serious cases

Readiness gap. The human-only band here is almost entirely compliance and safety judgment. Not automatable, not augmentable. This is where you defend headcount, not cut it.

From a tool budget to a workforce that can use it

1. The stat proves the buyer is already spending on this workflow.
2. The task table proves only 9 to 15% actually automates; the majority is augment.
3. The augment band is the re-skilling surface, and 47% of the market says that is exactly where they are stuck.
4. Nuvepro measures who is ready for the augment work and certifies the rest with a guarantee. That is the difference between a tool budget and a workforce that can use it.

HOW THIS WAS BUILT

Task splits: live jobscraper corpus, 1,633 healthcare support and operations roles, 25,868 tasks, same classifier as /explore.

Market and readiness statistics: XtendedView AI in Healthcare Statistics 2026 (citing Deloitte, FDA, Precedence Research, Market.us).

Workflow taxonomy: Concentrix, Top 5 Agentic AI Use Cases in Healthcare.

HONEST CAVEATS

The corpus is a support and operations title slice; clinical-judgment roles such as nurses, therapists, and physicians sit above it and need their own pull.

Market and readiness stats are drawn from a public statistics aggregation; the Deloitte and FDA lines are the ones to lead with in front of a CXO.

Percentages are corpus-level, not any single provider's internal data.