YOU KNOW AI WORKS.
BUT WILL IT WORK FOR YOU?



5 Pain Points Keeping Hospitals
from AI-driven, Revenue Cycle Results

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At this point, nobody is waiting for AI to prove itself. It works. Fast. In healthcare RCM, the drumbeat to adopt AI is only getting louder. But for standalone and mid-sized hospitals operating on thin margins with limited IT staff, the path from "we know we should do this" to "we're doing this" is full of barriers.

HERE ARE FIVE OF THE BIGGEST BARRIERS
and how to get around them.

THE CLOCK STARTS ON DAY ONE

The vast majority of hospitals don't have the budget to invest in an AI solution now and wait months for the return to show up. That investment has to pay dividends right away, not eventually. Standalone and mid-sized hospitals don't have that kind of money just lying around.

THE FIX:

Order a-la-carte. Start with one labor-intensive process, like insurance verifications, automate it, and measure the return before you do anything else. A good partner will address one bottleneck in your revenue cycle, prove the ROI, and then tackle the next one. You get almost immediate results without writing a big initial check.

REVENUE CYCLE IS NEVER YOUR IT TEAM'S FIRST PRIORITY

In most hospitals and health systems, IT resources go to clinical priorities first. AI-powered physician dictation, EHR upgrades, patient-facing tools. These initiatives almost always slot ahead of anything revenue cycle-related, and understandably so. But that means revenue cycle automation is always waiting its turn, sometimes indefinitely. It's tough to begin an AI engagement knowing you may not be able to optimize the technology.

THE FIX:

Leave your IT team out of it. Look for a solution that stays off their radar. If an RCM partner can operate through standard remote user access (the same way you'd plug contractors into your systems), the IT burden goes away. There will be some work, of course, but no major commitment of IT resources to get started, and you still get all the AI benefits.

WHO'S MINDING THE AI STORE?

The stories are out there. AI agents changing billing codes after learning that it's the fastest way to get a claim paid. Patient data sent to the cloud with inadequate security. For a standalone hospital without any formal AI oversight arm, these are serious concerns. But setting up an in-house oversight board takes time and resources that probably don't exist. While moving forward without the proper oversight feels like too big a risk. So, inertia likely wins the day.

THE FIX:

Make oversight your AI partner's problem. Before you sign on, ask about the guardrails that prevent their automation from acting outside its acceptable parameters. How is patient data handled and stored? A good partner won't flinch at these questions because they will have already built the framework you'd otherwise be creating from scratch.

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HERE ARE FIVE OF THE BIGGEST BARRIERS, AND HOW TO GET AROUND THEM. *continued*

HIT THE GROUND RETRAINING

Nobody wants to deliberately turn a department that's already running on fumes upside down. In the long run, AI makes everything better. But ramping up means altering workflows, shifting responsibilities, and potentially even retraining staff. For many decision-makers, that short-term disruption is enough to kick the AI can down the road for another quarter.

☐ **THE FIX:**

Go. Slow. A partner that introduces one new process at a time gives your team time to absorb things before the next change comes. That approach is far more forgiving than "everything changes on Monday." A deliberate approach doesn't just protect your operation; it protects your employees.

THERE'S NO FINISH LINE

AI isn't something you just integrate and walk away from. Payer portals get redesigned. EHR platforms release multiple updates each year. A button moves from where it's always been, and the automation that depends on it can't figure it out. AI needs consistent monitoring and updating, a commitment that never really ends. Who on staff has the bandwidth to take that on for the foreseeable future?

And there's your barrier to entry.

☐ **THE FIX:**

Make maintenance someone else's job. Look for a turnkey model where AI monitoring, troubleshooting, and updating are all included. AI is designed to lighten your workload, so let it.

NONE OF THESE BARRIERS NEEDS TO BE THE REASON YOU KEEP PUTTING AI OFF. THE RIGHT PARTNER SHOULD BE ABLE TO CHECK ALL FIVE OF THESE BOXES EASILY.

At Meduit, we've spent years investing in the infrastructure, technical depth, and staff expertise that a single hospital typically can't build alone. We bring to the table more than 60 automatable processes that have been proven with hospital and health system peers throughout the country, align them with wherever your labor is being used most, and do it without requiring a big upfront payment, heavy integration, or your IT team's attention.

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Ready to stop thinking about AI and start using it? Let's talk.

email **contactus@meduitrcm.com**.