

# The health care industry eyes AI for care navigation

By Ruth Reader

01/08/2026 06:00 AM EST

Health care in the United States is full of gaps: a doctor failed to notice a patient is taking contraindicated drugs, no one told a patient to get their blood work done three days before surgery, a clinician was too busy to follow up on patient test results.

Some experts think artificial intelligence can fill those gaps in care and the Digital Medicine Society wants to show how it can be done.

DiME, a nonprofit organization that issues guidance and certifications for digital health products, announced on Thursday that it will release a playbook for putting AI to use for patient care by October.

The playbook aims to help health care organizations streamline disjointed aspects of care.

“The referral process, the scheduling, the redundant forms, the business hours and who to call — I think [large language models] could do a good job there,” said Eric Maurer, chief innovation and strategy officer at University of Minnesota's Community-University Health Care Center. He is one of 14 health care providers, insurers, and patient advocates working on the playbook.

DiME CEO Jennifer Goldsack says the playbook will outline appropriate use cases and strategies for AI in patient navigation as well as frameworks for evaluating these tools. It will also offer recommendations for payment models, governance frameworks and other suggestions.

**Key context:** The Trump administration has been pushing the health care industry to adopt artificial intelligence. In the last year, the Department of Health and Human Services has pulled together some 400 health care industry players to make patient health data more available for use in AI-driven wellness apps, launched two Medicare pilot programs that encourage using AI for administrative tasks and patient care, and allocated \$50 billion to help rural health care providers technologically transform their health care systems.

This week, Food and Drug Administration Commissioner Marty Makary made clear that his agency regulates AI involved in diagnosis and treatment — not AI tools offering basic health information or patient engagement.

"We want to let companies know, with very clear guidance, that if their device or software is simply providing information, they can do that without FDA regulation," he said [Tuesday on Fox Business](#). He added that so long as AI and wearables aren't offering medical advice or data, they can proceed without regulation.

**On the ground action:** Health care institutions are already experimenting with using AI for care navigation. About a quarter of states have begun using AI to support Medicaid applicants in some capacity, according to a [2025 survey from KFF, a health research policy organization](#). Five states are using AI to review Medicaid applications and renewals. And this week, Utah [announced it would allow AI to renew drug prescriptions](#).

**AI advantages:** AI could help patients stay on track with their medications while allowing health care workers to spend less time on tasks that don't require as much human interaction, according to Mouneer Odeh, chief data and AI officer at Cedars-Sinai Medical Center in Los Angeles, California, and a collaborator on DiME's playbook.

For example, he says, when a patient has been discharged from the hospital, ideally someone from the hospital will call a few days later to ensure the patient picked up and is taking the medication they were prescribed. That's something Odeh thinks AI could do.

“I think right where we're at today is not replacing the health care expertise with AI, but it's more freeing up the administrative hassles that our nurses and physicians have,” he said.

Maurer, meanwhile, has been impressed with AI's ability to act as a translator for patients who don't speak English.

**Possible roadblocks:** One challenge for the health care industry will be determining how to design and put guardrails around the technology so that AI can flexibly respond to patient requests without leaving room for it to misinform patients or do something harmful, said Odeh.

The health care industry will also have to figure out how to pay for AI care navigation. The \$50 billion Rural Health Transformation Fund, which is administered by the Centers for Medicare and Medicaid Services, is designed to fuel investment in AI and other technologies that could improve health care in rural areas. In December, [CMS announced 2026 disbursements](#) for states, which range from \$145 million to \$281 million.

Those funds are not supposed to cover recurring costs, but could help health care providers pay for infrastructure that supports AI care navigation tools.