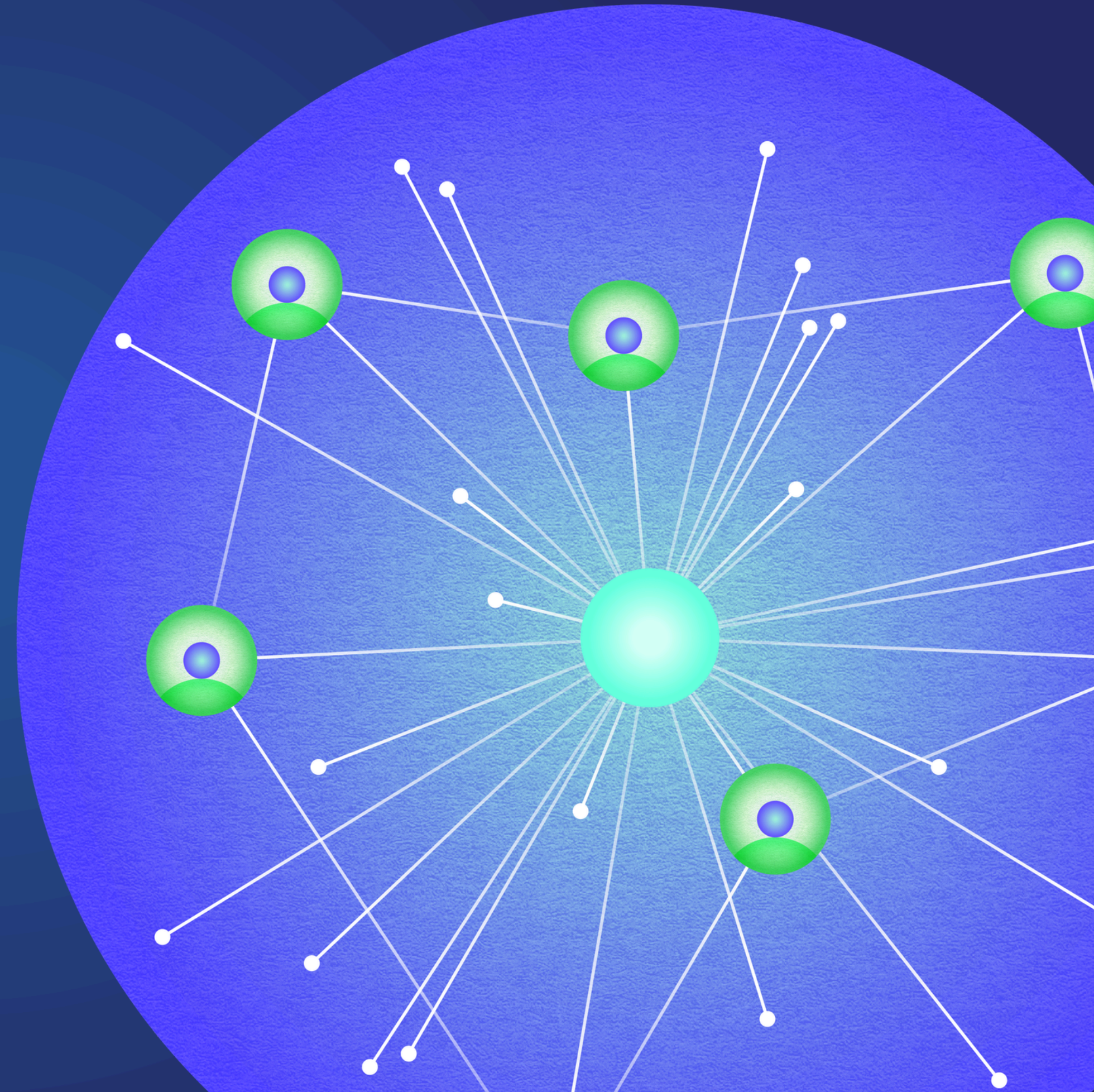




Direction of US Healthcare Innovation

A Tech Network Webinar Report



About the Tech Network

The Global Health Connector Tech Network builds on the original Tech Network—a community hosted and grown by Tobias Silberzahn and Sari Kaganoff for over ten years.

In short: the Tech Network is where health tech's builders and backers keep pace with where the industry is actually headed.

2,000+

COMPANIES IN NETWORK

300+

INVESTORS ENGAGED

21

THEMATIC GROUPS

Agenda & Speakers

WELCOME & KICKOFF

FIRESIDE CHAT:

Inside CMS's New
Innovation Models

PANEL:

Where US Health Tech
Is Headed

OPEN Q&A



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ALYSSA JAFFEE

Partner, 7wire Ventures



ANAND IYER

Chief AI Officer, Welldoc



ANEESH CHOPRA

Chair, Arcadia Institute; first
US Chief Technology Officer

Executive Summary

PURPOSE & CONTEXT

A closed-door fireside chat and panel discussion, hosted for the Global Health Connector Tech Network, bringing government, venture capital and operator perspectives together on one call. The session asked one question: as CMS rolls out a new generation of market-shaping payment models, where is US healthcare innovation actually headed?

KEY INSIGHTS & THEMES

CMS's new models mark a real shift from fee-schedule medicine toward outcomes-based, market-shaped test grounds. AI's upside stays elusive, and can even be inflationary, until data, provider-network and employer infrastructure catches up. Opportunity increasingly favours those who configure and collaborate rather than build alone.

PARTICIPATION & ENGAGEMENT

Format: a fireside chat with CMS's Innovation Center director, followed by an expanded panel and live audience Q&A.

OUTCOMES & NEXT STEPS

CMS is designing multi-year, in places decade-long, runways so private capital has time to play out. Shared takeaway: focus next on closing the interoperability and employer-adoption gaps policy is now opening up. The Tech Network will keep tracking these shifts through future webinars.

CMS Is Rewriting the Rules

Insight 01

Abe Sutton, Director of the CMS Innovation Center, framed his agency's role less as a regulator handing out mandates and more as a designer of “test grounds”: open-call programmes that invite the market to experiment, rather than CMS specifying exactly what innovation should look like.

That philosophy runs through the current slate of models. ACCESS pays technology-enabled care on outcomes rather than a fee schedule. ELEVATE (branded MAHA Elevate) funds smaller, evidence-generating prevention pilots — with a path to becoming permanent Medicare benefits if the data holds up; it drew roughly 200 applications for a first cohort of just 15, with another 15 to follow next year. WISER narrows prior-authorization review to care CMS believes is actively harmful, with a 72-hour turnaround requirement and active auditing of participants. A further model in development — Sutton calls it the “Geo-Ahead” approach — would let organisations take on total cost-of-care accountability without needing to partner with the existing delivery system at all.

Sutton was candid that the programmes are deliberately paced over long horizons — in some cases up to a decade — so private investors have the runway and confidence to build against them.

- FEE-SCHEDULE MEDICINE
- OPEN-CALL TEST GROUNDS
- OUTCOMES-ALIGNED PAYMENT
- MARKET-SHAPED INNOVATION AT SCALE

“Our role at the Innovation Center is about trying to break us outside of that box, go outside of the fee schedule, go outside the lines, and color new pathways and see what emerges.”

ABE SUTTON,
CMS Innovation Center

AI's Promise Comes With a Warning Label

Insight 02

Welldoc's Anand Iyer argued the most useful health AI products blend rules-based logic, machine learning and generative AI within a single regulated product, keeping high-risk decisions bound by clinical guidelines while lower-risk interactions stay flexible.

7wire Ventures' Alyssa Jaffee added a commercial reality check: payers still hold “the keys to the kingdom,” and much of the general-tech enthusiasm entering healthcare underestimates how hard it is to build something sustainable without them. Many health systems are piloting ten to twenty point solutions with no clear plan for scale, a build-versus-buy debate she considers a false binary; the more useful frame is configurability.

Aneesh Chopra offered a sharp caution: so far, AI has been largely inflationary for US healthcare, with providers upcoding and payers auto-downcoding in response, a symptom of an incentive and infrastructure problem. He credited ACCESS specifically for tying payment to outcomes rather than billing codes as a rare deflationary signal.



The real bottleneck is infrastructure, not innovation

Insight 03

Former US Chief Technology Officer Aneesh Chopra was direct about what's actually holding the ecosystem back: not a shortage of good ideas, but three unfinished pieces of infrastructure. First, completing the health tech ecosystem so consumers can pull their own records into any app of their choosing. Second, getting every provider onto at least one trusted data-sharing network. Third, activating self-insured employers to build the same expectations into their own procurement — a move AT&T has already made.

Aneesh framed the gap through the idea of a “health information fiduciary” — an entity whose job is to act in the patient's interest across an otherwise fragmented system. He illustrated it with two small examples from his own family. First: after a cancer scare, his mother used one of CMS's new consumer data-access tools to aggregate her records and work through the diagnosis calmly, with no single doctor 'quarterbacking' her care. Separately — after switching to a high-deductible plan — she used AI to shop for a routine foot MRI, paying \$37 in copay at an outpatient clinic for a scan that would have cost roughly \$1,000 at her local health system.

Neither outcome was engineered by a business model. Today's incentives simply don't reward the tools that helped her get there.

INTEROPERABILITY



PROVIDER NETWORKS



EMPLOYER ACTIVATION



READY TO SCALE

“There's never been a better time to be an innovator than now.”

ANEESH CHOPRA,
Chair, Arcadia Institute

The Next Wave Belongs to Collaborators

Insight 04

Asked where the opportunity actually sits for founders and investors, the panel converged on a few practical answers. Care navigation, helping patients find their way to lower-cost, higher-quality care and getting paid for it, was repeatedly flagged as a category that is still largely unbuilt.

Anand Iyer made the economic case for building this collaboratively rather than competitively: “100% of a million is always less than 10% of a billion, always,” as he put it, and CMS's programmes are explicitly designed to reward organisations that plug into a shared ecosystem rather than fight over the same narrow slice of it.

Alyssa Jaffee's advice to founders was more fundamental: too many people entering health tech chase a technology before confirming they are solving a real problem for whoever bears its cost or risk. “Founder-market fit” matters as much as product-market fit, and healthcare rewards patience over the pursuit of a quick exit.

WHERE THE PANEL SEES ROOM TO BUILD

Configuration and interoperability layers that let health systems assemble rather than build or buy outright.

Care navigation models that route patients to better, cheaper care, and are paid for doing so.

Evidence-generation partnerships that support CMS's evolving reimbursement pathways.

Employer-aligned commercial models, following AT&T's early move.

Looking Ahead: Building the Next Generation

The next phase of US health tech will be defined less by whether AI works, and more by whether the infrastructure and incentives around it get fixed first.

CMS's outcomes-based models, early employer pledges, and state-level rural health transformation programmes are starting to stack in the same direction, at Medicare, Medicaid, commercial and rural scale simultaneously.

That convergence, more than any single technology, is what should shape where the Tech Network's companies and investors focus next.

“There's never been a better time to be an innovator, provided the incentives are pointed the right way.”

PANEL SYNTHESIS

WHERE THE PANEL SEES ROOM TO BUILD

- Configuration and interoperability layers over point-solution building.
- Care navigation and “health information fiduciary” models.

- Real-world evidence generation to support ACCESS, ELEVATE and WISER pathways.
- Employer- and payer-aligned commercial models.

- Public-private collaboration structures that stack policy, employer and provider-network signals rather than compete against them.



Thank you

to our speakers —
and to everyone who joined us

TOBIAS SILBERZAHN · SARI KAGANOFF · ABE SUTTON
ALYSSA JAFFEE · ANAND IYER · ANEESH CHOPRA

Missed the live session? Click [here](#) to watch the full recording.
Keep an eye on your inbox and the Tech Network newsletter
for the next session in this series.

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