

Salesforce PoV on AI in Health Care



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Purpose of Study Committee:

The study committee is directed to study current and emerging uses of artificial intelligence (AI) technology in health care. As part of its review, the study committee shall consider the use of AI technology in the patient-provider relationship, including use in clinical care and communication facilitation. The study committee shall also consider the use of AI in interactions between insurers or medical assistance programs and patients. Finally, the study committee shall consider the use of AI between insurers or medical assistance programs and providers, including in health care coverage decision making. After these reviews, the study committee shall consider recommending legislation that addresses standards for the use of AI in health care services and insurance.



SECTION 1: INTRODUCTIONS & THE COMMITTEE'S MANDATE

Mx. Chair, Vice-Chair, and distinguished members of this **Study Committee on the Use of Artificial Intelligence in Health Care**. I'm Jeff Szczerbinski, and I run our business/technology partnership with Salesforce for the State of Wisconsin.

And my name is Karen Hay, and I am joining you today to share my perspective as a public health leader with over 20 years of experience leveraging technology to improve population health. I currently serve as a Health Industry Advisor at Salesforce.

Before joining Salesforce 4 years ago, I spent more than 20 years in public service in Canadian healthcare systems, working in public health epidemiology and digital health leadership at municipal, provincial, and national levels. As the former Executive Director of Public Health IT Solutions at the Ontario Ministry of Health, I spearheaded the development of a number of key provincial digital health assets, including Ontario's prescription drug and immunization registries. I also played a crucial role in leading Ontario's pandemic technology response through COVID-19, overseeing the creation and implementation of new

outbreak systems for case management, contact tracing, vaccine distribution and administration, and vaccine appointment booking by the public.

In my current role at Salesforce, I now have the privilege of working with healthcare systems and governments around the world to help them drive advancements in public health infrastructure and clinical service delivery.

This background gives me a unique perspective on the opportunities and challenges that States now face as they consider how to approach the AI revolution for healthcare. Much of my work now centres on ensuring that Salesforce's AI solutions for the public sector are developed and delivered responsibly—guided by our core values, ethical use principles, and responsible AI framework. We deeply value our partnership with the State of Wisconsin and appreciate the dedication of its public sector workforce, many of whom already use Salesforce solutions to deliver essential services more effectively.

Thank you for the opportunity to address this committee as you undertake this study of great importance for the future of Wisconsin's families, clinicians, and state health services. The mandate of this committee is both timely and vital. You have been tasked with investigating how artificial intelligence intersects with clinical care, how it can facilitate (or complicate) patient-provider communication, and how it might shape the highly complex, high-stakes interactions between insurance providers, patients, and practitioners. Your ultimate objective is to draft forward-looking standards and propose legislation that will ensure that AI is used safely, equitably, and effectively in healthcare across the State.

I'm joining you today with a message that is fundamentally optimistic, but is tempered by a realistic, practical understanding of the structural barriers that must be addressed to ensure this new technology can be brought to bear in healthcare responsibly. AI is a powerful tool, but it sometimes feels like a hammer looking for nails. My goal is to move past the abstract hype around AI and explore where this technology is already working on the ground, where it can improve outcomes, and offer thoughts on how this legislature can construct the necessary regulatory guardrails to make Wisconsin a national model for trusted healthcare innovation.

SECTION 2: DECODING AGENTIC AI – THE DIGITAL COWORKER

We must first establish what we mean when we talk about AI in 2026. Many of us are familiar with *Predictive AI*, which uses machine learning to forecast trends, and *Generative AI Copilots*, which act as advanced search assistants or help draft text with constant human prompting. Progress in these areas has been astonishing in the past few years.

But we have already entered the next frontier: *Agentic AI*. Unlike traditional chatbots that simply answer queries, Agentic AI refers to digital systems that can make decisions and take actions autonomously, executing complex workflows and achieving multi-step goals under strict administrative guardrails. Salesforce's **Agentforce** is our Agentic AI solution designed to automate tasks, enhance efficiency, and drive smarter decisions.

To understand how AI Agents can work across the interconnected clinical and non-clinical environments, **we must reimagine how technology currently serves healthcare.**

Traditionally, health data is captured in clinical encounters within an Electronic Health Record, or the clinical system of record. EHRs are highly regulated, medicolegally sensitive, and intentionally rigid, which often makes direct technological innovation within them slow and costly. They also function within deeply entrenched data siloes; despite some health interoperability progress in recent years, these systems still don't talk with each other very well, particularly across providers and organizations.

But a patient's health experiences are much more than the sum of their clinical encounters and EHRs don't tell the whole story.

What's missing include the Social Determinants of Health. Up to 80% of health outcomes are driven by non-clinical factors— such as housing stability, food security, transportation access, and even language preferences— data which is rarely captured or updated in standard EHR workflows.

They also don't include non-clinical engagement touchpoints. EHRs do not track how a patient interacts with a health system outside of a clinical visit—such as call center logs, appointment booking attempts, digital communication preferences, transportation requests, or community support program enrollment.

And as I mentioned, EHR data is notoriously siloed across different health systems. A single EHR instance only reflects care delivered within that specific health system, missing care received at retail clinics, urgent care centers, specialist offices, or state public health programs.

And finally, there's real-time consumer & telemetry data. Many new models of care delivery rely on continuous patient data—such as remote patient monitoring and wearable device telemetry—which traditional

EHR architectures are not designed to aggregate and act upon dynamically.

A patient's longitudinal data and their relationships with the health system are best managed within a surrounding engagement layer. This is where **Client Relationship Management**, or **CRM**, solutions are of tremendous value in healthcare. When we integrate the clinical data of the EHR with the human-centric data of the CRM, we create a unified Golden Record. This **integrated architecture** is what gives AI Agents the clean, real-time **context** they need to make compliant decisions and take actions safely. And this is what is required to deliver true **whole-person care**, focusing on the specific needs of patients and, crucially, addressing broader barriers to access and social determinants of health.

Patients are ready for change. Salesforce's independent research has demonstrated that attitudes toward AI in healthcare have shifted dramatically in just two years. In early 2024, just 2% of U.S. adults turned to AI for healthcare information. Today, 61% of global patients are comfortable using agentic AI in healthcare contexts.

This presents a real opportunity to close the gap and serve more populations without

straining resources. Agentic AI is more than an operational efficiency tool. For both commercial and publicly funded health systems, it means easing pressure on overburdened staff, improving access, and creating more responsive care experiences at scale.

Salesforce already offers over 30 **prebuilt AI Agents for healthcare** designed to **improve care access, personalize patient engagement, and deliver operational excellence** across community care and home health, primary and specialist care, acute care, and public health. These

agent include:

- autonomous tools that streamline patient experiences by managing eligibility verification, supporting telehealth, and booking follow-up appointments.
- agents that integrate directly with EHRs to retrieve patient data, compile comprehensive medical history summaries, process prior authorization queries, and automate outreach.
- And Salesforce AI agents can tackle complex administrative tasks—like care coordination, hospital capacity management, referral routing, health document extraction, and prepopulated health assessments—allowing care teams to automate time-consuming, repetitive tasks and focus on delivering high-quality patient care.

Let's look at what agentic AI in healthcare looks like in practice, ...



SECTION 3: CLINICAL AI IN ACTION – ENHANCING THE CARE EXPERIENCE

... beginning with the clinical arena, where AI is already acting as an indispensable partner to care teams, enhancing patient outcomes, and restoring human connection to medicine.

The healthcare workforce in Wisconsin, and around the globe, is stretched thin. Chronic understaffing, overwork, and administrative overload have left clinicians dangerously burned out. Integrating AI-powered digital labour into clinical workflows relieves some of the pressure by taking on repetitive documentation and workflow tasks, allowing clinicians to focus their energy back where it belongs: patient

care.

Primary care

Consider the daily reality of a primary care physician in Wisconsin. Clinicians are drowning in paperwork. I don't know any doctors who got into medicine because they really like documentation, yet, on average, clinicians spend nearly a third of their day trapped in administrivia. Ambient AI Scribes are actively solving this problem. During a clinical consultation, a secure, ambient AI tool can listen to the verbal dialogue between a doctor and a patient, transcribe it in real time, and automatically structure it into a comprehensive clinical note.

Rather than staring at a computer screen typing during the visit, the physician can look the patient in the eye. Both patients and clinicians report feeling more connected during scribed appointments. Clinicians experience reduced cognitive load as the burden of memory and manual data entry is relieved. Studies show notable drops in staff exhaustion and burnout and higher work satisfaction. Time savings are modest but impactful, translating to the capacity for an extra visit every two weeks

Crucially, before any data is committed to the clinical record, a secure interface displays the AI's data-structuring logic, allowing the physician to review, edit, and sign off on the note. The machine supports; the human remains the sole authority.

Transitions of care

But the clinical utility of agentic AI extends far beyond transcription. Transitions of care are the most dangerous time in a patient's health journey as important medical information often gets lost in translation across siloed systems. And nearly 1 in 4 patients leave their medical

visits confused or unsure about their post-appointment care instructions. This confusion is a direct driver of medication non-adherence, avoidable hospital readmissions, and poorer health outcomes.

An AI Agent can revolutionize these transitions of care by automatically synthesizing the patient's complex inpatient charts, lab results, and medication changes into a highly personalized, easy-to-understand post-discharge plan for both the patient and their receiving care team. For example, if the patient is a diabetic individual who is also unhoused, the AI system can flag to the care team that they require medications that do not need refrigeration, while automatically coordinating with local social services for temporary housing placement.

Importantly, patients are ready to embrace this. Salesforce's independent research shows that 73% of patients would trust AI to flag dangerous drug interactions before they pick up a prescription, and 72% would rely on AI agents to suggest preventative screenings, such as mammograms or colonoscopies, that they might otherwise forget to schedule. The clinical demand is there; the technology is ready.

Public health

Agentic AI can solve complex public health challenges by personalizing health promotion outreach, automating disease-specific questionnaires, and revolutionizing epidemiology through the analysis of unstructured interview notes to identify potential common pathogen sources. Beyond outbreak response, these systems are also capable of managing highly complex logistics and planning—such as optimizing resource allocation, forecasting demand, and autonomously managing vaccine and PPE supply chains. Whether automating emergency responses to adverse weather events or delivering personalized vaccine booster reminders based on unique risk and eligibility profiles, agentic AI can serve as a

powerful administrative engine that ensures public health infrastructure remains resilient and responsive across rural and urban counties alike.

SECTION 4: NON-CLINICAL AI IN ACTION – ERADICATING ADMINISTRATIVE FRICTION

While clinical AI will transform face-to-face care and public health, non-clinical and administrative AI is where we can make the fastest, most immediate gains in efficiency and public fund stewardship. Systemic friction in healthcare (like long wait times and complex scheduling) is a threat to care adherence and health outcomes, actively driving patients away from seeking care.

According to the Salesforce's **2026 Connected Health Consumer Report**– based on data from more than 3200 healthcare consumers surveyed this spring in eight countries– 58% of patients admit they will put off or skip necessary medical care simply because scheduling an appointment is too difficult. Think of that: patients are delaying cancer screenings and chronic care because they cannot navigate legacy scheduling phone lines.

Administrative AI can break this bottleneck. 67% of patients say they would rather interact with a 24/7 AI-guided virtual assistant to book, reschedule, or cancel appointments than wait to speak with a human representative during regular business hours. Furthermore, 65% of patients managing chronic diseases report that a 24/7 digital assistant would make managing their care significantly easier.

Once a patient leaves the clinic, the administrative support must continue. 70% of patients say that proactive, AI-generated check-ins and automated Care Plan reminders would help them stay on track and adhere to their medical guidance.

And consider the impact on the overstretched healthcare workforce. By automating repetitive, routine administrative tasks, we do not replace human workers; we liberate them. Integrating an AI-powered CRM with clinical data systems yields a 28% reduction in manual tasks for healthcare providers.

<Jeff Szczerbinski>

We have a historic, home-grown proof point of this platform-first approach right here in Wisconsin. The Wisconsin Department of Safety and Professional Services (DSPS) regulates and licenses more than 200 credential types, including state nurses, pharmacists, and dental hygienists. Faced with severe licensing backlogs that kept qualified professionals out of clinics, the state modernized its licensing infrastructure using a Salesforce platform.

The results were historic. Between 2023 and 2024, Wisconsin DSPS successfully issued 114,000 professional credentials—representing a 35% increase in licensing throughput over any prior two-year period in state history. DSPS isn't stopping with modernization and is currently the first state agency to receive AI use case approval for an Agentic licensing bot – the project is ongoing as we speak.

The same platform-based automation architecture that Wisconsin has leveraged to clear licensing backlogs for the healthcare workforce can be applied to streamline state Medicaid HR1 verification, automate

prior authorization triaging, and coordinate rural health outreach. The administrative savings to taxpayers would be profound.

<Karen Hay>

SECTION 5: REALISM IN FOCUS – CONFRONTING THE BARRIERS TO ADOPTION

But we must balance optimism with a healthy dose of operational realism. If we do not address the systemic technical and cultural barriers to AI adoption in healthcare, even the most advanced systems will fail to deliver on their promise.

The first and most critical barrier is the **state of healthcare data**.

The healthcare industry is swimming in data, yet 80% of that data sits trapped in disconnected clinical silos. 95% of healthcare organizations lack the unified data integration foundation required to power reliable AI agents. Because of this, 60% of healthcare AI initiatives fail because they lack reasoning-ready, longitudinal patient context.

When AI is forced to make inferences from messy, fragmented data, the results can be dangerous. 49% of healthcare leaders report reaching incorrect clinical or operational conclusions due to a lack of complete patient and medical context, and 42% report low confidence in AI outputs when longitudinal patient history is missing. Furthermore, using AI models trained on unrepresentative data can bake historical biases into AI recommendations and widen health inequities. AI is only as good as the data foundation it draws from—and right now, healthcare data foundations are fragile.

The second barrier is **software fatigue and clinical burnout**.

Legacy clinical software, particularly traditional EHR systems, is notoriously difficult to navigate. There is a direct, mathematical link between poor software and clinical exhaustion: for every single 1-point decrease in a clinical system's usability score, there is a 3% linear increase in the probability of clinician burnout. If we force clinicians to use poorly designed, non-integrated AI tools that require them to jump among multiple screens, we will actively worsen the healthcare workforce crisis.

The final barrier is the **trust gap**.

Globally, the majority of the workforce express deep skepticism regarding the reliability of AI for high-stakes tasks. Patients are similarly wary; they are highly sensitive to *where* the AI operates. Salesforce research shows that patients are 3 times more likely to trust an AI agent integrated directly into their provider's secure, authenticated portal than a public chatbot.

Furthermore, nearly 90% of healthcare consumers expect human oversight and clear escalation paths when interacting with healthcare AI. We must respect this boundary. AI must never be allowed to operate as a "black box," and it shouldn't replace human judgement where patient health or financial coverage is on the line.

SECTION 6: CONCRETE POLICY & REGULATORY RECOMMENDATIONS

Alongside their growing acceptance of agentic AI in healthcare, patients view **governance** and **provider trust** as non-negotiable prerequisites. While most patients believe AI can be used to speed up routine tasks, they do not want to sacrifice human oversight. The key to fostering trust and encouraging adoption is ensuring AI safety protocols are both transparent and robust.

To help this Study Committee draft legislation that navigates these barriers while fostering safe innovation, we recommend Three Core Pillars to structure Wisconsin's regulatory framework, addressing open standards, human participation, and security.

Pillar 1: Support Interoperability Through Open Standards

Wisconsin should encourage healthcare providers and insurers to connect clinical EHRs with patient engagement platforms (CRM) using open, modern API standards such as HL7 FHIR. Interoperable, well-governed data reduces the risk of AI systems reasoning from incomplete or fragmented information, supporting a comprehensive view of patient care. Rather than mandating a specific technical architecture (such as a single "golden record" system), state policy should set outcome-based interoperability guidelines, allowing providers the flexibility to implement compliant solutions.

Pillar 2: Require Meaningful Human Participation in Consequential Decisions

Legislation should require that automated processes that materially impact patient care or insurance coverage should include meaningful human participation, rather than prohibiting automation outright:

- That can include provisions related to **No Decisions by Automation Alone**: that is, where AI materially informs patient care, consequential decisions should involve an appropriate human professional who independently weighs factors beyond the AI output.
- It should also consider an **Explanation Standard**: in that individuals should be notified when AI influences a decision and be provided with a meaningful, layperson explanation of the data categories provided to the AI . An audit trail supporting this explanation (citing relevant clinical guidelines, records, or policy provisions) should be available upon request, without prescribing a rigid technical logging format.

Pillar 3: Establish Strong Data Protection and Security Standards

Wisconsin should require that vendors that process patient data meet strong, verifiable data protection standards, focusing on policy outcomes rather than single prescribed technical protocols. This includes

- **Data Protection Commitments**: Requiring AI vendors to implement contractual and technical safeguards to ensure that patient data is not used to train third-party or public models without consent, and that data handling fully complies with HIPAA and state security regulations.

- It should include **Provider Control and Transparency**: where Health systems and state agencies retain contractual ownership and control over their data– including clear rights regarding retention, deletion, and use– while vendors provide clear transparency into how data is processed and secured.
 - And it should support **Technology Neutrality**: with statutory provisions that focus on durable outcomes, data minimization, security certifications, verifiable deletion rights, and prohibitions on training models without consent, so that the law remains effective as underlying technologies evolve.
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SECTION 7: CONCLUSION – A BALANCED PATH FORWARD

Distinguished committee members, the technology we are discussing today is no longer science fiction, nor is it an unvetted experiment. At Salesforce, we have built trusted AI features into our platform for nearly a decade, and generative AI has been safely deployed at enterprise scale for three years. The software is mature, stable, and ready to work in healthcare.

The most important work, and I firmly believe this includes healthcare, deserves the best tools. The limiting factor is no longer the capacity of the technology, but rather the design of policies and the speed of operational adoption.

As you draft healthcare AI legislation for Wisconsin, I urge you not to succumb to a fear of the unknown, but also to resist the uncritical embrace of technology for technology's sake. Instead, consider a balanced, pragmatic path, building a secure digital foundation that

protects patient privacy, enforces human oversight, and puts this powerful digital tool in the hands of those who need it.

By doing so, we can alleviate clinician burnout, eliminate systemic access barriers, and deliver a faster, safer, and more compassionate healthcare system for the families of Wisconsin.

Thank you for your leadership, your dedication, and your time. I welcome any questions you may have.

KEY RECONCILIATION APPENDIX

- 58% Care Delay: Third Edition Connected Health Consumer Report (2026) [54].
- 67% Preference for 24/7 AI: Connected Health Consumer Report [53].
- 65% Chronic Disease Preference: Connected Health Consumer Report [58].
- 55% Would Switch for Real-Time Eligibility: Connected Health Consumer Report [45].
- 1 in 4 (24%) Care Plan Confusion: Connected Health Consumer Report [49].
- 70% Adhere with AI Check-ins: Connected Health Consumer Report [49].
- 45.9 EHR SUS Score & 3% Burnout Link: Salesforce EHR Usability Whitepaper [4].
- 28% Provider Manual Task Reduction / 26% Payer Manual Task Reduction: Salesforce Healthcare Customer Success Metrics [43].
- 114,000 Licenses / 35% Historic Increase: State of Wisconsin DSPS Deployment Case Study [26].
- CDC \$3.7M Savings / 527% ROI / 80% Unstructured Extraction: CDC Public Health Case Study [6].
- 95% Organizations Lack Integration & 60% Healthcare AI Initiatives Fail: Salesforce Data Foundation / State of Data Report [2].
- 49% Operational Leaders Reach Wrong Conclusions / 42% Low Confidence due to lack of context: Salesforce Data Foundation / State of Data Report [30].
- 93% Skepticism / 90% Expect Human Backup: Connected Health Consumer Report & State of Data Report [28, 49].