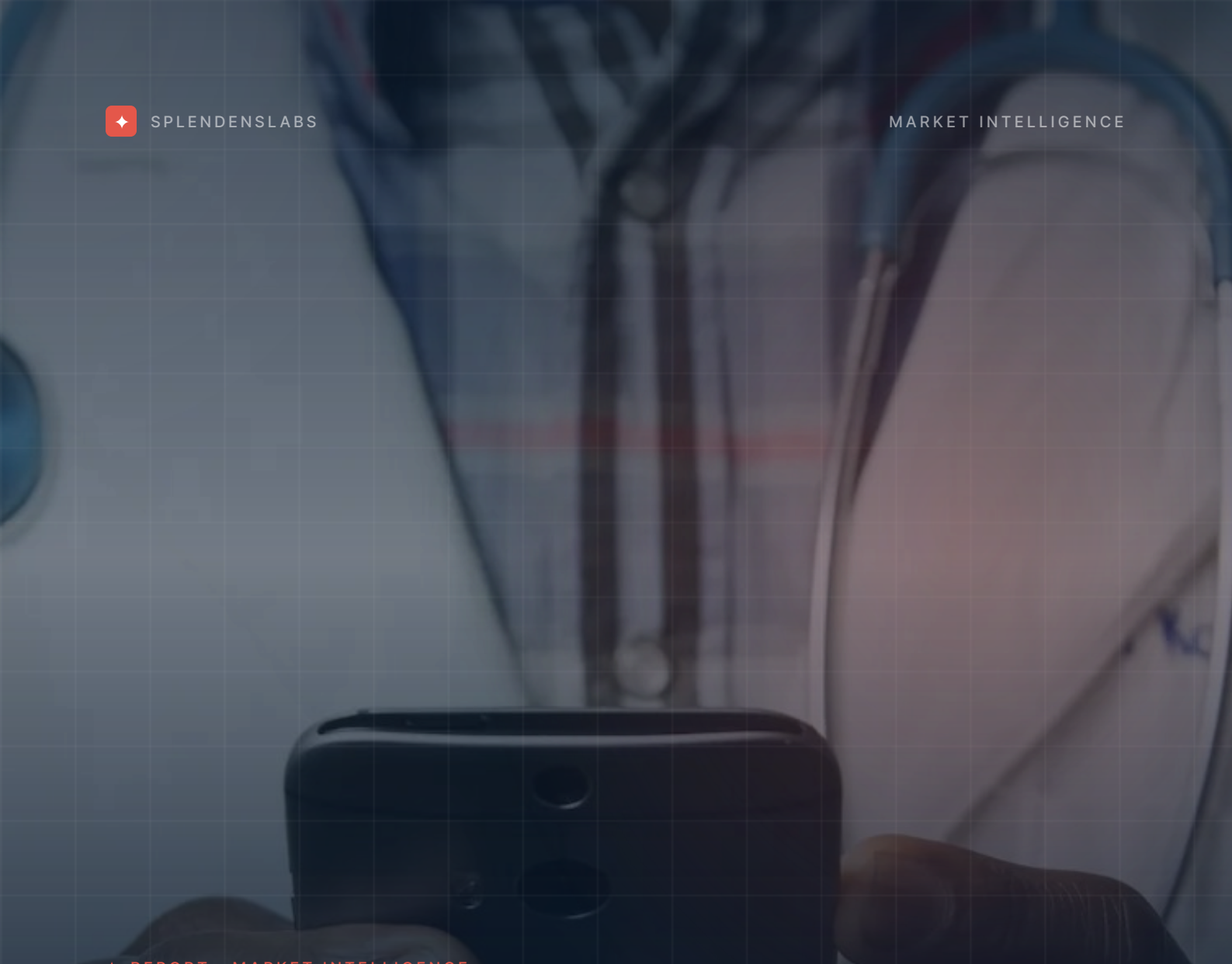


✦ REPORT · MARKET INTELLIGENCE

Healthcare AI Report

What is changing in healthcare AI — from ambient documentation to therapy-centre operations — and what it means for providers buying AI and teams building it.

FORMAT	LEVEL	READ TIME	UPDATED
Report	Intermediate	12 min	Oct 2026

OVERVIEW

What this report covers

Healthcare AI has moved from pilots that impress in demos to tools judged on whether clinicians and staff trust them on a busy day. The work that is landing is administrative and assistive: documentation, intake, scheduling, follow-up and knowledge retrieval, with clinicians firmly in control. This report sets out the signals we see from building for clinics and therapy centres, the regulation to track, and the moves we recommend for buyers and builders.

KEY TAKEAWAYS

- The near-term value is in administrative load — notes, intake, scheduling, follow-ups — not autonomous diagnosis.
- Trust is earned by citations, review steps and clear limits, not by fluent output.
- Health data is among the most sensitive personal data; privacy design decides what is deployable.
- Software that informs clinical decisions can fall under medical device rules — scope carefully.
- Smaller providers, including therapy and allied-health centres, are now realistic AI adopters.

WHO IT'S FOR

- Hospital and clinic leadership
- Therapy and allied-health centre owners
- Health-tech product and engineering teams
- Compliance and data protection officers

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01 Trends we are seeing
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01 / SIGNALS

Trends we are seeing

Patterns from conversations with providers and from our own work on BloomSenz, our platform for therapy centres.

DOCUMENTATION

Ambient and assisted notes

Drafting session and consultation notes from structured inputs or recordings is the most requested capability. Clinicians want a draft to edit, not a finished record.

OPERATIONS

Front-desk automation

Booking, rescheduling, reminders and intake on the channels patients already use, such as WhatsApp, are where smaller providers start.

KNOWLEDGE

Grounded internal assistants

Retrieval over protocols, formularies and policies gives staff cited answers instead of searching shared drives.

CONTINUITY

Between-visit support

Home programs, progress check-ins and parent or caregiver guidance — especially in therapy — extend care beyond the session.

The common thread is that AI is absorbing the work around care, freeing clinical time, rather than replacing clinical judgment. Products positioned as decision-makers face longer sales cycles, heavier regulation and more skeptical users.

✦ 02 / SHIFT

What is changing

The buying conversation has matured.

THE EARLIER WAVE	WHAT BUYERS NOW ASK FOR
Chatbots answering generic health questions	Assistants grounded in the provider's own protocols
Accuracy claims from benchmark tests	Evidence on the provider's own cases, reviewed by clinicians
Standalone tools with separate logins	Embedded in the record system and existing channels
Data sent wherever the model lived	Clear data residency, retention and consent

✦ FIELD NOTE

Review time is the real metric

A note-drafting tool that saves typing but takes as long to check as it took to write has not saved anything. Measure the clinician's total time, including review.

✦ 03 / IMPLICATIONS

What it means for buyers and builders

Different responsibilities, the same conclusion: design for the clinician in the loop.

BUYERS

Start where risk is low and pain is high

Scheduling, intake, reminders and note drafting deliver value without the AI making clinical decisions.

BUYERS

Ask where the data goes

Hosting region, retention, whether data trains vendor models, and how deletion works are procurement questions, not afterthoughts.

BUILDERS

Make review fast

Highlight what the model inferred versus what it was told; show sources; make edits one tap away.

BUILDERS

Stay on the right side of the device line

Know when a feature crosses from administrative support into informing diagnosis or treatment, and scope accordingly.

✦ 04 / REGULATION

Regulation to watch

A summary to orient teams, not legal advice. Confirm obligations with counsel for your jurisdictions.

INSTRUMENT	WHERE	WHY IT MATTERS FOR HEALTHCARE AI
Digital Personal Data Protection Act 2023 and its Rules	India	Consent, purpose limitation, security safeguards and breach duties for personal data, including health data; obligations phase in under the Rules
Telemedicine Practice Guidelines 2020	India	Set expectations for remote consultations; AI must not stand in for the registered practitioner
Mental Healthcare Act 2017	India	Confidentiality of mental health information — relevant to therapy and counselling tools
Medical Devices Rules 2017 (CDSCO)	India	Software intended for diagnosis or treatment may be regulated as a medical device
EU AI Act	EU	AI in regulated medical devices is high-risk; transparency duties for chatbots; obligations apply in stages — check current timelines

Teams serving US patients will also need to account for HIPAA and FDA policy on AI-enabled device software. Across regimes, the direction is the same: document intended use, keep humans accountable, and be able to show how the system was tested.

05 / OUTLOOK

What to watch next

Signals that will shape the next year of buying and building.

- How digital health infrastructure such as India's Ayushman Bharat Digital Mission shapes interoperability expectations for AI tools
- Whether multilingual and voice-first assistants make AI usable for patients and staff outside English-first settings
- Guidance from regulators on generative AI in clinical documentation and patient-facing chat
- Provider appetite for agents that act — booking, billing, referrals — rather than only drafting
- How liability and professional bodies treat AI-assisted notes and recommendations

06 / MOVES

Recommended moves

What we would do in the next two quarters.

01 **Map the administrative hours**

Find where staff time goes outside direct care — notes, phone, scheduling, reports. That is the shortlist.

02 **Fix data foundations**

Consent records, access controls and a clear inventory of where health data lives come before any model.

03 **Pilot one assistive workflow**

One team, one workflow, clinician review on every output, measured against today's baseline.

04 **Build the evaluation set with clinicians**

Real cases, expected outputs and red lines, reviewed before each release.

05 **Write the limits down**

What the system will never do — diagnose, prescribe, advise on dosage — enforced in design and stated to users.

> In healthcare, the best AI is the one that gives a clinician back an hour and never asks them to trust it blindly.
>
> SPLENDENSLABS

✦ GET IN TOUCH

Let’s talk about your clinic or platform

We build assistive AI for clinics and therapy centres — documentation, intake, scheduling and grounded knowledge tools — with privacy and clinician review designed in.

- Healthcare AI discovery
- Clinical documentation assistants
- Patient engagement on WhatsApp and mobile

BOOK AN AI STRATEGY SESSION →

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