The Access-to-Care Execution Layer

Why Healthcare's AI Advantage Will Be Defined by Conversion, Not Conversation

A PersonixHealth, Inc. White Paper

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"Consumers have already moved to an AI-driven model of healthcare engagement. The healthcare system has not."

Executive Summary

AI is rapidly becoming the primary way consumers access healthcare, with many relying on AI tools to ask questions, evaluate options, and decide where to seek care. These AI-driven interactions often shape decisions before any provider engagement, fundamentally changing how demand for healthcare services is generated. This shift is accelerating rapidly. Consumer adoption of AI for healthcare is doubling year over year, while major technology platforms and healthcare organizations are racing to capture the moment between insight and action. The window to define how access to care is executed is open, but narrowing quickly.

Healthcare organizations are not competing for demand. They are competing for the ability to capture and convert it.

The healthcare system is unprepared for this behavior shift. AI reliably generates high-intent demand, but there is no consistent way to convert it into scheduled care. The result: intent is lost amid fragmented digital experiences, disconnected systems, and bottlenecks.

This gap has high economic costs. Roughly 20 percent of appointment capacity remains unused each year, representing tens of billions in unrealized revenue. The core issue is not demand but the conversion of intent into action.

PersonixHealth is addressing this by building an execution layer for healthcare access. The platform enables discovery, routing, and real-time scheduling across fragmented networks, efficiently converting intent into booked appointments and reducing friction.

Over time, this execution layer becomes a broader platform, allowing organizations to expose capabilities in structured, machine-readable ways. This lays the groundwork for reliable, AI-enabled patient access pathways.

The long-term goal: make PersonixHealth the access-to-care clearinghouse for the AI era.

I. The Shift to an AI-Driven Front Door

Recent industry research shows that approximately one in three consumers has used AI chatbots for health-related questions, with adoption doubling year over year and a majority of users engaging on a recurring basis.[1]

[1] Rock Health. *2025 Consumer Adoption of Digital Health Survey. 2026.*

For decades, healthcare access has depended on websites, portals, and call centers. These systems were designed for a model in which patients search, browse, and navigate their way to care. That model is being replaced.

AI-driven engagement is reshaping how consumers discover and access healthcare services, accelerating the shift away from traditional digital channels toward more interactive, decision-oriented experiences. [2]

Consumers are not waiting for healthcare institutions to catch up. They are adopting AI independently and using it as a first point of interaction across the care journey.[1] This shift is not incremental. It represents a fundamental change in how patients engage with the healthcare system. AI is compressing the healthcare journey from search to decision, reducing what was once a multi-step process into a single, continuous interaction. Industry analysts project a rapid shift toward agent-driven interfaces, where AI systems not only provide information but also orchestrate actions across enterprise workflows. [3] As AI becomes the first point of interaction, it is also becoming the primary driver of demand. Patients are no longer passively consuming information. They are actively seeking resolution. They expect the system to respond with clarity, speed, and the ability to act.

Healthcare systems are not equipped to meet this new patient expectation. Digital infrastructure for accessing care remains fragmented and disconnected from the moments when intent is created.

II. The Conversion Gap

"Healthcare does not have a demand problem. It has a conversion problem."

The U.S. healthcare system delivers approximately one billion outpatient visits annually, underscoring that the challenge is not demand, but the ability to efficiently connect patients to available care. [4]

Approximately 20 percent of healthcare appointment capacity goes unused each year due to access friction, scheduling inefficiencies, and no-shows, leading to tens of billions of dollars in unrealized revenue.[5] No-show rates and inefficiencies compound this issue, resulting in significant unused clinical capacity. [6]

More than 80 percent of consumers take action after interacting with AI for health-related questions, yet the path to scheduling care remains fragmented. Most AI-guided decisions

[2] McKinsey & Company. Harnessing AI to Reshape Consumer Healthcare Experiences. 2023.
[3] Gartner. *Predicts 2025: AI Agents and the Automation of Knowledge Work.* 2024.
[4] Centers for Disease Control and Prevention. National Ambulatory Medical Care Survey (NAMCS).
[5] McKinsey & Company. Revisiting the Access Imperative. 2024.
[6] Frontiers in Digital Health. No-Show Rates and Appointment Utilization Studies. 2024–2025.

don't yield direct access, as patients often seek more information or try to contact providers, showing a gap between insight and execution.

Patients regularly express a clear intent to seek care. They know what they need, where they prefer to go, and often have specific requirements related to location, insurance, or provider characteristics. Yet this intent frequently fails to translate into a scheduled appointment.

The reasons are clear. Digital entry points are fragmented, provider information is inconsistent, and scheduling systems are disconnected. Call centers introduce delays. Each added step increases friction and reduces the likelihood of conversion.

As AI becomes the primary interface for initiating care, this problem becomes more visible and more consequential. AI systems can identify intent, but they cannot execute on it without access to structured, reliable pathways into care.

The result is a widening gap between demand and delivery. High-intent patient interactions are increasing, but the system's ability to capture and convert them is not keeping pace.

III. The Missing Layer: Execution

"What healthcare lacks is not information, but execution."

Existing systems of record manage clinical data, patient relationships, and operational resources. However, none of these systems are designed to answer a simple, real-time question: what can this health system do for this patient right now, and how can that be executed immediately?

Existing solutions focus on engagement, navigation, or data exchange, but do not provide a unified execution layer that converts patient intent into scheduled care. As a result, the critical moment between decision and action remains fragmented and unaddressed.

Consumers are using AI across the entire care journey, from symptom evaluation to treatment exploration to provider search, reinforcing the need for a unified execution layer that can translate intent into action.

PersonixHealth addresses this gap by introducing an execution layer for access to care. This layer connects fragmented data sources and operational systems into a coherent set of capabilities that can be discovered by AI and acted upon in real time. The platform enables three core functions:

- **Discovery:** Identifying relevant providers, locations, and services based on patient intent
- **Routing:** Directing patients to the appropriate access pathway across digital, voice, and human-assisted channels.

- **Scheduling:** Enabling appointment booking through direct integration or coordinated workflows.

AI is becoming a single point of engagement for healthcare decisions, but not a system of execution. PersonixHealth focuses on ensuring patient intent leads to measurable outcomes by enabling execution, not just information exchange.

IV. From Execution to Platform

While the immediate objective is to convert demand into appointments, the long-term value lies in the structure created to enable that conversion.

Emerging standards such as the Model Context Protocol—a framework for how AI systems access and use data—are beginning to define how AI systems interact with enterprise data and services. However, they do not address how capabilities are structured, governed, or executed.[7] Regulatory initiatives, such as the Centers for Medicare & Medicaid Services (CMS) interoperability and patient access rules, which require health data to be shareable and accessible, are accelerating the need for standardized, accessible healthcare data and services.[8]

As platform capabilities are defined, governed, and exposed, they form a durable layer of intelligence. This enables AI systems and digital platforms to directly initiate real-world actions such as scheduling appointments, routing patient inquiries, and triggering care workflows. This layer refers to reusable logic and data processing that can be accessed by multiple technology systems and touchpoints, including internal software for staff, patient-facing digital tools, and internal and external artificial intelligence (AI) platforms.

Over time, this creates a unified, scalable model of access to care, adaptable to technologies and able to meet patient needs with fewer fragmented experiences.

V. The Access-To-Care Clearinghouse

The long-term vision for PersonixHealth is to serve as a clearinghouse for access to care.

In this model, patient demand generated through AI and other digital channels is routed through a centralized execution layer that connects to provider networks and health systems. This enables consistent, reliable conversion of patient demand into care, regardless of where the interaction begins.

[7] Anthropic. Introducing the Model Context Protocol (MCP). November 2024.

[8] Centers for Medicare & Medicaid Services. CMS Interoperability and Patient Access Final Rule (CMS-9115-F).

Healthcare organizations benefit from improved utilization, reduced operational friction, and increased visibility into patient demand. Patients benefit from faster, simpler, and more reliable access to the care they need.

To thrive as AI reshapes patient engagement, organizations must move intent to measurable results. PersonixHealth is building the core infrastructure to enable this shift.

VI. In Closing

The shift to AI-driven healthcare access is already underway. Consumer behavior has changed. Demand is increasing. Expectations are rising.

The defining challenge is no longer how patients find information. It is how the healthcare system responds at the moment a patient is ready to act.

PersonixHealth exists to solve that problem.

About the Author

D. Brian Beardmore is the Founder and Chief Executive Officer of PersonixHealth, where he is focused on redesigning how patients access care in an AI-driven healthcare landscape. He is leading the development of an execution layer that converts patient intent into real-world care through discovery, routing, and scheduling across fragmented provider networks.

Brian is a senior healthcare technology executive with more than 28 years of experience in digital strategy, enterprise architecture, and large-scale platform development. His work has centered on modernizing healthcare systems to improve access, operational efficiency, and patient experience.

Prior to founding PersonixHealth, Brian served as Chief Digital Officer at Presbyterian Healthcare Services, where he led enterprise digital strategy, innovation, and customer engagement platforms. He previously held leadership roles at Memorial Hermann Health System, where he oversaw software development and enterprise technology initiatives.

Brian holds a Master of Business Administration from Texas A&M University, Mays Business School, and a Bachelor of Science in Industrial Computing Sciences from Sam Houston State University.

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