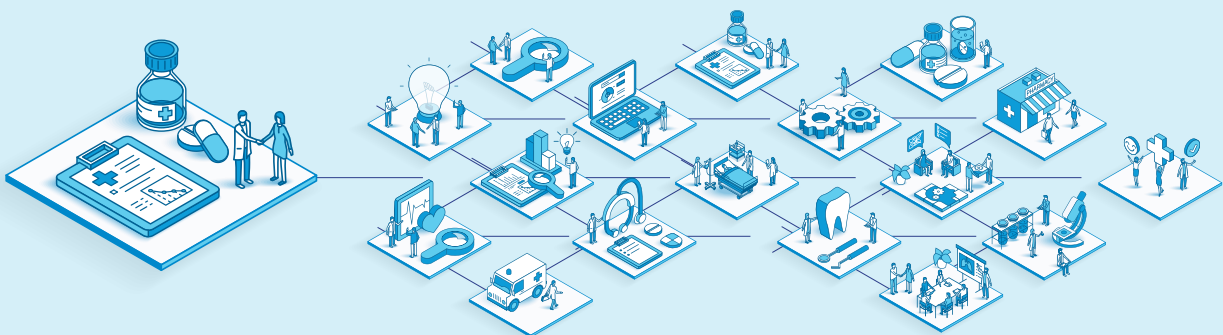


By Manoj Kumar Kakkatil, VP of Technology at WellStack

Here's what I've learned about getting AI right in healthcare – and how to avoid the mistakes that stall so many organizations on their journey.



➤ Everyone Wants AI. Few Are Ready

AI is on every roadmap. Leadership teams are being pushed to “do something” with it – either for competitive reasons or just to keep up with industry expectations. But the speed of the conversation has outpaced the maturity of most data environments.

Many organizations are starting with the wrong question: **What can we do with AI?**

The right question is: **Is our data even ready for AI?**



Without clean, unified, context-rich data, the smartest model in the world won't help. In fact, it may hurt – by creating misleading indicators, biased insights, or false confidence in the outputs.

➤ You Can't AI Your Way Out of Bad Data.

Healthcare data is notoriously fragmented. Systems don't talk to each other. Terminology is inconsistent. Fields are missing. Identity management is patchy. These gaps don't just slow things down – they create foundational risk.

Imagine trying to build a predictive model to identify at-risk patients – but:

- Diagnoses are coded differently across facilities
- Key labs are missing or misfiled
- Social determinants are stored in unstructured notes
- Claims and clinical data don't align

The result? Your model is drawing conclusions from chaos.

That's not just an IT problem. It's a clinical risk and a governance liability. It's why healthcare AI initiatives so often fail to deliver ROI – or worse, fail quietly.

➤ The New Imperative: Responsible, Embedded AI

The conversation around “Responsible AI” often gets limited to compliance checklists. But in healthcare, responsibility is bigger than that. It means:





Responsible AI means :

Privacy and security must be non-negotiable	Explainability is essential — especially when AI influences care or reimbursement
Governance must include auditability and human-in-the-loop checkpoints	Transparency needs to span from data lineage to decision logic

And most importantly, intelligence needs to live where the work happens. Whether in clinical, operational, or financial workflows, embedding AI into frontline tools is the only way to make it useful — and observable.

AI that exists in a silo won't be trusted. And untrusted AI won't be adopted.

➤ The Right Architecture Makes the Difference

If your foundation is built on reactive data stitching and manual reporting, no amount of AI will rescue it. What's needed is a **data foundation that is AI-native by design**:

- Real-time ingestion and mapping with built-in quality checks
- A unified data model that supports patient-level intelligence
- Terminology normalization (e.g., via cohort builders, groupers, and code mappers)
- Identity resolution and FHIR-native interoperability
- Governance frameworks that capture how data was used — and what was done with it

Architecture matters. Especially when the stakes are this high.

Organizations need to invest not just in tooling, but in reusable ****logic modules**** and learning systems — intelligence layers that evolve with use and improve with feedback.

➤ Avoiding the AI Death Spiral: What to Do Instead

Too many healthcare AI projects stall out due to a few consistent mistakes:

- | **Vague goals**
(e.g., "Do something with AI")
- | **Poor scoping**
("Let's build it all from scratch")
- | **No clear ROI**
("We'll figure out the value later")
- | **Wrong talent or infrastructure**
- | **Siloed ownership**
with no cross-functional alignment



What to do instead:

- ✓ **Start with data readiness.**
Audit what's clean, what's missing, and what needs to be standardized.
- ✓ **Pick high-value, low-effort use cases -**
especially those that improve speed-to-decision.
- ✓ **Run PoCs with measurable outcomes**
Don't launch broadly until the model proves value.
- ✓ **Include business, clinical, IT, and analytics leaders.**
If any group is missing, your rollout will stall.

So before you launch the next AI initiative, ask:

- Do we trust our data?
- Can we explain our logic?
- Will this make life better for real people?

If the answer is no – pause. Rebuild your foundation. Then let AI do what it's meant to do: accelerate the right decisions, in the moments that matter.



Engineering Leader and Enterprise Architect with over 23 years of experience across the technology landscape, driving innovation and large-scale digital transformation. My background spans data analytics, data science, enterprise reporting, building big data platforms on different cloud technologies, data platforms like Snowflake and Databricks and web development, with a strong recent focus on AI implementations and emerging advancements in artificial intelligence.

I've architected and delivered high-impact solutions across industries, leveraging deep expertise in cloud technologies like Microsoft Azure, AWS, and GCP, along with modern data platforms such as Snowflake & Databricks.

With a solid foundation in both legacy system modernization and cloud-native architectures, I specialize in aligning business vision with technology execution—ensuring systems are scalable, secure, and future-ready. Lately, my work has focused on designing and operationalizing ML and Generative AI solutions that embed intelligence across enterprise data ecosystems.



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To learn more about Wellstack.ai and our approach to AI for healthcare providers

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