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Data Pioneers

5 Hard Truths That Healthcare Leaders Are Finally Saying Out Loud

Top Takeaways from 11 Conversations with the Industry's Boldest Voices

Over the past six months, Data Pioneers has featured 11 candid conversations with some of the most insightful and forward-thinking leaders in healthcare data, technology, and transformation. These leaders didn't sugarcoat the challenges. They named them. And in doing so, they offered a roadmap for what it really takes to make data actionable, AI trustworthy, and innovation real.

This post distills their wisdom into five hard truths about the state of healthcare transformation—and the bold steps you can take starting Monday to move your organization forward. These aren't soundbites. They're signals of where the industry is heading.

1. From Data Siloes to Data Liquidity: The Urgent Journey
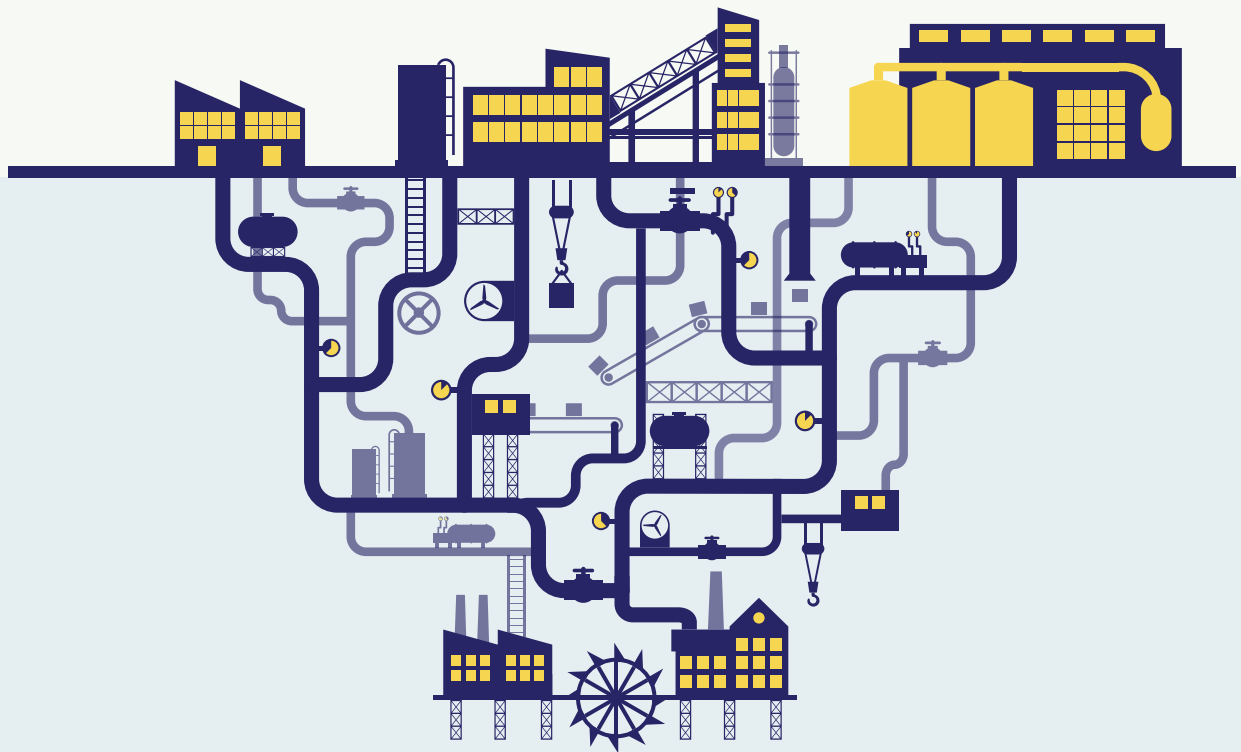
It's no surprise that data fragmentation and governance dominated the conversation. Whether you're a large health system CIO or a statewide collaborative, the goal remains the same: move beyond raw interoperability to achieve true data liquidity.

Joel Vengco of Hartford HealthCare spoke of the leap from structured data to data that is actually fit-for-use. He highlighted how generative AI could help surface internal knowledge - but only once the data beneath it is harmonized. **Gabrielle Rude of WCHQ** emphasized the importance of multi-system collaboration, where data sharing isn't just possible but purposeful. Rich Waller of Wellstack focused on the insight gap, warning that many organizations are still investing in analytics without addressing foundational data quality.

The consensus? Interoperability alone is not the finish line.
Liquid data - contextualized, normalized, and ready to inform care - is the real goal.

📅 **Monday Moves :**

- ✅ Run a quick audit of your most-used dashboards. Are they trusted? Are they actually used?
- ✅ Ask clinical and ops teams where data slows them down or leads to conflicting decisions.
- ✅ Invest in contextual data mapping - start with one high-friction workflow (e.g., denials, readmissions, or prior auth).

2. The Rise of "Passionate Problems": A New Lens on Innovation

Joel Vengco introduced a powerful concept: passionate problems. These are the deeply felt, mission-aligned challenges that matter to people inside the system. Instead of innovation being something handed down from the tech team, it becomes a shared mission between stakeholders who want to fix what's broken because it's personal.

This theme came up again and again. **Michele Chulick** and Dr. James Bleicher warned against innovation for innovation's sake. They encouraged health systems to solve their own issues first - to look inward before buying out-of-the-box tools. Thomas Powell of PCCI reminded us that locally rooted problems need locally attuned solutions. Passion, not platforms, is the most powerful prioritization tool.

The takeaway? Innovation sticks when it starts with problems people care deeply about, not with tech for tech's sake.
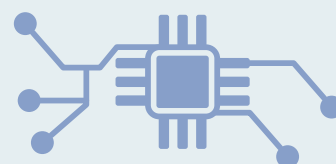
📅 Monday Moves :

- ✅ Identify one "passionate problem" your team constantly talks about - but hasn't solved.
- ✅ Frame your next pilot not around a tool, but around a pain point.
- ✅ Stop asking "what tech should we buy?" and start asking "what problem do we need to solve?"

3. AI is Here - But Trust Still Comes First

Generative AI is no longer on the horizon - it's here. But nearly every guest cautioned that governance, transparency, and equity must come first. Without that, AI is not just ineffective - it's potentially dangerous.
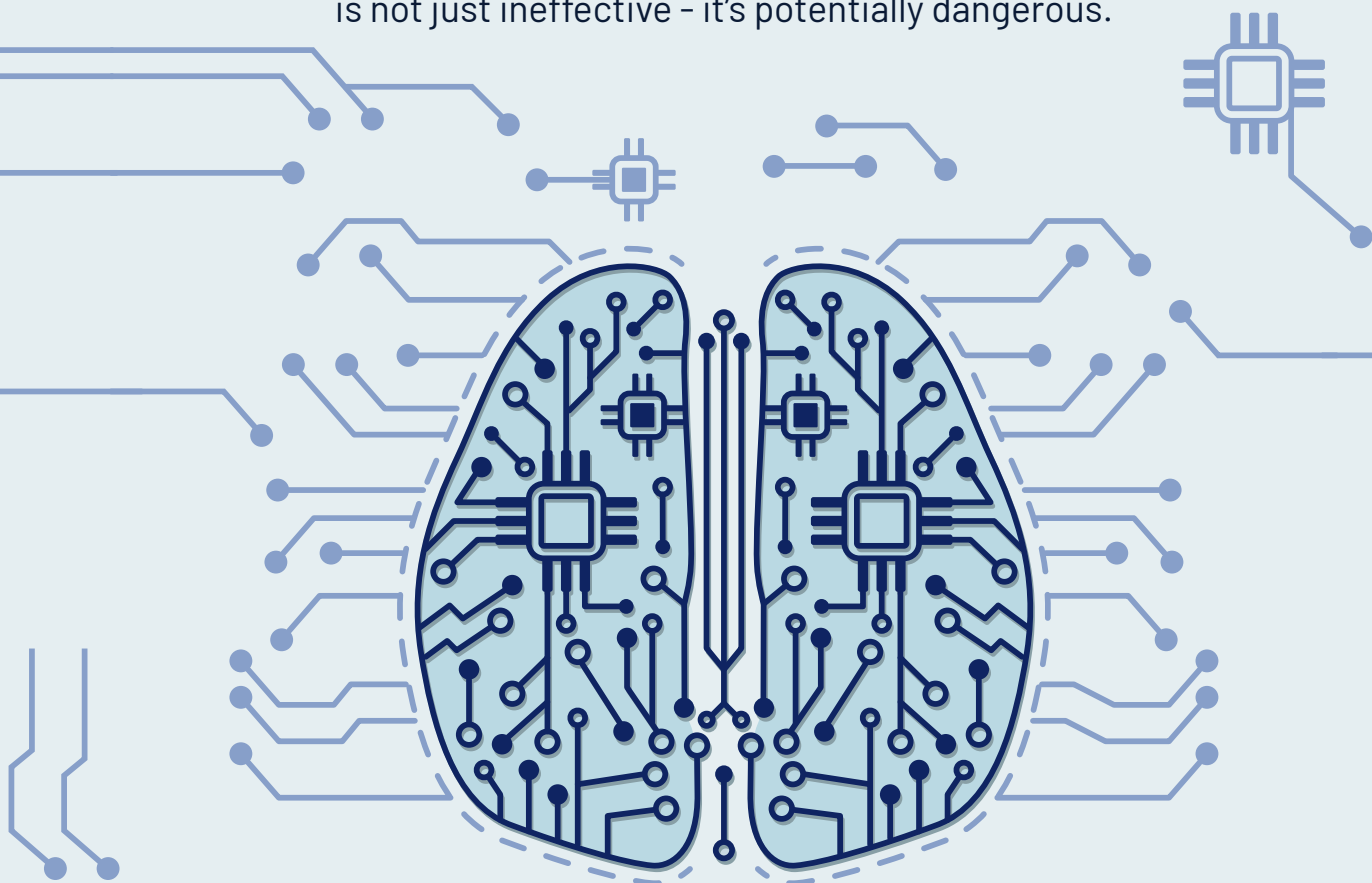
Dr. Zafar Chaudry of Seattle Children's warned about the temptation to skip over trust-building in the rush to deploy AI tools. Joel Vengco explained how GenAI is powerful for internal search and knowledge retrieval, but it's only as good as the governed data it draws from. Rachel Weissberg of Neteera showed how AI can support, not replace, clinical decision-making through ambient monitoring that empowers care teams.

The message: AI is not a shortcut around complexity. It's a tool to support workflows, when built on a trustworthy foundation.

📅 Monday Moves :

- ✅ Pause any GenAI exploration and ask: "Is our data ready for this?"
- ✅ Launch a small workgroup to define what "explainability" means in your org.
- ✅ Use GenAI internally first - for search, summarization, or decision trees - before applying it to patient-facing use cases.

4. Culture is the Real Technology

Time and again, guests reminded us that the biggest blocker to innovation isn't infrastructure - it's culture. If your organization doesn't support experimentation, communication, and shared purpose, even the best technology won't land.

Michele Chulick put it bluntly: "Don't innovate until you've operationalized the basics." Joel Vengco echoed this with a call for clinician engagement from day one - not as an afterthought, but as co-creators. And **Gabrielle Rude** emphasized how WCHQ's success came from building partnership culture across institutions, not just technology bridges.

*In short: If you want transformation, you have to earn trust first.*

📅 **Monday Moves :**

- ✅ Map your change fatigue. Where are staff exhausted from too many initiatives?
- ✅ Pick one workflow and embed frontline champions into your next tech rollout.
- ✅ Start measuring success not just by ROI - but by user adoption and behavior change

5. The New Role of the CIO/CDO: Builder, Not Buyer

A quiet revolution is happening in the corner office. CIOs and CDOs are no longer just buying and implementing tools. They're building internal ecosystems of innovation, bridging strategy and execution, and mobilizing talent like internal venture capitalists.
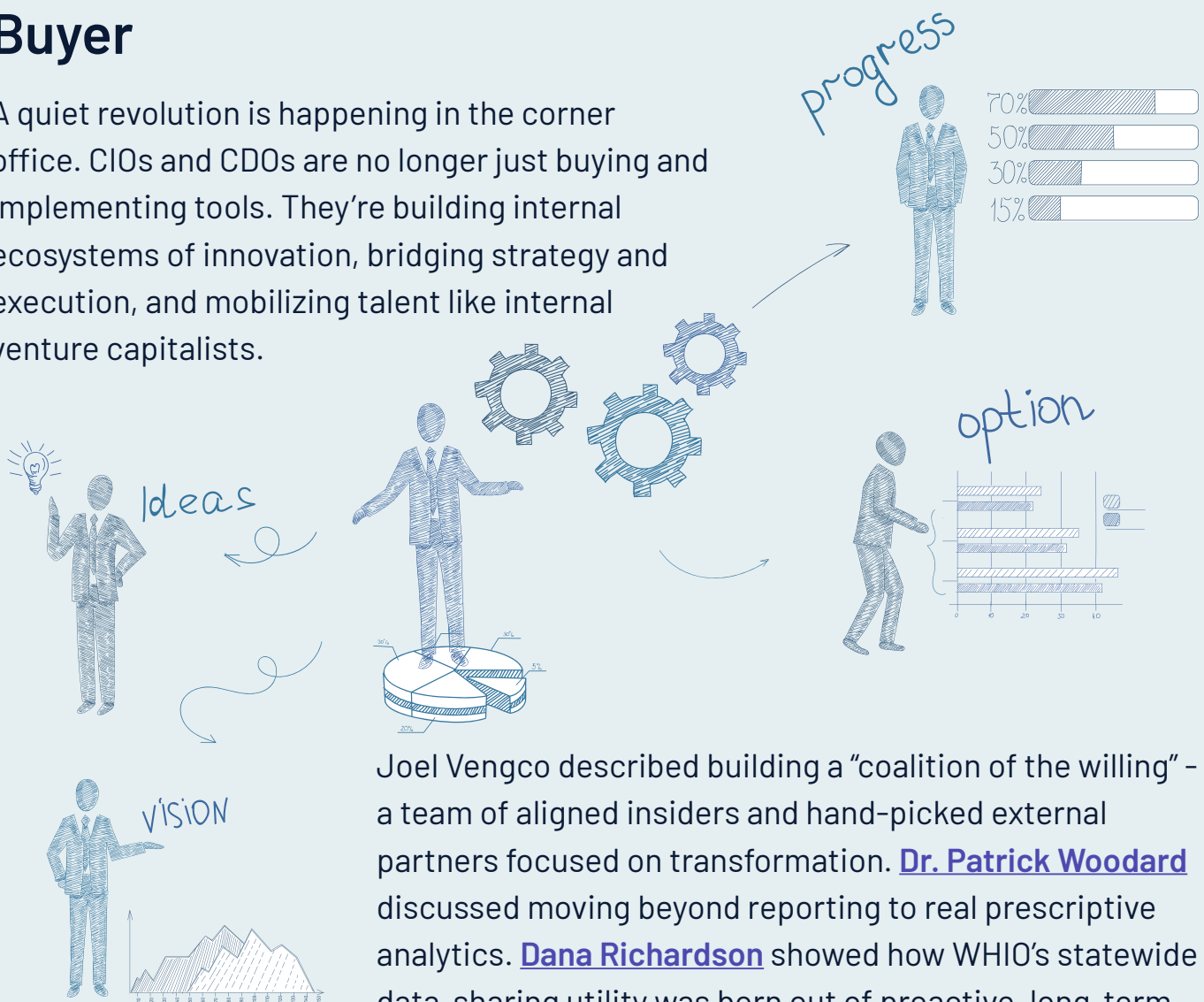
Joel Vengco described building a "coalition of the willing" – a team of aligned insiders and hand-picked external partners focused on transformation. **Dr. Patrick Woodard** discussed moving beyond reporting to real prescriptive analytics. **Dana Richardson** showed how WHIO's statewide data-sharing utility was born out of proactive, long-term alignment across systems.

Today's data leaders are orchestrators, and the best ones are building capacity that will last.

📅 **Monday Moves :**

- ✅ Inventory your org's "coalition of the willing." Who's already trying to build something smarter?
- ✅ Treat external partners like accelerators - not saviors.
- ✅ Spend less time evaluating tools, more time structuring talent to activate them.

These conversations aren't just snapshots of where we are—they're glimpses into where healthcare data leadership is going. The Data Pioneers we spoke with are building the road ahead, one practical insight and passionate problem at a time. If you're looking to move from reactive to strategic, from fragmented to fluid, their stories are your blueprint. Let's go build the next six months together.

Check out the Data Pioneers podcast: https://www.wellstack.ai/data-pioneers/

"I thought we'd be further along as an industry in unleashing data. But it's still an opportunity for organizations like mine to fill that gap." - Dana Richardson (WHIO)

"We're not just trying to be compliant. We're trying to be insightful." - Kristyn Vermeesch (Corewell)

"You can't AI your way out of bad data. The foundation has to come first." - Rich Waller (Wellstack)

"You wouldn't trust 17 gas gauges that don't agree. So why do we tolerate conflicting clinical metrics?" - Jeff Grandia (Redi Health)

"Don't innovate until you've operationalized the basics." - Michele Chulick

"Innovation means changing behaviors - data must become part of the clinician's daily language." - Dr. James Bleicher

"We don't chase hype. We solve problems that matter to our community." - Thomas Powell (PCCI)

"We shine a light on the opportunity - so health systems stop guessing and start acting." - Gabrielle Rude (WCHQ)

"Ambient monitoring lets us serve patients passively - without them needing to ask for help." - Rachel Weissberg (Neteera)

"We need to balance innovation with intentionality. Just because we can do something doesn't mean we should." - Dr. Zafar Chaudry (Seattle Children's)

"Find your organization's passionate problems - and go solve those first." - Joel Vengco (Hartford HealthCare)