

AI at HLTH Zone

2026 Use Case Demonstrations

Story-Driven Passports — Sponsor Overview & Storyline Guide

What's Changing

In past years, the AI at HLTH Zone has driven booth traffic through use case passports — attendees moved booth to booth collecting stamps tied to broad categories like “clinical documentation” or “revenue cycle.” It worked, but the stamps stood alone. There was no throughline connecting one booth to the next, and no reason for an investor or CEO to need to see how the story ended.

This year, we're introducing story-driven passports.

Instead of grouping sponsors by category, each passport follows a single patient (or clinician, or health system leader) persona through a real healthcare journey — one with stakes, a beginning, and an ending that only resolves once every sponsor's “chapter” has been visited. Attendees won't just be stamping a card; they'll be following Maria, James, Jasmine, Robert, Elena, Alex, Priya, or Grace to find out what happens to them — and your booth will be one of the chapters that decides how the story turns out.

The goal: replace “collect all the stamps” with “I need to know how this ends” — a stronger, more emotionally resonant reason for investors and CEOs to walk the floor.

How It's Different From Past Passports

Use Case Passports (past)	Story-Driven Passports (new)
Grouped by technical category	Grouped by patient/persona journey
Stamps are self-contained	Stamps are chapters in a continuing story
Traffic driven by completionism	Traffic driven by narrative curiosity
Sponsors assigned to categories	Sponsors select the story that fits them best
One-and-done structure	Iterative — storylines are refined as sponsors join

The Storylines

We've drafted persona journeys spanning the healthcare experience. Read through each and identify the one where your technology's real impact — not just its category — comes through most clearly. Under each, we've listed a few potential roles — broad functional lanes within that story — to help you see where your system might fit. These are meant to spark recognition, not box you in; if your system plays a role we haven't listed, tell us in your answers.

1. “The Warning Sign” (Maria)

Prevention & early detection. A patient's offhand comment during a routine visit leads to catching something early.

Potential roles:

- Outreach, scheduling & reminder AI that gets patients in the door
- Screening & diagnostic AI (voice biomarkers, imaging, wearable monitoring)
- Identity, communication & patient-experience AI (verification, multilingual result delivery, portal experience)

2. “The Quiet Crisis” (James)

Living with chronic disease. Predictive, personalized care catches a decline before it becomes a hospitalization.

Potential roles:

- Remote monitoring & predictive risk AI
- Care coordination & utilization management platforms
- Patient engagement, personalization & behavioral/social-insight AI

3. “The Visit That Almost Didn't Happen” (Jasmine & Dr. Patel)

The clinical encounter, told from both the patient's and the clinician's side.

Potential roles:

- Access & scheduling AI (voice agents, telehealth infrastructure)
- Clinical documentation & workflow AI (ambient scribes, EHR-embedded AI)
- Patient communication & follow-up AI (after-visit summaries, automated check-ins)

4. “The Bill That Didn't Add Up” (Robert)

Financial and administrative experience — billing, claims, and trust.

Potential roles:

- Coding, claims & payment-integrity AI
- Contract, compliance & regulatory intelligence
- Data privacy, identity verification & payments infrastructure

5. “The Diagnosis With No Name Yet” (Elena)

Rare disease, diagnosis, and clinical trial access.

Potential roles:

- Research & data intelligence (literature/market intelligence, natural-language data querying)
- Discovery & trial infrastructure (drug discovery AI, decentralized trial platforms)
- Access, evidence & regulatory intelligence (clinical decision support, market access)

6. “The System Behind the System”

The operational and enterprise backbone that makes every other story possible at scale.

Potential roles:

- Digital experience & transformation partners
- Workforce, asset & operations intelligence
- Strategic, reporting & relationship intelligence

7. “The 2 AM Call” (Alex)

Behavioral health & crisis access. A young professional in crisis reaches out at the worst possible hour — what answers matters as much as who.

Potential roles:

- Crisis triage & risk-detection AI (voice/chat agents identifying urgency and routing care)
- Therapeutic & monitoring support tools (mood tracking, behavioral biomarkers, virtual therapy support)
- Care navigation & retention AI (scheduling, engagement, reducing drop-off between sessions)

8. “Nine Months and Counting” (Priya)

Maternal health. A first-time mother's pregnancy is going fine — until the data notices something she can't feel yet.

Potential roles:

- Risk prediction & remote monitoring (pregnancy complication prediction, wearable/RPM data)
- Care coordination & communication (appointment reminders, postpartum check-ins)
- Clinical documentation & decision support for OB and maternal-fetal care teams

9. “The Long Way Home” (Grace)

Recovery, caregiving & aging in place. Grace is coordinating her father's recovery after a hip fracture — and trying not to drop anything.

Potential roles:

- Discharge planning & care-transition AI
- Remote recovery monitoring & caregiver-facing support tools
- Cross-setting care coordination (home health, rehab, family caregiver communication)

Full narrative write-ups with tone, cold-opens, and example chapter beats for all nine storylines begin on the next page, so you can see the arc your booth would be part of.

How Sponsor Selection Works

Step 1 — Choose your storyline.

Read all nine persona journeys and select the one where your AI use case creates the clearest, most compelling chapter. Don't select based on category fit alone — select based on where your story lands emotionally and where it best demonstrates real impact for that persona.

Use Case Demonstration Survey linked [HERE](#)

Step 2 — Answer three short questions.

For your chosen storyline, tell us:

Question	What we're asking
1. What type of system will you demonstrate?	What does your booth demo actually show — the product, platform, or capability attendees will see in action.
2. How is that system using AI?	What is the AI actually doing — not a category label, but the specific mechanism: predicting, generating, listening, matching, verifying, etc.
3. How would that system demonstrate impact within this persona's story?	What's the “chapter beat” — what changes for this specific persona because your technology was there.

Step 3 — We group and refine.

As responses come in, we'll place sponsors into their selected storylines. Each storyline is capped at 5–6 sponsors to keep the narrative tight and every chapter meaningful — first-come selections within a storyline will be prioritized, so early responses matter.

Step 4 — Storyline finalization & review.

Once a storyline reaches its group of 5–6 sponsors, we'll finalize the narrative arc — sequencing chapters, refining the persona's story beats to reflect the real demos involved — and share it back with that storyline's sponsors for review before anything is locked or promoted.

Step 5 — Promotion.

Once finalized, HLTH will actively promote each storyline and persona to attendees — pre-event content, on-site signage, and passport materials will point investors and CEOs toward the story, and the story will point them to your booth.

Why This Matters For You

- You're not competing for generic booth traffic — you're part of a narrative attendees are actively trying to finish, with your booth as a required chapter.
- You control your positioning — rather than being placed into a category, you choose the story where your impact is clearest.
- Early selection = better placement — since storylines cap at 5–6 sponsors, choosing early secures your spot in the storyline that fits you best.
- This is iterative, not final — your three answers help us build a story that's genuinely accurate to what you're demonstrating, and you'll see and weigh in on the finished version before it's promoted.

Next Steps

1. Review the nine storylines (full write-ups begin on the next page).
2. Submit your storyline selection and answers to the three questions.
3. Watch for confirmation of your storyline placement and the finalized narrative for review.
4. Prepare a brief demonstration of your product in the context of the narrative.

Notes For Sponsors Reviewing These Storylines

- The roles listed are illustrative, not fixed — if your system plays a role we haven't described, say so in your answers. The goal is to find the truest fit, not the closest label.
- Once a storyline has its group of 5–6 sponsors, these placeholder beats will be rewritten to reflect real demos and shared back with that group for review before anything is finalized.

Questions about which storyline might be the best fit? We're happy to talk it through before you submit.

Schedule a 30 minute call with Sandy Vance by clicking this [calendly link](#).

Full Storyline Narratives

Each storyline below follows the same format: a cold open, a story arc, and a set of example chapter beats. Because sponsors select their own storyline rather than being pre-assigned, the chapter beats are illustrative placeholders — written by role/function rather than company name — showing the kind of moment a sponsor's demo could occupy. Once 5–6 sponsors have selected a storyline, we'll replace these placeholders with their real chapters and finalize the arc for review.

Storyline 1 — “The Warning Sign” (Maria)

Journey stage: Prevention & Early Detection

Maria, 58, has been forgetting words mid-sentence for three months. She's told herself it's stress. Her daughter isn't so sure.

Story arc: Maria's daughter books her a checkup almost by accident — through a voice call she almost didn't pick up. What starts as a routine outreach call turns into an early-detection story that could change the rest of Maria's life, if the technology behind the scenes catches what a busy day might have missed.

Ch.	Illustrative role	Chapter beat
1	Outreach, scheduling & reminder AI	An AI voice agent calls Maria to schedule a wellness visit — she almost hangs up, but the conversation feels human enough that she books it.
2	Outreach, scheduling & reminder AI	A warm, not robotic, reminder call the morning of gets her out the door.
3	Screening & diagnostic AI	During intake, a real-time conversation capture catches the offhand comment — “I keep losing my words” — she almost didn't mention. It triggers a voice-biomarker screen that flags early signs worth investigating.
4	Screening & diagnostic AI	Follow-up monitoring and imaging AI catch an unrelated issue too — and help her care team read the results fast and confidently.
5	Identity, communication & patient-experience AI	She verifies her identity for the patient portal in seconds, no fumbling with passwords in the waiting room.
6	Identity, communication & patient-experience AI	A natural-sounding AI voice calls her back in her preferred language to walk her through next steps — clearly, calmly, without jargon.

“Maria almost didn't answer the phone. Follow her passport to find out what they caught — and how early.”

Storyline 2 — “The Quiet Crisis” (James)

Journey stage: Living with Chronic Disease

James, 64, has heart failure and diabetes. He feels “fine” — which is exactly the problem. The data says otherwise, three weeks before he would.

Story arc: James is the patient every health system worries about — stable until suddenly not. This passport follows the invisible net of AI-driven monitoring, prediction, and outreach that catches him before a hospitalization, and shows how “personalized care” actually gets personalized.

Ch.	Illustrative role	Chapter beat
1	Remote monitoring & predictive risk AI	James logs his symptoms through a simple app between visits — data his care team would never otherwise see.
2	Remote monitoring & predictive risk AI	A predictive model flags rising risk in James's trend line, days before he'd notice anything himself.
3	Care coordination & utilization management	His care team is alerted through a value-based care platform built to intervene early, not just react, and a care manager is assigned automatically to check for gaps in his plan.
4	Care coordination & utilization management	Coordinated outreach makes sure nothing about his plan falls through the cracks between visits.
5	Patient engagement, personalization & behavioral/social insight	Behavioral and social-determinant insight reveals why James skips doses sometimes — transportation, not defiance — and helps his team choose a treatment more likely to actually work for him.
6	Patient engagement, personalization & behavioral/social insight	A gentle, well-timed message nudges him toward a refill he was about to miss — and he actually replies to this one.

“The data saw it three weeks before James did. Trace the passport to see how the system responded — and whether it worked.”

Storyline 3 — “The Visit That Almost Didn’t Happen” (Jasmine & Dr. Patel)

Journey stage: The Clinical Encounter

Jasmine, a working parent, has canceled this appointment twice. Dr. Patel has twelve minutes and a stack of unfinished notes from yesterday.

Story arc: This is the two-sided story — patient and clinician — of what AI in the exam room actually changes: less friction getting in the door, less burnout on the other side of it, and a visit that leaves both people better off than when it started.

Ch.	Illustrative role	Chapter beat
1	Access & scheduling AI	An AI voice agent finally gets Jasmine's reschedule right — same-day, no hold music.
2	Access & scheduling AI	She joins a hybrid/telehealth option for part of the visit, from her car during a lunch break.
3	Clinical documentation & workflow AI	An ambient AI scribe listens to the visit, drafting the note in real time — Dr. Patel actually makes eye contact.
4	Clinical documentation & workflow AI	The EHR surfaces relevant history automatically and closes the visit out cleanly — no end-of-day note pileup for Dr. Patel.
5	Patient communication & follow-up AI	An AI-drafted after-visit summary is generated in plain language Jasmine will actually read.
6	Patient communication & follow-up AI	A follow-up message checks in on her three days later — the loop actually closes.

“Twelve minutes. Two people. Follow the passport to see whether AI made the visit better — for both of them.”

Storyline 4 — “The Bill That Didn't Add Up” (Robert)

Journey stage: Financial & Administrative Experience

Robert opens a hospital bill that's \$1,400 more than he expected. He's about to call and give up in frustration — or maybe not.

Story arc: The least “exciting” part of healthcare is often the part that breaks trust fastest. This passport follows the AI infrastructure that catches billing errors, protects Robert's data, and gives him something rare: a bill he can actually understand and trust.

Ch.	Illustrative role	Chapter beat
1	Coding, claims & payment-integrity AI	Behind the scenes, AI-assisted coding and clinical documentation integrity should have gotten this right the first time — did it?
2	Coding, claims & payment-integrity AI	Claims payment-integrity AI flags a billing error before Robert's insurer even pays it out, and the revenue cycle re-routes the corrected claim automatically — no resubmission nightmare.
3	Contract, compliance & regulatory intelligence	The payer contract terms driving his coverage are interpreted correctly, automatically, for the first time in years.
4	Data privacy, identity verification & payments infrastructure	His financial and health data stay tokenized and protected through the whole process.
5	Data privacy, identity verification & payments infrastructure	Robert can actually see and control what data was used and shared to resolve his case.
6	Data privacy, identity verification & payments infrastructure	When the corrected (smaller) bill arrives, he pays it in two taps, account securely linked.

“Robert almost paid \$1,400 he didn't owe. Follow the passport to see who caught it — and how.”

Storyline 5 — “The Diagnosis With No Name Yet” (Elena)

Journey stage: Rare Disease & Clinical Trial Access

Elena has seen seven specialists in two years. Nobody has a name for what she has — but somewhere, a trial might.

Story arc: This is the highest-stakes, highest-emotion storyline: the search for a diagnosis, a matching trial, and a treatment that doesn't exist yet unless the right data finds the right people fast enough.

Ch.	Illustrative role	Chapter beat
1	Research & data intelligence	Elena's research team scours scientific and market intelligence for anything resembling her case.
2	Research & data intelligence	A researcher asks a plain-language question of a massive real-world dataset — no code required — and a pattern emerges.
3	Discovery & trial infrastructure	AI infrastructure powers deeper discovery work connecting Elena's biomarkers to a candidate pathway, and a drug-discovery program built around exactly this kind of condition has a molecule in early development.
4	Discovery & trial infrastructure	A decentralized trial platform means Elena can enroll without moving across the country.
5	Access, evidence & regulatory intelligence	Her care team leans on evidence-based clinical decision support to manage her care safely alongside the trial.
6	Access, evidence & regulatory intelligence	Market access and regulatory intelligence work in parallel — so if this works, it won't take another five years to reach her.

“Elena's diagnosis doesn't have a name yet. Follow the passport to see how close AI gets her to one.”

Storyline 6 — “The System Behind the System”

Journey stage: Enterprise Operations & Strategy

None of the other five stories work at scale unless someone runs the hospital, the staffing, the reporting, and the strategy behind them. Meet the health system's CEO on a Monday morning.

Story arc: This storyline reframes the whole Zone: it's the “how” behind every other persona's story — the operational, technological, and strategic backbone that makes personalized, AI-enabled care possible across an entire system, not just one lucky patient.

Ch.	Illustrative role	Chapter beat
1	Digital experience & transformation partners	A digital experience transformation partner redesigns how patients and staff actually interact with the system.
2	Digital experience & transformation partners	An engineering partner builds and hardens the AI systems making every other storyline possible, tying patient-facing tools together into something coherent.
3	Workforce, asset & operations intelligence	Patient engagement platforms personalize outreach at a scale no single care manager could.
4	Workforce, asset & operations intelligence	Workforce management ensures the right clinicians are staffed where patients need them, and asset-tracking technology ensures the right equipment is where it's supposed to be.
5	Strategic, reporting & relationship intelligence	Conversation intelligence sharpens how the system negotiates payer contracts and partnerships that fund all of this.
6	Strategic, reporting & relationship intelligence	Automated reporting means the CEO walks into the board meeting with a real-time, accurate picture — not a stale deck.

“Five patients. One system holding it together. Follow the passport to see what running healthcare at scale with AI actually looks like.”

Storyline 7 — “The 2 AM Call” (Alex)

Journey stage: Behavioral Health & Crisis Access

| *Alex, 29, has rehearsed canceling this call in his head all day. It's 2 AM. He dials anyway.*

Story arc: Alex has been “managing” for months — telling coworkers he's “just tired,” telling himself the same thing. Tonight is the night the managing stops working. This storyline follows what happens in the narrow window between someone reaching out and someone actually getting help — the difference between a crisis that gets caught and one that doesn't often comes down to how fast, how warm, and how well-coordinated that window is.

Ch.	Illustrative role	Chapter beat
1	Crisis triage & risk-detection AI	The line picks up faster than Alex expected. An AI-assisted triage system listens for risk signals in real time and routes him to the right level of care — not a queue, not a script.
2	Crisis triage & risk-detection AI	Before he can talk himself out of it, he's offered a same-week appointment with a therapist who actually specializes in what he's describing.
3	Therapeutic & monitoring support tools	Between sessions, a check-in tool tracks his mood patterns — not to replace his therapist, but to give her a clearer picture than “I'm fine” ever would.
4	Therapeutic & monitoring support tools	His care team stays coordinated across sessions without Alex having to re-explain his history every time.
5	Care navigation & retention AI	Three weeks in, Alex is the statistic behavioral health systems fear most: the patient who quietly stops showing up. An automated, human-reviewed outreach catches the gap and re-engages him before he disappears from care entirely.
6	Care navigation & retention AI	A follow-up message, timed well and worded like it came from a person, is the nudge that gets him to his next session instead of letting it slide.

“It's 2 AM and Alex is on the phone. Follow the passport to see whether the system built to catch him actually does.”

Storyline 8 — “Nine Months and Counting” (Priya)

Journey stage: Maternal Health

Priya is 27 weeks pregnant with her first child. Everything on paper looks normal. Her body is starting to disagree.

Story arc: Maternal health outcomes often hinge on the days between scheduled appointments — the swelling that seems minor, the headache that seems like nothing, the blood pressure reading that would matter if anyone were watching closely enough. This storyline follows Priya's pregnancy through the quiet, continuous layer of AI-enabled monitoring and coordination that's supposed to notice what a monthly visit alone would miss — and asks whether it catches the warning signs in time.

Ch.	Illustrative role	Chapter beat
1	Risk prediction & remote monitoring	A connected blood-pressure cuff and symptom tracker feed data between visits. A predictive model flags a trend — mild, easy to miss, but consistent — toward preeclampsia risk.
2	Clinical documentation & decision support	Her OB's team is alerted with context already assembled, so the conversation at her next visit starts with “let's talk about this trend” instead of starting from zero.
3	Care coordination & communication	An automated but warm outreach message checks in on her symptoms the same week the flag appears — she almost didn't think it was worth mentioning otherwise.
4	Care coordination & communication	Her visit gets moved up without her having to fight for it, phone tree and all.
5	Risk prediction & remote monitoring	After delivery, the same layer of monitoring shifts to postpartum risk — the period when complications are most likely to be missed entirely.
6	Care coordination & communication	Follow-up check-ins in the weeks after birth catch what a single six-week postpartum visit alone might not.

“Priya's chart looks normal. Her body is telling a different story. Follow the passport to see who's listening.”

Storyline 9 — “The Long Way Home” (Grace)

Journey stage: Recovery, Caregiving & Aging in Place

Grace's father broke his hip three days ago. She's now his care coordinator, his advocate, and his ride home — with zero training for any of it.

Story arc: Discharge is often where care quietly falls apart: instructions get lost, follow-ups get missed, and family caregivers like Grace are left holding a plan no one fully explained to them. This storyline follows her father's recovery from hospital to home, and the AI-enabled coordination layer that's supposed to make sure nothing — a medication change, a follow-up appointment, a warning sign worth calling about — slips through the cracks between settings of care.

Ch.	Illustrative role	Chapter beat
1	Discharge planning & care-transition AI	Before he leaves the hospital, a system generates a discharge plan tailored to his actual home situation — stairs, a spouse with limited mobility, a daughter three hours away — not a generic printout.
2	Remote recovery monitoring	A simple home monitoring setup tracks his mobility and vitals during recovery, flagging concerning changes before they become an ER visit.
3	Caregiver-facing support tools	Grace gets a plain-language, always-available way to ask “is this normal?” at 9 PM without waiting on hold — and get an answer she trusts.
4	Cross-setting care coordination	His home health nurse, physical therapist, and primary care doctor are all working from the same up-to-date picture, instead of three separate ones.
5	Cross-setting care coordination	A system helps track medication changes and appointment scheduling across providers — the exact kind of detail that gets dropped when one person is juggling everything by hand.
6	Caregiver-facing support tools	Regular, low-effort check-ins keep Grace in the loop without requiring her to chase updates down herself.

“Grace didn't sign up to be a care coordinator. Follow the passport to see whether the system makes that job easier — or leaves her to figure it out alone.”