SMALL BUSINESS

Shifting Toward Signal-Based Care

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For generations, the healthcare system has been defined by its reactivity. Care is delivered when symptoms surface, when patients seek care or when conditions escalate to a point of urgency. However, this reactive model is increasingly misaligned with what modern tools and technologies make possible.

Today, a growing body of evidence supports a transition from symptom-based interventions to a more proactive, signal-based model of care. In this emerging paradigm, we can leverage subtle physiological and behavioral indicators to initiate earlier and more personalized intervention.

Recognizing Patterns

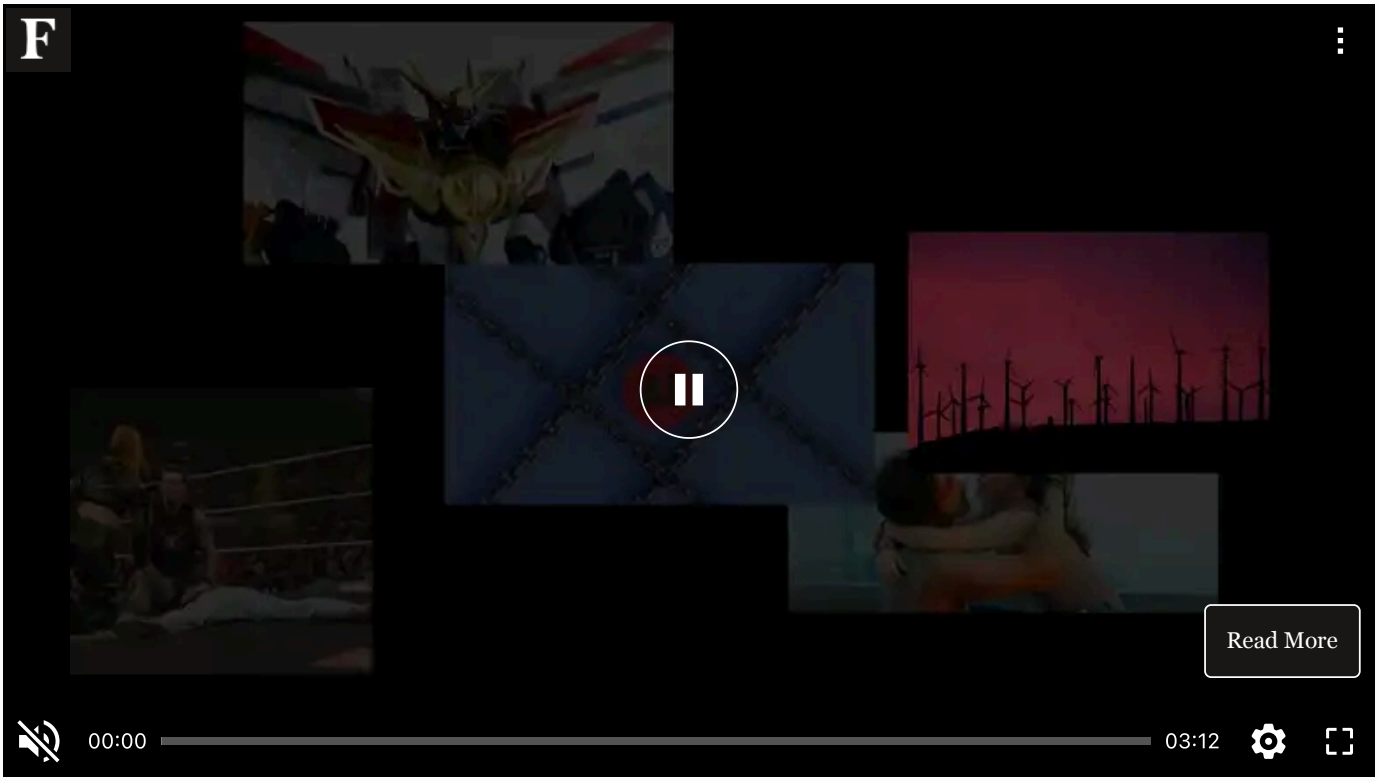
The rapid evolution of AI drives this shift, of course, as well as connected health technologies and virtual care systems. These tools can detect deviations from a patient's baseline—for example, disrupted sleep patterns. Other wearable devices use sensors to track daily movement patterns, helping identify early signs of decline or behavioral changes. Fluctuations in blood pressure can also be tracked using specialized watches (made by various companies like Omron, Samsung, Med-Watch and others).

Overall, the acceleration of proactive care will depend on easing rules for the use of non-regulated data sources, such as the already described consumer wearables, for trend analysis rather than diagnosis. Recent federal actions, such as the AI Action Plan and new interoperability policy group initiatives, are aimed at reducing barriers and enabling data-driven approaches to expand care access.

I encourage leaders to pay close attention to these developments—as well as engage in policy groups to help advocate for reimbursement models that reward proactive, continuous monitoring. Successful proactive care programs share several common traits regardless of vendor: early intervention through continuous monitoring, cost-effective data acquisition, consistent patient engagement and patient-centered design that is simple and intuitive. They are also marked by clear clinical goals, adequate follow-up and teams that act on data rather than simply collecting it.

One long-term patient I know who has benefited from this approach is an older woman living with only one kidney, which itself only functions at approximately 30% capacity. In two separate instances, her devices flagged changes, such as dropping blood pressure and unexpected weight gain, which led to early interventions. By monitoring these factors, she has successfully avoided both unnecessary dialysis and hospitalization.

Signal-based care positions early detection as the norm rather than the exception. On their own, these signs may appear inconsequential. However, when combined, they can form a meaningful signal for early action.



Ensuring Technology Supports Clinicians

AI plays a central role in facilitating this transformation. By synthesizing data streams from multiple sources, AI can identify patterns and trends that would be imperceptible to human clinicians.

For healthcare leaders, quick wins can be achieved by acquiring observational data from tools patients already use, such as smartphones, connected watches or voice biomarker technologies, and applying AI

to detect trends. Long-term investments should focus on AI platforms themselves, which can integrate varied data streams, support scalability and adapt as new devices enter the market.

Operationally, a virtual-first approach is essential. By relying on AI-driven triage and agentic AI bots, this can alert healthcare professionals only when a patient's condition deviates meaningfully from their norm. This exception-based monitoring, responding to significant changes rather than every data point, reduces unnecessary utilization while enabling timely and targeted interventions.

Clinicians can then focus their attention where it is most needed. This approach supports scalability, especially in the face of the ongoing physician shortage in the U.S.

Mind The Gaps

As healthcare evolves, it is equally important to identify what may be hindering progress. I find one area of excessive investment to be fee-for-service infrastructure, which encourages reactive care rather than proactive interventions. Instead of continuing to allocate significant resources to episodic care workflows and billing systems, I believe we should invest in AI and analytics that could predict deterioration and reduce long-term utilization.

That said, trade-offs exist. For example, if implemented too narrowly—for example, targeting only populations of people who are unlikely to generate significant healthcare costs—signal-based care may deliver limited ROI.

Other risks include deploying advanced digital tools without considering access barriers, such as broadband, smartphones or digital literacy, which can actually widen the care gap. Many solutions are covered by payers rather than patients directly, but disparities persist. Federal programs, including a $50 billion allocation for rural digital health over the next five years, aim to help close this divide.

Interoperability also presents a challenge. Devices, platforms and electronic health records (EHRs) are not always built to communicate seamlessly. Health systems cannot be expected to integrate hundreds of devices or multiple EHRs on their own. Emerging interoperability agreements, such as the Trusted Exchange Framework and Common Agreement, can serve as bridges, simplifying data flow across disparate systems.

Related to this, privacy and security concerns must also be addressed. All patient data falls under HIPAA and business associate agreements, requiring robust safeguards. Alarm fatigue is yet another issue: Clinicians cannot be expected to review constant alerts. I see AI as key here, serving as the filter to escalate only the most meaningful scenarios for human review.

Still, when you target moderate-risk or newly chronic patients, this can offer great value. Early interventions can prevent costly flare-ups and avoid emergency visits, which average between $11,000 and $14,000 per hospital stay. Programs such as remote patient or therapeutic monitoring can qualify for reimbursement through current procedural terminology (CPT) codes, creating an immediate

revenue stream. Over time, I see a net positive as these programs reduce costly hospitalizations and improve performance in value-based care models.

Continuous Insight

As healthcare becomes less location-dependent and more integrated into daily life, the opportunity to shift from reactive to proactive care grows. The end goal is not simply to generate more data. Instead, the objective should be to make better decisions earlier, with less burden on both patients and providers.

I believe signal-based care offers a compelling vision for the future. In a system shaped by insight rather than hindsight, the real victory lies not in treating disease, but in anticipating and preventing it.

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