

The Innovation Imperative: Stewardship in the Age of AI

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In the Catholic health ministry, we often speak of the “sacred encounter,” that profound moment of connection often between a caregiver and a person in need. At its core, this encounter reflects the ministry’s commitment to presence, compassion and dignity in every interaction. Protecting this encounter through compassionate bedside presence and connection is a mission-critical priority.

However, that encounter is increasingly shaped by forces far beyond the bedside. Clinicians face unprecedented administrative burden and burnout, while patients expect care that is accessible, responsive and increasingly available beyond traditional hours. Digital technologies, specifically artificial intelligence, now play a growing role in addressing these conditions, sometimes strengthening presence and connection, and sometimes eroding it.

In adopting new technology that supports the sacred encounter, the question for Catholic health systems centers on how innovation is designed, governed and scaled so that it supports caregivers and patients while remaining firmly anchored in mission. At Bon Secours Mercy Health, that question has guided how we think about innovation as an expression of stewardship, not simply modernization.

STEWARDSHIP WHILE ADOPTING INNOVATION

Across healthcare, innovation pipelines are often disconnected from front-line realities, leaving promising tools underutilized and core challenges, such as workforce strain, access gaps and care fragmentation, largely unresolved.

For Catholic ministries, this misalignment carries added weight. Stewardship is not optional; it is a moral obligation. The *Ethical and Religious Directives for Catholic Health Care Services* (ERDs) call leaders to make thoughtful, values-aligned adoption of innovation a ministry responsibility, not a market afterthought.

At Bon Secours Mercy Health, we have found that this responsibility is best met when health systems take an active role in shaping how innovation is applied in care delivery. Technologies that influence clinical workflows, patient access and the caregiver experience are more likely to advance the ministry when they are developed in partnership with those who deliver care and are governed by leaders accountable for strategic and patient outcomes.

This understanding led Bon Secours Mercy Health to create Accrete Health Partners. Accrete was not built to be a venture fund that happens to sit alongside a health system, but as a platform integrated within the ministry with close connections to clinical and operational leaders, including executives, clinicians, nurses and front-line leaders responsible for delivering care and managing day-to-day operations. With this level of



alignment, Accrete's investment thesis is driven by the system's operators. By embedding innovation within these teams, Accrete helps responsibly scale operator-led solutions that support human dignity, clinical excellence and operational sustainability.

BUILDING PARTNERSHIPS TOWARD SOLUTIONS

The traditional venture capital model is often predicated on "disruption," a term that can feel at odds with the stability, trust and ethics required in a healing ministry.

Innovation is most effective when it begins with a clearly articulated operational need rather than a speculative solution. Stewardship of resources demands discipline, alignment and accountability.

In response, Accrete's approach prioritizes long-term innovation partnerships over transactional vendor relationships. Structured as a digital holding company within the system, Accrete invests in and supports early-stage digital health solutions designed to strengthen care delivery, workforce sustainability and patient access. Operating with a deliberately lean team of three under the leadership of the Bon Secours Mercy Health chief digital officer, the platform can move with agility, supporting faster decision-making and closer collaboration across the ministry. With a rapidly expanding market of potential solutions

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and novel technologies, Accrete serves as a connector, pairing real operational needs with technologies that leaders are prepared to shape, test and sustain.

This model is intentionally driven by the operator's perspective. Technologies are considered only when clinical and operational leaders have identified a clear need and are prepared to engage

directly in shaping the solution. This approach is more selective than traditional venture models and creates alignment between investment, adoption and mission outcomes. This model ensures the system actively shapes innovation rather than reacts to it.

TWO PATHWAYS FOR PURPOSE-DRIVEN CHANGE

Accrete partners with companies in two ways: direct strategic investment and acceleration funding.

Direct investment supports innovation partners already working within clinical workflows. Capital investment is paired with a shared commitment to long-term value creation, ensuring the partnership is grounded in shared purpose and accountability. Capital investment enables the health system to share in the long-term value created as innovation partners grow in scale.

Launched in 2025, the acceleration funding model reflects a different but equally intentional approach. Instead of beginning with a technology and searching for a use case, clinical and operational leaders are empowered as the primary innovators. Leaders identify specific "pain points," such as labor shortages, administrative friction or access gaps, and strategic capital is deployed to launch projects directly within care environments.

For Bon Secours Mercy Health, this approach has reinforced a broader lesson for Catholic systems: Capital can be used as an extension of stewardship when it is deployed with intention and restraint. By creating space to test, learn and refine innovation, this model helps ensure resources are used responsibly, in service to caregivers and patients.

A defining feature of this model is ensuring the "voice of the operator" is present from day one. Innovations are shaped through ongoing engagement with executives, nurses and physicians who use the technology in practice. This engagement creates a clear accountability framework, establishing a feedback loop that benefits both the system and its partners. Partners are expected to provide high levels of responsiveness and

transparency, and issues are addressed directly and promptly, reflecting the belief that technologies influencing care delivery warrant the same level of accountability as other mission-critical decisions.

One area where this approach has had a tangible impact is in how the ministry supports its caregivers.

SUPPORTING CAREGIVER DIGNITY

Returning to the central question of how technology can support the sacred encounter, one area where this has been tested in practice is the ministry's work with Atalan, a predictive retention technology focused on workforce stability.

When administrative overload, staffing shortages and constant task switching place sustained strain on clinicians, both caregiver well-being and the patient experience suffer. The initial use case was shaped by a simple concern: How can we recognize and respond to clinician strain earlier, before it compromises both the caregiver and the care they provide?

Bon Secours Mercy Health began with a launch of Atalan's Clinician Retention Intelligence platform in a single regional market. Data from this platform helps leaders move beyond retrospective exit interviews and better understand operational conditions contributing to unexpected clinician departures, allowing for earlier, more empathetic intervention.

As the initial launch progressed, its value became clear in identifying clinicians who were overextended; this led to expansion into additional markets and a deeper codevelopment opportunity. Through Accrete's acceleration funding, Atalan has begun work on a module that connects clinician retention and patient experience data in a single view.

This work reinforced a core conviction at the healthcare system: When caregivers are better supported, teams stabilize, care relationships deepen and the conditions for compassionate, dignified care are strengthened. Complementing these efforts, real-time operational data is also being used to better balance workloads across care teams, reducing last-minute staffing strain while maintaining clinical standards and team continuity.

This approach has since been applied to challenges beyond clinician retention and staffing. Bon Secours Mercy Health is using AI-assisted

LESSONS FOR THE MINISTRY: A ROAD MAP FORWARD

For Catholic healthcare systems considering the integration of artificial intelligence into clinical operations, success is not found in mimicking Silicon Valley, but in leveraging clinical insight and operational discipline to scale what works:

The operator as innovator: Never invest in a technology without front-line leadership engagement. Innovation succeeds when it is done with clinicians, not to them.

Mission over margin: Financial sustainability matters, but alignment with mission and values must remain the primary filter.

Scale with conviction: Focus on proven solutions addressing real needs rather than speculative bets disconnected from care delivery.

nursing and virtual care models to reduce unnecessary task switching and administrative "noise." By enabling virtual nursing support and ambient documentation capabilities that help streamline routine tasks, reduce interruptions, and return clinical time to the bedside, caregivers can focus more fully on direct patient care.

The health system also leverages agentic and conversational AI to address routine patient needs, including scheduling appointments, refilling medications and navigating care. With digital assistance in web-based chat platforms, text messaging and calls, patients can ask questions and receive trusted information in the channel that works best for them. For a patient like a low-income mother trying to schedule an appointment after her night shift ends, this technology can serve as an avenue for justice and access, extending support beyond traditional office hours and reducing barriers to timely care.

These use cases are aligned with the system's priorities and feed into its investment and acceleration pipeline. Each initiative follows the same discipline: start with a clearly defined operational need, engage front-line leaders as partners, and scale only when the solution strengthens both mission and outcomes.

ETHICAL GOVERNANCE OF AI

Catholic health systems face a growing responsibility to address the ethical and governance questions accompanying the expanded use of AI in care delivery. At Bon Secours Mercy Health, dedicated leadership for data, analytics and AI is helping to shape a governance framework that ensures technology is deployed safely, transparently and in alignment with the ministry's mission and the ERDs.

This work remains in its early stages, but the intent is clear: Predictive analytics and machine learning must be evaluated not only for technical performance, but through explicit ethical review addressing transparency, data stewardship, bias, privacy and the patient-clinician relationship. In addition, fiscal stewardship is a strong focus, ensuring AI capabilities of core technology platforms are maximized. At Bon Secours Mercy Health, executive leadership accountability has been explicitly established to ensure AI is responsibly deployed across the ministry.

Treating AI as morally consequential rather than neutral helps ensure innovation remains accountable to the people it is meant to serve.

SHAPING TECHNOLOGY TO PRESERVE THE HEALING MINISTRY

As the ministry looks toward the future, the integration of digital health and AI is not a departure from Catholic health traditions; it is a continuation of them. By embracing accountable innovation, the healing ministry remains both technologically capable and compassionately grounded.

The goal is not simply to invest in tools, but to invest in conditions that preserve the sacred encounter for generations to come.

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