MARKET AND STRATEGY REPORT

AI-Enabled Healthcare

Landscape and PSA / IHPF Comparison

Amazon Health AI, consumer health agents, clinical copilots, regulated diagnostics, remote monitoring—and the newest PSA / IHPF Healthcare Vision 2.0

Evidence current through September 2, 2026

Prepared from the two supplied analyses, current PSA website posts, PSA / IHPF Healthcare Vision 2.0, official product sources, and selected independent evidence.

Executive conclusion

BOTTOM LINE Amazon has the most complete commercial question-to-transaction loop in this scan. PSA / IHPF has designed something Amazon and the other vendors largely do not: a community-accountable, cross-system closure layer that owns whether the person's next step actually happens. They are not the same kind of initiative—and PSA should not try to become another general-purpose health chatbot.

The attached analyses were directionally right: Amazon Health AI is more consequential than a medical chatbot because it can connect records, explanations, One Medical care, appointments, prescription requests, pharmacy fulfillment, and—in some contexts—retail purchasing. Its strategic advantage is the ability to turn a conversation into a transaction inside an affiliated ecosystem. [A1–A5]

The broader 2026 market now divides into four layers. Consumer assistants explain and organize health information; care agents connect users to clinicians and appointments; institutional copilots reduce documentation and administrative work; and narrow regulated AI devices perform specific diagnostic tasks. No single competitor duplicates Amazon across all layers. Likewise, none clearly duplicates PSA / IHPF's proposed combination of public accountability, paid community health workers, bilingual and offline access, named human responsibility, cross-institution navigation, and verified closure. [P1–P6]

- Amazon is the strongest closed commercial care loop, but not a complete local public-health solution. Its physical network has no listed New Mexico One Medical office; its HIE view may be incomplete; its safety evidence is still principally company-reported; and "CMS early adopter" language denotes a voluntary pledge rather than certification. [A1, A4, A5, E3]
- ChatGPT Health, Microsoft Copilot Health, Google Health Coach, and Claude now provide increasingly persistent personal health context. Their comparative strength is broad reasoning across records, devices, and questions—not owning care delivery. [C1–C4]
- Epic Emmie and Hartford HealthCare/K Health PatientGPT can act inside a provider portal and EHR, making them stronger than Amazon at the incumbent delivery-system boundary but narrower across institutions. [C5, C7]
- Curai is the closest nationwide AI-to-clinician service in this scan. Verily is notable for data provenance and licensed-provider review. Hippocratic AI and Amazon Connect Health are best understood as enterprise components for voice and operational workflows, not independent public-health systems. [C6, C8, W1, W2]

- Regulated diagnostic products such as LumineticsCore, Eko's AI stethoscope, Butterfly's gestational-age tool, and AliveCor's ECG interpretations have narrower claims but clearer regulatory boundaries than general health agents. They are potential future components of PSA's neighborhood model, not substitutes for navigation or follow-through. [D1–D4]
- The newest PSA position is materially more disciplined than its earlier broad "alternative front door" concept. Vision 2.0 explicitly starts with a 90-day, no-participant-facing Stage 0 and a Doña Ana County "Next Step Closure" wedge; autonomous diagnosis, broad continuous monitoring, neighborhood diagnostics, digital twins, and statewide scale are deferred or rejected until the closure model passes safety, burden, equity, and operational gates. [P1–P3, P7]

Recommendation in one sentence

Position PSA / IHPF as the independent integrator, governance layer, human operating model, and evaluator around best-of-breed AI components—not as a developer of a foundation model, EHR, clinic network, or diagnostic device.

Scope and interpretation rules

This report consolidates the two supplied Amazon/Health AI analyses, extends the market scan, and uses PSA's public website through September 2, 2026 plus the August 28 Healthcare Vision 2.0 as the current PSA / IHPF baseline. Product status and claims can change rapidly.

Label	Meaning in this report
Live	Publicly available to the stated population or deployed customers; availability may still be limited by geography, membership, health system, or device.
Preview / beta	Accessible to a limited cohort or in staged rollout; capabilities and terms may change.
Announced	Public roadmap or launch commitment without evidence of broad current availability.
Proposed	A designed initiative or operating specification not yet demonstrated as a scaled service.
Regulated	A narrow medical-device function with FDA authorization; authorization is not proof that the surrounding service improves population outcomes.

Assessment convention used throughout this report; dates and scope are stated where consequential.

Evidence hierarchy used here: regulator or official program documentation; peer-reviewed independent evidence; customer/partner announcement; vendor-reported evaluation; strategic proposal. A product's polished interface or deployment count is not treated as proof of clinical benefit.

1. Amazon Health AI: verified current profile

What exists now

Amazon expanded Health AI in March 2026 from the One Medical environment toward Amazon.com and the Amazon app for U.S. adults. The assistant can answer general questions and—with permission—use available One Medical records, Amazon Pharmacy information, records retrieved through health-information exchanges, and selected health-related purchase context. It can explain records, suggest a level of care, connect the user to One Medical message or video care, schedule appointments, and initiate prescription-renewal workflows. [A1]

Layer	Amazon asset	Practical effect
Conversation	Health AI	General and personalized health questions.
Longitudinal context	One Medical, Amazon Pharmacy, HIE feeds	Explains labs, diagnoses, medicines, allergies, notes, and trends when data are available.
Care	One Medical on-demand, video, selected physical offices	Moves from answer to clinician and appointment.
Medication	Clinician renewal + Amazon Pharmacy or chosen pharmacy	Can convert a request into approved fulfillment.
Commerce	Amazon retail	Can recommend health products when asked; also creates conflict-of-interest and trust questions.
Provider operations	Amazon Connect Health (separate AWS product)	Automates verification, scheduling, summaries, ambient notes, and coding for participating organizations.

Sources: Amazon consumer launch, Health Insights, and Amazon Connect Health. [A1–A3]

What makes Amazon distinctive

The differentiator is not necessarily superior clinical reasoning. It is control of adjacent assets. The user can potentially move through question → personalized interpretation → clinician → appointment → prescription → delivery without leaving the Amazon environment. Other general assistants usually stop at explanation, preparation, or a referral; provider tools usually start after the person has entered a health system.

Important boundaries

- Health AI is not represented as an autonomous diagnosing or prescribing clinician; prescriptions require clinician approval and emergencies require emergency services.
- HIE retrieval does not guarantee a complete, current, or reconciled medical history. Missing records and cross-institution identity matching remain consequential.
- Health AI and Amazon Connect Health are separate products. A fully unified consumer-to-hospital operating layer has not been demonstrated.

- Health Insights is a clinician-reviewed wellness interpretation of more than 50 biomarkers, but a composite wellness score should not be confused with validated clinical utility. [A3]
- Amazon Health Services describes One Medical and Amazon Pharmacy as a HIPAA covered entity arrangement, but lawful data use for treatment, payment, and operations is broader than a user's intuitive concept of "only for my current question." [A4]
- Independent, peer-reviewed real-world outcome evidence specific to Health AI remains limited. Amazon's architecture and safety claims are important, but they are principally vendor-reported.

Relevance to New Mexico and PSA

Amazon can provide a national virtual-care option and pharmacy fulfillment, but One Medical's current location list does not show a physical New Mexico office. That weakens the closed loop for physical exams, locally constrained referrals, transportation, Medicaid benefit navigation, and community-based follow-through. PSA's opportunity lies precisely in those last-mile and cross-system seams. [A5]

2. Market map: the services now competing around Health AI

The market should not be collapsed into a single leaderboard. A consumer health assistant, an ambient scribe, and an FDA-authorized retinal diagnostic perform different jobs, face different evidence standards, and solve different parts of the care journey.

2.1 Consumer health and care agents

Offering / status	What it does	Relative to Amazon	Relative to PSA / IHPF
Amazon Health AI **Live / rollout**	Records + One Medical + Pharmacy + scheduling/renewals.	Best commercial transaction loop; strongest "do it here" capability.	PSA must supply public accountability, local service truth, benefit/transport help, CHWs, cross-system closure, and independent evaluation. [A1–A5]
ChatGPT Health **Live**	Separate health space; Apple Health, records, One Medical and Function connections; explanation and preparation.	Broader reasoning and user familiarity; less native care execution than Amazon.	Potential model/interface component, but PSA owns workflow, consent, escalation, closure, and vendor exit. [C1]
Microsoft Copilot Health **Preview**	Apple Health and large provider-record connectivity; trusted-source answers and provider discovery.	Strong Microsoft ecosystem and discovery; no diagnosis or native national care chain.	Useful comparator for record aggregation and source transparency; does not replace navigator operations. [C2]
Google Health Coach **Live membership rollout**	Gemini coaching across Fitbit/Pixel data, sleep, activity, nutrition and U.S. medical records.	Stronger continuous lifestyle/device context; weaker clinical transaction closure.	Potential behavior-change input. PSA should avoid smartphone/device-only dependence and retain human escalation. [C3]
Claude health integrations **Live / beta connectors**	HealthEx, Function, Apple Health and Android Health Connect; summaries, patterns and visit preparation.	Strong explanation and privacy positioning; limited direct care execution.	Possible reasoning layer under bounded tasks; PSA needs local grounding, review capacity, and auditability. [C4]
Epic Emmie **Provider-dependent rollout**	MyChart-native scheduling, result and instruction explanation, billing and chart Q&A.	Deeper inside Epic organizations; narrower across providers and non-Epic services.	Best used through participating health systems. PSA bridges seams and verifies completion beyond the portal. [C5]
Verily Me / Violet **Live + beta**	FHIR record unification, provenance, licensed-provider review, multi-agent symptom assessment.	Stronger data hygiene and conservative review architecture; less integrated delivery/fulfillment than Amazon.	Architecture worth studying for provenance, review, and calibrated escalation; still vendor layer, not community governance. [C6]
PatientGPT **Limited beta**	K Health + Hartford HealthCare portal agent using EHR context; hands summary to care team.	Tighter local health-system connection than Amazon in Connecticut; geographically narrow.	Model for provider-embedded handoff. PSA's added value is plural providers, MCO/community barriers, and verified closure. [C7]
Curai Health **Live**	AI intake followed by licensed doctor/NP care, diagnosis, treatment and prescriptions nationwide for eligible U.S. adults.	Closest direct virtual-care substitute; less longitudinal ecosystem and local physical network than Amazon.	Potential overflow/virtual partner, subject to Medicaid, language, continuity, safety, and local escalation terms. [C8]
Ada Health **Live**	Structured probabilistic symptom assessment across a broad condition library.	More mature narrow symptom assessment; no record-rich transaction loop.	Possible bounded intake component, not the PSA operating model. Pair only with clear escalation and human review. [C9]

Status as of September 2, 2026. "Relative to PSA" assesses operating-model fit, not model benchmark performance.

2.2 Provider workflow, contact-center, and clinical copilots

Offering / status	What it does	Relative to Amazon	Relative to PSA / IHPF
Amazon Connect Health **GA + preview mix**	Verification and ambient documentation are generally available; appointment, insights, and coding agents include preview capabilities.	Extends Amazon into provider operations, but remains separate from consumer Health AI.	Potential infrastructure/vendor; PSA should require interoperability, audit logs, human confirmation, and exit rights. [W1]
OpenAI for Healthcare **Live**	Enterprise workspace for clinical, research and administrative work with citations, controls and BAA options.	Broad institutional intelligence, not a vertically owned clinic/pharmacy loop.	Possible governed model layer; PSA contributes operating authority, community governance, workflow, and evaluation. [W3]
ChatGPT for Clinicians **Live**	Verified U.S. clinicians use cited research, documentation and care-consult support.	Supports professionals rather than owning patient transactions.	Could strengthen reviewer capacity if used within approved boundaries; not a resident front door by itself. [W4]
Microsoft Dragon Copilot **Live**	Ambient documentation, EHR context, orders, after-visit summaries and referral letters.	More mature clinician-workflow footprint; little direct cross-system patient navigation.	Useful to reduce clinician burden; does not establish next-step ownership or closure. [W5]
Oracle Clinical AI Agent **Live**	Documentation, coding, dictation, chart review and clinician-confirmed order workflows in Oracle Health.	Deep EHR/workflow integration; system-bound rather than consumer-controlled.	Can improve partner operations. PSA still needs cross-institution adapters, consent, queues, and accountable handoffs. [W6]
Abridge / Nabla / Suki / Commure **Live**	Ambient notes, coding, dictation and EHR workflow automation with different integration footprints.	Reduce provider friction; do not generally own consumer navigation or community barriers.	Procure only where reviewer time actually falls without shifting corrections to clinicians or patients. [W7–W10]
Ambience Healthcare roadmap **Live core + announced agents**	Expands from documentation and revenue-cycle work toward patient engagement and next-step orchestration.	Potential future overlap with Amazon and PSA; broad roadmap exceeds current proof.	Watch closely; compare announced orchestration against PSA's closure definitions, burden metrics, and stop gates. [W11]
Hippocratic AI Enterprise deployments	Healthcare-focused voice agents for onboarding, follow-up, chronic care and operational tasks.	Stronger reusable voice operations; lacks Amazon's consumer commerce/care stack.	Promising phone-access component for PSA, but vendor benchmarks require independent local validation. [W2]
Zocdoc Zo **Live**	AI phone assistant answers routine questions, schedules into participating workflows, and routes staff calls.	Narrow administrative closure; not longitudinal health intelligence.	Useful pattern for 24/7 telephone access; PSA would add health-system plurality, CHW escalation, and social-barrier resolution. [W12]

These offerings mostly improve the institutional side of care. Their value should be measured in reviewer minutes, errors, queue age, and completed work—not note volume.

2.3 Regulated diagnostics, remote monitoring, and longitudinal support

Offering / status	What it does	Relative to Amazon	Relative to PSA / IHPF
Digital Diagnostics LumineticsCore **Live; FDA-authorized**	Autonomous diabetic-retinopathy assessment at the point of care using retinal images; no specialist over-read for the authorized use.	Far narrower than Amazon but clearer medical-device claim and workflow.	Strong future neighborhood-diagnostics candidate after PSA's closure wedge passes gates; requires equipment, operator, referral capacity, and verified follow-up. [D1]
Eko AI stethoscope/ECG **Live; FDA-cleared functions**	Assists clinicians in detecting murmurs, atrial fibrillation and low ejection fraction from brief recordings.	Clinical tool, not consumer front door or care orchestrator.	Potential supervised diagnostic component. PSA must connect a flag to confirmatory care and completed next step. [D2]

Offering / status	What it does	Relative to Amazon	Relative to PSA / IHPF
Butterfly automated gestational age **Cleared / rollout**	AI-assisted blind-sweep handheld ultrasound estimates gestational age, designed for constrained settings.	Purpose-built diagnostic workflow with no broad assistant role.	Relevant to rural access only with trained operators, maternal-care pathways, quality assurance, and referral capacity. [D3]
AliveCor Kardia **Live; FDA-cleared determinations**	Consumer/clinical ECG acquisition with AI interpretations for specified cardiac rhythms and systems.	More direct home measurement; no full record/care/fulfillment loop.	Could feed a later monitoring pathway; avoid alert overload and require named clinical ownership. [D4]
Electronic Caregiver Addison **Live**	New Mexico-based virtual caregiver, remote vitals, medication support, chronic-care workflows, telecare and emergency response.	Stronger in-home and New Mexico relevance; weaker general reasoning and national integrated commerce.	Most locally relevant operating partner in this scan. Test interoperability, language, staffing, escalation, and evidence—not merely device engagement. [R1]
Omada / OmadaSpark **Live**	Digital chronic-condition programs combine AI-supported coaching/education and connected data with human coaches.	Deeper disease-management programs; narrower broad navigation and transactional care.	Useful hybrid-care pattern. PSA's distinction is cross-condition, cross-system closure and community accountability. [R2]
Oura Advisor **Live**	LLM wellness guidance grounded in sleep, activity, readiness, stress and user memory.	Richer wearable context; wellness rather than care delivery.	Optional person-directed data source, never an access requirement or clinical authority. [R3]
Biofourmis + CopilotIQ **Merged in-home platform**	AI-driven remote monitoring and in-home care operations across chronic/post-acute use cases.	Stronger clinical monitoring operations; less consumer marketplace and general assistance.	Potential later partner if PSA can define ownership, alert thresholds, staffing, burden and payment. [R4]

FDA authorization attaches to specified functions and intended uses, not to a broad "AI healthcare" brand. [E2]

3. PSA / IHPF's most current healthcare initiative

The current public position changed on September 2

PSA published three related items on September 2, 2026: the Healthcare Vision 2.0 outline, "Top 12 Takeaway Ideas," and "Top 12 Action Items." Those posts make the August 28 Vision 2.0 the best current public baseline. They emphasize that PSA should not launch a broad AI platform first. It should establish authority, human operations, data semantics, financing, and evaluation around a narrow next-step-closure service. [P1–P3]

CURRENT PSA / IHPF POSITION Use AI to make specific informational and coordination tasks abundant, but do not pretend that clinical judgment, trusted relationships, physical care, appointment capacity, clean data, reviewer time, transport, or financing are abundant. The first product is accountable follow-through—not autonomous diagnosis. [P1]

The proposed first wedge

Design element	Healthcare Vision 2.0 specification
Population / place	A proposed Doña Ana County "Next Step Closure" service, initially focused on Turquoise Care adults with diabetes or hypertension after a visit, discharge, or referral.
Stage 0	90 days; no participant-facing deployment. Define governance, workflow, closure semantics, manual baseline, interfaces, funding and evaluation.
Initial cohort	Approximately 150–300 participants only after Stage 0 readiness gates.
Allowed AI	Draft resident summaries; translate approved material; extract candidate tasks; classify barriers; prioritize nonclinical queues; prepare human-review handoffs.
Prohibited AI	Diagnosis, prescribing, test interpretation, autonomous triage, denial, final eligibility, unsupervised mental-health support, or delaying emergency care.
Human model	Paid and supervised community health workers/promotoras plus named clinical/operational authority, review capacity, safety queues and escalation service levels.
Primary outcome	Percentage of agreed next steps verified complete within 30 days.
Co-primary controls	Safety, escalation appropriateness and latency, queue age, reviewer minutes, burden, subgroup performance, and independent evaluation.
Scale rule	Expand only after preregistered go/stop gates; preserve vendor exit and minimum-viable interoperability.

Source: PSA / IHPF Healthcare Vision 2.0 and September 2 action summary. This is a strategic operating specification, not yet an empirically validated implementation. [P1–P3]

What PSA / IHPF has created—and what it has not

Created / established	Designed but not yet demonstrated	Explicitly deferred or rejected
A coherent person-directed healthcare architecture; a closure metric; AI boundaries; governance principles; staged test plan; board actions;	The Doña Ana closure service; paid navigator/CHW workflows; safety queues; cross-system adapters; consent/delegation; bilingual/offline	Autonomous diagnosis/treatment; EHR/HIE replacement; smartphone-only access; directories without live capacity; unpaid labor; surveillance

Created / established	Designed but not yet demonstrated	Explicitly deferred or rejected
financing and interoperability requirements.	operations; independent evaluation.	defaults; ungrounded savings; scaling on engagement.
Public concepts for an "alternative front door" combining AI, navigators, diagnostics, transparent options and human support.	A future hybrid consumer-directed model able to incorporate neighborhood diagnostics and broader care access.	For the first wedge: neighborhood diagnostics, digital twins, unrestricted EHR agents, unsupervised mental health, broad continuous monitoring, direct-pay marketplace and statewide scale.

The second row captures the evolution from PSA's August 24 broad concept to the narrower August 28 / September 2 execution baseline. [P1–P3, P7]

Why the evolution matters

The earlier Consumer-Directed Healthcare concept imagined an alternative front door that could combine AI, navigators, neighborhood diagnostics, transparent purchasing and human support—potentially moving a meaningful share of care outside traditional delivery settings. Vision 2.0 retains the destination but changes the sequence. It defers diagnostics and broad platform ambitions until the organization can prove that a human-accountable closure service is safe, equitable, financeable, and operationally real. [P1, P7]

That is not retreat. It is a credible implementation discipline: first prove who owns the next step, what "complete" means, how failures escalate, how human workload is funded, and whether the service reduces rather than relocates burden.

4. Amazon versus PSA / IHPF: head-to-head

Dimension	Amazon Health AI	PSA / IHPF Vision 2.0	Interpretation
Primary objective	Commercial health front door and affiliated care transaction.	Person-directed, publicly accountable follow-through across fragmented systems.	Different missions; do not compare only on chatbot quality.
Owned assets	One Medical, Pharmacy, Amazon retail/logistics, AWS.	Community relationships, CHW/promotora operating model, coalition design, public-interest governance.	Amazon owns transactions; PSA aims to own accountability for seams.
Data context	Affiliated records, HIE retrieval, pharmacy and selected commerce context.	Minimum-necessary cross-system data with consent/delegation, provenance, adapters and exit rights.	Amazon may be richer within its ecosystem; PSA can be more plural and locally legitimate.
Care execution	Message/video care, appointments and renewal requests within One Medical pathways.	Human navigator works across provider, MCO, benefit, community, transport and social-service pathways.	Amazon closes an affiliated transaction; PSA defines closure across institutions.
Physical/local reach	Selected One Medical markets; no listed New Mexico office.	Designed for Doña Ana County with local partners and community workforce.	PSA has stronger potential for local last-mile reality if coalition/funding are secured.
AI authority	Multi-agent system with company-defined safety and clinician escalation.	Bounded tasks, named human authority, prohibited uses, review queues, stop gates and independent evaluation.	PSA's governance is more explicit; Amazon's operational technology is more mature.
Access modality	Primarily app/web and connected services.	Bilingual, offline/phone-capable, caregiver delegation, paid human assistance.	PSA is intentionally designed for digital and administrative exclusion.
Economic logic	Membership, visits, pharmacy, cloud and retail ecosystem value.	Braided public/payer funding tied to closure, burden, safety and equity.	PSA must prove financing before build; Amazon can cross-subsidize ecosystem entry.
Evidence today	Live product plus vendor testing; limited independent downstream outcome evidence.	Strategic design and public specification; no scaled implementation evidence yet.	Both need real-world evaluation, but at different maturity stages.
Lock-in risk	High potential because value increases as records, care, pharmacy and commerce consolidate.	Explicit minimum interoperability and vendor-exit requirement.	PSA should preserve portability and avoid reproducing a proprietary walled garden.

Synthesis from Amazon official materials and PSA / IHPF Vision 2.0. [A1–A5, P1–P7]

5. What PSA should borrow, partner for, and refuse

Borrow

- From Amazon: action-oriented design, calibrated human escalation, and the principle that a useful assistant should complete transactions rather than only generate explanations.
- From Verily: data provenance, normalization, licensed review, conservative multi-agent consensus and explicit uncertainty.
- From Epic/PatientGPT: the handoff package that converts a resident conversation into a concise, reviewable care-team task rather than an unstructured transcript.
- From Hippocratic AI, Zo and Amazon Connect Health: phone-first access, verified identity, appointment operations, audit trails and workload routing.
- From Omada and Electronic Caregiver: hybrid digital-plus-human support and a persistent longitudinal relationship.
- From regulated diagnostics: narrow intended uses, operator requirements, quality controls and explicit clinical pathways.

Partner for

Priority	Capability / likely partner type	Why	Non-negotiable PSA terms
1	SYNCRONYS / HIE, MCO, FQHC or health-system partners	Identity, records, referrals, appointments, and accountable clinical escalation.	Data minimization, consent, closure fields, named owners, response SLAs, subgroup reporting.
2	Paid CHW/promotora and navigator organizations	Trust, language, benefits, transport, teach-back and real-world barrier resolution.	Compensation, supervision, workload caps, safety escalation, no unpaid caregiver substitution.
3	Model/agent infrastructure—OpenAI, Anthropic, AWS or equivalent	Summarization, translation, task extraction, barrier classification and queue support.	Bounded use, BAA/security, audit, human review, evaluation access, portability, vendor exit.
4	Electronic Caregiver or comparable New Mexico remote-support operator	Local in-home monitoring and 24/7 support expertise.	Interoperability, bilingual service, staffing evidence, clear alert ownership, no engagement-only success metric.
5	Regulated diagnostic vendor, after wedge success	Extend access to specific high-value tests closer to residents.	Authorized intended use, trained operators, quality assurance, confirmatory/referral capacity, verified follow-up.

Illustrative partnership sequence; not a procurement recommendation or endorsement of a particular vendor.

Refuse

- A broad resident-facing AI launch before Stage 0 authority, manual workflow, financing, safety queues and independent evaluation exist.
- A vendor demo that measures conversations, clicks or apparent empathy but cannot show verified completion, burden, error recovery, queue age and subgroup performance.

- Automatic diagnosis, prescribing, test interpretation, denial or emergency triage outside a regulated and clinically accountable pathway.
- A smartphone-only service, a directory that lacks live capacity, or a referral workflow that declares success when a link is sent.
- A contract that prevents data portability, independent auditing, local prompt/workflow control, or exit without losing the service history.
- An economic case based on speculative savings before the human review, navigator, integration, transport and clinical-capacity costs are budgeted.

6. A procurement and pilot scorecard

This scorecard translates PSA's public principles into questions that can be asked of Amazon and every other vendor. A "yes" should require evidence, not a slide.

Test	Question	Minimum evidence
Verified closure	Can the service prove that the agreed next step occurred—not merely that a message, referral or reminder was sent?	Completion evidence; reason for failure; reopen rules; 30-day denominator.
Named accountability	Who is responsible when the AI is uncertain, wrong, ignored, or blocked by capacity?	Role name; escalation clock; coverage schedule; accepted handoff.
Clinical boundary	Which functions are informational, administrative, clinical decision support, or regulated medical-device functions?	Intended use; prohibited use; clinician confirmation; regulatory status.
Local service truth	Does the system know actual eligibility, hours, language, transportation, cost and appointment capacity?	Timestamped source; owner; freshness SLA; failed-referral feedback.
Accessibility	Can residents use phone, SMS, offline and Spanish pathways, with caregiver delegation and human assistance?	Completion and burden by modality/language; accessibility testing.
Data governance	What data are used, shared, retained, inferred, or reused for treatment/payment/operations, training or commerce?	Consent ledger; minimum-necessary fields; provenance; revocation; audit export.
Human workload	Does AI actually save reviewer and navigator time, or move correction work downstream?	Minutes per case; edit rate; queue age; after-hours load; escalation rate.
Safety and equity	What happens under ambiguity, urgency, missing records, language variation, disability or low health literacy?	Predefined safety events; latency; subgroup performance; stop criteria.
Economics	Who pays for technology, integration, CHWs, reviewers, clinical capacity and transport?	Total cost per closed step; budget owner; reimbursement path; renewal risk.
Vendor exit	Can PSA move models or vendors without losing resident history, workflow state, audit logs or evaluation continuity?	Open export; documented interfaces; transition plan; termination assistance.

Derived from Vision 2.0's governance, burden, interoperability, evaluation and scale/stop requirements. [P1–P3]

7. Recommended 12-month sequence for PSA / IHPF

1. Adopt Vision 2.0 as the controlling baseline and explicitly retire any interpretation that PSA is launching a broad AI diagnosis or marketplace platform now.
2. Authorize the 90-day Stage 0: define the Doña Ana population, care transitions, “agreed step,” “verified complete,” failure reasons, reopening, safety events and accountability map.
3. Secure the operating coalition before technology selection: MCO/payer, clinical partner, HIE, navigator/CHW partner, community representatives, independent evaluator and legal/privacy authority.
4. Run the closure workflow manually on retrospective or simulated cases. Measure staff minutes, queue age, escalation load, missing-data frequency and barriers before estimating automation savings.
5. Conduct AI in shadow mode only for the allowed tasks. Compare generated summaries, translations, task extraction and prioritization against trained human review and subgroup tests.
6. Select components through the scorecard, not through a single-platform commitment. Require interfaces and exit clauses that allow the model, voice agent, scheduling layer or monitoring device to be replaced independently.
7. Enroll 150–300 participants only after readiness gates pass; publish or preregister primary, safety, burden and equity outcomes and explicit stop rules.
8. Consider neighborhood diagnostics, remote monitoring or a broader alternative front door only after the closure wedge demonstrates safe operations, sustainable review capacity, financing and improvement in verified completion.

8. Overall comparative judgment

Question	Leading example(s)	Why	Caution
Best closed commercial ecosystem	Amazon Health AI	Records, affiliated care, appointments, renewals, pharmacy and retail in one environment.	Not a neutral public layer; limited New Mexico physical footprint; outcome evidence still emerging.
Best broad personal reasoning layer	ChatGPT Health / Claude / Copilot Health	Flexible explanation across records, devices and questions.	Generally stop before accountable care delivery; connector status and availability vary.
Best provider-native patient handoff	Epic Emmie / PatientGPT	Operates inside portal/EHR and routes into an existing team.	Institution-bound and not cross-system.
Closest AI-to-clinician virtual service	Curai Health	AI intake plus licensed clinician diagnosis, treatment and prescriptions.	Less local physical and cross-system infrastructure than Amazon or PSA's envisioned network.
Best data/provenance architecture to study	Verily Me / Violet	Normalization, provenance, licensed review and conservative symptom workflow.	Still beta/limited in important functions and not community governed.
Best narrow diagnostic evidence boundary	FDA-authorized products	Specific intended uses, regulated claims and defined operators/workflows.	Do not navigate, finance, transport or close downstream care.
Best New Mexico-adjacent longitudinal support candidate	Electronic Caregiver Addison	Local home support, monitoring and 24/7 service orientation.	Requires independent evidence and clear alert/clinical responsibility.
Most distinctive public-interest operating model	PSA / IHPF Vision 2.0	Named human accountability, CHWs, cross-system closure, access modalities, burden/equity metrics and vendor exit.	Proposed architecture, not yet proven; coalition, financing and execution are the decisive risks.

This is a strategic fit judgment, not a clinical-performance ranking.

9. Evidence cautions

A September 2, 2026 JMIR scoping review of consumer-facing AI health assistants found that the literature still concentrates on perceptions, acceptability and self-reported use; only one included study examined downstream action. Recurring facilitators were clarity, accessibility and personalization, while recurring barriers included trust, credibility, privacy, prompting difficulty, and poor fit for complex or urgent problems. The review's practical implication is that safer adoption needs interface design, education, verification and clinical communication—not merely better model output. [E1]

- CMS's Health Tech Ecosystem list is a voluntary pledge/early-adopter program. Inclusion is not CMS certification, reimbursement approval, medical-device authorization or evidence of outcome benefit. [E3]
- FDA's AI-enabled device list applies to authorized medical devices and their stated indications. General-purpose assistants and many workflow agents are not evaluated through that route. [E2]
- Vendor announcements are useful for capability and availability claims but are inherently interested sources. Customer testimonials, internal benchmarks and deployment counts should be independently verified.
- Comparisons are limited by uneven public disclosure. "Live" can mean one health system, one state, a membership tier, a device cohort or a staged rollout.
- This report is strategic research, not medical, legal, regulatory, privacy or procurement advice.

10. Sources

Source codes appear in brackets throughout. Product and PSA pages were checked through September 2, 2026. The two supplied analyses were treated as working inputs and rechecked against the sources below.

PSA / IHPF current and recent materials

[P1] PSA Models Innovative Healthcare Paths Forward — Outline / Vision 2.0 — Published September 2, 2026; links the full Vision 2.0 PDF.

[P2] PSA Models Innovative Healthcare Paths Forward — Takeaways: Ideas — Current public conceptual summary.

[P3] PSA Models Innovative Healthcare Paths Forward — Takeaways: Action Items — Current public execution summary.

[P4] AI Governance Is a Consumer Issue — Community authority and responsibility.

[P5] AI Healthcare Tools Should Support Real Choices — Information versus access; understanding, burden and follow-through.

[P6] Social Prescribing Needs More Than a Prescription — Navigation, enrollment, capacity, transport and CHW reimbursement.

[P7] Consumer-Directed Healthcare: B. Fuller Approach — Earlier broad alternative-front-door concept.

[P8] AI Turns to Health Care for an Image Fix — PSA commentary on healthcare legitimacy, security, cost and overclaim.

[P9] America Should Look Abroad for Lessons About How to Improve Our Health — System context: coverage, primary care, affordability and administrative complexity.

[P10] Workforce Management Matters in a Human and AI Healthcare System — Human capacity and operating design.

[P11] AI Agents Need a Meaning Layer — Shared semantics and interoperability.

[P12] Automation and Duty of Care — Responsibility under automation.

[P13] Electronic Caregiver Healthcare Technology — PSA post on a New Mexico-based service.

Amazon

[A1] Amazon Health AI expanded access announcement — Consumer capabilities, architecture, access and pricing at announcement.

[A2] Amazon Connect Health announcement — Provider-facing agents and GA/preview status.

[A3] Amazon One Medical Health Insights announcement — Biomarker analysis and clinician review.

[A4] Amazon Health Services HIPAA Notice of Privacy Practices — Covered-entity structure and permitted uses.

[A5] One Medical locations — Current physical market list; no New Mexico location shown when checked.

Consumer health and care agents

[C1] OpenAI — Health in ChatGPT — Availability, records/device connectors, privacy and limits.

[C2] Microsoft — Copilot Health preview — Preview scope, records, Apple Health and provider discovery.

[C3] Google — Google Health Coach — Membership rollout and device/record-supported coaching.

[C4] Anthropic — Claude for healthcare and life sciences — Consumer connectors and enterprise workflows.

[C5] Epic — Emmie — MyChart-native patient assistance.

[C6] Verily — Verily Me and Violet — Data provenance, licensed review and symptom-assessment design.

[C7] Hartford HealthCare and K Health — PatientGPT — Limited beta and care-team bridge.

[C8] Curai Health — AI-supported nationwide virtual clinical care eligibility and scope.

[C9] Ada Health — symptom assessment — Structured symptom-assessment scope.

Provider workflow and operational agents

[W1] AWS — Amazon Connect Health — Provider operations.

[W2] Hippocratic AI — Polaris 5.0 — Enterprise voice-agent capabilities; vendor-reported evidence.

[W3] OpenAI for Healthcare — Enterprise clinical/research/administrative workspace.

[W4] OpenAI — ChatGPT for Clinicians — Verified-clinician product scope.

[W5] Microsoft Dragon Copilot — Ambient and clinical workflow capabilities.

[W6] Oracle Health Clinical AI Agent — Current coding, dictation, chart review and ordering agents.

[W7] Abridge — patient-centered clinician intelligence platform — Ambient and clinician workflow platform.

[W8] Nabla — Ambient documentation, coding and EHR integration.

[W9] Suki — Clinical AI assistant and documentation.

[W10] Commure — AI clinical voice/dictation — Clinical voice workflow.

[W11] Ambience Healthcare platform roadmap — Live core platform and announced broader agents.

[W12] Zocdoc — Zo provider guide — 24/7 AI phone scheduling and routing.

Diagnostics, monitoring and hybrid support

[D1] Digital Diagnostics — LumineticsCore — Autonomous diabetic-retinopathy assessment for authorized use.

[D2] Eko — AI stethoscope and ECG — FDA-cleared cardiac detection functions.

[D3] Butterfly — FDA-cleared gestational-age tool — Automated ultrasound workflow.

[D4] AliveCor — Kardia determinations — FDA clearance announcement for specified ECG determinations.

[R1] Electronic Caregiver — Addison, remote monitoring and home support.

[R2] Omada Health — AI and heart-health technology — Hybrid AI/human chronic-condition support.

[R3] Oura — Oura Advisor — Wearable-grounded wellness assistant.

[R4] Biofourmis and CopilotIQ merger — AI-driven remote monitoring and in-home care platform.

Independent and regulatory context

[E1] JMIR — Consumer Perspectives on the Use of Generative AI–Based Health Assistants — Scoping review published September 2, 2026.

[E2] U.S. FDA — Artificial Intelligence-Enabled Medical Devices — Regulatory list and context.

[E3] CMS — Conversational AI Assistants early adopters — Voluntary ecosystem pledge list, not certification.

Appendix A. Complete service-to-PSA positioning

A concise strategic disposition for every named offering in this report:

Offering	PSA disposition	Key condition
Amazon Health AI	Benchmark / possible service endpoint	Study transaction closure; do not adopt as PSA's governing layer.
ChatGPT Health	Possible model/interface component	Use only for bounded tasks with local grounding, audit and exit.
Copilot Health	Watch / benchmark	Study source transparency and record aggregation; preview status matters.
Google Health Coach	Optional data/coaching input	Never require a wearable or smartphone for access.
Claude health	Possible reasoning component	Evaluate privacy, connectors, audit, Spanish quality and portability.
Epic Emmie	Provider-side integration	Use where partner health systems already operate Epic.
Verily Me / Violet	Architecture benchmark / possible partner	Prioritize provenance and review patterns.
PatientGPT	Provider-embedded handoff benchmark	Replicate concise team handoff, then bridge beyond one system.
Curai Health	Potential virtual-care partner	Test eligibility, Medicaid, language, continuity and local escalation.
Ada	Possible bounded intake tool	Do not confuse symptom assessment with diagnosis or closure.
Amazon Connect Health	Possible infrastructure	Separate GA from preview modules; require human confirmation.
OpenAI for Healthcare	Possible institutional workspace	Use for reviewer support, not unsupervised resident care.
ChatGPT for Clinicians	Reviewer productivity tool	Measure real reviewer minutes and error correction.
Dragon Copilot	Clinical workflow partner	Useful if clinician burden falls without shifting work.
Oracle Clinical AI Agent	EHR-side workflow partner	Partner-dependent; protect cross-system portability.
Abridge / Nabla / Suki / Commure	Ambient workflow category	Select on measured workflow fit, not note-generation quality alone.
Ambience Healthcare	Watch emerging orchestration	Separate deployed product from announced roadmap.
Hippocratic AI	Potential voice-agent component	Independently test safety, escalation and local service truth.
Zocdoc Zo	Phone/scheduling pattern	Narrow role only; PSA owns complex navigation and closure.
LumineticsCore	Future neighborhood diagnostic	Add only with operator, referral capacity and closed follow-up.
Eko AI	Future supervised diagnostic	Define who reviews, confirms and acts on findings.
Butterfly AI ultrasound	Future rural diagnostic	Use only in a complete maternal-care pathway.
AliveCor Kardia	Future monitoring input	Prevent alert overload; name clinical owner.
Electronic Caregiver Addison	High-priority local partner candidate	Test evidence, integration, language, staffing and alert ownership.
Omada	Hybrid-care operating benchmark	Borrow the digital + human pattern; retain PSA cross-system role.
Oura Advisor	Optional person-controlled input	Treat as wellness context, not clinical authority.
Biofourmis / CopilotIQ	Future monitoring partner	Defer until closure, staffing and financing are proven.

Disposition is strategic and provisional. Formal procurement requires due diligence, security/privacy review, contracting, accessibility testing and independent evaluation.

Appendix B. Questions the comparison cannot yet answer

- Does Amazon Health AI reduce avoidable acute care, medication errors, missed follow-up, or total burden in real-world populations compared with standard One Medical pathways?
- How often do personal health agents use incomplete or incorrectly matched records, and how effectively do users notice and correct those errors?
- What share of AI-suggested next steps can actually be completed when local appointment, transport, affordability or eligibility constraints are included?
- How does performance differ by Spanish language use, disability, low health literacy, older age, rural connectivity, complex multimorbidity and behavioral-health need?
- What is the true net staff workload after review, corrections, safety escalations, integration failures and resident support?
- Can PSA secure durable reimbursement for CHWs, reviewers, interoperability and transportation without depending on speculative future savings?

End of report