

● AI healthcare update: October 6–12, 2026

■ Executive assessment

Six developments materially affect PSA/IHPF's comparison:

- Utah authorized a tightly bounded pilot in which Nolla's AI can progress from physician-approved recommendations to directly issuing initial acne prescriptions.
- Amazon published a deployable, end-to-end telehealth design for Amazon Connect Health, clarifying its provider-side orchestration strategy.
- Suki combined longitudinal patient data with UpToDate evidence across four major EHR platforms.
- Topcon launched Oku, connecting retinal screening, AI-supported risk identification, and eye-care referrals.
- HHS funded open-source, patient-controlled agentic care orchestration and improved interoperability for small laboratories.
- A prospective Lancet study moved Google's AMIE from simulated patients into a supervised real-world primary-care workflow.

Amazon Health AI still has the strongest live, broad consumer transaction chain. But competitors and government projects are advancing beyond general conversation toward regulated prescribing, evidence-supported clinical decisions, diagnostic pathways, and verifiable cross-system execution.

Area	Important change	Evidence/status
Consumer/virtual care	Nolla acne-prescribing pilot	Live first phase; Utah sandbox authorization
Amazon ecosystem	Connect Health telehealth architecture	Deployable reference workflow; availability varies
Clinical copilots	Suki Ask; Abridge–UT expansion	Live product / enterprise agreement
Diagnostics	Oku Connected Care	Commercial launch; mixed regulated and investigational functions

Area	Important change	Evidence/status
Administrative access	Nextech–Assort–EliseAI	Announced integrated specialty-practice offering
Remote monitoring	No major new independently validated launch	Previous Welldoc/READI-Home items remain current
Payer tools	No material new payer launch	No repeat of unchanged items
Regulation	Utah healthcare-AI sandbox	State-authorized, stage-gated pilots
Independent evidence	Google AMIE feasibility study	Prospective, supervised, nonrandomized study

■ 1. Utah permits a bounded path toward AI-issued prescriptions

Status: State-authorized regulatory pilot, initially live under intensive physician review. This is not FDA authorization, nationwide medical licensure, or approval of a general “AI doctor.”

Nolla’s consumer app uses a structured medical intake and five-angle facial scan to select among preapproved topical treatments for mild-to-moderate acne in Utah adults.

The staged model is important:

1. **First 100 patients:** two physicians independently approve every AI-generated prescription before issuance.
2. **Up to 500 patients:** prescriptions may be issued directly, with every case subsequently reviewed by a physician.
3. **Later phase:** physicians review at least 10% of prescriptions, plus every escalation or reported side effect.

Advancement requires state permission, at least 95% agreement with clinicians, and no serious adverse events. Severe acne, pregnancy, and out-of-scope cases are routed to a clinician. The company reports 96% agreement in previous cases, but that remains company evidence. nollahealth.com

The underlying Utah agreement adds unusually concrete safeguards:

- Monthly, quarterly, and annual reporting.

- Deidentified data supplied to independent state-approved auditors.
- Patient and pharmacist disclosure that AI generated the prescription.
- Portable patient records.
- Twenty-four-hour adverse-event reporting.
- Preserved legal remedies for harmed patients.
- No progression to another phase without written state approval. [both dates corrected \(uncertified copy\)](#)

Utah also approved:

- An AI-supported postpartum and pelvic-health pathway from Expect Fitness.
- An August AI refill pilot that still requires physician authorization.
- Umbrella agreements through which University of Utah Health and Intermountain Health can propose individually reviewed pilots. commerce.utah.gov

Compared with Amazon

Amazon Health AI can facilitate prescription-renewal requests and connect patients with licensed clinicians, but Amazon does not claim that its consumer agent independently issues initial prescriptions.

Nolla is therefore clinically more autonomous—but only for one low-acuity condition, one state, structured inputs, and a small predefined treatment set. Amazon is vastly broader in records, appointments, clinicians, pharmacy, and fulfillment.

PSA/IHPF and New Mexico

The most valuable lesson is not “let AI prescribe.” It is Utah’s regulatory design:

narrow scope → intensive supervision → predefined thresholds → independent data review → reversible expansion

PSA could adapt this approach for a New Mexico screening or navigation pilot without granting autonomous clinical authority.

Recommendation: Borrow the staged-governance model; monitor Nolla’s public results. Avoid autonomous prescribing in an initial IHPF pilot. Do not generalize success with protocolized topical acne treatment to hypertension, diabetes, behavioral health, or emergency triage.

2. Amazon demonstrates an end-to-end provider telehealth pathway

Status: Amazon Connect Health reference implementation and sample code published October 6. Some underlying agents are available, while others require EHR integration, account enablement, or custom development. This is not evidence of a completed deployment or improved patient outcomes.

Amazon's new workflow shows how a provider could combine:

- Patient identity verification.
- Appointment scheduling.
- Pre-visit conversational intake.
- Longitudinal-record summaries.
- Ambient documentation.
- Structured FHIR record creation.
- Medical coding.
- EHR writeback after clinician approval.

Amazon says every clinical or record-changing output is presented for human review and linked to its supporting source. The pre-visit intake component is explicitly limited: it records the patient's concerns but does not assess symptoms, give clinical advice, or select care. [AWS for Industries](#)

What changes in the Amazon comparison

This materially strengthens the provider side of Amazon's strategy. Amazon can now credibly describe an institutional pathway spanning:

patient call → verification → booking → intake → clinician summary → visit → note → coding → structured record

However, Amazon has still not shown that consumer Health AI, One Medical, Zocdoc, Amazon Pharmacy, and Connect Health operate as one universally integrated system. Connect Health is infrastructure that healthcare organizations must configure and connect.

PSA/IHPF and New Mexico

This architecture could reduce technology fragmentation for a regional telehealth service. Its value in southern New Mexico would depend on:

- Which local EHRs can actually be integrated.
- Spanish voice performance.
- Identity verification for patients with limited documentation.
- Staffing for clinical escalation.
- Complete implementation and operating costs.
- Whether smaller FQHCs can support the AWS expertise required.

Recommendation: Borrow the source-linked, human-approved workflow. Monitor rather than purchase immediately. If a regional health-system partner already uses Amazon Connect or AWS HealthLake, a demonstration may be worthwhile.

3. Suki moves from documentation into clinical reasoning

Status: Ask is available now in Suki for Clinicians across Epic, Oracle Health, athenahealth, and MEDITECH. Broader clinical knowledge requires appropriate UpToDate access.

Ask lets clinicians retrieve patient-specific medications, allergies, vital signs, laboratory results, and chronic conditions conversationally. When a question requires external clinical knowledge, it draws from UpToDate's physician-edited content and provides supporting links, drug information, and evidence sources.

Suki reports that evaluators preferred answers incorporating patient context in 83% of comparisons. That measures preference, not diagnostic accuracy, patient outcomes, or avoidance of medical errors. [origin-www.suki.ai](https://www.suki.ai)

Compared with Amazon

Suki is stronger inside a clinician's EHR workflow and more tightly connected to an established clinical reference. Amazon Health AI remains stronger at patient navigation and completing consumer transactions.

Amazon Connect Health and Suki are converging on similar institutional territory: summarizing records, assisting documentation, surfacing evidence, and preparing work for human approval.

PSA/IHPF and New Mexico

This could support rural clinicians managing unfamiliar or complex cases. It cannot create specialty capacity, arrange transportation, secure authorization, or verify that recommended care occurred.

Recommendation: Monitor through a local clinical partner. A pilot should measure time saved, source-verification behavior, accepted errors, changes in decisions, after-hours work, and whether the additional information improves care rather than merely clinician satisfaction.

4. Oku links retinal screening to referral pathways

Status: Commercial Connected Care launch on October 6. Some diabetic-retinopathy functionality is FDA-cleared; the broader systemic-disease risk claims should not be presumed cleared.

Oku, launched from Topcon Healthcare, connects primary care, optometry, and ophthalmology through:

- Point-of-care retinal imaging.
- Autonomous or clinician-interpreted diabetic-retinopathy screening.
- AI-supported clinical dashboards.
- Bidirectional referrals and result return.
- Risk signals potentially associated with cardiovascular disease, kidney disease, hypertension, glaucoma, macular degeneration, and other conditions.

The company reports a network exceeding 10,000 locations, more than 2.2 million screenings outside conventional eye care, 590,000 suspected pathologies, and 57,000 high-risk referral candidates. Those are company-reported operational totals, not proof of completed treatment or improved outcomes. [Oku News](#)

FDA's authorization for the underlying IDx-DR category is specifically for detecting more-than-mild diabetic retinopathy in eligible adults with diabetes. It should not be represented as authorization to diagnose cardiovascular, renal, neurological, or other systemic disease from the retina. accessdata.fda.gov

Compared with Amazon

Oku is a regulated or clinically supported diagnostic-and-referral layer. Amazon is an information, navigation, care, and fulfillment layer. Amazon does not currently offer an equivalent FDA-authorized community retinal diagnostic.

PSA/IHPF and southern New Mexico

This is the week's most directly relevant potential partner because eye screening is already part of IHPF's diagnostic agenda.

Its bidirectional model is especially attractive:

screen locally → interpret → refer by risk → return result → track follow-up

Before considering a pilot, PSA should verify:

1. The exact device, algorithm, FDA submission, and intended use.
2. Which systemic-risk outputs are clinical products versus research signals.
3. Operator training and image-quality failure rates.
4. Actual ophthalmology capacity and wait times.
5. Spanish consent and result communication.
6. Medicaid, Medicare, and uninsured reimbursement.
7. Completed evaluation and treatment after an abnormal result.
8. Whether rural patients' travel and total episode costs decline.

Recommendation: Begin partner diligence with Oku or comparable FDA-cleared retinal-screening networks. Avoid presenting exploratory "oculomics" associations as established diagnoses.

5. HHS funds verifiable agentic follow-up and small-laboratory interoperability

Status: Federal research awards announced October 7—not finished products.

HHS selected MedStar Health Research Institute to build an open-source "Sovereign Execution Bridge" for long-running clinical follow-up. The proposed system combines:

- Patient-controlled data stores.
- Gated permission for AI actions.
- Durable workflows that can continue over time.

- Verifiable routing.
- Tamper-evident records of what the agent did.

HHS describes the goal as moving from passive data access to “vigilant, gated and verifiable” care orchestration. [healthit.gov](https://www.healthit.gov)

A second award to Regenstrief Institute will work with at least three small independent laboratories to identify and remediate terminology and interoperability failures.

Compared with Amazon

Amazon’s systems operate primarily inside Amazon or a subscribing organization’s infrastructure. The MedStar project seeks patient-controlled, portable orchestration across systems, which is conceptually closer to PSA’s independent community layer.

PSA/IHPF significance

Both awards closely match Vision 2.0:

- The MedStar project addresses ownership and proof of follow-through.
- The Regenstrief work addresses whether neighborhood micro-lab results can be understood reliably by outside clinicians and EHRs.

Recommendation: Monitor both projects and pursue an information-sharing relationship. The small-laboratory toolkit could become directly useful to a future diagnostic commons. Borrow the concepts of patient-gated authority and tamper-evident completion now.

6. Abridge expands systemwide across the University of Texas

Status: Enterprise agreement, not proof that every UT institution or clinician is already using the platform.

UT REAL Health AI established a common framework through which eight UT health institutions can deploy Abridge while retaining local implementation decisions. A preceding pilot covered five locations, more than 50 specialties, and outpatient, inpatient, and emergency settings.

Abridge reports a 73% increase in recording clinicians and an 80% increase in monthly notes during the prior year. These are adoption figures, not independently established improvements in patient outcomes or system costs. Future work could include care-gap

identification, prior authorization, evidence support, and clinical-trial matching, but those extensions should be treated as prospective. abridge.com

PSA relevance

UT REAL Health AI offers a governance model worth studying:

- One framework and negotiated infrastructure.
- Local decisions about deployment.
- Shared evaluation experience.
- Multiple clinical environments.
- Workforce preparation and ongoing monitoring.

Recommendation: Borrow the federated governance approach. New Mexico organizations may benefit more from shared evaluation and contracting than from each small provider separately assessing the same vendors.

7. Independent evidence: Google AMIE reaches real patients—but remains research

Status: Prospective, peer-reviewed feasibility study published October 8; AMIE remains a research system, not a generally available clinical service.

At a Beth Israel Deaconess Medical Center primary-care practice:

- 114 patients enrolled.
- 98 completed both the AMIE interaction and clinician appointment.
- Every AI conversation was monitored in real time by a physician.
- No conversation met predefined criteria requiring the supervisor to stop it.
- Supervisors identified one hallucination and added clinical information in five interactions.
- Clinicians found the transcript useful for preparation in 33 of 44 reviewed cases.
- Clinicians said it might have changed their approach in 25 of those 44 cases.

Clinical evaluators rated conversations favorably across 87%–100% of cases, depending on the criterion; patient ratings ranged from 48% to 96%. [ScienceDirect](https://www.sciencedirect.com)

The study has consequential limitations:

- Single academic site.
- Only English-speaking adults.
- Single-complaint urgent-care visits.
- No randomized control group.
- Continuous physician surveillance.
- No proof of improved health outcomes, lower costs, or safe unattended use.
- Funded by Alphabet, although BIDMC led data collection and independently operated the study.

Compared with Amazon

AMIE appears more ambitious as a diagnostic conversational system. Amazon Health AI is a live consumer product connected to care delivery but deliberately avoids claiming independent diagnostic authority.

PSA/IHPF lesson

The most defensible early use is pre-visit preparation—not autonomous care:

- Obtain and structure the patient's history.
- Identify questions requiring clinician attention.
- Prepare a source-linked summary.
- Allow the patient to correct it.
- Preserve clinician responsibility.

For southern New Mexico, AMIE's current study does not answer questions about Spanish conversations, limited literacy, multiple simultaneous conditions, weak connectivity, or absent primary-care capacity.

Recommendation: Borrow the supervised pre-visit model and its measurement approach. Wait for randomized, multilingual, multisite evidence before considering diagnostic conversation without real-time oversight.

No newer healthcare-specific PSA post appeared after the October 1 discussion of AI, public oversight, and community capacity. That post and the September 27 “Routing Around” report therefore remain the current public baseline:

- Better AI answers are not equivalent to better care.
- Begin with one complete pathway.
- Connect national technology to local diagnostic and clinical capacity.
- Measure entire episodes, including travel, delays, caregiver burden, and failed completion.
- Preserve independent oversight and patient choice.
- Return part of any productivity gain to patients and communities.

publicservicesalliance.org

Recommended PSA priorities

- **Investigate now:** Oku or comparable regulated retinal-screening networks for a bounded southern New Mexico eye pathway.
- **Borrow:** Utah’s stage gates, public reporting, external audit, preserved liability, and stopping authority.
- **Borrow:** MedStar’s patient-gated execution and verifiable action record.
- **Borrow:** Amazon Connect Health’s source-linked human approval and structured EHR writeback.
- **Partner:** Pair any diagnostic vendor with an FQHC, ophthalmology backstop, payer, navigator, and transportation pathway before screening begins.
- **Monitor:** Nolla’s progression between stages, adverse events and subgroup performance; AMIE’s next controlled trials; and UT’s systemwide Abridge evaluation.
- **Explore:** Regenstrief’s small-laboratory interoperability project for the micro-lab component of a diagnostic commons.
- **Avoid:** Generalizing a narrow acne-prescribing pilot into approval for broad autonomous medicine.
- **Avoid:** Using retinal associations with systemic disease outside an exact validated and authorized intended use.

- **Measure:** Appropriate care completed, time to definitive care, total patient cost, travel avoided, Spanish-language performance, alert workload, adverse events, and unresolved cases.

The week's clearest strategic message is that healthcare AI is crossing from **advice into action**. PSA's opportunity is not to grant that action unlimited scope. It is to define exactly what an agent may do, preserve local human authority, and maintain responsibility until the patient's care—not merely the software's task—is complete.