CATCHMENT AI · POINT PAPER

Breaking the healthcare AI implementation cycle

Why most healthcare AI stalls — and why Catchment is built so those failure modes never apply.

01 The cycle

Across healthcare, AI initiatives keep running the same loop: a promising pilot, an expensive build, a stall, a write-off — and then it repeats. The numbers are stark. Gartner projects that roughly 40% of agentic-AI projects will be cancelled by 2027, and that most AI projects unsupported by AI-ready data will be abandoned through 2026. In healthcare specifically, industry analyses put the share of AI projects that never scale beyond a pilot as high as 80%. Even in imaging, where AI is widely deployed, only about a fifth of organizations report high success. The technology is not the bottleneck. The way it is implemented is.

02 Why it repeats

The causes are consistent, and they are architectural rather than accidental: data that is fragmented and not AI-ready; brittle infrastructure that resists integration; costs that outrun the budget with unclear return; governance and compliance frameworks never designed for software that acts on its own; and build cycles so long they are overtaken by ready-made alternatives. The common thread is that organizations bolt AI onto existing chaos — and it collapses under its own weight. As one analysis put it, too many teams build racecars around go-kart engines.

03 How Catchment breaks it

Catchment does not try to survive that cycle by working harder inside it. It is built outside it. Each failure mode that stalls most healthcare AI is removed by construction in Catchment's design.

The failure mode that stalls healthcare AI	How Catchment is built to avoid it
Data is fragmented and not AI-ready	The data foundation is de-identified, aggregated, and structured to a common geospatial grid before it is used — AI-ready by construction, not remediated after the fact
Integration onto brittle infrastructure	Delivered as a layer into the AI tools customers already use — no rip-and-replace, no multi-system integration project
Costs outrun budget; ROI is unclear	A monetizable pilot in weeks for under $100,000, against a defined deliverable — configured, not custom-built, and built once then amortized across customers
Governance and compliance drag	De-identified, aggregated data sits outside HIPAA scope by construction — no BAAs, no per-customer security review; access and audit run through a managed gateway
Long build cycles overtaken by events	Delivered in weeks, into platforms that already exist — so it moves at the market's pace, not a multi-quarter build's
Capability hype over problem fit	Starts from a proven problem — site, market, and provider-strategy decisions — and validated demand, with domain logic embedded; the engine is matched to the car
Pilots that never reach production	The pilot is production-shaped — delivered into the customer's real workspace and structured to convert to ongoing use, not to sit as an experiment

04 The point

WHAT IT MEANS TO BREAK THE CYCLE

The cure the experts prescribe — AI-ready data, no brittle integration, short cycles, governance first, a real problem rather than a demo — is not a remediation plan for Catchment. It is its default architecture.

That is the distinction. Most healthcare AI tries to escape the implementation cycle once, through better project management or a stronger demo. Catchment is built so the cycle's failure modes never apply in the first place — because the data is governed and AI-ready before ingestion, the delivery rides infrastructure customers already own, and the cost and timeline are a fraction of what a heavy build assumes.

05 One point of precision

To be exact about lane: Catchment is healthcare market intelligence — site selection, demand, and provider-strategy decisions — not clinical or imaging AI. But the failure modes that define the implementation cycle are shared across healthcare AI, and the discipline that avoids them is the same. Catchment is a working example of what breaking that cycle looks like in practice.

Figures are drawn from industry analyses, including Gartner forecasts and 2025–26 healthcare-AI implementation studies; exact figures vary by source and should be cited to the original where used externally. A positioning paper for discussion.