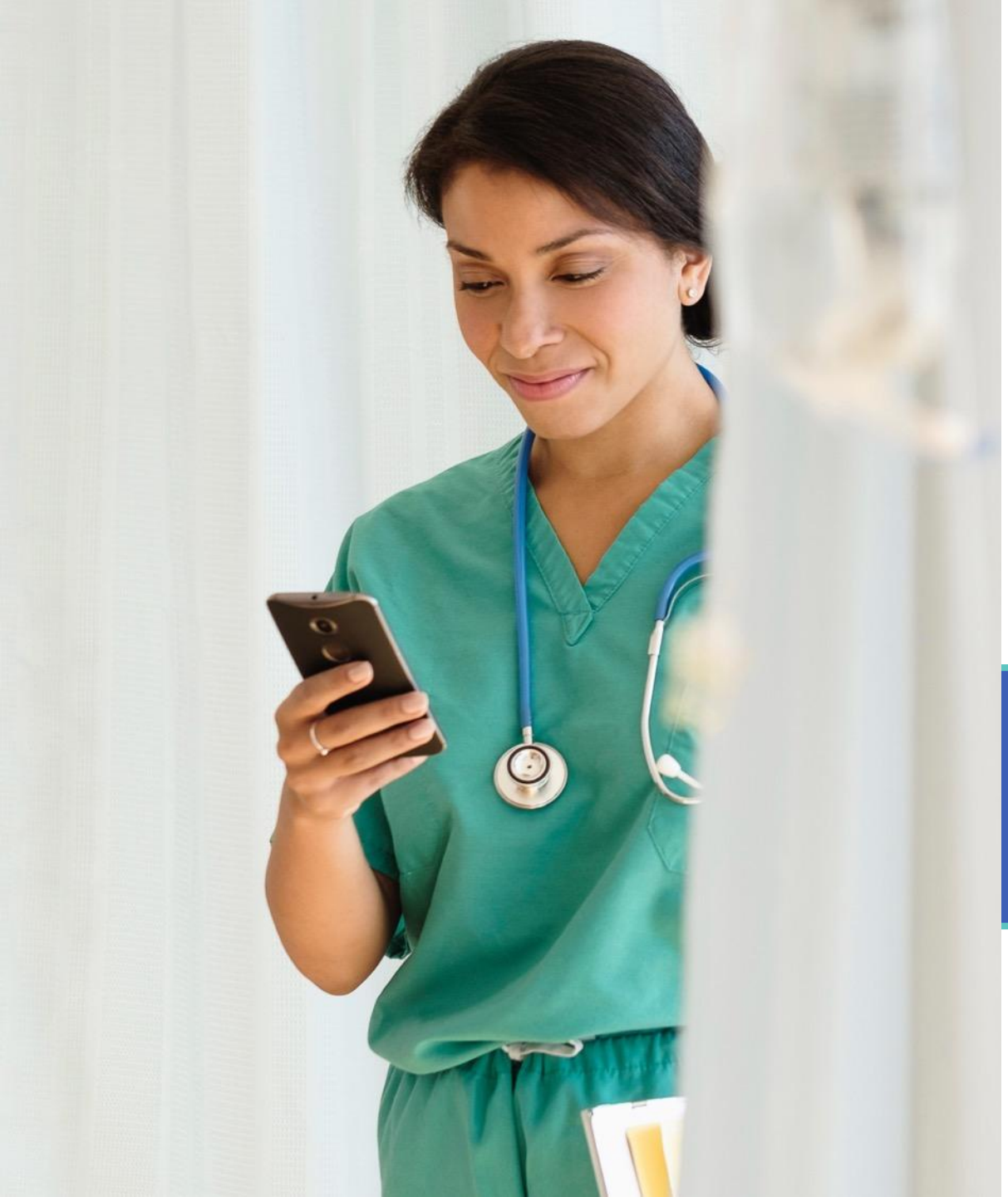


pwc

Confederation of Indian Industry

CII 9th edition HOSPITAL TECH 2026

AI Shaping the Future of Healthcare

8-9th September 2026

Foreword

Mr. Joy Chakraborty
Chairman, CII Hospital Tech 2026
Deputy Chief Executive Officer
P D Hinduja Hospital and Medical Research Centre

Every hospital leader I speak with today is asking the same question. Not whether AI matters, but where it earns its place, in our operations and at the bedside, and how we embed it into the way we work every day. This paper answers that question with evidence rather than enthusiasm. It reflects the voice of senior healthcare leaders and a simple truth we must confront: conviction is near universal, pilots are plentiful, yet only a small fraction of us have moved AI into everyday production.

That gap is where the real work lies. Our sector faces genuine constraints, specialist expertise concentrated in a few centres, clinical teams losing hours to documentation, beds and theatres that are finite and expensive to add. AI is valuable to us precisely where it eases those pressures: extending scarce expertise, taking repetitive work off our people, and helping us get more from the infrastructure we already have.

The pages that follow are honest about why so much of this stalls, and the reasons are rarely the ones we anticipate. Scaling AI asks of us what any serious operating decision does: a clear view of what we are measuring, someone accountable at the bedside, and the discipline to stop what is not working.

CII has partnered with PwC as our knowledge partner to present this thought leadership paper for CII Hospital Tech 2026, bringing forth a considered view of the AI landscape in healthcare, and incorporating findings from a pulse survey of CII member organisations.

My hope is that you read it as a practical guide to your next decision, regardless of where you stand today on your AI journey.

Preface

Padma Shri Dr Ramakant Deshpande
Chairman, CII Western Region Sub-Committee on Healthcare & Lifesciences 2026-27
Chairman
Asian Cancer Institute (ACI) – Cumballa Hill Hospital

India's healthcare sector has long stood at the intersection of scale and need, striving to deliver quality care to one of the world's largest and most diverse populations. As the sector continues to expand its reach and deepen its impact, it faces a defining imperative: to harness AI in a manner that is clinically meaningful, operationally scalable, ethically governed and centred on the patient.

At the Confederation of Indian Industry (CII) Western Region Sub-Committee on Healthcare & Lifesciences, we see the sector standing at an inflection point, moving from curiosity about AI to committed action, as organisations pilot, adopt and scale intelligent solutions across screening, diagnostics, treatment, care coordination and hospital operations.

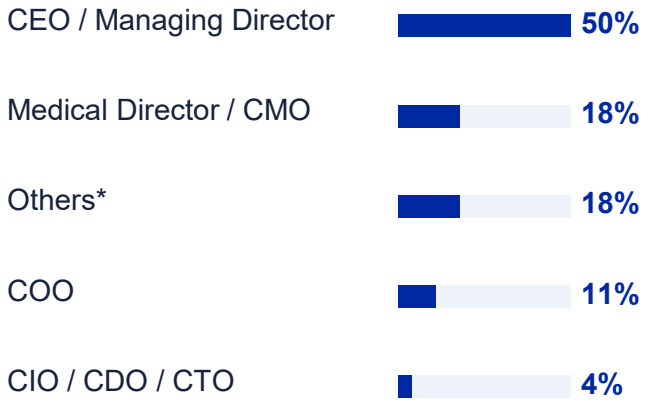
The impact is already visible: augmented clinical expertise, improved productivity, wider access and more personalised, efficient care. Forward-looking healthcare organisations are building the data foundations, governance structures and workforce capabilities needed to turn these early gains into lasting transformation.

Through sustained industry dialogue, capacity building and knowledge-sharing across hospitals, providers, innovators and policymakers, CII Sub-Committee remains committed to accelerating this journey responsibly. This report, developed in collaboration with CII and PwC India, charts a clear pathway to that outcome, a healthcare system that is more accessible, efficient, resilient and truly patient-centric, in step with India's vision for Viksit Bharat and India@100.

Leadership across CII healthcare member organisations were surveyed; AI is being contemplated by healthcare organisations across the spectrum

A 38-question pulse survey of 28 senior healthcare leaders, fielded in August 2026 – results are woven in through this report

WHOM WE ASKED



One anonymous response per organisation (n=28); 23 care providers, 3 medtech, 1 diagnostics, 1 dialysis

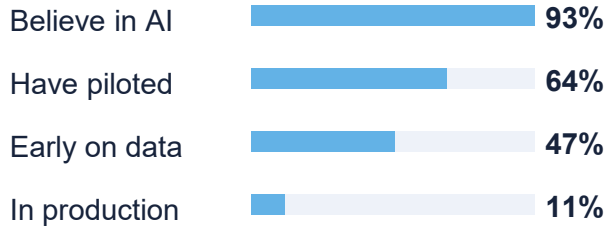
**Surgeon, associate professor, DGM, ops head*

WHAT WE ASKED

- **Conviction & roadmap stage**
  Belief in AI, and where the org sits today
- **Data & technology readiness**
  How ready is the foundation to scale
- **Pilot activity**
  Across 14 AI domains, from imaging to finance
- **Why pilots stall or succeed**
  The single biggest reason, either way
- **Governance & risk concerns**
  Privacy, safety, medico-legal, bias
- **Investment intent**
  Direction of spend over the next 24 months

WHERE THEY STAND

WHERE THEY STAND TODAY



Insights woven through this paper

Source: Source: PwC India analysis for CII Hospital Tech 2026, drawing on the PwC India / CII Hospital Tech 2026 AI Readiness Pulse, August 2026 (n=28); findings are directional.

Table of contents

1 Why now? The AI inflection point 06

2 Where AI pays off 10

3 How should you take advantage of AI? 14

4 About CII 18

5 About PwC 19

6 Acknowledgements 20

Section 1

Why now? The AI Inflection Point

India is constrained by shortages and access at scale; AI helps extend scarce expertise and bring care closer to the patient

THE CONSTRAINT	THE AI RESPONSE
Doctor shortages Specialist expertise is concentrated in a few metro centres	**EXTEND SCARCE EXPERTISE** Imaging and pathology first-read, decision support and predictive risk flags at the point of access
Nursing constraints Clinical staff lose hours to documentation and administration	**TAKE OUT REPETITIVE WORK** Ambient notes, discharge summaries, coding, billing and insurance handled automatically
Infrastructure pressure Beds, theatres and diagnostics are finite and expensive to add	**GET MORE FROM WHAT EXISTS** Smarter scheduling, theatre utilisation and discharge planning
Access gap Patients travel for care that does not need a hospital	**MOVE THE FRONT DOOR CLOSER** Multilingual symptom guidance, prompts for ASHA and frontline workers, remote monitoring
Clinical risk and decision load Deterioration is spotted late and complex decisions sit with junior staff	**AUGMENT CLINICAL DECISION SUPPORT** Sepsis and deterioration prediction, guideline and dosing checks, drug interaction alerts

The India Opportunity

AI can help move the system from **scarcity to scale**, by

- Freeing manpower to return to clinical care,
- Reducing avoidable costs,
- Educating clinicians and caregivers at scale
- Specialist judgment in remote areas
- Improving productivity
- Making high-quality expertise more accessible across geographies and income groups.

better outcomes + greater access + lower cost + higher workforce productivity.

EIGHT DOMAINS OF CARE WHERE AI CAN HAVE AN IMPACT

Prevention and Public Health	Health Awareness and Access	Screening and Diagnosis	Treatment and Clinical Care	Care Coordination	Operations and Workforce	Training and Education	Research and Innovation

AI can transform how care providers deliver care and the patient receives care, regardless of the setting, and at scale

CARE DOMAINS →

USE CASES PERSONAS

	PREVENTION & PUBLIC HEALTH	HEALTH AWARENESS & ACCESS	SCREENING & DIAGNOSIS	TREATMENT & CLINICAL CARE	CARE COORDINATION	OPERATIONS & WORKFORCE	TRAINING & EDUCATION	RESEARCH & INNOVATION
CARE PROVIDER / FRONTLINE WORKER • ***Augment capacity*** • ***Quality*** • ***Decision support***	• Catchment risk stratification and outbreak signals • Immunisation drive planning	• Referral prompts for ASHA and ANM workers • Teleconsultation triage support	• Imaging and pathology first-read support • Retina and TB screening at scale	• Guideline, dosing and deterioration alerts • Drug interaction checks	• Automated referral summaries and handovers • Bed and discharge flow visibility • Predictive analytics	• Ambient documentation, coding and scheduling • Finance and revenue cycle management • Procure-to-pay and inventory management	• Simulation-based upskilling for ASHA and paramedical staff • Case-based clinical refreshers	• Real-world evidence and trial cohort identification • Evidence synthesis support
PATIENT / CAREGIVER • ***Improve access*** • ***Engagement*** • ***Continuity***	• Screening nudges and vaccination reminders • Lifestyle risk-score feedback	• Multilingual, always-on symptom guidance • Voice-based health helplines	• Appointment routing and no-show reduction • Home sample collection prompts	• Consent, cost transparency and expectation setting • Plain-language care instructions	• Remote monitoring and readmission alerts • Follow-up and medication reminders	• Faster discharge, billing and claims • Real-time insurance claim status	• Caregiver education for care continued at home • Post-discharge self-care guides	• Simpler trial matching and enrolment • Clear consent and trial updates

The C-curve of AI adoption: conviction in AI pilots is translating albeit slowly into embedding into workflows

ACT I · THE MARKET PREPARES | ACT II · THE DECISION | ACT III · THE WORK ABSORBS IT

01	02	03	04	05	06	07	08	09
Conversation	**Consensus**	**Curiosity**	**Clarity**	**Capacity**	**Convergence**	**Culture**	**Congruence**	**Continuity**
Everyone is talking about AI. Nothing about how care is delivered has changed yet.	Leadership agrees AI matters. 93% believe it can drive efficiencies; none said no.	Pilots begin, often because peers are piloting. 64% have already run one.	The honest questions land: which problem, whose budget, what evidence counts.	Data foundations and clinical ownership get built. 46% are still Early or Not started.	AI stops being a project and enters the workflow. Only 11% are in production.	Clinicians trust the output and change what they do. Adoption stalls as often as data, both 36%.	Funding moves from the innovation budget to the operating line.	The capability outlives the sponsor, the vendor and the pilot team.

Source: The C-curve is a PwC India framework, not a survey output. Data points (93% believe AI can drive efficiencies; 64% have piloted; 47% Early or Not started; 11% in production; data quality and adoption each cited by 36% as the stall reason) are from the PwC India / CII Hospital Tech 2026 AI Readiness Pulse, August 2026 (n=28)*; findings are directional*.

Section 2

Where AI pays off

AI has already begun showing success by helping enterprises drive growth at the front office and productivity at the back-office; the long-term bets are outcomes at the clinical interface

QUICK WIN

FRONT OFFICE

What it drives: GROWTH

Constitutes patient-facing activities which can be executed via a CRM/Patient Portal, etc.

Characteristics: High volumes, structured data, institutional accountability

Example use cases

- Patient chatbots & virtual assistants
- OPD flow, scheduling, no-show reduction
- Remote monitoring / virtual care

FLOW, ACCESS & SCHEDULING

LONG-TERM BET

MID OFFICE

What it drives: CLINICAL OUTCOMES

Constitutes care delivery and operational coordination executed via EMR, HIS, LIS, RIS/PACS, CDSS, etc.

Characteristics: Partially structured data, personal / shared accountability, need for data maturity, and clinician confidence

Example use cases

- Imaging & diagnostic AI
- Clinical decision support / early warning
- Ambient documentation / AI scribes
- Bed / OT / capacity optimisation

DIAGNOSIS | CARE DELIVERY & CAPACITY | CONTINUING CARE

QUICK WIN

BACK OFFICE

What it drives: PRODUCTIVITY

Non-patient facing support which enables operations which can be executed via ERP, Data Platforms, etc.

Characteristics: High volumes, structured data, institutional accountability

Example use cases

- Supply chain & procurement
- Finance function effectiveness
- Revenue cycle & claims automation

FINANCE, SUPPLY CHAIN, WORKFORCE

FOUNDATIONAL ELEMENTS RUNNING ACROSS THE VALUE CHAIN — Data platform · AI governance · AI talent

Today, clinical AI attracts pilots, but doesn't productionise as much as back office applications, a clear untapped opportunity

Number of organisations at each stage of adoption, by domain

AI DOMAIN	Not on radar	Evaluating	Piloting	In production
FOUNDATIONAL				
Data platform & AI-ready infra	2	13	4	9
AI governance, validation & safety	4	16	2	6
AI talent & capability building	4	13	5	6
Partnerships, vendor & model sourcing	6	9	6	7
FRONT OFFICE				
Patient chatbots / virtual assistants	2	12	7	7
Remote monitoring / virtual care	5	15	2	6
OPD flow, scheduling & no-show	6	16	2	4
BACK OFFICE				
Finance function effectiveness	4	14	4	6
Revenue cycle & claims automation	5	13	4	6
Supply chain & procurement	2	19	4	3
MID OFFICE				
Ambient documentation / AI scribes	5	13	3	7
Imaging & diagnostic AI	6	10	9	3
Clinical decision support / early warning	4	11	10	3
Bed / OT / capacity optimisation	7	16	4	1

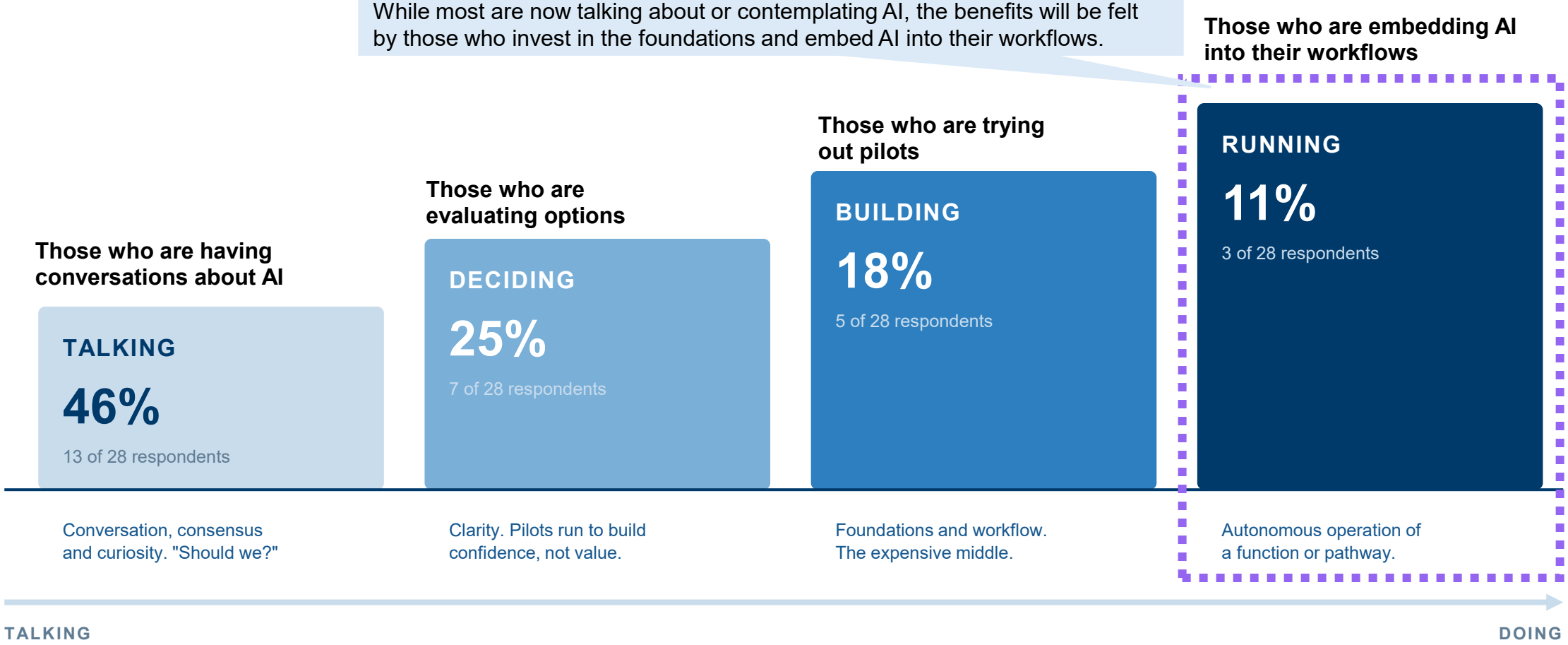
Most organisations are evaluating AI across front, mid, and back offices, as well as setting up their foundations, however organisations are **yet to move use cases to deployment at scale**

Source: Source: PwC India analysis for CII Hospital Tech 2026, drawing on the PwC India / CII Hospital Tech 2026 AI Readiness Pulse, August 2026 (n=28); findings are directional.

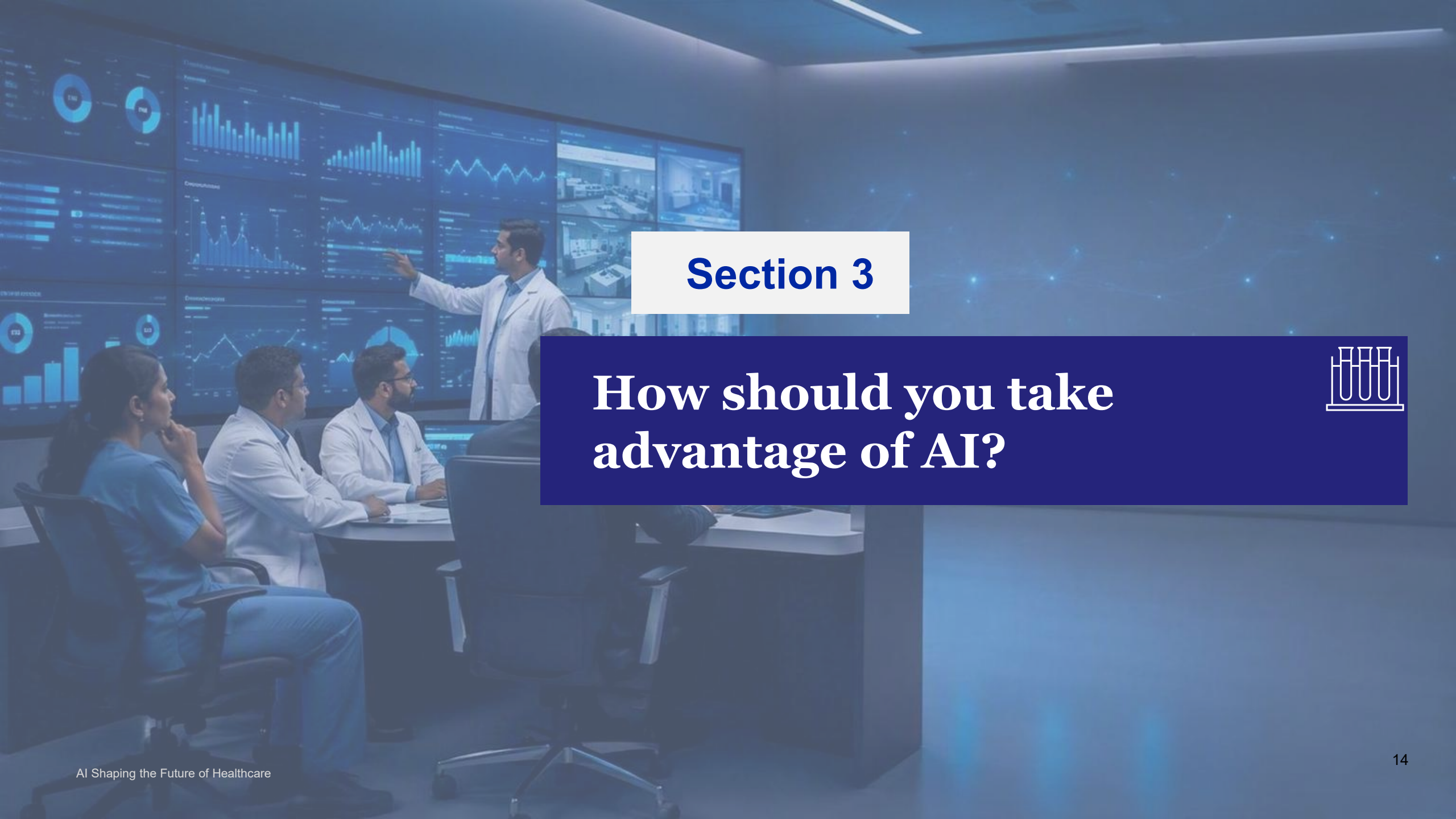
The greatest benefit over time is when enterprises run AI as part of BAU and embed it into their operations

Outcomes will compound when organisations embed AI as part of BAU

While most are now talking about or contemplating AI, the benefits will be felt by those who invest in the foundations and embed AI into their workflows.



Source: Source: PwC India analysis for CII Hospital Tech 2026, drawing on the PwC India / CII Hospital Tech 2026 AI Readiness Pulse, August 2026 (n=28); findings are directional.



Section 3

How should you take advantage of AI?

Pilot success ≠ production success; a pilot proves that a solution works, production embeds in the workflow with business impact

	PILOT	PRODUCTION
Motivation	Does this work, and will people use it?	Does this change the workflow enough to move the P&L?
What it infers	Confidence and acceptance	Business impact and durability
Success metrics	% of users who tried it · % who came back · usage analytics · qualitative acceptance	% growth or productivity improvement · sustained adoption · cost of ownership held

A successful pilot says nothing about production.

Treating the pilot as a small production is how organizations end up with a portfolio of things that worked and nothing that changed.

WHAT A PILOT ESTABLISHES

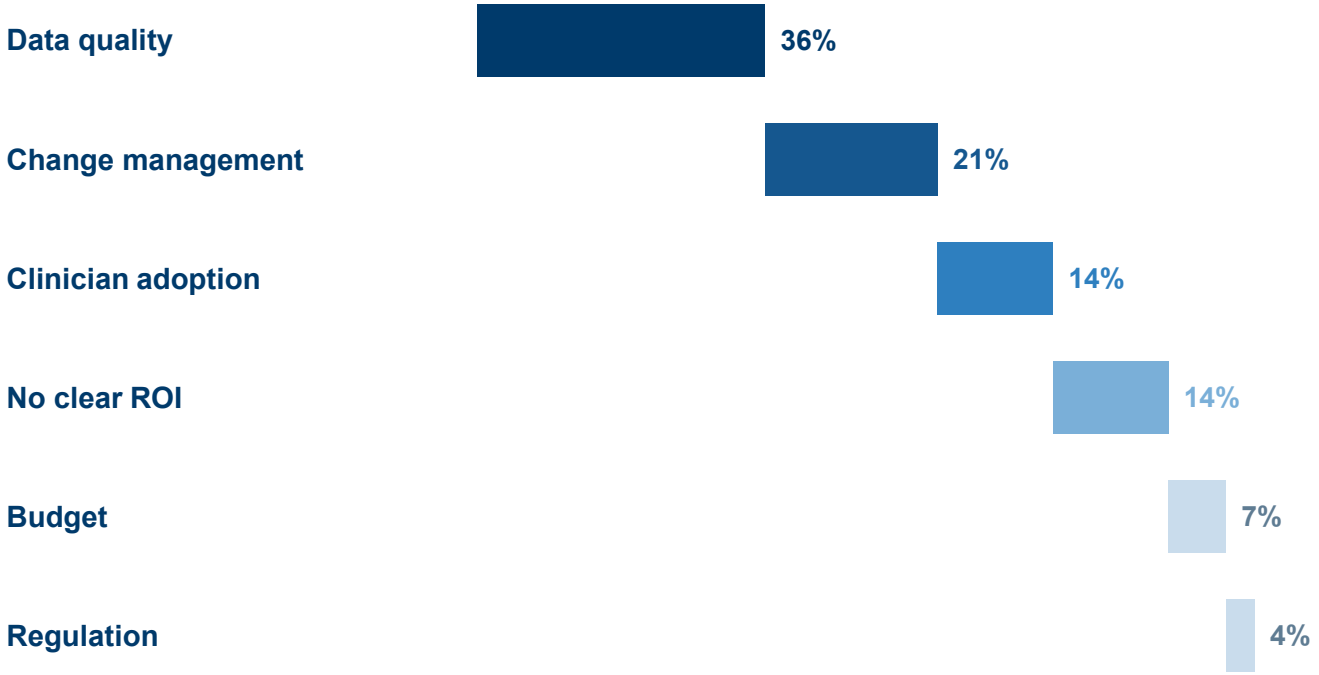
- Clinical safety within your own case mix
- Operational improvement
- Technical fit with your HIS, EMR and other technology
- That users will engage with the tool, including clinicians, nurses, schedulers, procurement etc.
- That the vendor can deliver in your environment

WHAT A DECISION TO SCALE NEEDS

- Understanding the counterfactual: what would have happened anyway
- The marginal impact once volume and case mix widen
- Measurable clinical, operational, or financial outcomes
- Cost-to-serve at full scale, not pilot pricing
- A named BAU owner, and the condition under which you would stop

AI deployments stall on building blocks like data and people; setting up a strong foundation can help tackle downstream issues more effectively

Single biggest reason AI deployments stall (% of respondents)



	Implication for Production
Data quality	**The** output cannot be trusted so it does not get acted upon. **Start with data which is structured and audited,** e.g. HIS, labs, claims, imaging.
Change management	The tool sits outside the HIS/EMR and creates work. The tool should remove work and duplication, and **integrate with existing ways of working**
Clinician adoption	The action step is not owned by anyone at the bedside. There should be a **named role and no shared responsibilities.**
No clear ROI	No baseline was set, so no improvement can be demonstrated. **The baseline should be measured** before go-live on a metric that finance already reports on.
Budget	Budget is rarely the binding constraint in the sample, and hospitals have **committed to increase spend on AI**
Regulation	Almost absent as a fear in this sample. Concerns can be eliminated if this is **integrated in the design stage rather than retrofitted.**

Four of the eight most advanced organisations still name data quality as the stall reason, indicating that either **data is never "done",** or that **production surfaces a different class of problem** e.g. tooling, platform choice, HIS limits, model quality, which respondents mistake for data.

Source: PwC India analysis for CII Hospital Tech 2026, drawing on the PwC India / CII Hospital Tech 2026 AI Readiness Pulse, August 2026 (n=28) and PwC India experience of AI pilot-to-production transitions in provider settings.

THE CALL TO ACTION

Pick up from where you are; the right move is different at every stage

TALKING

Pick one measurable problem

Stop surveying the market. Name a single operational metric you would defend in a board meeting, and find the one use case that moves it.

Trap: mistaking activity for a decision

DECIDING

Set the baseline before the pilot

Agree the metric, the baseline and the owner at inception. A pilot without all three cannot graduate, whatever it proves.

Trap: treating the pilot as a small production

BUILDING

Buy the foundation, not the feature

Data platform, governance and talent are what the bedside use cases will stand on. This is the expensive middle and there is no way around it.

Trap: buying applications ahead of the substrate

RUNNING

Move from decision to action

Take one clinical pathway from insight to owned action, with a named clinician accountable for the outcome. That is the differentiator two to three years out.

Trap: automating reporting and calling it AI

URGENCY TO START: **Given the potential for significant benefits from AI across the care delivery spectrum, the time to start is NOW.**

About CII

Confederation of Indian Industry

The Confederation of Indian Industry (CII) works to create and sustain an environment conducive to the development of India, partnering Industry, Government and civil society through advisory and consultative processes.
For more than 130 years, CII has been engaged in shaping India's development journey and works proactively on transforming Indian Industry's engagement in national development. With its extensive network across the country and the world, CII serves as a reference point for Indian industry and the international business community.

In the journey of India's economic resurgence, CII facilitates the multifaceted contributions of the Indian Industry, charting a path towards a prosperous and sustainable future. With this backdrop, CII has identified "Accelerating Competitiveness: Growth, Resilience, Inclusion, Sustainability, Trust" as its theme for 2026-27, prioritising five key pillars. During the year, CII will align its policy advocacy, institutional initiatives, partnerships, and outreach to support Indian industry in strengthening these five interconnected pillars of competitiveness.

Confederation of Indian Industry
CII Western Regional Headquarters
105, Kakad Chambers, 1st Floor,
132 Dr Annie Besant Road, Worli,
Mumbai-400018, Maharashtra, [India
T : 91 22 24931790 E: info@cii.in • W: www.cii.in

About PwC

At PwC, our purpose is to build trust in society and solve important problems. We're a network of firms in 149 countries with over 370,000 people who are committed to delivering quality in assurance, advisory and tax services. Find out more and tell us what matters to you by visiting us at www.pwc.com.

PwC refers to the PwC network and/or one or more of its member firms, each of which is a separate legal entity.

Please see www.pwc.com/structure for further details.

Acknowledgements

CII

Mr. Joy Chakraborty
Chairman, CII Hospital Tech 2026
Deputy Chief Executive Officer
P D Hinduja Hospital and Medical Research Centre

And the CII Team

PwC

Dr. Rana Mehta
Partner
rana.mehta@pwc.com

Dr. Preet Matani
Partner
preet.matani@pwc.com

Dr. Vijaya Raaghavan
Executive Director
vijay.raaghavan@pwc.com

Ms. Aparajita Bijapurkar
Director
aparajita.bijapurkar@pwc.com

Dr. Akshit Bhatia
Senior Associate
akshit.bhatia@pwc.com

Disclaimer

Published by-

i) Confederation of Indian Industry (CII), The Mantosh Sondhi Centre; 23, Institutional Area, Lodi Road, New Delhi 110003, India, Tel: +91-11-45771000; Email: info@cii.in; Web: www.cii.in; and

ii) PricewaterhouseCoopers Services LLP, Shivaji Park Office, 252, Swatantryaveer Savarkar Rd, Dadar West, Dadar, Mumbai, Maharashtra 400028.

Thank you