

SHSMD26 CONNECTIONS

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Modernizing the CMS for an AI-First Future

Preparing Healthcare Marketing for AI and Agent-Based Search

Nardeep Singh, MSITM

Director of Marketing, Communications & Technology
Renown Health

Jovana Trudell

Manager of Marketing Technology
Renown Health

Outline & Learning Objectives

- 1 **Is your CMS actually AI-ready?**
- 2 **Where AI belongs in the workflow**
- 3 **From keywords to prompts**
- 4 **What this sets up**

LEARNING OBJECTIVES

Assess whether their current CMS and content model are AI-ready by identifying gaps in structure, governance, and reuse that limit search intelligence, automation, and future personalization.

Apply AI safely within content workflows by defining where assistive AI adds value (ideation, editing, SEO guidance, data quality) while maintaining human review, accuracy, and healthcare governance controls.

Use AI and search intelligence reporting to interpret user prompts, query behavior, and AI Overview results, and translate those insights into data-informed content prioritization and updates aligned with real user intent.

Most health systems have adopted AI.

Very few have content AI can actually use.

Buy the AI tool



Generate drafts



Nobody can publish them quickly



No search lift



“AI doesn’t work for healthcare”

The tool wasn’t the problem.

AI tools fail because the content underneath them isn’t structured, governed, or reusable — not because the model is weak.

AI reads structure. A page is a blob.

PAGE-BASED CMS

One rich-text field. Headings, body copy, phone numbers, provider names — all fused into markup.

You cannot ask a blob what a service line's conditions are.

STRUCTURED CONTENT MODEL

```
conditionName · symptoms[] · treatments[]  
providers[] →ref · locations[] →ref  
faq[] · reviewedBy · reviewDate
```

Each fact in its own field. Queryable, reusable, retrievable.

Schema

The blueprint — what fields every content type must have.

Structured content

Each fact in its own field, not fused into a page.

Headless CMS

Content lives in one place and powers the site, apps, AI tools, and internal systems at once.

Key terms before we start

Seven words that come up all day in this conversation.

Schema

The blueprint for your content. It defines what fields every page needs and what type of data goes in each one.

Structured content

Content stored as organized data, not as pages. Each piece of information lives in its own field.

Headless CMS

A system that separates where you manage content from where it appears — one place powering site, apps, AI tools, and internal systems at once.

API

How software talks to other software. When one system needs data from another, it uses an API.

MCP (Model Context Protocol)

A standard that lets AI tools connect directly to your CMS — look at your content, understand its structure, and take action through conversation.

Next.js

A framework for building websites and web applications. It turns your content and design into the site users interact with.

Vercel

The platform that hosts and deploys the site. Push a change, the site updates automatically.

“When content is modeled intentionally, AI stops guessing and starts reasoning.”

SANITY · CONTENT OPERATING SYSTEM ANNOUNCEMENT, MARCH 2026

What “modeled intentionally” actually means

Every provider document in the Renown Provider Hub is keyed:

```
provider.{npi}
```

NPI is a federal standard — stable and identical across Epic, MdStaff, Loyal, renown.org, and the Hub.

Direct lookup

The document ID is the identifier. No query required to find a provider.

Deduplication is automatic

A deterministic ID cannot create a duplicate record.

Cross-system matching

Any future pipeline can join records across five systems on one key.

An identity-key decision is what “AI-ready” looks like in practice. It is not a content decision or a design decision — it is the one that determines whether anything downstream can reason over your data.

Is your CMS AI-ready? Five layers.

1

Content model

Is content typed and fielded, or freeform rich text?

2

Structured data

Is schema generated from the model, or hand-written per page?

3

Governance

Who owns accuracy — and is the review trail recorded?

4

Reuse

Does one fact live in one place and appear on many surfaces?

5

Retrievability

Can crawlers and agents reach the answer without executing JavaScript?

START WITH LAYER 5

Three questions about your own site:

- 01 Does the answer exist in the HTML, or only after JavaScript runs?
- 02 What does robots.txt say to AI crawlers — and did anyone decide that on purpose?
- 03 Can a machine reach your content through an API, or only by scraping?

What we did: legacy CMS → Sanity

2,000+

pages migrated

47

document types

1

content lake

This was not a CMS swap.

It was a shift from page-based content — HTML blobs locked to templates — to structured, queryable data that lives independently of any front-end.

New tech stack



WHAT WE'D DO DIFFERENTLY

We modeled the document types while we migrated instead of before. Given the time again we would have inventoried the content first — which types actually earn their place, what is genuinely reusable, and what was just a page somebody made once. We are still cleaning that up.

We picked this stack because it was modern. We did not know that treating content as data would be the thing that fast-tracked everything after it.

Why that structure is AI enablement

- Sanity stores content as structured JSON documents.
- AI can identify fields such as provider name, specialty, location, biography and metadata.
- References connect providers, services, locations and events.
- AI can search, analyze and update content through APIs.
- The presentation layer does not trap the content inside a specific webpage.
- Sanity's Content Agent already understands Renown's schemas and relationships.
- Better organized data means better output. An AI writing into named fields produces something you can publish; an AI writing into a blank page produces something you have to rebuild.

FOR EXAMPLE, YOU CAN ASK CONTENT AGENT

```
Find all provider profiles missing
biographies, identify their associated
specialties and locations, and return the
records by department.
```

It can interpret doctor, specialty, location and department as separate but connected document types. Sanity says Content Agent can find, analyze, create and update schema-aligned content through natural-language requests.

Source: Sanity Content Agent

PART 2

Where AI belongs in a healthcare content workflow

Learning Objective 2 — defining where assistive AI adds value while maintaining human review, accuracy, and governance controls.

THE OPERATING PRINCIPLE

AI assists. Humans decide.

Nothing clinical publishes without clinical review.

Sanity Content Agent: what it is, how it works

An AI assistant inside the CMS. Plain-English requests — no code, no GROQ queries.



Schema-aware

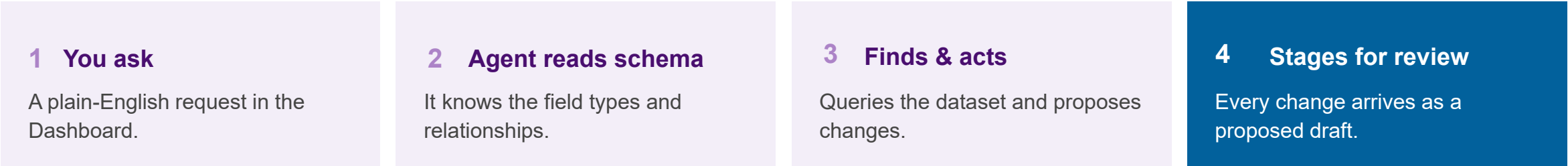
Understands our content structure, field types, references, and relationships.

Permission-based

Operates with your existing user permissions. It can only access what you can.

In the Dashboard

Alongside the Studio, on the same content — no copy-paste between tools.



Content Agent can publish. We don't let it.

Every proposed change is staged as a draft and lands in a review queue with a per-field diff and a named approver. That is our policy, not a product limit — and it is what lets bulk operations and autonomous agents run without a new governance conversation each time.

What Content Agent can do

Six capabilities, all through conversation in the Dashboard — no code, no GROQ queries.

Search & Query

Find content across all projects using natural language. No need to write GROQ queries.

Create Content

Generate new documents that automatically match your schema — proper fields, references, and metadata.

Update & Edit

Make changes to existing documents. Update single fields or transform entire content sections.

Bulk Operations

Apply changes across hundreds of documents in one conversation. Track progress in real time.

Content Audits

Find missing metadata, stale pages, broken references, and quality issues across your entire library.

Web research

Search the web, extract info from URLs, and combine external data with your content.

Schema-aware means enforced: required fields are respected, references stay intact, data types match the model.

What it can and can't do

CONTENT AGENT CAN

- + Read your entire Sanity schema and understand content structure
- + Create, edit, and publish documents (blog posts, news, pages)
- + Audit content for missing fields, thin pages, outdated info
- + Generate meta titles, meta descriptions, and alt text
- + Search the web for competitor examples and best practices
- + Write blog post drafts, news articles, and content briefs
- + Add internal links between documents
- + Batch-update fields across multiple documents

CONTENT AGENT CAN'T

- Publish to social media (Instagram, LinkedIn, Facebook)
- Access Google Analytics, Search Console, or Piwik PRO
- Edit frontend code, templates, or CSS
- Add or modify schema definitions (that's dev work)
- Implement structured data / JSON-LD output
- Fix build pipeline or rendering issues
- Access password-protected systems or third-party tools
- Upload images — it can only reference what's in the library

When Content Agent tells you something is outside its scope, ask what it can do instead. It will usually offer a workaround — like drafting social captions inside a blog post that your social team can lift directly.

Start with operations, not writing

Missing Alt Text Detection

Scanned every image across 2,000+ pages and returned the list.

An ADA audit that took days — done in one conversation.

Find Active Providers Missing Specialty Degree

Cross-referenced provider documents to surface data gaps.

No database query. No report pull. No ticket.

Active Providers Image Count

Instant inventory of provider photos across the directory.

A question you'd never bother filing a request for.

Content operations is the lowest-risk, highest-return place to start.

Most teams reach for AI as a writing tool. An agent that can read every document in your dataset does in an afternoon what a content audit does in a quarter — and it touches no clinical claims.

Then creation, with the schema as the guardrail

Create Alert Banner

Content Agent generated production-ready alert banners that matched Renown’s schema exactly.

No copy-paste from ChatGPT, no manual formatting.

Blog Draft Style Review

Content Agent reviewed drafts against brand guidelines and gave feedback on tone, style, and consistency.

Editorial review at the speed of a first pass.

FIVE THREADS, FIVE CATEGORIES

Accessibility & compliance auditing

Provider data validation

SEO strategy at scale

Content creation with schema awareness

Editorial review & brand voice

The schema is the guardrail: output that doesn’t fit the model doesn’t save.

Research, strategy, and a finished page — in one conversation

1

Ask for market research

“What are other health systems publishing about this service line?” It searches the web and brings the findings into the chat.

2

Talk through the plan

You argue with it. What we cover, what we skip, what our differentiator actually is.

3

Have it write

It drafts in our brand voice, against the outline you just agreed on.

4

It builds the page

Because it is connected to our content, it creates the document with the right fields filled in — not a Word file you have to re-key.

You never leave the conversation. That only works because the content underneath is structured.

1. Ask for market research

You don't need to leave the CMS to search competitors, collect links, and bring everything back into another tool.

Content Agent

+ New chat

We're planning an update to our cardiology service line content. Research how other leading health systems are presenting cardiology services online. Identify common content themes, patient questions being addressed, and opportunities where Renown could differentiate. Summarize your findings and include your sources. Do not make any changes to our content yet.

What I looked at

Peers reviewed: Cleveland Clinic, Intermountain Health, Sutter Health, University Hospitals (Harrington Heart & Vascular Institute), Cincinnati Children's (as a structural model), plus two direct regional competitors: Saint Mary's Reno and Carson Tahoe Health. I also read your Heart Care hub, General Cardiology, and Women's Heart Center pages to ground the gap analysis.

Common content themes across leading systems

1. Conditions-first navigation, not department-first

Every strong site answers "do you treat what I have?" above the fold. Cleveland Clinic leads with a 25-item "Find the Care You Need" list plus a full A-Z of conditions. Sutter splits explicit "Conditions" and "Treatments" lists. Intermountain groups sub-services into three patient-logic buckets: prevention, treatment and recovery, and advanced or specialized care.

2. Quantified proof points

Named, specific, and verifiable. Intermountain: 88 cardiologists, 20 cardiovascular surgeons, 24,000 minimally invasive procedures. Sutter: 325+ specialists, 800+ heart transplants, 8 hospitals recognized by U.S. News. University Hospitals names the accreditors individually (DNV Advanced Chest Pain, IAC Echocardiography, ELSO Gold, ICOS gold, AACN Beacon) and references NCDR and STS benchmarks.

3. Human proof alongside clinical proof

Cleveland Clinic runs 10 named patient stories on the hub itself. Sutter embeds a full patient narrative video with transcript. This carries E-E-A-T weight and is increasingly what AI search engines cite.

4. Multiple conversion paths for different readiness levels

Cleveland Clinic offers five: talk to a nurse, request an appointment, virtual visit, virtual second opinion, and browse by condition. It also publishes nurse line hours and an email address. Sutter offers live chat plus a referral line. The pattern is explicit: high-intent, mid-funnel, and referred patients each get their own door.

5. Prevention and risk assessment as an entry point

Intermountain links the ACC ASCVD Risk Estimator, hands-only CPR training, and EHAC resources directly from the hub. Prevention content captures early-stage searches long before anyone types "cardiologist."

6. Sub-specialty programs as differentiators

Cardio-oncology, cardio-obstetrics, cardiovascular genetic counseling, familial

2. Talk through the plan

This is where you can challenge the output.

Ex: Let's move “Why Renown” lower. I want the patient's immediate needs and next steps to come first. Put access to care near the top and simplify the number of sections. Show me the revised outline.

Content Agent

+ New chat

Based on that research and our existing Renown content, recommend a content plan for the Cardiology page. Prioritize what will be most useful to a patient deciding where to seek care. Focus on access to care, conditions we treat, available services, why someone would choose Renown, and clear next steps. Keep it focused — we do not need to include something simply because another health system does. Do not add services, statistics, clinical claims, locations, or differentiators that aren't supported by our existing content. Show me the proposed outline before writing anything.

Here's the proposed outline for **Cardiology in Reno, NV** (/General-Cardiology). Nothing written or changed yet.

The research turned up something worth leading with: you have four real Renown heart and vascular locations with full addresses, hours, and parking maps, and they are completely absent from this page. That's the single biggest gap for someone deciding where to go.

What's on the page now

Hero → intro with phone/fax → "Comprehensive Heart Care" (5 process bullets) → "Why See a Cardiologist?" CTA → Related Providers (4) → Related News → Classes & Events

The problems: no conditions list, no locations, no proof points, and no booking link despite the meta description promising "Book an appointment."

Proposed outline

- 1. Hero** — keep as is.
- 2. Start here: three ways to be seen** (*new, replaces the phone/fax blockquote*) Book online through MyChart · Call 775-982-2400 · Provider referral form. No referral needed for new patients. This replaces a passive fax number with the actual decision the reader came to make.
- 3. Conditions we treat** (*new*) Linked list to your existing program pages only: coronary artery disease and atherosclerosis · heart failure · arrhythmia and atrial fibrillation · heart valve disease · high blood pressure · vascular and peripheral artery disease · chest pain and heart attack warning signs. Answers "do you treat what I have?"
- 4. What to expect from your cardiologist** (*rewrite of "Comprehensive Heart Care"*) Reframe your five internal process bullets

3. Have it write

Once you’re satisfied with the outline, ask it to write it for you.

Content Agent

+ New chat

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↶

↷

✕

That structure works. Now draft the Cardiology page using the outline we agreed on and Renown's existing brand voice and content standards. Write in plain, patient-friendly language and prioritize clear next steps. Use our existing content as the source of truth for factual information. Do not invent or infer services, statistics, provider information, locations, outcomes, or clinical claims that aren't supported by our content. Bring the draft back here for review before creating or changing any document.

Draft below for review. Nothing created or changed yet.

The referral claim checks out. Your Heart Care hub says verbatim: "Book your first visit cardiology appointment online, no referral required," linking to MyChart open scheduling with `specialty=4` . I reused that exact URL and kept the phrasing consistent.

1. Hero

Unchanged. One note flagged at the end.

2. Start here

Three ways to get cardiology care

|

Appointments | P: 775-982-2400 | F: 775-982-8020 | Referral Form

New patients — **Book online** Book your first cardiology visit online, no referral required. → *Book Online* (MyChart open scheduling)

Current patients — **Schedule a follow-up** If your provider entered a follow-up order, you can schedule your next visit in MyChart. → *Log in to MyChart*

Referring providers — **Send a referral** Use the referral form or contact our referral team. Assistance: 775-982-2400 | Fax: 775-982-8020 → *Referral Form*

3. Conditions we treat

At Renown Health, we care for patients with a wide range of cardiac conditions. Our general cardiologists assess your heart

4. It builds the page

Open changes withing the Dashboard.

- 1

A real service line document

The typed fields — the structure from Part 1, in production.
- 2

A data quality check

Across a document set. What it flags and what it doesn't.
- 3

An SEO structure suggestion

On one page. The diff, not the output.
- 4

The staged draft

And the approval step. Nothing published itself.

 Discard all

 Confirm all 

Content Agent

+ New chat



The draft is approved. Create it as a new draft using our existing Cardiology service line document and the appropriate structured fields in Sanity. Populate the corresponding fields with the content we developed in this conversation. Preserve the existing document structure and do not overwrite populated fields unless they correspond to content we explicitly revised. Keep all changes in draft for human review. Do not publish anything.

Done. The Cardiology page is rebuilt and staged in your changes as a draft. Nothing published.

 Proposed changes

Review and publish changes

View changes >>

 Cardiology in Reno, NV

Studio · Studio

Final structure, 10 blocks

1. Hero (untouched)

2. Icon links (untouched)

3. Three appointment paths (new)

4. Main content with sidebar (5 sections, below)

5. Where to find us (new)

6. Meet your cardiologists (same 4 providers, new heading)

7. Common questions (new)

8. Related News (untouched)

9. Why See a Cardiologist? (moved here)

10. Classes & Events (untouched)

Inside the main column: General Cardiology intro (untouched) → Conditions we treat → What to expect from your cardiologist → Testing, treatment, and recovery → Why choose Renown for heart care

Show thinking ^

Open changes >>

What a real prompt actually looks like

PROMPT — VERBATIM

Find all documents of type blog post, news article, and content page where the main image field exists but has no alt text — meaning both the document-level mainImage.alt field is empty or undefined AND the referenced image asset's altText in the Media Library is also empty or undefined. If either field has a value, exclude that document. Return the results as a browsable list showing the document title, type, and a link to edit it.

WHAT CAME BACK



Content Missing Image Alt Text (9)



Department Spotlight: Respiratory Care
BlogPost



Department Spotlight: Wound Care
BlogPost



She Bleeds Purple: Why Sarah Carmona Zink Shows Up for Renown
BlogPost

The prompt is long, specific, and unglamorous.

That is the point. Showing the real one is the difference between a method and a magic trick.

Governance: three tiers of content risk

Tier	Content type	What AI may do	Who approves
1. Clinical	Conditions, treatments, symptoms	Structure and readability only. No clinical claims.	Clinical reviewer + marketing
2. Marketing	Service lines, provider bios, campaigns	Draft and edit	Marketing + service line owner
3. Operational	Alt text, tags, metadata, internal links	Act, with sampled QA	Content ops spot-check

THE GUARDRAILS THAT GOT US TO YES

- No PHI in prompts
- No AI-generated clinical claims
- Permission inheritance
- Staged drafts, named approver
- Full audit trail
- Legal reviewed vendor terms first

PART 3

From keywords to prompts

Learning Objective 3 — interpreting user prompts, query behavior, and AI Overview results, and translating them into content prioritization.

Search changed shape — so did what we track

Keywords were three words.

→ **Prompts are sentences.**

Queries came one at a time.

→ **Conversations come in threads.**

Results were links.

→ **Answers are summaries — with or without you in them.**

WHAT WE TRACK NOW

AI Overview presence

Which of our priority queries trigger an AI answer at all.

Citation

Whether we are cited in it.

Who gets cited instead of us

The competitive question that rankings never answered.

Branded prompt visibility

How we appear when someone asks about care in our market.

Search intelligence in practice

Intent clusters

Grouped by service line, not by keyword volume.

Content gaps

Questions with real demand and no page of ours to answer them.

AI Overview tracking

Presence and citation on our priority terms.

Three intent types, one condition: symptom-checking (“is this serious”) · comparing (“which treatment, which hospital”) · ready to act (“who takes my insurance”). One page can’t serve all three well. Structured content serves all three from the same facts.

Keyword Magic Tool: urgent care

Database: United States Currency: USD

All Questions All Keywords Broad Match Phrase Match Exact Match Related Languages

renown.org Personal KD % Show ranking keywords

Volume KD % Intent: Commercial CPC (USD) Include: 1 keyword Exclude keywords Advanced filters

Topics Groups

All Keywords: 54 Total Volume: 24,340 Average KD: 27%

Send keywords Update metrics 0/1,000 10/13 Export

Topic	Keywords	Keyword	Intent	Relevance	Volume	Pot. Traffic	PKD %	KD %	CPC (U...	SERP Features	Update
All	54	emergency room vs urgent care	C	51	1,600	2	75	32	0.00		1 month C
urgent care centers	2	emergency care vs urgent care	C	51	110	0	72	36	0.00		1 month C
emergency room costs	51	urgent care vs	C	51	40	0	75	31	0.00		1 month C
urgent care telemedicine	1	urgent care vs er	C	50	3,600	5	77	32	0.00		1 month C
		urgent care vs. emergency room	C	50	70	n/a	n/a	28	0.00		1 month C
		urgent care vs. er	C	50	70	n/a	n/a	31	0.00		1 month C
		urgent care vs emergency room	C	49	8,100	13	74	34	0.00		1 month C
		reasons to go to urgent care vs er	C	49	210	1	68	26	0.00		1 month C
		urgent care vs emergency center	C	49	210	0	74	33	0.00		1 month C
		emergency room vs hospital	C	49	50	0	67	21	0.00		1 month C

From insight to a content queue

```
Score = (demand × AI answer presence × our absence × service line value) ÷ effort
```

Run it monthly. It produces a queue, not a wish list.

WHAT WE CHANGE ON THE PAGE

- H2s rewritten as the questions people actually ask
- The direct answer in the first 40–60 words
- Entities named plainly: condition, treatment, location, provider
- FAQ and MedicalWebPage schema generated from the model
- Duplicate and near-duplicate pages consolidated
- Review dates surfaced, not buried

The method matters more than the exact weights — build the version your team will actually run.

Three Content Agent threads in one month on urgent care alone — the strategy developed in conversation with the content itself.

PART 4

What this sets up

Structured content is the prerequisite for personalization and for agent-based search. Both need facts they can retrieve. What follows is our latest experiment in building on that — Provider Hub.

Renown's web technology stack

One content layer underneath, seven things built on top of it.

renown.org	The public surface. Next.js, deployed on Vercel.
Structured content	Sanity Content Lake. 47 document types, every field queryable.
Content Agent	Content operations by conversation, inside the Dashboard.
MCP + Sanity Context	Read-only access for external AI tools and our own agents. They can query; they cannot write.
Custom builds	Provider Hub — our own application on the same content.
Event-driven automation	Functions and the Agent API, triggered by changes in the dataset.
Human oversight	Every change staged for a named approver. Nothing reaches the live site unreviewed.

Every layer above the content is replaceable. That is the whole point of putting the content underneath.

What the content model made possible

Provider Hub

A self-service PWA built in-house on the same stack — 15 provider screens plus an admin console inside the Studio. It replaced a spreadsheet audit and a third-party middleware vendor.

714 providers · 637 submissions
362 (57%) from providers
8 reviewers · 4.4/5 satisfaction

Specified, built, and shipped by the marketing team.

An autonomous drafting agent

Built on the Claude API, working directly against Sanity content. It researches topics, writes in our brand voice, and pushes structured drafts in.

Every draft enters the same review queue as human work.

A door we can now open

MCP lets an outside AI tool read our content directly — our schema, our published pages, and nothing else. Read-only: it can ask, it cannot write.

That is the door a patient FAQ bot or an internal search tool would go through, answering from content a human approved instead of guessing.

We haven't shipped one yet. The connection exists — what we build on it is a decision, not a rebuild.

The build method is the transferable part: a written specification document served as the authoritative brief, and the AI built from it. Spec first, not vibes.

A CLOSER LOOK

Provider Hub

Not every answer is an AI answer. Sometimes it is being able to build the right tool, quickly.

One problem, one application, and the data it generated — which is where AI came back into it.

A directory problem, solved with an application

Provider profiles were out of date and nobody owned fixing them. Not an AI problem.

The problem

714 providers, profiles maintained by a spreadsheet audit and a third-party middleware vendor. Slow, expensive, and always behind.

What we built

A web app providers open on their phone to verify and update their own Find a Doctor profile — 15 screens, plus a reviewer console inside the Studio.

Why it could exist

The content was already structured and keyed by NPI. No new CMS, no vendor, no procurement cycle — just an application on content we already had.

4 Weeks

from written spec to providers using it

Six figures

estimated financial impact
(tool savings + avoided outsourced development costs)

0

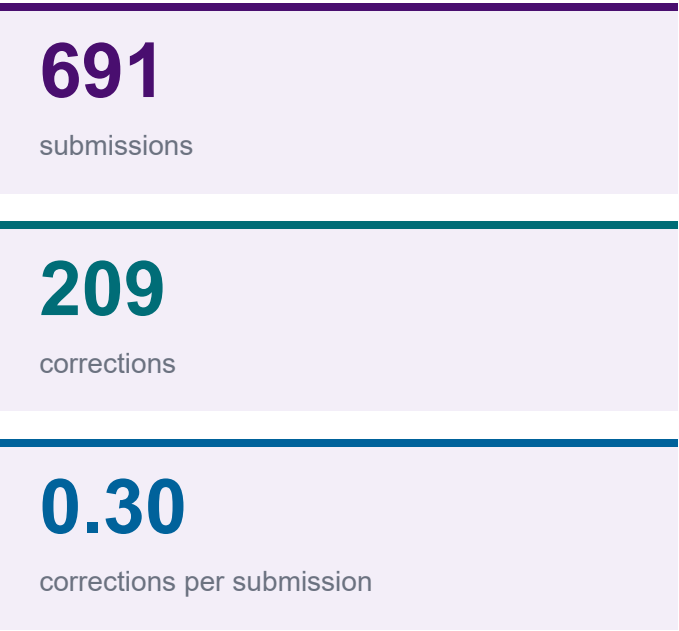
new vendors, systems, or logins

Specified, built, and shipped by the marketing team, spec first. The agility comes from the content layer being right — not from anyone on the team becoming an engineer.

And then it started producing something we didn't plan for: a record of every correction our reviewers make.

Your review log is a training set

Every time a reviewer edits a submission before approving it, that is a recorded judgment: this is what good looks like.



WHERE THEY LAND

Education & training — 138 (66%)

Board certifications — 26 (12%)

Everything else, 12 fields — 45 (22%)

FOUR PATTERNS, OVER AND OVER

Abbreviation → full name · ABIM → American Board of Internal Medicine

Missing year supplied · Larner College of Medicine → ... (2022)

Punctuation and casing · psychiatry → Psychiatry

Institution named properly · Legacy Emanuel → Legacy Emanuel Medical Center

We didn't write the agent's instructions. We derived them from what the team already does.

What a reviewer can't fix

A reviewer cannot correct an answer nobody gave.

59%

of providers with a medical school have no residency at all

275 of 467

32%

of training entries have no year recorded

259 of 820

94

providers are bookable online — the intake form never mentioned scheduling

0 corrections

These generate zero corrections, so they are invisible in the review data — and they are the biggest quality hole in the directory. Absence is invisible in the data you collect by default. You have to go looking for it deliberately.

Sort the problems by what can actually solve them

Problem	Right tool	Why not an LLM
Punctuation, casing	Plain code	Deterministic, free, instant
Language misspellings	A closed list	It can't invent a language
Institution names	List built from your own data	Your reviewers already decided
Missing residency, missing year	The agent	Needs a human to answer
"What is this clinic called now?"	Nothing yet	Local knowledge nobody has

37%

of past reviewer corrections would be caught inside Provider Hub — before a submission ever reaches renown.org

ONE HONEST NOTE

This reviewer went live weeks ago. The 37% is measured against past corrections, not results — whether it reduces the team’s workload is unproven. The test is re-running the 0.30 baseline in a few weeks.

The same governance, one channel further

An AI reviewer inside the submission form, with voice powered by ElevenLabs. It reads the provider's own draft and asks for what's missing.

1

The provider fills in their profile

Same signed link, same form, same fields.

2

The agent reads the draft

No last name, no NPI, a board certification that names the specialty but not the board — plus eight more places detail would help, highlighted in place.

3

The provider can ask it anything

Tap the orb and ask about any note, out loud.

4

Send it as it is

The agent advises. It never blocks a submission, and the record is untouched until a human approves.

The agent gets no special privileges.

Same endpoint, same review queue, same approver. What it changes is where absence gets caught — at the point of entry, instead of never.

Review & submit



Hi, I'm Tristan, your AI provider profile reviewer.

Read my notes below, or tap the orb to ask me about any of them.



Got Pain Medicine, your practice location, your board certifications — that all looks good.

I went through your submission. I could not see a last name, and the form will not send without one, there is no NPI on here, and most providers have one, and your board certification names the specialty but not the board that granted it. I also spotted 8 more places where a bit more detail would help, and I have highlighted them on the form.

Scroll up and you will see my notes beside the boxes. Adding what you can helps patients find you on Renown.org — but it is your profile, so send it whenever you are ready.

Send it as it is

Anything else the team should know?

Three Key Take-Aways

1

Not everything is an AI problem.

Pick the right tools first, then introduce AI where it makes sense. Provider Hub started as a data problem, not an AI project — AI only came back in once the data existed. **Before the next AI purchase, ask what problem it solves and whether the data it needs exists yet.**

2

Treat your content as data.

Know your content types and get them into a structure — inside your current system if you can, and as the first question you ask if you are shopping for a new one. Structure is what makes you agile, and it is the stepping stone to personalization, MCP, and custom applications. **If you cannot list your content types, that is the first project.**

3

Marketing is not a silo anymore.

Martech is not a separate department. Consumer expectations move faster than our roadmaps, which means the people doing marketing have to be technical enough to understand the stack they are buying. **Be in the room for the next platform decision — and ask what it will let you build in three years.**

“When content is modeled intentionally, AI stops guessing and starts reasoning.”



Questions?

Please be sure to complete the session evaluation on the mobile app.

Nardeep Singh, MSITM
Renown Health

Jovana Trudell
Renown Health

Speaker Biographies

Nardeep Singh, MSITM

Director of Marketing, Communications & Technology · Renown Health

Brings more than 12 years of experience in enterprise marketing technology, with a focus on digital transformation, platform strategy and emerging technology. She led Renown's migration from a legacy CMS to Sanity across more than 2,000 pages and the development of its clinical trials directory and provider directory platform. A nationally recognized healthcare marketing technology leader and speaker, Nardeep has presented at HMPS, SHSMD and HCIC and is a SHSMD Rising Star Award recipient. She holds an M.S. in Information Technology Management and is a certified medical interpreter.



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Jovana Trudell

Manager of Marketing Technology · Renown Health

Leads digital strategy and marketing technology initiatives that connect content, technology and the patient experience. Jovana's work spans CMS strategy, digital experience, marketing automation and emerging AI applications. She drives cross-functional initiatives including Renown's clinical trials directory and provider directory transformation, bringing teams together to move complex digital projects from strategy through execution. An AI-forward marketer and ClickUp Power User, Jovana is passionate about building practical, sustainable ways for healthcare organizations to innovate while keeping people at the center.

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