



Joe Public Retreat 2026

the

AI *dream*



SUMMARY & KEY TAKEAWAYS

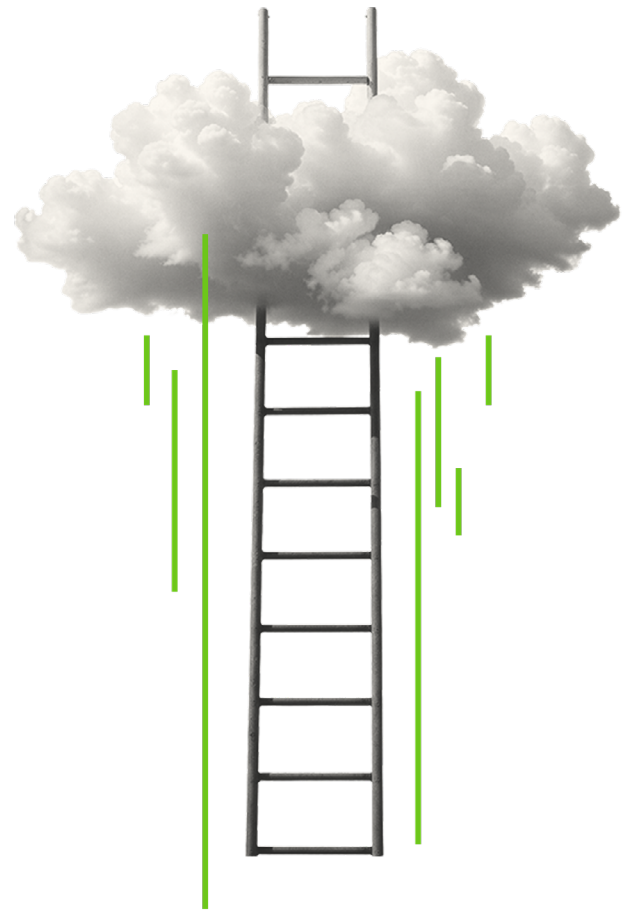
The tenth annual **Joe Public Retreat** brought together the nation's leading health system marketing and communications executives with a bold goal: to reinvent the MarCom function based on the full potential of AI by 2028. Over three days, the group envisioned how AI could transform the field in ways few dare to imagine. Below is a summary of the Retreat, detailing the collective visions, big ideas and tactics to achieve them, the challenges we must navigate, and the immediate steps required to maintain momentum.

Key Learnings & Takeaways

Throughout the retreat, our discussions centered on the shift from AI as a tool to AI driving fundamental organizational transformation.

A Q&A with **Paul Roetzer, CEO of the Marketing AI Institute**, focused on principles for the path ahead:

- **The C-Suite Mandate:** AI adoption fails as a bottom-up project. It requires a CEO-level mandate to secure the budget and resources necessary for a real transition.
- **Grassroots Innovation:** While the mandate is top-down, the best ideas come from the bottom. Leaders should set the guardrails and then let employees experiment freely.
- **Psychological Safety:** Employees will hide AI efficiencies if they fear the reward is just more work. Culture must reward, not punish, productivity gains.
- **The 90-Day Win:** Most marketing teams can find 30–50% efficiency gains within three months simply by auditing existing tasks and roles.
- **Predictive Hiring:** Use AI to “pre-mortem” job descriptions. If a role won't look the same in 18 months, don't hire for the current version of it today.
- **AI Councils Are Table Stakes:** Identify the 10–20% of your team who are naturally curious and intrinsically motivated. These are your internal change agents.
- **Keeping Human Skills Sharp:** Liberal arts and “the grind” of learning hard things still matter. Writing is thinking, and discipline remains a competitive advantage even as AI handles the output.



The Six Visions

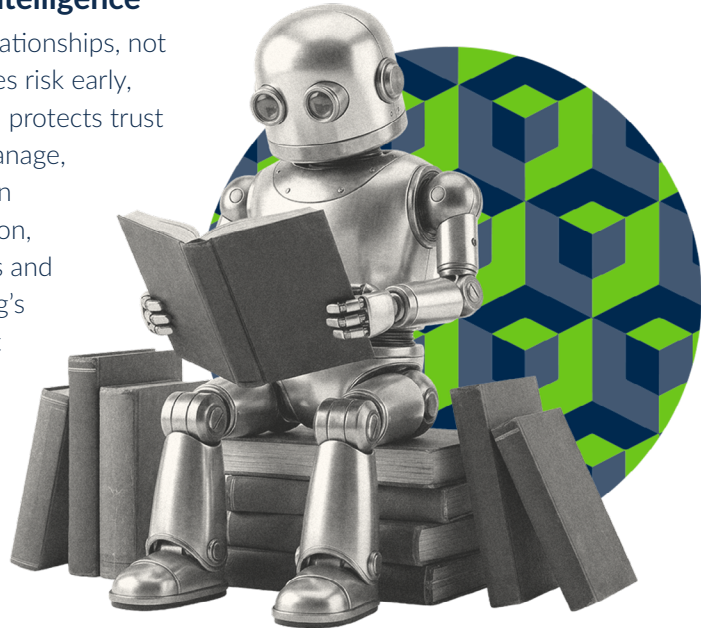
Participants developed six bold, AI-centered shifts for the industry, organized around four *Axes of Change*: enterprise value, technology/data, the future of work, and team composition. Below are the six visions along with links to key themes and takeaways from each group's conversations (i.e., the ideas and tactics that make up the visions).

Vision #1

◆ Marketing Owns Continuous Care and Relationship Intelligence

By 2028, Marketing will become the steward of lifelong patient relationships, not just campaigns. We build an always-on intelligence system that sees risk early, closes care gaps, prevents leakage, activates care before crisis, and protects trust at every step. Trust is not a tagline. It is something we measure, manage, and design for. Our data is unified and internally controlled. We can anticipate needs, connect patients to the care that fits their situation, close gaps before they become crises, and provide clear next steps and financial transparency so no one feels lost in the system. Marketing's role expands from communication to coordination, aligning patient needs, operational reality, and financial performance in one living system. We still drive growth. But we grow through lifetime relationships, not episodic volume. We stop optimizing value.

[See detailed summary of Team One's discussion here.](#)



Vision #2

◆ From Campaign to Causality

In 2028, Marketing will be the health system's growth engine. Powered by causal AI and unified data, we interpret entire consumer journeys to unlock lifetime value and invest where it most improves outcomes. Direct 1:1 personalization is standard, not special. Work is no longer task-driven; AI handles execution while our teams lead through vision, judgment, and experimentation. Roles are fluid, hierarchies flatten, and IT rigidity gives way to adaptive ecosystems. Marketing backgrounds are optional—curiosity, adaptability, and community fluency are essential. We are architects of connection, growth, and measurable impact across the consumer journey.

[See detailed summary of Team Two's discussion here.](#)

Vision #3

◆ Marketing as Enterprise Intelligence

By 2028, Marketing is no longer a campaign engine—it is the enterprise's intelligence layer. AI continuously synthesizes clinical, operational, financial, and behavioral data, triggering outcome-driven actions in real time. Campaign calendars dissolve into dynamic orchestration systems. Marketing owns closed-loop proof of enterprise impact and manages trust as a measurable asset. Flatter, senior-skewed teams are embedded with finance and operations, translating insight into action before revenue or reputation move. Humans govern AI agents that manage execution, experimentation, and optimization—focusing their judgment on ethics, trust, and enterprise direction.

[See detailed summary of Team Three's discussion here.](#)

Vision #4

◆ The Brand Systems Studio

By 2028, Marketing will become a brand systems lab—not a content team or campaign function. We design adaptive narrative experiences that operate seamlessly across digital, physical, financial, and AI-mediated environments. We harness integrated demand, workforce, financial, and experience data to anticipate needs, reduce friction, and guide smarter enterprise decisions. Rather than launching campaigns, we govern living brand systems—where access, messaging, and financial experience continuously adjust to capacity, demand, and trust signals. Marketing's role shifts from producing communications to enhancing enterprise value through enhanced awareness and deeper loyalty.

[See detailed summary of Team Four's discussion here.](#)



Vision #5

◆ The Distributed Brand

By 2028, Marketing as we understand it today will no longer be a department—it will be a distributed capability embedded across the enterprise. We will unify journey, data, and context to anticipate care needs, remove friction, and steward patient-owned data seamlessly across encounters. Marketing will integrate with Strategy, Business Development, and Experience to model and grow lifetime value—not campaigns—continuously experimenting and optimizing in real time as intelligence becomes abundant. We will trade control for scale—releasing outdated functions, automating brand compliance and execution, and redistributing brand stewardship across the organization through AI-enabled systems. Successful teams will require collaborative strength, curiosity, and strategic courage to set the vision of where the organization will go next.

[See detailed summary of Team Five's discussion here.](#)

Vision #6

◆ The Intelligent Care & Loyalty OS

By 2028, Marketing is no longer a campaign engine, but becomes the architect of the system's Loyalty OS—it is the intelligence backbone of the health system. A unified AI ecosystem connects CRMs, EHR, referral data, wearables, and market intelligence into a living model of every household. A system-owned PCP Agent evolves beyond the traditional patient portal, delivering personalized, preventative guidance powered by clinical and behavioral data. Blanket campaigns disappear, replaced by real-time, 1:1 care journeys that activate based on capacity, need, and financial performance. AI handles execution; humans govern judgment and trust. AI strategists, data governors, and compliance leaders rise. Marketing moves from reactive promotion to forecasting growth, protecting trust, and reducing leakage in real time—and ultimately advancing the quality of care and the patient experience.

[See detailed summary of Team Six's discussion here.](#)



Three Bold Ideas from the Retreat

Sessions surfaced specific, high-impact ideas that redefine the patient and provider experience. Three of these are below.

◆ The PCP in Your Pocket AI Agent

Rather than a traditional patient portal, what if a health system built a *custom, system-owned* AI agent for every patient?

- **This agent would be the primary “front door,”** pulling in real-time wearable data, sleep scores, and temperature alongside EHR records. **It triages needs instantly,** directing patients to Urgent Care vs. the ED—and automates scheduling and pre-op requirements.
- **The agent briefs doctors before appointments,** reducing screen time and allowing for more direct, human interaction.

◆ The Non-Traditional Talent Casting Call

Leaders proposed blowing up traditional MarCom job descriptions that prioritize healthcare experience.

- **Hire courageous risk-takers** and “connectors” from fields like education or hospitality.
- **The group shared existing talent success stories:** Participants highlighted high-performing hires from non-traditional backgrounds, including a second-grade teacher leading social influencer programs and a former restaurateur building internal AI apps.
- **The rise of the “T-shaped Employee”:** The ideal team should include broad capability across many areas with deep critical thinking skills.

◆ AIO-First Web Strategy

Health systems stop writing web content for human readers and start writing exclusively for AI decision-engines.

- **Massive site** audits to kill “Zombie Projects” and reduce thousands of bloated pages to a lean, AI-markup-heavy structure.
- **Content is styled for “Agentic Browsing,”** where bots—not people—are the primary audience, ensuring the health system is the top recommendation when a patient asks an LLM for care advice.



The Airing of the Grievances (and how to solve them)

The group took a vote and landed on the top three “grievances” blocking a true MarCom transformation with AI at the center:

◆ **Data connectivity**

The problem: Health systems have a ton of data, but it’s fragmented, locked up, inconsistently structured, and hard to use. Some orgs are missing data, while others have so much it’s overwhelming.

Data they already have (but isn’t connected):

- CRM + marketing performance data (web analytics, media, social)
- EHR/patient data (e.g., Epic, Cerner)
- Audience/consumer research and insights (often scattered in decks, files, people’s heads)
- Operational knowledge: call center logs, clinician insight, internal feedback, institutional memory
- 3rd-party and market data; service line volume, financial data (often inaccessible)

Data they wish they had or couldn’t easily access:

- Consumer preferences at an individual level
- More diagnosis-level insight connected to marketing use cases
- Social determinants of health
- Wearables / patient-generated data

There’s a strong belief that “this will become solvable” fast; the limiter is less “if” and more “when.” A few solutions from the group:

- AI to help recommend data architectures and accelerate analysis, though implementation still needs real expertise + governance.
- “Marketing-owned” approach: e.g., marketing controls a CDP as a sandbox and source of truth so they can move without waiting on IT.

◆ **HR + Talent isn’t built for the team of the future**

The problem: HR systems (job descriptions, bands, recruiting logic, comp structures) were built for a pre-AI, largely clinical world. MarCom needs different skills.

What needs to change:

- Rethink roles and job descriptions to reflect AI expectations and workflows
- Change incentive structures (promotions, comp, performance reviews) so AI capability is rewarded
- Expand what “qualified” means: less “years of experience,” more traits

Traits that matter most:

- Curiosity
- Comfort with ambiguity and change
- Initiative / “builder energy”
- Ability to learn fast and apply tools creatively

Where the group landed:

- Partner with HR where useful (upskilling support, basic hiring plumbing), but this is largely a MarCom-owned problem.
- Leaders need enough AI literacy to ask for the right roles and skills, otherwise HR can't help even if they want to.

◆ Political + policy volatility

The problem: The rules of the road are unstable—privacy laws, regulation/deregulation cycles, and public sentiment will shift fast and unpredictably. Health systems can't bet the future on a static compliance environment.

Topics that surfaced:

- Ongoing tension: tighter privacy models (e.g., California-type frameworks) vs. deregulation pressures
- Uncertainty around the durability of major health/privacy regulations
- Consumer sentiment: many people trade privacy for convenience/value, but that's also influenced by privilege and risk (some populations have far more to lose)

What attendees think teams can actually do (without pretending they control politics):

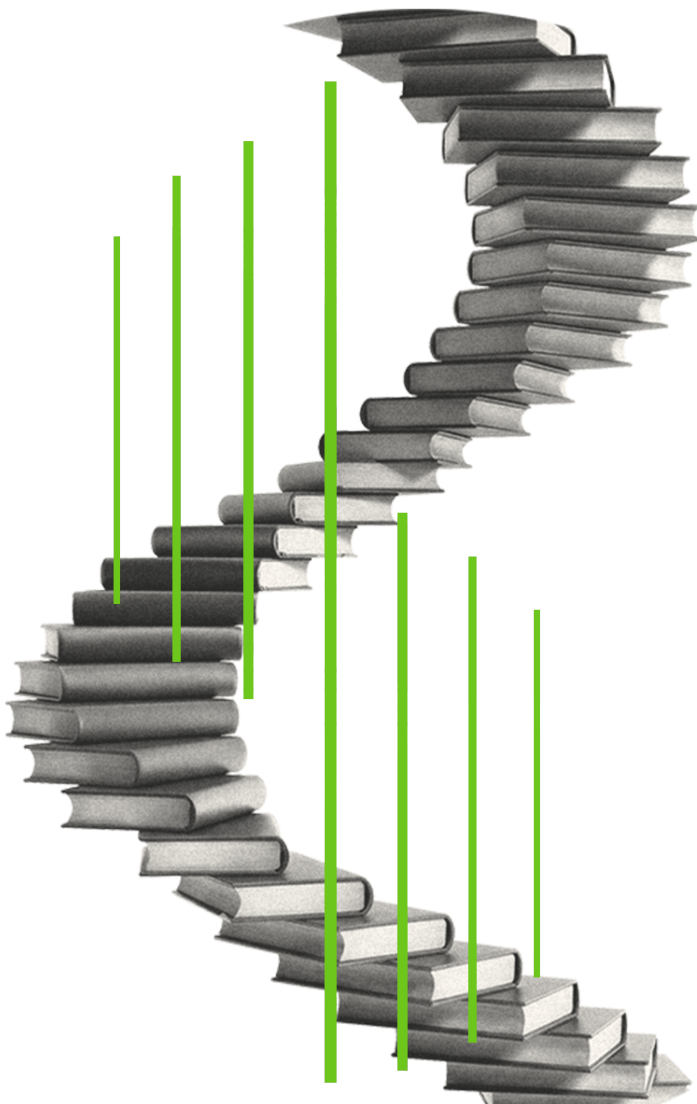
- Build strategic foresight into operations (monitor signals, scenario-plan)
- Bring government relations into AI planning conversations
- Set a standing check-in cadence on policy shifts affecting AI and data use
- Coordinate with other health systems: potentially develop shared industry guidelines
- Track consumer attitudes around privacy regularly (pulse studies, perception tracking)



Key Next Steps

The Retreat closed with the question: What will you do on Monday? The group discussed that even small moves can create momentum and send powerful signals.

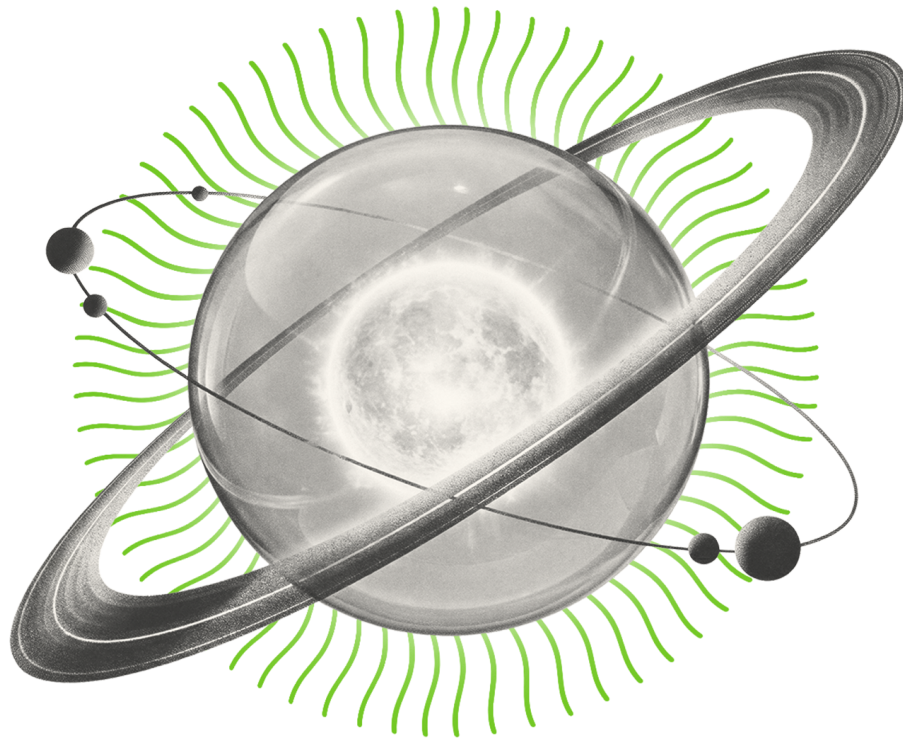
- **Make AI an expectation**, not an extracurricular. Shift from “super users experimenting” to embedded expectations across leaders/teams.
- **Update job descriptions immediately** to include AI capabilities and responsibilities.
- **Change incentives fast**: reward early adopters, bake AI behaviors into promotion/performance signals.
- **Some orgs are going further**:
 1. AI/automation becoming part of performance review criteria
 2. Role/title rewrites across teams (e.g., data analyst → product analyst) tied to new evaluation systems and comp ranges
- **Acknowledge head-on**: fear of automation leading to role loss is real. The group emphasized addressing it openly and pairing it with change management.
- **Strong repeated theme**: change management is the real boss battle—tools are the easy part compared to shifting identity, workflows, and culture.
- **A practical enabler**: carve out a small AI tools/experimentation budget (even modest) and/or allocate protected time to explore.



The Energy in the Room

There was genuine excitement and momentum at this year's Retreat. Even in the "grievances" conversation, the tone wasn't defensive or cynical, and leaders weren't asking whether change is coming—they were asking how fast they can move. Data fragmentation felt solvable. Talent gaps felt redesignable. Policy volatility felt manageable with the right discipline and foresight.

There was a shared sense that the role of MarCom is expanding in real time. We're no longer reacting to the future. We're positioned to architect it.



Thank you

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