ChatGPT vs Claude for Healthcare: Which Wins in 2026?

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Executive Summary

Healthcare organizations evaluating **ChatGPT** and **Claude** in 2026 are no longer comparing two generic chatbots; they are comparing two distinct enterprise healthcare platforms that OpenAI and Anthropic each launched within days of one another in January 2026. Anthropic introduced **Claude for Healthcare** on January 11, 2026 as an expansion of the **Claude for Life Sciences** offering announced the previous October (Source: www.anthropic.com), while OpenAI's **ChatGPT for Healthcare** launched the same month as a HIPAA-eligible, enterprise-grade version of ChatGPT built specifically for clinicians, administrators, and researchers (Source: help.openai.com); the health-information publisher HIPAA Journal independently confirmed "ChatGPT for Healthcare was launched in January 2026 as an enterprise-grade AI product designed specifically for hospitals, clinicians, and regulated healthcare environments" (Source: www.hipaajournal.com). Both vendors now offer a **Business Associate Agreement (BAA)** for qualifying paid tiers, but the mechanics differ: OpenAI's BAA is available on ChatGPT for Healthcare, ChatGPT Enterprise with a Regulated Workspace, and the API with Modified Retention (Source: help.openai.com), while Anthropic requires an Enterprise plan Primary Owner to actively enable HIPAA compliance through a click-to-accept flow before Protected Health Information (PHI) can be processed, a change described as "a one-way decision" that "can't be reversed from organization settings" (Source: support.claude.com) (Source: support.claude.com). Neither vendor's free or entry-level individual plan (ChatGPT Free/Plus, Claude Free/Pro) is HIPAA-eligible.

On pricing, Anthropic's **Claude Pro** starts at $17 per month billed annually ($20 monthly), and **Claude Team** costs $20 per seat per month annually ($25 monthly) plus a $100 premium seat tier (Source: claude.com) (Source: claude.com). OpenAI's **ChatGPT Plus** is $20 per month, and **ChatGPT Business** (the renamed Team plan) costs $20 per user per month billed annually or $25 monthly (Source: openai.com) (Source: help.openai.com). Both ChatGPT for Healthcare and Claude Enterprise price at custom, contract-level rates rather than flat per-seat fees (Source: help.openai.com).

On accuracy, the most rigorous independent comparison to date, a 2026 *Nature Medicine* study from NYU Langone Health researchers, tested **GPT-5.2**, **Gemini 3.1 Pro**, and **Claude Opus 4.6** against two specialized clinical AI tools (OpenEvidence and UpToDate Expert AI) across 500 MedQA questions, 500 HealthBench items, and 100 real clinical queries scored blind by 12 clinicians. On MedQA, Gemini scored 97.4% accuracy, GPT scored 94.2%, and Claude scored 90.2% (Source: www.nature.com). On HealthBench, GPT scored 88.0, Gemini scored 79.3, and Claude scored 77.0 (Source: www.nature.com). Critically, all three frontier general-purpose models outperformed the two specialized clinical AI tools on every

benchmark, a finding that has triggered public disputes from OpenEvidence and Wolters Kluwer (Source: www.beckershospitalreview.com). Task-specific evidence complicates any blanket "winner": a peer-reviewed radiology study found Claude 3.5 Sonnet substantially more accurate than ChatGPT-4o at localizing acute ischemic stroke from brain imaging (67.2% versus 32.7% hemispheric localization accuracy) (www.mdpi.com, while a global physician-preference survey found GPT-4.0 responses to patient questions were preferred over physician-authored responses in 78% of head-to-head comparisons (Source: pmc.ncbi.nlm.nih.gov).

Real-world deployments back both platforms. **Banner Health** built its Claude-powered "BannerWise" platform across 55,000+ employees, with 85% of users reporting significant time savings (Source: claude.com), and Elation Health, a primary-care EHR platform serving more than 46,000 clinicians, cut its median time to first clinical insight by 61% after migrating its chart-review feature to Claude (Source: claude.com). **AdventHealth** deployed ChatGPT for Healthcare across its nine-state, 50-plus-hospital system and reported an 80% reduction in time spent on targeted administrative tasks (Source: openai.com), while **Boston Children's Hospital** used OpenAI's tools to help diagnose more than 40 previously unresolved rare conditions and capture roughly 60,000 hours in operational time savings (Source: openai.com). Physician adoption of AI overall reached 66% in 2024, up from 38% in 2023, per the American Medical Association (Source: www.ama-assn.org), even as a multicenter hospitalist survey found OpenEvidence, not ChatGPT or Claude, remains the most-used individual clinical AI tool (88.9% of LLM users) (Source: www.medrxiv.org). The bottom line for healthcare buyers: there is no universal winner between ChatGPT and Claude for healthcare; the decision depends on the workflow, the compliance posture required, and whether the deployment sits closer to clinical documentation (where both perform comparably well) or diagnostic image interpretation (where the evidence currently favors Claude in narrow, published comparisons). Life-sciences and AI consultancies such as **IntuitionLabs**, which has separately published detailed technical analyses of frontier models like Claude Opus for healthcare and pharma workflows, argue that the integration and compliance work sitting between either vendor's contract and a safe clinical deployment matters as much as the underlying model choice (Source: intuitionlabs.ai).

Introduction and Background

The question of whether **ChatGPT** or **Claude** performs better in healthcare settings has shifted from a hypothetical debate into a live procurement decision facing thousands of hospitals, medical groups, and health technology vendors as of July 2026. Both OpenAI and Anthropic have spent the past year building healthcare-specific product lines, compliance infrastructure, and named enterprise deployments, transforming what were once general-purpose consumer chatbots into platforms marketed directly at Chief Medical Information Officers, compliance teams, and clinical informatics departments.

The catalyst for this shift was a near-simultaneous product launch. Anthropic announced **Claude for Life Sciences** in October 2025 as a research partner for scientists and clinicians, then expanded it in January 2026 into **Claude for Healthcare**, adding HIPAA-ready tools for healthcare providers, payers, and health tech startups, alongside consumer-facing tools for individuals to understand their own health data.OpenAI followed with **ChatGPT for Healthcare**, an enterprise version of ChatGPT combining OpenAI's latest healthcare-optimized models with enterprise-grade security, governance, and access to trusted clinical search with citations drawn from peer-reviewed literature. HIPAA Journal, an independent compliance-focused publication, corroborated the January 2026 timing directly, noting the product "differs significantly from consumer ChatGPT-based products as it operates within a protected environment and has the necessary safeguards and administrative controls to support HIPAA compliance" (Source: www.hipaajournal.com).

This is not the first time OpenAI's models have been embedded inside clinical infrastructure. Since 2023, **Microsoft and Epic**, the dominant EHR vendor in U.S. hospitals, have been "expanding their long-standing strategic collaboration to develop and integrate generative AI into healthcare by combining the scale and power of Azure OpenAI Service with Epic's industry-leading electronic health record (EHR) software," a partnership explicitly aimed at "delivering a comprehensive array of generative AI-powered solutions integrated with Epic's EHR to increase productivity, enhance patient care and improve financial integrity of health systems globally" (Source: www.epic.com). This embedded distribution channel, running underneath the EHR software clinicians already use daily, is a structural advantage OpenAI's ecosystem has carried into the 2026 healthcare product launches, and one Claude's Amazon Bedrock and Microsoft 365 partnerships are still building out in parallel.

The stakes for getting this decision right are substantial. The global **artificial intelligence in healthcare market** was valued at **$39.34 billion in 2025** and is projected to grow to **$56.01 billion in 2026**, expanding at a compound annual growth rate of 43.96% through 2034, according to Fortune Business Insights (Source: www.fortunebusinessinsights.com), with North America alone accounting for a 44.50% share of the market in 2025 (Source: www.fortunebusinessinsights.com). Physician adoption has moved in lockstep: the American Medical Association's Augmented Intelligence Research survey found that 66% of physicians reported using AI in their practice in 2024, up from just 38% in 2023, and 68% saw definite or some advantage to using AI tools (Source: www.ama-assn.org). Yet the same survey found persistent concerns: data privacy assurances, freedom from liability for AI model errors, and Electronic Health Record (EHR) integration ranked as the top attributes physicians demand before trusting these tools further, with 88% citing a designated feedback channel, 87% citing data privacy assurances, and 84% citing EHR integration as required for further adoption (Source: www.ama-assn.org).

This report examines ChatGPT and Claude across the dimensions that matter most to healthcare buyers: regulatory compliance (specifically HIPAA, the U.S. federal law that protects patient health information and requires covered entities to sign a BAA with any vendor that processes PHI on their behalf), clinical documentation quality, diagnostic and medical-knowledge accuracy on independent benchmarks, pricing structures across individual and enterprise tiers, and real-world deployment outcomes at named health systems. It also addresses the adjacent but frequently conflated category of specialized clinical AI tools, such as OpenEvidence and UpToDate Expert AI, which are built atop general-purpose models but marketed as purpose-built clinical assistants. Life-sciences and AI consultancies that advise pharmaceutical and healthcare organizations on adopting generative AI, such as **IntuitionLabs**, an official Veeva Vault CRM X-Pages Partner focused on pharmaceutical and life-science AI implementation (Source: intuitionlabs.ai), have separately documented that AI-enhanced drug discovery and development can accelerate timelines and that regulated healthcare organizations typically underestimate the compliance and integration work required after a platform is selected. As of July 2026, the evidence indicates that both platforms are viable, HIPAA-eligible options for regulated healthcare use when properly configured, that neither model holds a uniform accuracy advantage across all clinical tasks, and that the decisive factors for most organizations will be existing cloud infrastructure, EHR integration requirements, and workflow fit rather than a single "best" model.

ChatGPT for Healthcare

Capabilities

ChatGPT for Healthcare is built on OpenAI's GPT-5.2 model family and is designed for clinicians, administrators, and researchers, combining OpenAI's latest healthcare-optimized models with enterprise-grade security, governance, and access to trusted clinical search. The product can pull from millions of peer-reviewed studies, clinical guidelines, and public health sources, returning responses with citations that include title, journal, authors, and publication date, so clinicians can verify evidence directly (Source: help.openai.com). It also connects to enterprise systems such as **Microsoft SharePoint, Teams, and Outlook**, allowing responses to reflect an organization's approved policies and internal documentation, with clinical search access gated behind role-based access control (RBAC) so administrators can restrict it to clinicians or clinical reviewers rather than enabling it workspace-wide (Source: help.openai.com).

OpenAI states GPT-5.2 has been evaluated by licensed physicians across realistic clinical scenarios using benchmarks including **HealthBench** and **GDPval**, and that it "performs better than human baselines across every role measured in GDPval" (Source: help.openai.com). HealthBench itself, introduced by OpenAI, was built with **262 physicians** who have collectively practiced in **60 countries**, comprising **5,000 realistic health conversations**, each with a custom physician-created rubric to grade model responses across **48,562 unique rubric criteria** (Source: openai.com). At launch, OpenAI reported that frontier models had improved by 28% on HealthBench in recent months, calling it "a greater leap for model safety and performance than between GPT-4o (August 2024) and GPT-3.5 Turbo" (Source: openai.com). OpenAI also structured HealthBench with two harder variants: **HealthBench Consensus**, containing 3,671 examples multiply validated against physician agreement and designed for a near-zero error floor, and **HealthBench Hard**, a 1,000-example subset "that today's frontier models struggle with," intended to leave headroom for future model generations (Source: openai.com).

On data governance, OpenAI states plainly that "by default, we do not use your business data for training our models," a commitment that applies to ChatGPT Business, ChatGPT Enterprise, ChatGPT for Healthcare, ChatGPT Edu, and the API after March 1, 2023 (Source: openai.com). Retention for ChatGPT for Healthcare workspaces is admin-controlled, and "any deleted conversations are removed from our systems within 30 days, unless we are legally required to retain them" (Source: openai.com).

Adoption

Adoption of ChatGPT for Healthcare and its predecessor, ChatGPT Enterprise, is concentrated among large hospital systems. **AdventHealth**, a nine-state, 50-plus-hospital system, originally adopted ChatGPT Enterprise before transitioning to ChatGPT for Healthcare after its January 2026 launch, rolling the tool out across clinical, IT, finance, and human resources departments (Source: www.beckershospitalreview.com). **Boston Children's Hospital**, one of the largest pediatric institutions in the world, embedded ChatGPT across clinical and operational infrastructure and reported diagnosing more than 40 previously unresolved rare conditions using AI-assisted analysis of genetic information, phenotypic data, and literature search (Source: openai.com). More broadly, the multicenter hospitalist survey published on medRxiv found ChatGPT was the second most-used LLM among clinicians who reported using an AI tool, at 58.5% of LLM users, behind the specialized tool OpenEvidence at 88.9% (Source: www.medrxiv.org), well ahead of Google Gemini (26.9%) and Microsoft Copilot (20.5%) among the same clinician population.

Strengths and Limitations

ChatGPT's principal strength in healthcare settings, according to the *Nature Medicine* benchmark study, is HealthBench performance: GPT scored highest at 88.0 out of 100, ranking first or tied for first across all seven measured themes including emergency referrals and responding under uncertainty (Source: www.nature.com). GPT also outperformed both specialized clinical AI tools and Claude on the MedQA medical-knowledge benchmark (94.2% versus 90.2% for Claude), though it trailed Gemini's 97.4% (Source: www.nature.com). A separate radiology comparison found notable limitations: in a study evaluating diagnostic performance on brain imaging for acute ischemic stroke, ChatGPT-4o achieved 100% sensitivity but only 3.6% specificity, meaning it flagged the overwhelming majority of healthy control images as showing stroke, with poor agreement with radiologists (kappa = 0.036) (www.mdpi.com. This illustrates a broader limitation: general chat-oriented accuracy does not automatically translate to reliable image-based diagnostic performance. This aligns with the AMA survey data discussed above, which found that physician concern about AI tools "offering incorrect conclusions or recommendations" remains a top unresolved issue for health AI industry-wide, not specific to either vendor.

Claude for Healthcare

Capabilities

Claude for Healthcare, introduced January 11, 2026, is described by Anthropic as "a complementary set of tools and resources that allow healthcare providers, payers, and health tech companies and startups to use Claude for medical purposes through HIPAA-ready products" (Source: www.anthropic.com). The offering sits alongside the broader **Claude for Life Sciences** product line, first announced in October 2025, which targets clinical trial management, regulatory operations, and computational biology tasks used by pharmaceutical and biotech customers (Source: www.anthropic.com). Claude connects to the **National Provider Identifier (NPI) Registry** for provider verification, credentialing, and claims validation, and to **PubMed**, providing access to more than 35 million pieces of biomedical literature for up-to-date literature reviews. Anthropic has also shipped Agent Skills templates for prior authorization review, which cross-reference coverage requirements, clinical guidelines, patient records, and appeal documents to help payers and providers process reviews that otherwise take hours to complete manually.

On data governance, Anthropic's platform documentation states that "retained data is never used for model training without your express permission," and that conversation content is "not retained by default" for API usage, with a narrow exception for Covered Models requiring a 30-day retention window (Source: platform.claude.com). For organizations that specifically require HIPAA readiness on the API, "HIPAA readiness applies a broader set of privacy and security safeguards than ZDR (encryption, access controls, and audit logging that protect PHI throughout its lifecycle)," and once accepted, "the configuration is permanent and cannot be disabled by an administrator" (Source: platform.claude.com) (Source: platform.claude.com). Notably, HIPAA readiness explicitly excludes "Claude consumer products: Claude Free, Pro, and Max plans," Amazon Bedrock and Google Cloud's Agent Platform (governed instead by those providers' own compliance documentation), and Claude Code (Source: platform.claude.com).

Anthropic reports that its **Claude Opus 4.5** model, evaluated with extended thinking and native tool use, "represents a major forward step" on internal medical benchmark performance and life sciences tasks such as scientific figure interpretation, computational biology, and protein understanding, citing external validation from LatchBio's SpatialBench for spatial biology analysis (Source: www.anthropic.com).

Adoption

Claude's healthcare adoption is anchored by named enterprise deployments across hospital systems, health tech vendors, and pharmaceutical companies. **Banner Health**, one of the largest nonprofit health systems in the United States, built **BannerWise**, a Claude Sonnet 4.5-powered enterprise AI platform now available to more than 55,000 employees across hospitals and medical offices in six states (Source: claude.com). Banner's Chief Technology Officer, Mike Reagin, explained the vendor choice: "We were drawn to Anthropic's focus on AI safety and Claude's Constitutional AI approach to creating more helpful, harmless, and honest AI systems" (Source: claude.com). Separately, **Qualified Health** partnered with the **University of Texas System** to build protocols on Claude that now screen a patient population of more than 1 million at the University of Texas Medical Branch to identify candidates for evidence-based interventions (Source: claude.com).

Beyond named hospital systems, Claude has also been adopted by health-technology vendors that embed it inside their own products, including Premier, a healthcare improvement company, and ambient clinical documentation vendor **Commure**, whose team states, "For Commure's Ambient AI, precision is the prerequisite for trust. Scaling to tens of millions of appointments requires exceptional performance and contextual understanding. With Claude's suite of LLMs, we deliver the quality to automate clinical documentation at scale, saving clinicians millions of hours annually" (Source: www.anthropic.com). Pharmaceutical adopters described by Anthropic include Novo Nordisk, Genmab, and Sanofi, reflecting a broader push into life-sciences workflows beyond direct patient care.

Strengths and Limitations

Claude's clearest evidence-backed strength in this report's research is diagnostic image interpretation in narrow, published comparisons. In the peer-reviewed MDPI *Journal of Clinical Medicine* study on acute ischemic stroke detection from diffusion-weighted MRI, Claude 3.5 Sonnet achieved 74.5% specificity (versus ChatGPT-4o's 3.6%) and substantial agreement with radiologists (kappa = 0.691, described as "good" agreement, versus ChatGPT-4o's "poor" 0.036) (www.mdpi.com. The study's authors concluded this "highlights the superior diagnostic performance of Claude 3.5 Sonnet compared to ChatGPT-4o in identifying AIS from DWI," while cautioning that "both models demonstrated notable limitations in accuracy" and require further development before full clinical applicability (www.mdpi.com.

On broader benchmarks, however, Claude trailed both GPT and Gemini in the *Nature Medicine* evaluation: Claude scored 90.2% on MedQA versus GPT's 94.2% and Gemini's 97.4% (Source: www.nature.com), and 77.0 on HealthBench versus GPT's 88.0 and Gemini's 79.3 (Source: www.nature.com). A limitation on the operational side is that Claude's HIPAA readiness is opt-in and irreversible at the organization level: a Primary Owner must actively enable HIPAA compliance, and "enabling HIPAA resets certain settings across your organization," with the transition explicitly described elsewhere by Anthropic as a change that "can't be reversed from organization settings." Additionally, popular productivity surfaces such as Claude Code and Claude Cowork sit outside BAA coverage in most configurations, meaning organizations must carefully scope which specific Claude products PHI is permitted to touch (Source: support.claude.com).

Feature Comparison

Table 1 below compares ChatGPT and Claude across the dimensions most relevant to a healthcare buying decision, covering pricing, compliance posture, and core capabilities as of July 2026.

DIMENSION	CHATGPT (OPENAI)	CLAUDE (ANTHROPIC)
Individual entry paid tier	**Plus**: $20/month (Source: openai.com)	**Pro**: $17/month billed annually, $20 monthly (Source: claude.com)
Team/business tier	**Business** (formerly Team): $20/user/month billed annually, $25 monthly (Source: help.openai.com)	**Team**: $20/seat/month billed annually, $25 monthly, for 2 to 150 seats; premium seat $100/month annually (Source: claude.com)
Enterprise/healthcare tier pricing	ChatGPT for Healthcare: custom, based on ChatGPT Enterprise with a shared credit pool at contract level, no per-seat usage caps (established above)	Enterprise: $20/seat plus usage at API rates, sales-assisted or self-serve (Source: claude.com)
BAA / HIPAA eligibility	Available on ChatGPT for Healthcare, ChatGPT Enterprise with Regulated Workspace, ChatGPT FedRAMP, ChatGPT for Clinicians, and API with Modified Retention (Source: help.openai.com)	Available on Enterprise plans only, both self-serve and sales-assisted, once Primary Owner activates HIPAA compliance and accepts BAA (established above)
Free/Pro consumer tiers HIPAA-eligible	No; will not enter a BAA for Free, Plus, Team, or Enterprise versions when used off-the-shelf without the Healthcare product (Source: www.hipaajournal.com)	No; Team plans and individual plans (Free, Pro, and Max) can't enable HIPAA (Source: support.claude.com)
Business data used for model training by default	No, not used for training by default across Business, Enterprise, Healthcare, Edu, Teachers, and API after March 1, 2023, unless opted in (Source: openai.com)	No, retained data "never used for model training without your express permission" for commercial products (established above)
MedQA accuracy (Nature Medicine, Feb 2026)	GPT-5.2: 94.2% (95% CI 91.8 to 95.9%) (Source: www.nature.com)	Claude Opus 4.6: 90.2% (95% CI 87.3 to 92.5%) (Source: www.nature.com)
HealthBench score (Nature Medicine, Feb 2026)	GPT-5.2: 88.0 (95% CI 85.9 to 90.1) (Source: www.nature.com)	Claude Opus 4.6: 77.0 (95% CI 74.2 to 79.9) (Source: www.nature.com)
EHR/enterprise integrations	Microsoft SharePoint, Teams, Outlook, connectors and apps (established above); Azure OpenAI Service integrated directly into Epic's EHR since 2023 (Source: www.epic.com)	Microsoft 365, Amazon Bedrock deployment for AWS-hosted health systems, PubMed and NPI Registry connectors (established above)
Named health system deployment example	AdventHealth: 80% reduction in time spent on targeted administrative tasks (established above)	Banner Health: 85% of users report significant time savings via BannerWise (established above)

The table shows that pricing at the individual and team level is closely matched between the two vendors, within a few dollars per seat, and that both now offer comparable BAA mechanics gated behind their top-tier enterprise offerings. The meaningful divergence appears in the benchmark rows: ChatGPT's GPT-5.2 leads on the two standardized, text-based evaluations (MedQA and HealthBench) in the *Nature Medicine* study, while the narrower, image-based radiology comparison favors Claude. This pattern, general-purpose text benchmarks favoring GPT while specific image-interpretation tasks favoring Claude, recurs across the independent literature reviewed for this report and argues against treating either model as a categorical winner for "healthcare" as an undifferentiated category. The EHR-integration row is also instructive: OpenAI benefits from a multi-year Microsoft-Epic partnership already embedded inside hospital workflows, while Anthropic's EHR reach currently depends more heavily on individual health-tech vendors, such as Elation Health and Commure, building Claude directly into their own products.

Performance and Benchmarks

The single most rigorous head-to-head evaluation available as of July 2026 is the *Nature Medicine* study by Vishwanath et al. from NYU Langone Health, published to test whether specialized clinical AI tools outperform general-purpose frontier models (Source: www.nature.com). The study evaluated **GPT-5.2**, **Gemini 3.1 Pro Preview**, and **Claude Opus 4.6** against **OpenEvidence** and **Wolters Kluwer's UpToDate Expert AI** in three stages: 500 MedQA questions testing medical knowledge, 500 HealthBench items measuring alignment with clinician judgment, and a novel **Real Clinical Queries (RCQ)** benchmark built from 100 de-identified queries submitted by physicians to NYU Langone's HIPAA-compliant GPT instance, scored blind by 12 clinicians producing 1,800 model-question annotations (Source: www.nature.com).

The results were unambiguous on one point: "Frontier LLMs outperformed clinical AI tools in all three evaluations," and clinical AI tools "performed comparably to auto-enabled Google Search AI Overview on the RCQ" (Source: www.nature.com). On refusal behavior, UpToDate's AI declined to answer 19% of queries, "more than all other models (1-3%)" (Source: www.nature.com). Safety outcomes did not differentiate the models: none produced statistically more harmful content or hallucinations than the others (Source: www.nature.com).

This finding proved contentious. OpenEvidence formally asked *Nature Medicine* to retract the study, arguing in a June 15, 2026 letter that the paper relied on flawed methods and is vulnerable to "contamination effects," since MedQA and HealthBench are publicly available and could have appeared in the frontier models' training data (Source: www.beckershospitalreview.com). The study's authors acknowledged this risk directly, which is why they designated the RCQ benchmark, built from real clinician queries and free from that contamination risk, as the study's primary evidence; frontier models led on that measure too (Source: www.beckershospitalreview.com). Wolters Kluwer separately disputed the framing, with Chief Medical Officer Peter Bonis, MD, arguing the study "confused clinical quality and complete-sounding answers" and that a model declining to answer an underspecified prompt "may be the safer behavior" (Source: www.beckershospitalreview.com). The study's authors, for their part, told *Becker's Hospital Review*: "We continue to stand by our study and its results" (Source: www.beckershospitalreview.com).

Independent of that dispute, task-specific comparative studies suggest performance genuinely diverges by clinical domain. The MDPI *Journal of Clinical Medicine* study on acute ischemic stroke found Claude 3.5 Sonnet's hemispheric localization accuracy of 67.2% substantially outperformed ChatGPT-4o's 32.7%, and specific AIS localization accuracy of 30.9% versus 7.3%, with both differences statistically significant ($p < 0.05$) (www.mdpi.com. This is a narrow, single-institution study of 110 cases and should not be generalized to all diagnostic imaging tasks, but it is a rare instance of a peer-reviewed, statistically powered head-to-head comparison specifically pitting ChatGPT against Claude on a clinical task, and its authors explicitly noted that "to the best of our knowledge, no studies have been conducted on the detection of pathologies from radiological images using Claude" prior to their work (www.mdpi.com, underscoring how sparse rigorous head-to-head evidence still is for many specific clinical use cases.

A broader scoping review synthesizing 519 original comparative studies further illustrates that neither model dominates uniformly. It reports that "Claude-3.0 and ChatGPT-4o achieved 100% accuracy in pediatric medication dosage calculations and were faster than nurses," a narrow but practically significant finding for medication-safety workflows (Source: doi.org), while the same review notes ChatGPT-4o outperformed Claude on MRI sequence classification (97.7% versus 73.1% accuracy), the inverse of the stroke-localization result (Source: doi.org). On safety benchmarks outside clinical accuracy, the same synthesis found "Claude had lower jailbreak success than ChatGPT in CySecBench, 17% vs 65%, but a later role-play attack found both systems above 94% failure," underscoring that governance and red-teaming results "cannot rely on one benchmark because safeguards change by version, prompt style, and attack type" (Source: doi.org).

Beyond controlled benchmarks, physician preference data offers a complementary signal. A cross-sectional global survey of licensed physicians published in *JMIR Formative Research* found that GPT-4.0 responses achieved the best mean preference rank (1.63 on a 1-to-3 scale) among AI- and physician-authored responses to real patient questions sourced from Reddit's r/AskDocs forum, ahead of Meta AI (1.83), while verified physician-authored responses were ranked least preferred (2.53) (Source: pmc.ncbi.nlm.nih.gov). In head-to-head pairwise comparisons, GPT-4.0 responses won 78% (118 of 150) of comparisons against physician-authored responses (Source: pmc.ncbi.nlm.nih.gov), a result the study's authors say "underscores growing professional acceptance of AI as a viable tool for patient communication" even as they caution the finding is exploratory and did not include Claude as a tested model (Source: pmc.ncbi.nlm.nih.gov).

Data Analysis and Evidence

Quantifying the state of AI adoption and comparative performance in healthcare requires triangulating survey data, benchmark scores, and market sizing figures, each with different sponsors and methodologies.

On market size, Fortune Business Insights valued the global AI in healthcare market at **$39.34 billion in 2025**, projecting growth to **$56.01 billion in 2026** and **$1,033.27 billion by 2034**, a compound annual growth rate of 43.96% (Source: www.fortunebusinessinsights.com). North America dominated the market with a 44.50% share in 2025 (Source: www.fortunebusinessinsights.com), and the diagnostics segment is projected to see significant growth within the forecast period as AI-assisted imaging tools mature (Source: www.fortunebusinessinsights.com).

On adoption, the American Medical Association's Augmented Intelligence Research survey, tracking sentiment from August 2023 to November 2024, found the share of physicians using AI in practice climbed to **66% in 2024 from 38% in 2023**, "up significantly" (Source: www.ama-assn.org). The same survey found 68% of physicians saw definite or some advantage to using AI tools, up from 65% in 2023, while the top area of opportunity, cited by 57% of physicians, was "addressing administrative burden through automation." The portion of physicians whose enthusiasm exceeded their concerns about AI rose to 35% in 2024 from 30% in 2023, while those whose concerns exceeded enthusiasm fell to 25% from 29% (Source: www.ama-assn.org). Notably, the top attributes physicians said were required to advance further AI adoption were a designated feedback channel (88%), data privacy assurances (87%), and EHR integration (84%), a data point that directly explains why both OpenAI and Anthropic have prioritized BAA availability and EHR connectors in their 2026 healthcare product launches.

Actual tool usage tells a more nuanced story than aggregate "AI adoption" figures suggest. A multicenter survey of 255 academic hospitalists across 8 institutions within the Hospital Medicine Reengineering Network (HOMERuN) consortium found that 170 respondents (67.1%) reported ever using an LLM in clinical practice, but among those users, **OpenEvidence** was the most-used specific tool at 88.9%, followed by **ChatGPT** at 58.5%, **Google Gemini** at 26.9%, and **Microsoft Copilot** at 20.5% (Source: www.medrxiv.org). Claude did not register highly enough in this survey to be named among the top tools, suggesting its clinical-user footprint among rank-and-file hospitalists remains smaller than ChatGPT's, even as it wins specific enterprise procurement contracts. The same survey found the most common LLM use cases were answering diagnostic (77.1%) and management (77.6%) questions, while documentation-related tasks saw comparatively low usage (at or below 20%) (Source: www.medrxiv.org), and the leading barriers to broader use were lack of trust in outputs (49.8%), uncertainty around institutional policies (48.6%), and lack of access to secure, PHI-compliant applications (43.1%). Among all respondents, only 42.0% reported having access to an institutional LLM approved for use with PHI, and of those, only 53.2% had actually used it in practice (Source: www.medrxiv.org), a gap that illustrates the distance between institutional procurement of a HIPAA-eligible platform and actual day-to-day clinician usage.

On raw benchmark numbers, the comparative data assembled from the *Nature Medicine* evaluation shows a consistent pattern: GPT-5.2 leads Claude Opus 4.6 on both MedQA (94.2% versus 90.2%) and HealthBench (88.0 versus 77.0), while Gemini 3.1 Pro leads on MedQA specifically (97.4%) but trails GPT on HealthBench (79.3) (Source: www.nature.com) (Source: www.nature.com). A separate scoping review aggregating 519 original comparative studies with more than six million total participant or sample observations concluded that "the 'ChatGPT versus Claude' question has no single winner, and that comparative performance is consistently task-, version-, modality-, and endpoint-specific," with Claude tending to show advantages in structured reasoning, safety-oriented behavior, and selected diagnostic tasks, while ChatGPT more often led in readability, speed, and patient-facing outputs (Source: doi.org).

Case Studies and Real-World Examples

Banner Health: Physician Burnout Reduction with Claude-Powered BannerWise

Banner Health, one of the largest nonprofit health systems in the United States, identified that physicians were spending two to three additional hours nightly on chart preparation after completing patient care shifts, with 20% of hematology oncology documentation occurring between 6 PM and 6 AM. Banner set a goal of reducing administrative tasks for clinicians by 50% by the end of 2029. The organization built **BannerWise**, an enterprise AI platform powered by Claude Sonnet 4.5, deploying it within its own AWS environment via Amazon Bedrock, going from project approval to a functioning proof of concept in under 30 days. Usage skewed toward document analysis and summarization (32%), content creation (20%), and development support (16%). User surveys recorded a Net Promoter Score of +64, productivity impact ratings of 8.9 out of 10, and 85% of respondents reporting significant time savings alongside improved work accuracy, with over 1,400 clinical notes processed since June 2025 (Source: claude.com). Dr. Gary Walker, Chief of the Division of Radiation Oncology at Banner MD Anderson Cancer Center, described the platform as a "workforce amplifier" that lets new scribes with minimal medical background produce documentation quality that previously took months or years to develop (Source: claude.com).

AdventHealth: ChatGPT for Healthcare Across a Nine-State System

AdventHealth, operating across nine states and serving millions of patients annually, deployed **ChatGPT for Healthcare** to reduce administrative burden in workflows such as utilization management case review, where physician advisors previously spent about 10 minutes per case reading charts, checking criteria, and drafting rationales (Source: openai.com). Chief AI Officer Rob Purinton framed the challenge as adoption, not technology: "The hardest part of AI in healthcare is getting humans to use it safely, consistently, and at scale," adding, "We made a decision early on to treat adoption as the product" (Source: openai.com). The organization initially adopted ChatGPT Enterprise before moving to ChatGPT for Healthcare after its January 2026 launch, citing "the reasoning capability, the structured outputs, and the governance controls" as reasons to trust it as

enterprise infrastructure rather than a demo (Source: openai.com). AdventHealth measured impact using system-level data such as EHR timestamps rather than self-reported estimates, and reported an overall 80% reduction in time spent on the targeted administrative tasks (Source: www.beckershospitalreview.com) (Source: openai.com).

Boston Children's Hospital: Rare Disease Diagnosis and Operational Savings with OpenAI

Boston Children's Hospital, serving close to 1 million outpatient visits annually across more than 40 specialties, embedded AI as core infrastructure across clinical and operational workflows rather than as an isolated pilot (Source: openai.com). Across more than 50 automations, the hospital captured about **60,000 hours** in time savings, equivalent to more than **$7 million** in redeployed labor (Source: openai.com). The hospital's genomics team combined genetic information, phenotypic data, literature search, and AI reasoning to deliver more than **40 diagnoses** previously thought impossible, also identifying new gene targets and potential therapeutic pathways, in the words of researcher Brownstein: "We combine genetic information, phenotypic information, literature search, and the reasoning of AI to deliver diagnoses to families that were once left without any answers" (Source: openai.com).

Qualified Health and the University of Texas System: Population-Scale Patient Identification with Claude

Qualified Health partnered with the University of Texas System to address a gap in evidence-based care: an estimated 4 to 6 million patients in Texas qualify for evidence-based interventions each year but are never identified (Source: claude.com). Using protocols built on Claude, the partnership now screens a population of more than **1 million patients** at the University of Texas Medical Branch to identify candidates for interventions that could otherwise be missed entirely (Source: claude.com). This case illustrates a use pattern distinct from documentation automation: using an LLM as a large-scale clinical screening and triage layer over structured and unstructured patient data, rather than as a drafting assistant for individual clinicians.

Elation Health: Faster Chart Review for Primary Care with Claude

Elation Health, a clinical EHR and billing platform for primary care with more than 46,000 clinical users caring for 24 million patients across all 50 U.S. states, migrated its **Clinical Insights** chart-review feature to Claude after determining its prior model provider was too slow, with a median time-to-first-result of 26 seconds against the needs of tightly scheduled primary care visits (Source: claude.com). After migrating, Elation reduced its median time to first insight by **61%** and doubled usage of the Clinical Insights feature (Source: claude.com). Elation Health CEO and Co-Founder Kyna Fong explained the selection: "We chose Claude by Anthropic for the strength of its model and its reputation for responsible AI. That balance of performance plus trust was a decisive factor" (Source: claude.com). A small engineering team wired Claude into production in three days and rolled the Claude-backed version out to 100% of users over roughly two weeks without disrupting clinician workflows. The feature is now exclusively powered by **Claude Haiku 4.5**, delivering cited, clinician-controlled summaries of a patient's health history directly inside Elation's EHR (Source: claude.com).

Implications and Future Directions

Several structural trends emerging from this research suggest the ChatGPT-versus-Claude question in healthcare will keep evolving rather than settle into a fixed answer. First, both vendors are converging on similar HIPAA-eligibility mechanics: a healthcare-specific or Enterprise-tier product, gated behind a BAA, with the free and individual-paid consumer tiers permanently excluded from PHI processing (Source: www.hipaajournal.com). This means the practical decision for most healthcare organizations is not "ChatGPT versus Claude" in the abstract but "ChatGPT for Healthcare versus Claude Enterprise (HIPAA-ready)" as procured, configured products, each requiring dedicated compliance sign-off before clinical use. Data-handling defaults are also converging: both companies state they do not train on business or commercial data by default (Source: openai.com), so the meaningful differentiator for procurement teams is increasingly the scope of exactly which product surfaces (chat interface, API, coding tools) fall inside versus outside each vendor's BAA.

Second, the specialized clinical AI tool category, exemplified by OpenEvidence and UpToDate Expert AI, is under direct competitive pressure from general-purpose frontier models, but the resulting public dispute over the *Nature Medicine* findings signals that benchmark contamination and methodology will remain contested terrain. Healthcare procurement teams should expect vendors on all sides, general-purpose and specialized alike, to continue publishing and disputing comparative studies, and should weight independently reproducible, real-clinical-query evaluations (such as the RCQ methodology) more heavily than standardized exam-style benchmarks that carry higher contamination risk (Source: www.nature.com).

Third, adoption data suggests a bifurcation between what clinicians use informally and what health systems procure formally. The HOMERuN survey found ChatGPT was the second most-used tool among clinicians self-selecting an LLM (58.5%), well behind OpenEvidence (88.9%), with Claude not registering prominently at all, yet Claude has secured large, named enterprise deployments at systems like Banner Health, Elation Health, and the University of Texas System. This suggests Claude's traction concentrates in top-down, IT-led enterprise builds (often via AWS Bedrock) rather than bottom-up individual clinician adoption, while ChatGPT benefits from broader individual familiarity carried over from its dominant position in the general consumer AI market, reinforced by its multi-year embedded presence inside Epic's EHR via Azure OpenAI Service (Source: www.epic.com). For any organization evaluating these platforms, this is a genuinely useful data point on a topic secondary queries in this space often probe: **which AI is better for healthcare providers** depends materially on whether "better" means "what individual clinicians will pick up unprompted" or "what a health system's IT and compliance functions can deploy safely at scale."

Fourth, given that neither ChatGPT nor Claude functions as a plug-and-play clinical system, and that the AMA survey identifies EHR integration, data privacy assurances, and liability clarity as the top physician-demanded prerequisites for further adoption, organizations in regulated life-sciences and pharmaceutical environments considering either platform typically need dedicated implementation work: HIPAA configuration, EHR and CRM connector development, prompt and workflow design specific to clinical or commercial use cases, and ongoing compliance monitoring. This is the layer where specialist life-sciences AI and Veeva-ecosystem consultancies such as **IntuitionLabs** operate; the firm describes its own mandate as "empowering pharmaceutical and life science organizations with cutting-edge AI solutions" through services spanning Veeva CRM and Vault implementation, AI and analytics solutions, and advisory and consulting on AI adoption and technology roadmapping, rather than selling a competing chatbot of its own (Source: intuitionlabs.ai).

Finally, both vendors are likely to keep narrowing feature gaps rather than widening them. OpenAI's ChatGPT for Healthcare and Anthropic's Claude for Healthcare launched within days of each other and offer substantially overlapping capabilities: enterprise security, PHI-eligible workspaces, EHR and knowledge-base connectors, and physician-validated benchmarking. Expect future differentiation to concentrate on model-specific strengths (structured reasoning and imaging tasks for Claude, breadth of citation-backed clinical search and readability for ChatGPT) rather than on compliance posture, which is converging toward parity.

Frequently Asked Questions (FAQs)

Is ChatGPT HIPAA compliant? Generic, off-the-shelf ChatGPT (Free, Plus, or a standard Team/Enterprise subscription without the Regulated Workspace or Healthcare product) is not HIPAA compliant because OpenAI will not enter into a BAA for those configurations (Source: www.hipaajournal.com). OpenAI does offer HIPAA-eligible products, specifically ChatGPT for Healthcare, ChatGPT Enterprise with a Regulated Workspace, ChatGPT FedRAMP, ChatGPT for Clinicians, and the API with Modified Retention, each covered by a BAA once executed (Source: help.openai.com). Even with a BAA in place, de-identified PHI can also be used outside a covered workspace, since "deidentified PHI is no longer PHI and is not subject to the HIPAA Rules requiring a Business Associate Agreement," though workforce members still need HIPAA training to avoid impermissible disclosure (Source: www.hipaajournal.com).

Is Claude AI HIPAA compliant? Claude is HIPAA-ready only on Enterprise plans, and only after the organization's Primary Owner explicitly enables HIPAA compliance and accepts Anthropic's BAA through a self-serve settings flow; Team plans and individual Free, Pro, and Max plans cannot enable HIPAA at all (established above). Notably, standard Claude Enterprise plans do not include BAA coverage automatically, and Claude Code and Claude Cowork are not covered under the BAA except in narrow circumstances involving zero data retention (established above). Organizations with an API-only BAA signed before December 2, 2025 also need a new agreement to extend coverage to the Enterprise chat product, since older BAAs "only cover API usage" (Source: support.claude.com).

What is the best AI chatbot for healthcare in 2026? There is no single best answer; the evidence in this report indicates GPT-5.2 leads on standardized text-based clinical benchmarks (MedQA, HealthBench) while Claude has shown superior performance in at least one peer-reviewed, image-based diagnostic comparison (Source: www.nature.com) (www.mdpi.com. A 519-study scoping review concluded that comparative performance is "consistently task-, version-, modality-, and endpoint-specific" with no consistent winner (Source: doi.org). The most-used single clinical AI tool among practicing hospitalists surveyed was actually the specialized tool OpenEvidence, not either general-purpose model, per the HOMERuN survey discussed above.

Is ChatGPT or Claude better for clinical documentation specifically? Both perform comparably well on documentation and drafting tasks in the studies reviewed. Banner Health's Claude-based BannerWise platform reported 85% of users citing significant time savings on chart preparation and documentation, and Elation Health cut median chart-review time by 61% after migrating its Clinical Insights feature to Claude, while AdventHealth's ChatGPT for Healthcare deployment reported an 80% reduction in time on structured documentation-adjacent utilization management tasks (all established above). Neither vendor has published a standardized, independent head-to-head documentation-quality benchmark as of this report's research.

How much does ChatGPT vs Claude cost for a medical practice? For a small practice evaluating team plans, ChatGPT Business costs $20 per user per month billed annually ($25 monthly) (Source: help.openai.com), while Claude Team costs the identical $20 per seat per month billed annually ($25 monthly) for teams of 2 to 150 (established above). Neither of these tiers is HIPAA-eligible on its own; a practice handling PHI needs ChatGPT for Healthcare or a HIPAA-enabled Claude Enterprise plan, both priced on a custom, contract basis (established above).

What AI tools are medical practices using in 2026 beyond ChatGPT and Claude? The HOMERuN hospitalist survey found the specialized tool OpenEvidence was the most-used LLM among clinicians (88.9% of LLM users), ahead of ChatGPT (58.5%), Google Gemini (26.9%), and Microsoft Copilot (20.5%) (established above). Many EHR vendors also embed general-purpose models directly into clinical workflows, such as Epic's integration of Azure OpenAI Service (Source: www.epic.com) and Elation Health's Claude-powered Clinical Insights feature (established above), meaning many clinicians use these models indirectly through their EHR rather than through a standalone chat interface.

Are ChatGPT and Claude accurate for medical information? Accuracy varies substantially by task and question type. On the *Nature Medicine* MedQA evaluation, all three frontier models exceeded 90% accuracy (Gemini 97.4%, GPT 94.2%, Claude 90.2%), outperforming the two specialized clinical AI tools tested (Source: www.nature.com). But accuracy on structured knowledge questions does not guarantee accuracy on other tasks; the stroke-imaging study found ChatGPT-4o's specificity for detecting acute ischemic stroke from brain scans was only 3.6%, meaning it produced false positives on the overwhelming majority of healthy control images (www.mdpi.com, while physicians globally preferred GPT-4.0's answers to patient questions over physician-authored answers in the majority of head-to-head comparisons in a separate study (Source: pmc.ncbi.nlm.nih.gov).

Conclusion

Neither ChatGPT nor Claude holds a uniform advantage across every dimension healthcare organizations care about in 2026. On standardized, text-based medical knowledge benchmarks measured independently by NYU Langone researchers in *Nature Medicine*, GPT-5.2 outperformed Claude Opus 4.6 on both MedQA and HealthBench, and both outperformed specialized clinical AI tools built specifically for medicine. On a narrower, peer-reviewed radiology comparison, Claude 3.5 Sonnet substantially outperformed ChatGPT-4o at localizing stroke from brain imaging, while ChatGPT-4o led on MRI sequence classification, illustrating that model choice can and should vary by clinical task rather than by brand loyalty. On compliance, both vendors now offer BAA-covered, HIPAA-eligible enterprise products, launched within days of each other in January 2026, though the enablement mechanics differ enough that organizations should read each vendor's implementation guide closely before processing PHI on either platform. On price, the two vendors are nearly interchangeable at the individual and team tiers, each landing around $20 per seat per month with modest monthly-versus-annual variation, while enterprise and healthcare-specific tiers are negotiated on a custom basis for both.

What differentiates the two platforms in practice is less about raw model capability and more about deployment context: Claude has concentrated its wins in large, IT-led enterprise builds, frequently on AWS infrastructure, at systems like Banner Health, Elation Health, and the University of Texas System, while ChatGPT has both broad grassroots clinician familiarity and large hospital-system deployments at organizations like AdventHealth and Boston Children's Hospital, reinforced by a multi-year embedded presence inside Epic's EHR software. Healthcare organizations evaluating these tools should resist the framing that one platform is categorically "better" for healthcare, and instead map specific use cases (clinical documentation, prior authorization, diagnostic support, patient triage, literature review) to the benchmark and deployment evidence most relevant to that use case, verify BAA and HIPAA-readiness configuration explicitly before any PHI touches either system, and budget for the implementation, integration, and compliance work that sits between a vendor contract and a genuinely safe clinical deployment, work that neither vendor's product alone fully resolves.

Tags: chatgpt vs claude, ai for healthcare, chatgpt for healthcare, claude for healthcare, hipaa compliant ai, clinical documentation ai, medical ai chatbot, healthcare ai 2026

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Custom ERP Development: Design and develop pharmaceutical-specific ERP systems, inventory management solutions, and regulatory compliance platforms.

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Dashboard & Visualization: Interactive business intelligence dashboards, real-time KPI monitoring, and custom data visualization solutions for pharmaceutical insights.

Leading Claude & ChatGPT AI Enablement and Training: Help biotech and pharmaceutical teams adopt Claude and ChatGPT through practical training, governed workflows, use-case development, and implementation designed for regulated environments.

AI Consulting & Training: Comprehensive AI strategy development, team training programs, and implementation guidance for pharmaceutical organizations adopting AI technologies.

Contact founder Adrien Laurent and team at intuitionlabs.ai/contact for a consultation.

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