AI in Healthcare

It’s already here!

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AI types and risks

Generative AI	• Probabilistic, bias potential, data security
Predictive	• Data bias, alert fatigue, false confidence in predictions
Clinical Decision Support/Assistive	• Quality of results, over-reliance
Automation Functions	• May use GenAI for chatbots, more autonomous

High Value Opportunity - Providers, Patients & Workforce

Providers

- Administrative Burden
- Workflow Inefficiencies
- Cognitive Burden
- Financial & Regulatory

- Ambient Scribes
- EMR Optimization
- Automated Prior Auth & Appeals

Patients

- Improved Access & Navigation
- Diagnosis & Decision Support
- Personalized Medicine

- Patient Engagement
- Disease Models
- Facilitated Diagnoses
- New Treatments

Workforce

- Repetitive Tasks
- Unlocking Institutional Knowledge
- Enhanced Analytics

- Project Management
- Workforce Planning
- Contract Management
- Data Exploration

Predictive AI use: HHS report

All Hospitals	Digital divide	Rural vs. urban	Evaluating models
• 70% of hospitals and health systems using predictive algorithms	• 86% of hospitals affiliated with a health system • 37% of independent hospitals	• 81% of urban • 56% of rural	• 71% measuring accuracy for all models • 57% measuring bias for all models

Source: Hospital Trends in the Use, Evaluation, and Governance of Predictive AI, 2023-2024 - ONC Health IT Research & Analysis

GenAI use and value

Ambient note drafting

Studies of value:

- KLAS Research
  - 10-point reduction in reporting of burnout by physicians
  - 75% of organizations showed improved user experience scores
- JAMA Network
  - Burnout from 51.9% to 38.8%
  - Time-saving? Varies and not conclusive
  - Cognitive load

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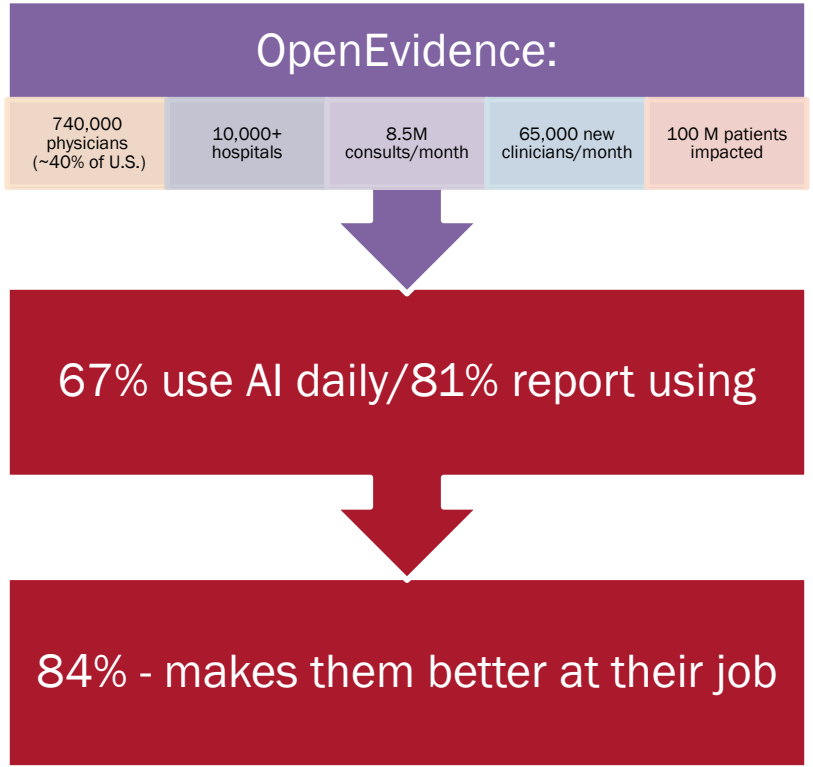
Physician AI use (2025-2026)



Shadow AI: Governance is the issue, not adoption

- Wolters Kluwer survey:
  - 80% using AI, often outside IT governance
  - 40% report seeing use outside of sanctioned tools
  - 20% admit using unsanctioned
- Driven by workflow pressure
- Article in *The New York Times*

Physician dissatisfaction

81% of physicians frustrated with AI admin

Key issues:

- Speed – moving too slow
- Influence – 71% report little to no influence
- Communication and education lacking

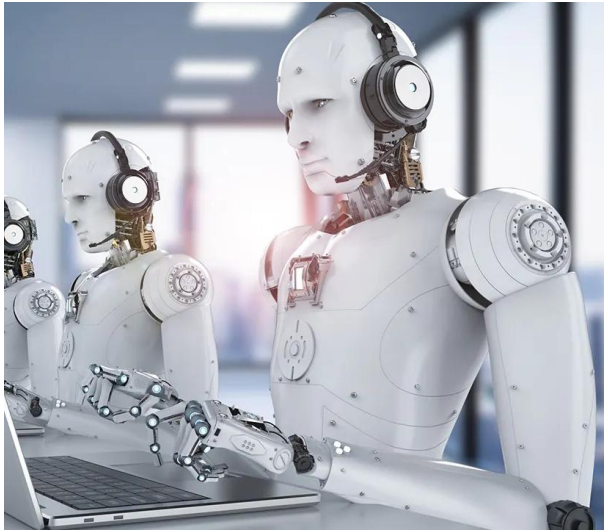
Actions:

- Put guardrails in place/secure now

Source: https://2025-physicians-ai-report.offcall.com/

GenAI use: Employee, clinician and patient-facing AI chatbots

- Widely used by patients and physicians
- Being built into EHR and Ambient note drafting tools
  - Built into everything: Office 365, Zoom, etc.
- Are they accurate, trustworthy with your data, secure?
- Proper monitoring and oversight required
- Educate on safe use



Management risks involving AI

- Overall governance and management of AI program
- Effectiveness and safety
- Inaction – tools already being used without controls
- Bias – data governance and curation
- Privacy and security
- Level of autonomy, clinical pertinence and probability

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Why AI fails

95% of AI pilots fail

Scaling fails due to:

- Poor integration
- Lack of trust
- No governance
- Unclear objectives
- Insufficient data readiness
- Too many pilots/too much disruption
- Fit into workflows

Source: v0.1_State_of_AI_in_Business_2025_Report.pdf

Governance framework (AMA + CHAI)

1. Oversight and Accountability
   - AI governance committee
   - Executive ownership
2. Risk Classification
   - Clinical vs operational AI
   - Impact and harm assessment
3. Privacy and Security
   - Proper use of secure versus unsecured tools
   - Review of all use cases
4. Data and Model Governance
   - Data quality
   - Bias testing
   - Model validation
5. Human-in-the-Loop
   - Clinician override
   - Escalation pathways
6. Monitoring and Audit
   - Performance tracking
   - Safety events
   - Drift detection

AI management

- Project/program selection using existing processes
- Only used where strong value proposition offsets risk
- Central oversight
- Restrict/safely guide access
- Does the project require AI?

Board and leadership role

TREAT AI AS ENTERPRISE RISK

ALIGN HOSPITAL OVERALL STRATEGY, CLINICAL AND IT WITHIN AI STRATEGY

FUND GOVERNANCE INFRASTRUCTURE

DEMAND MEASURABLE OUTCOMES

Next 90-day actions

- Establish or monitor existing AI governance committee (IT, clinical, legal, compliance)
- Inventory existing AI and shadow AI use (survey)
- Approve 3 - 5 sanctioned AI tools
- Implement access controls and audit logging
- Define safety, performance and outcome metrics
- Educate leadership and clinicians
- Iterate and scale based on measured value

83% of nurses don't trust AI output…

Educate:

- On governance and policies
- On risks: Safety and Security
- On specific use cases and goals
  - Expectations for use – human in the middle

Educate everyone:

- Board, leadership team, staff, patients

Source: The AI Innovator, Survey: 83% of Nurses Using AI Say It's Not Accurate Enough to Trust

Future gazing

- Built into all products and workflows
- Requires framework of monitoring and testing
- Human-in-the-loop not adequate
- AI a part of or main user interface in all digital interactions
  - For patients, providers, staff, visitors
  - Multi-modal – calls, email, text, video

Thank You

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