



# Hope or Hype? What AI Really Means for Primary Care

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SCAFP Summer Assembly, 2026

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*AI Project Implementation Lead, Prisma Health*

*Board Certifications:*

- Family Medicine (2002)*
- Executive Physician Leadership (2019)*
- AI in Healthcare (2023)*



# Rebecca Starr Smith

- Prisma Health
- Ambulatory EMR Optimization and Patient Engagement Lead
- Board Certified in
  - Family Medicine
  - Executive Physician Leadership
  - AI in Healthcare



# Disclosures

Rebecca Smith, MD serves on the physician advisory counsel for Pfizer, Inc, which has no implications in this educational event.

All financial relationships have been mitigated

# Objectives

01

Review the history and definition of Artificial Intelligence (AI).

02

Outline applications of AI that are available in healthcare today.

03

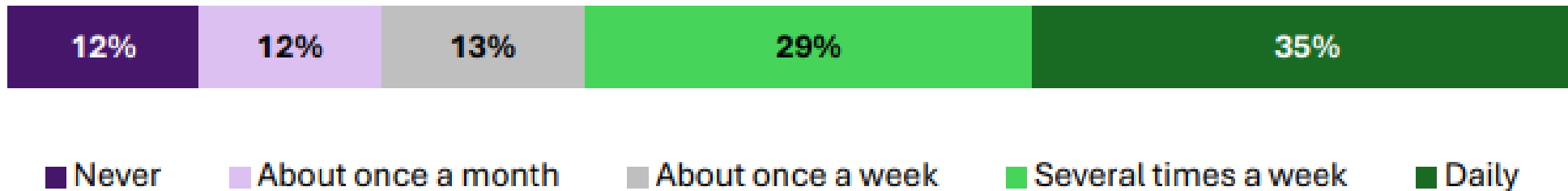
Discuss the strengths and weaknesses of AI applications in medicine.

04

Speculate on the future of the integration of AI in healthcare.

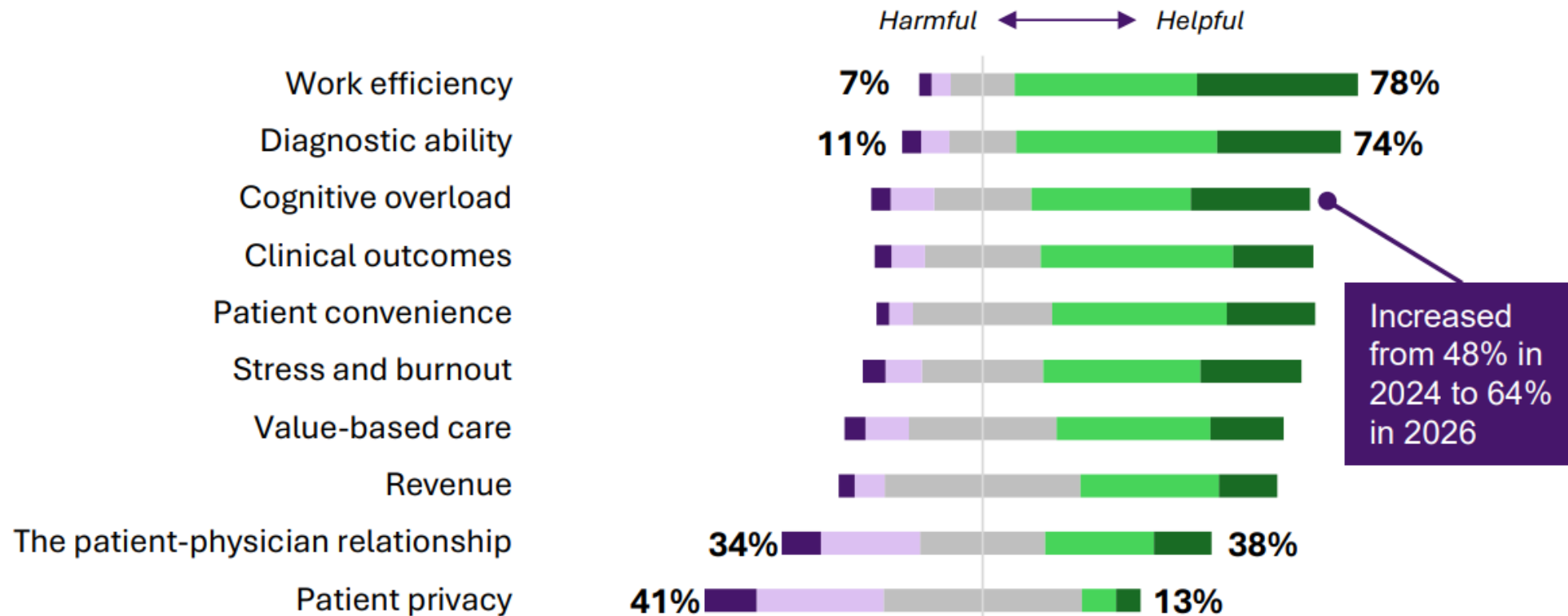
# AMA Survey of AI Adoption (Mar 2026)

81% of physician respondents currently use AI in a professional context



# AMA Survey of AI Adoption (Mar 2026)

75% say AI provides an advantage in the ability to care for patients



# AMA Survey of AI Adoption (Mar 2026)


## Deskilling



88%

Say they are very, somewhat, or mildly concerned about skill loss

# AMA Survey of AI Adoption (Mar 2026)

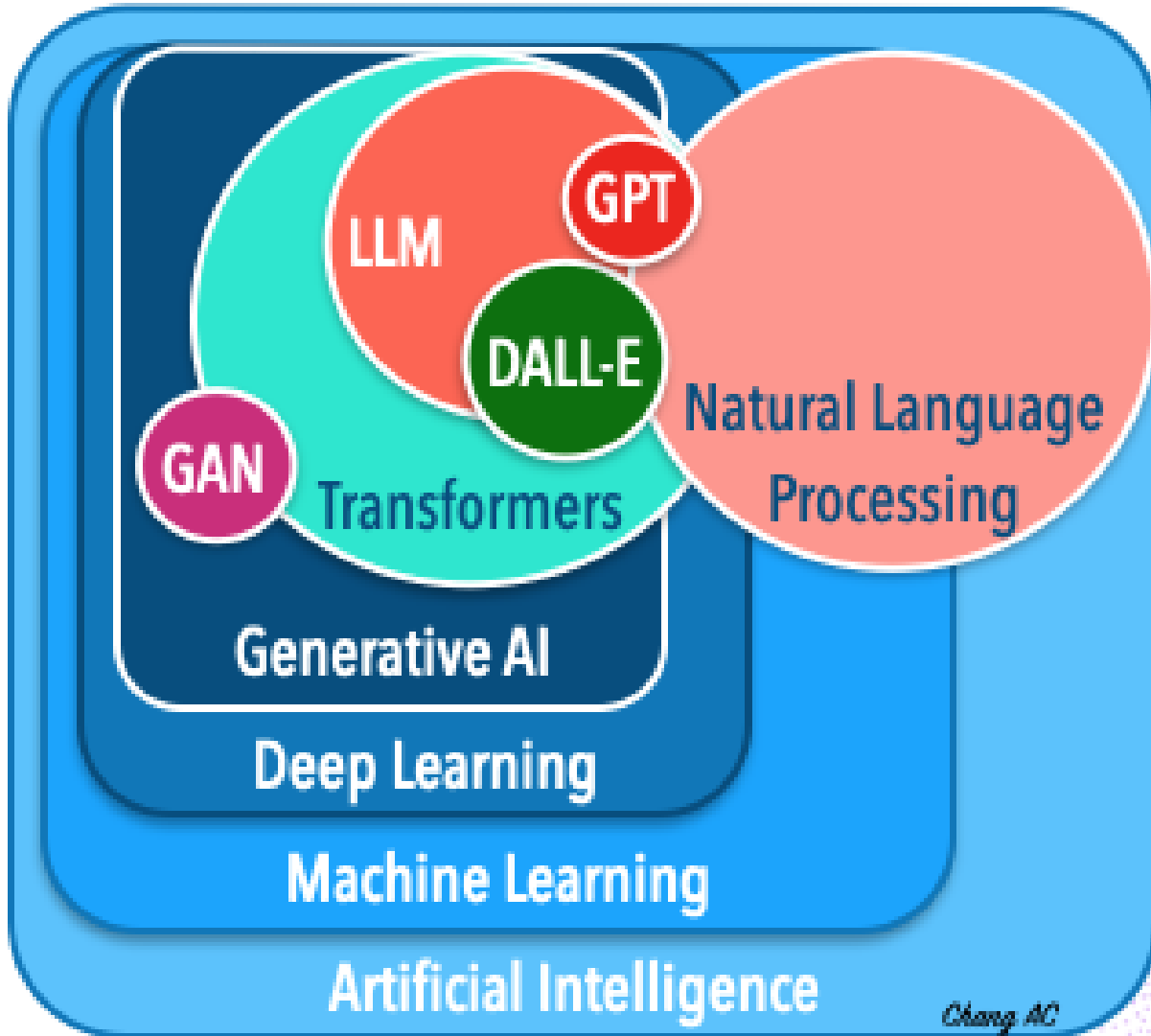
 Physicians want more training

**92%** Of physicians express interest  
in more training being delivered



**AI 101**

# What is Artificial Intelligence?

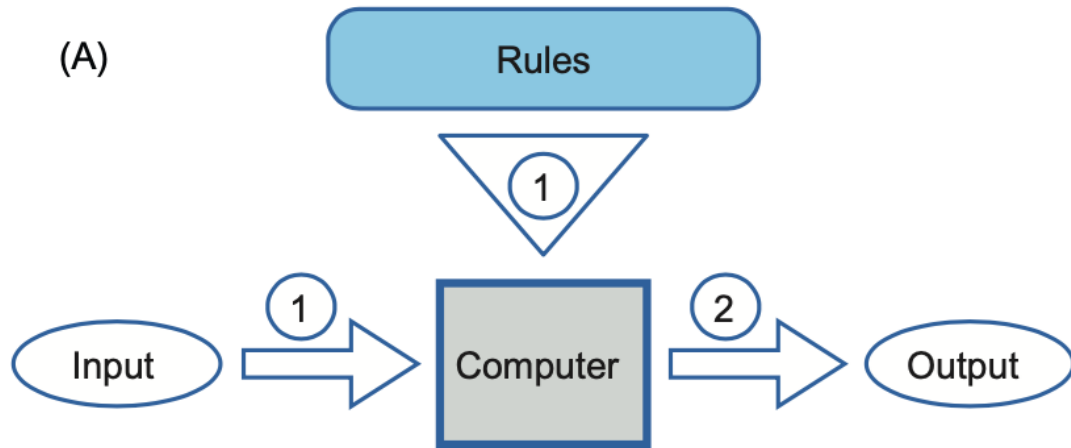


AI is the capability of computers to perform tasks typically associated with human intelligence such as

- Learning
- Reasoning
- Problem-solving
- Perception
- Decision-making

# What is Machine Learning?

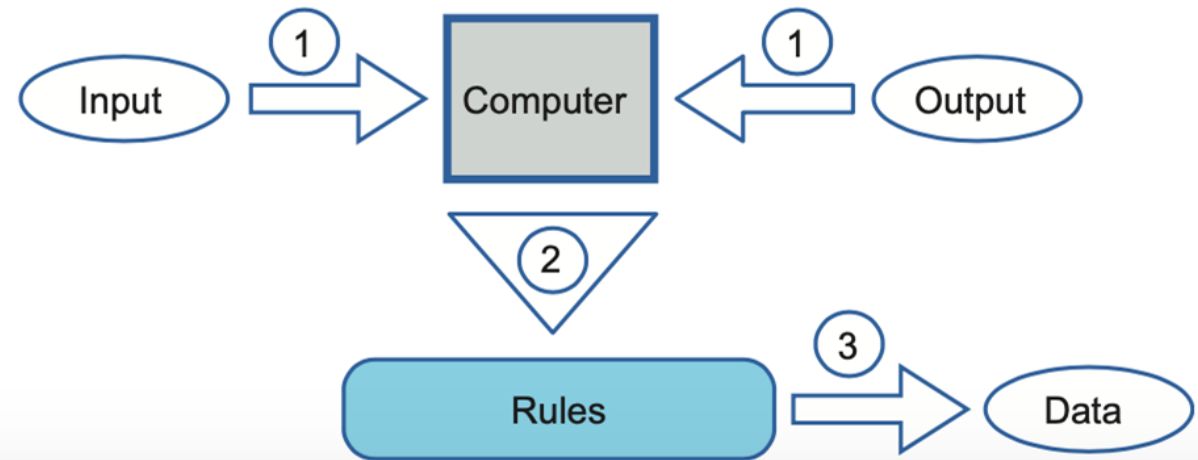
(A)



*TRADITIONAL PROGRAMMING*

## *MACHINE LEARNING*

(B)





# What is Generative AI?

A type of artificial intelligence that  
creates new, original content  
— including text, images, video, audio, and code —  
by learning patterns from massive datasets  
and applying prompts to machine learning models.

# What is an AI Agent?

Agents use LLM to autonomously perform tasks and converse with user utilizing complex multi-step workflows and minimal human supervision

Chatbot	Website assistant, Welby
Virtual Assistant	Siri, Alexa
AI Agent	Google Maps, Waymo, Mars Rover

# The Three “A’s” of AI

Type of intelligence	Definition	Level of human involvement	Example	Example in health care
Assisted	System providing and automating repetitive tasks	Little or none	Industrial robots	UR robots for blood work (Copenhagen Hospital)
Augmented	Humans and machines collaboratively make decisions	Some or high	Business analytics	Watson for Oncology (Memorial Sloan Kettering)
Autonomous	Decisions made by adaptive intelligent systems autonomously	Little or none	Autonomous vehicle	IDx-DR for retinal images (University of Iowa)



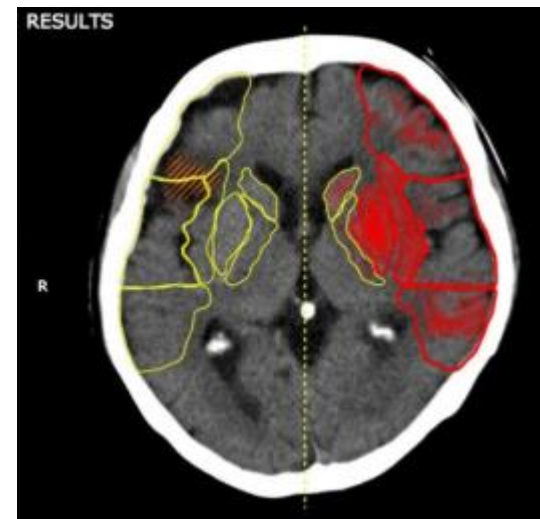
# What We Got Wrong

ABOUT AI ADOPTION IN HEALTHCARE



# AI will rapidly replace clinicians in diagnosis and decision-making

- Radiologists, Pathologists, Dermatologists, and Retina Specialists will be unemployed
  - Patients would consult Dr. AI as they have Dr. Google
  - AI will operate autonomously
- 
- Medicine is a bundle of tasks with the ability to communicate, assess risk, earn trust, create treatment plan, not just a single cognitive task





# Providers will plug in a list of symptoms and diagnose a patient

- MYCIN – diagnose infectious disease
- INTERNIST-1 – symptom-based differential diagnosis
- Patients are complex and symptoms are inconsistent
- Early systems worked in test environments but failed in the real medical world





# AI will reduce healthcare costs

- Return on Investment is often in “soft dollars”
  - Provider and patient satisfaction
  - Burnout
- Greater efficiency is not always transferred to more productivity
- AI doesn't have a medical license and cannot “bill” for a service





# Workforce training will keep pace

- Clinician buy-in has been *much* harder than expected
- Fewer than 25% of clinicians have received structured AI education
- Most learning is ad-hoc and vendor driven
- Has led to mistrust and underutilization of AI tools





# Clinical adoption will outpace administration adoption

- Diagnostic and therapeutic AI solutions
  - Need to be near perfect for patient acceptance
  - Don't fit into current regulatory governance
  - Have unacceptable bias based on data used to train
- Most successful AI deployments are Administrative
  - Documentation
  - In-Basket drafts
  - Coding, billing
  - Prior Authorization
  - Scheduling





# Government regulation will ensure safe AI deployment

- Governance is fragmented and inconsistent
- AI is changing faster than our government passes laws
- Post-deploying monitoring is minimal or non-existent
- Who is accountable for AI's errors?

## ***White House Considers Vetting A.I. Models Before They Are Released***

The Trump administration, which took a noninterventionist approach to artificial intelligence, is now discussing imposing oversight on A.I. models before they are made publicly available.



# AI tools will be complete solutions

- AI has not replaced a radiologist, but it can enhance the color on an image that makes an abnormality evident.

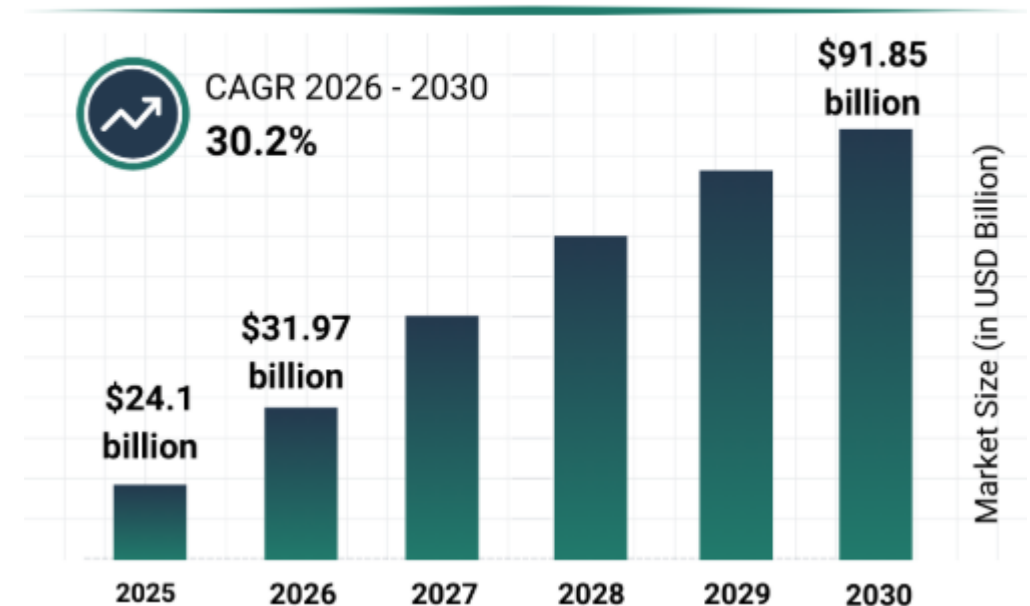


# AI solutions will be adopted at the speed of other healthcare innovations



- How many AI vendors are there?
- Approximately 2,500 Ai companies that have sold at least one product.
  - **95% are expected to fail**

Artificial Intelligence in Healthcare Market Report 2026



# How the AI conversation will change in 2026: 10 bold predictions

1. Point solutions will give way to integrated AI platforms that become the foundation of healthcare infrastructure
2. Clinical decision support will evolve beyond search with contextual awareness
3. Primary care will get specialist insight — especially in rural and underserved communities
4. AI will show increased ROI for value-based care models by reducing readmissions, predicting complications and personalizing care
5. AI governance will move from backroom checkbox to strategic engine
6. Revenue cycle efficiency will increase as AI fixes thrash upstream
7. The “context layer” of AI will drive much more robust patient care
8. Winning AI platforms will be increasingly transparent to secure trust from leaders and clinicians
9. Patients will begin to choose health systems that improve convenience, experience, access and trust with AI
10. Healthcare avoids an “AI bubble” and “rightsizes” the market

# The top 5 problems that AI is trying to fix

1. Medical knowledge doubles every 73 days\*
2. EHRs created an enormous administrative burden
3. Health Insurance “reigns” are choking patient care
4. 21<sup>st</sup> century patients want instant answers
5. There is money to be made by AI companies

# Sunday AM

- 
- Practical Applications of AI for Family Medicine Providers
  - Future Predictions and Cautions

# Tips for a Good Prompt

Example 1

Example 2

Persona

Who do you want the AI Engine to be?

*Act as a history professor*

*Act as a chef*

Context

Background information to paint the situation

*Reviewing information for the final exam*

*Deciding what to make for dinner*

Task

Provide task details

*Summarize the major battles of each of U.S. major wars.*

*Create 10 recipes with chicken, peas, mushrooms and basic kitchen stock*

Output format

Slides, Tables, Bullets, FAQ's, Checklist, Step-by-step guide

*Display on slides with one war per slide*

*Display in a chart format*

# Current Applications of AI in Family Medicine

WHERE ARE WE NOW?

# Integrated vs Compatible

- Many vendors work with EHR companies to be fully integrated
- Others work via webpage, app, or third-party program

# Clinical Summaries

## Outpatient

- Summary: since the last visit
- Summary: hospital course

## Inpatient

- Summary: hospital course
- Conversational search
- End of shift summary

### Patient Story Summary

Generated at: 8/27/2025 08:36

Julie E. Cook is an 80-year-old female admitted 8/25/2025 to ICU with community-acquired pneumonia, complicated by acute kidney injury and a minor fall during hospitalization. <sup>1</sup>

#### History

- Background includes CAD, COPD, and heart failure, with recent rapid-onset shortness of breath, cough, fever, and sputum production leading to admission for pneumonia. <sup>2</sup>

#### Events During Admission

- 8/25/2025: Presented with fever, cough, rhinorrhea, sputum production, and worsening shortness of breath; exam notable for right-sided wheezing, rhonchi, and rales; SpO2 92% on room air; started on antibiotics for community-acquired pneumonia. <sup>2</sup>
- 8/26/2025: Suffered a fall while attempting to get out of bed, resulting in a minor right knee bruise without head injury or loss of consciousness; no change in oxygenation; family reports prior falls at home related to osteoarthritis; fall precautions reinforced. <sup>3 4</sup> Labs showed acute kidney injury with BUN 68 and creatinine 2.1, likely pre-renal azotemia; IV fluids continued and diuresis planned; pulmonary findings unchanged with persistent rales and rhonchi at right base. <sup>4</sup>

#### Recent Events on Patient

- Doxycycline 100 mg BID added to antibiotic regimen; levofloxacin no longer listed as active. <sup>5 6</sup>
- Dextrose 5%-0.9% sodium chloride infusion started at 100 mL/hr and remains active. <sup>7</sup>
- Net positive fluid balance increased to 1100 mL with 1200 mL IV intake and 650 mL urine output. <sup>8,9,10,11</sup>
- Blood pressure stable at 110/60 compared to previous 105/52; pulse decreased from 85 to 76; respiratory rate decreased from 26 to 24; SpO2 slightly lower at 93%. <sup>12,13,14,15</sup>
- Problems of "Fall" and "Acute kidney injury (HCC)" formally added to problem list; no new injuries or complications documented. <sup>16,17</sup>

#### References

[Feedback](#) Generate Summary

# Patient Messaging

Draft Responses

Results Interpretation

Message and Result Prioritization

# During the Patient Encounter

Ambient Note

Ambient Orders

AI Text Assistant

Measure and document  
wounds

Flowsheet data entry (nursing)

Heard in Visit Recording AI ... ⬆

Orders discussed during the visit show here.

▼ 'Wellbutrin (bupropion), 300 mg, Oral - Change'

Reorder [buPROPion \(Wellbutrin XL\) 300 MG 24 hr tablet](#) [Medication List](#) ?

⚡ Take 1 tablet (300 mg) by mouth every morning, Starting Fri 7/11/2025, Normal

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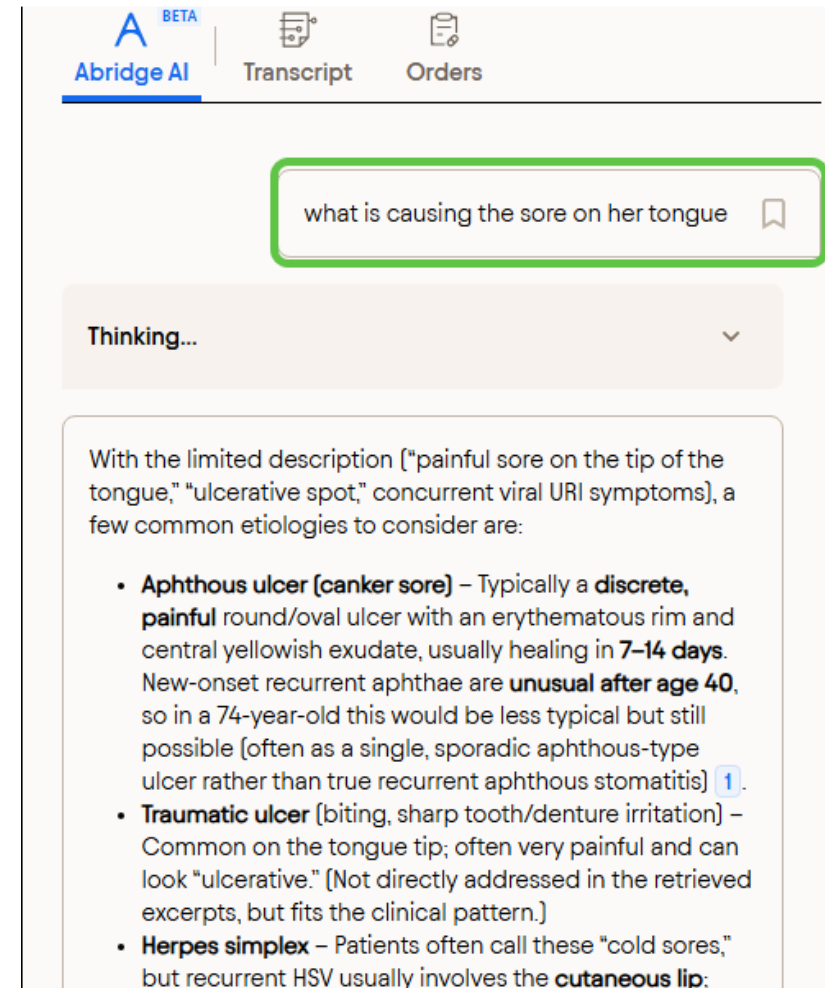
[Associate](#)

[Walmart Neighborhood Market 5371 - Simpsonville, SC - 1401 WEST GEORGIA RD.](#)

[864-757-7207](#) [Add to Cart](#) [Sign](#)

# Abridge

- Specialty-specific notes
- Multilingual
- Clinical Decision Support
- Diagnosis Concordance
- Draft Patient Instructions
- Customizable Prompts



The screenshot shows the Abridge AI interface. At the top, there is a navigation bar with 'Abridge AI' (marked as BETA), 'Transcript', and 'Orders'. Below this is a search input field containing the text 'what is causing the sore on her tongue'. A 'Thinking...' indicator is visible below the input field. The main content area displays a clinical decision support response:

With the limited description ("painful sore on the tip of the tongue," "ulcerative spot," concurrent viral URI symptoms), a few common etiologies to consider are:

- **Aphthous ulcer (canker sore)** – Typically a **discrete, painful** round/oval ulcer with an erythematous rim and central yellowish exudate, usually healing in **7–14 days**. New-onset recurrent aphthae are **unusual after age 40**, so in a 74-year-old this would be less typical but still possible (often as a single, sporadic aphthous-type ulcer rather than true recurrent aphthous stomatitis) <sup>1</sup>.
- **Traumatic ulcer** (biting, sharp tooth/denture irritation) – Common on the tongue tip; often very painful and can look "ulcerative." (Not directly addressed in the retrieved excerpts, but fits the clinical pattern.)
- **Herpes simplex** – Patients often call these "cold sores," but recurrent HSV usually involves the **cutaneous lip**;

# Dragon Copilot



- Diagnosis Aware Notes - fully integrated
- Order suggester
- Coding suggester
- Integrated CDS
- Create an AVS
- Create patient education
- Form filler
- Encounter context
- 3<sup>rd</sup> Party Vendors (Microsoft Marketplace)
- Dictation at the cursor
- Analytics

## Available now



## New additions coming



# Comparison of AI Notewriter Vendors

AI Scribe	Price/month	Setup Time	EHR Integration	Note Accuracy	Support	Trial Access	Best Fit
<b>Abridge</b>	\$208	Weeks-months	Epic, Athena, eCW, Veradigm, NextGen	High	Enterprise only	No	Hospitals, health systems
<b>Nuance DAX</b>	\$830	Weeks-months	Epic, Cerner, Meditech	High	Enterprise only	No	Hospitals, health systems
<b>Epic ART</b>	Varies	Weeks-months	Epic only	High	In-app	No	Epic-based enterprise systems
<b>Suki</b>	\$299	Weeks	Epic, Athena, Meditech, Cerner	High	Enterprise only	No	Large orgs with IT support
<b>Freed</b>	\$84	Minutes	Multiple EHR	High	Live + in-app	7-day	Small & midsize clinics
<b>DeepScribe</b>	\$750	Weeks	Athena, ClinicalWorks, Epic, AdvancedMD	High	Self-serve only	No	Oncology & Cardiology specialties
<b>Heidi Health</b>	\$99	Minutes	Select EHR integrations	Moderate	24/7 chat	Limited free plan	UK / Australia-based clinics
<b>Tali</b>	\$135	Minutes	Limited integrations	Fair	Limited	Yes – free tier	Teams exploring dictation + Q&A
<b>Notemd</b>	\$99	Minutes	Limited integrations	Moderate	Limited support	Limited trial	Small & midsize clinics
<b>Doximity</b>	Free	Minutes	None	Moderate	In-app	N/A	Small & midsize clinics
<b>OpenEvidence</b>	Free	Minutes	None	Fair		N/A	Small & midsize clinics

# Coding, Billing, and Prior Authorization

LOS and Charge  
Suggester

Detect coding  
errors

Summarizes note  
content for coding  
review

HCC suggested  
diagnoses

Post-procedure  
diagnosis  
suggestions

Denial appeal letter  
creation

Prior Authorization  
answer suggestions



# Billing: Trellis AI

- Prior Authorization tools
- Insurance Denials, Appeals, Follow-up

STREAMLINE YOUR PRE-SERVICE OPERATIONS WITH AI

# Virtual Health Assistant: Jorie AI

- Schedule appointments
- Enter patient information
- Patient reminders and messaging
- Monitor and manage chronic conditions



# Image Analysis

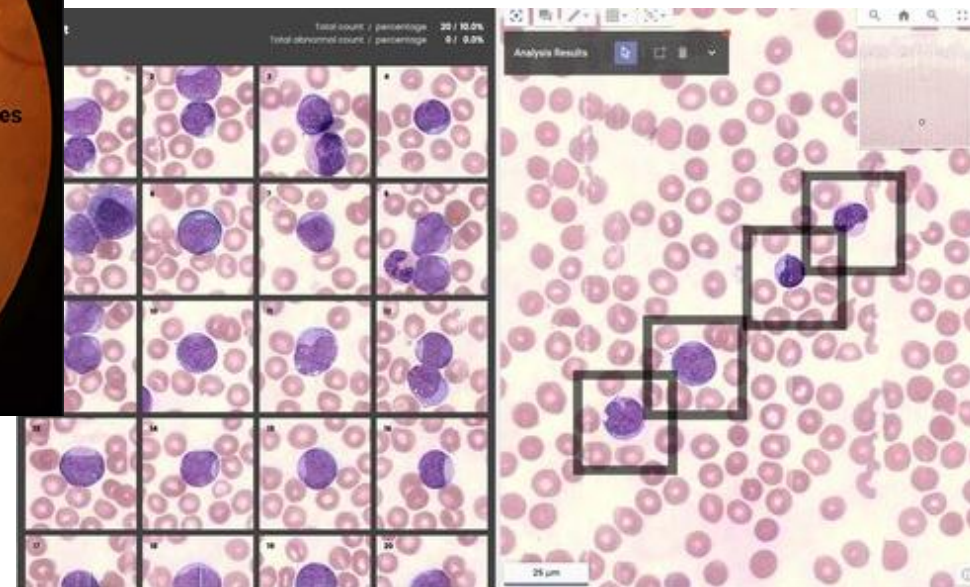
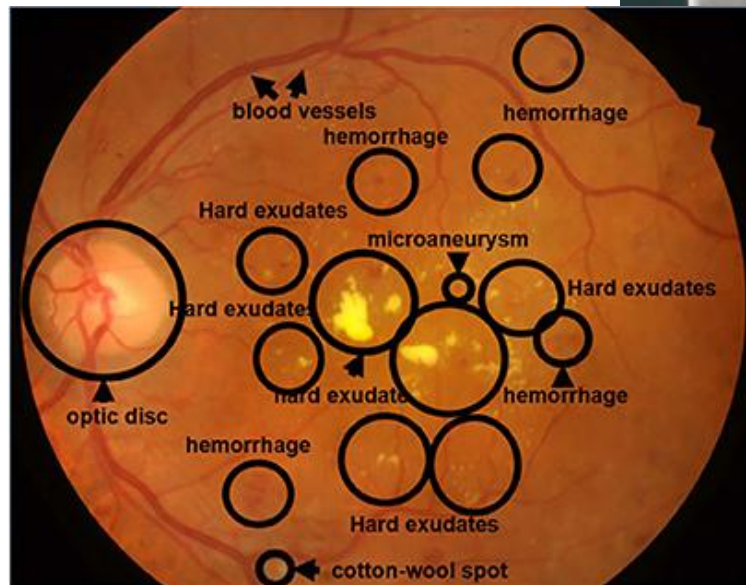
Ophthalmology

Dermatology

Pathology

Radiology

ENT



# Assisted Procedures

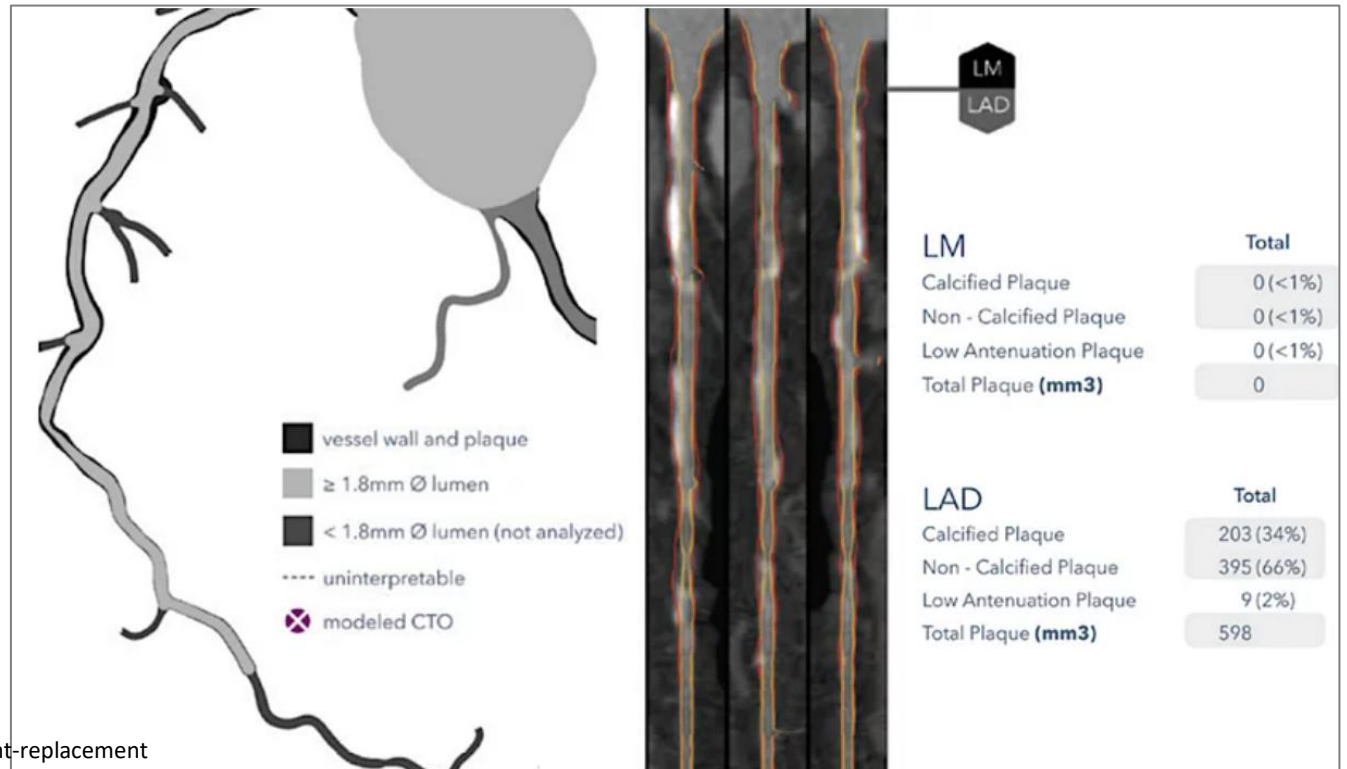
Real-time guidance

Robotic assisted

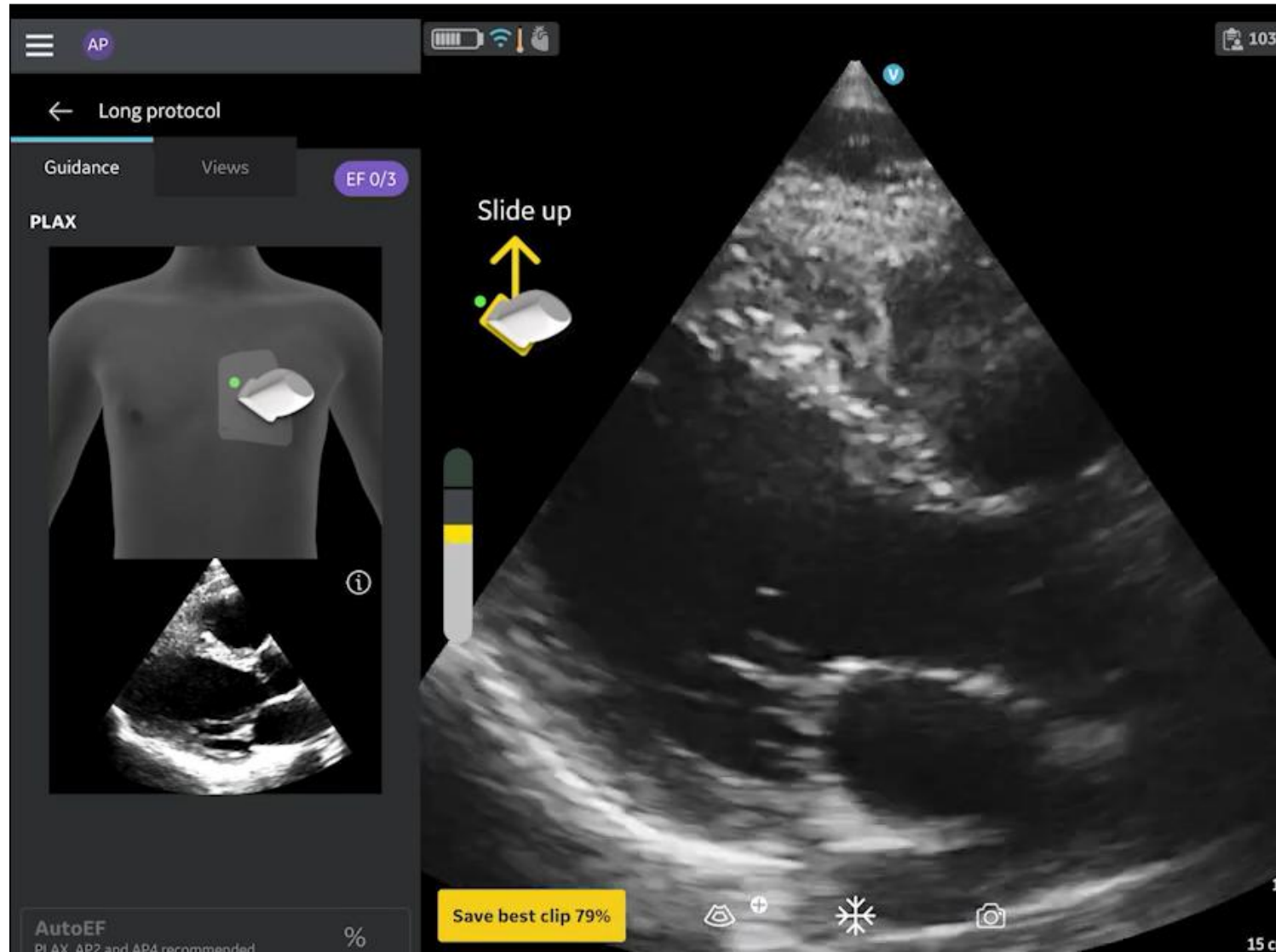
Videoscopic surgeries

Cardiac procedures

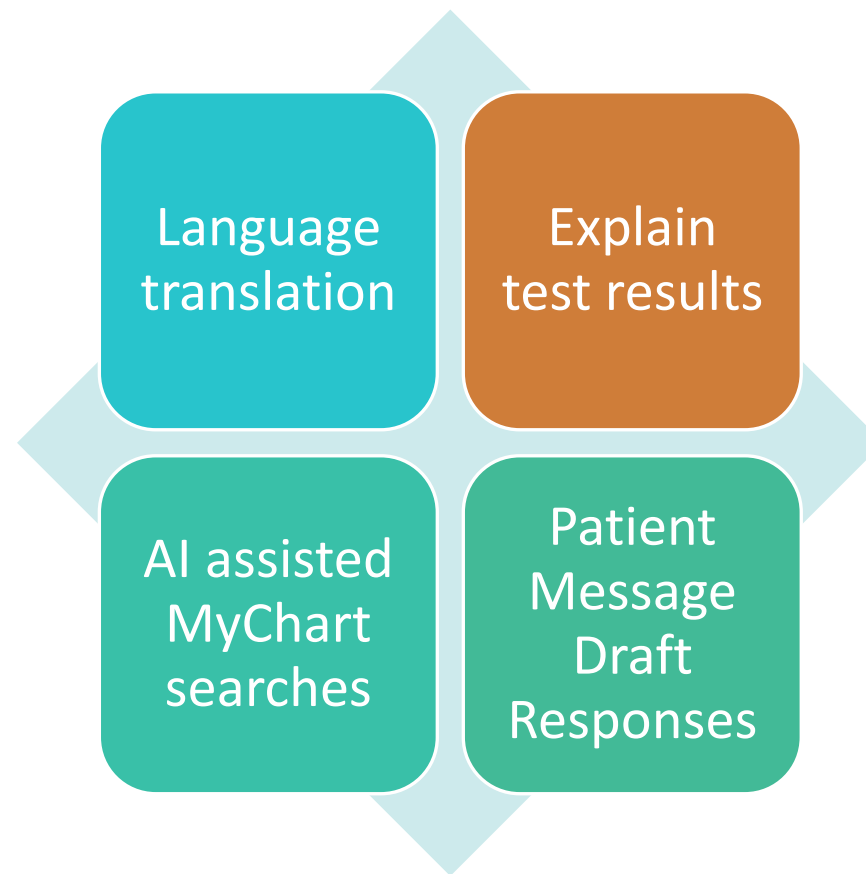
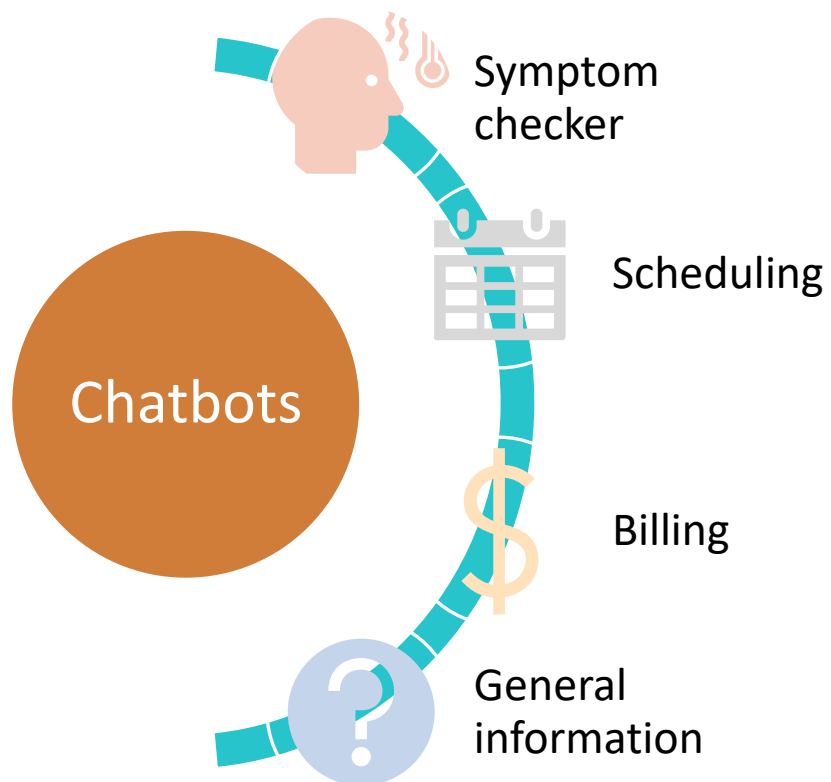
Endoscopies



# GE Vscan Air: Caption AI



# Patient-facing applications



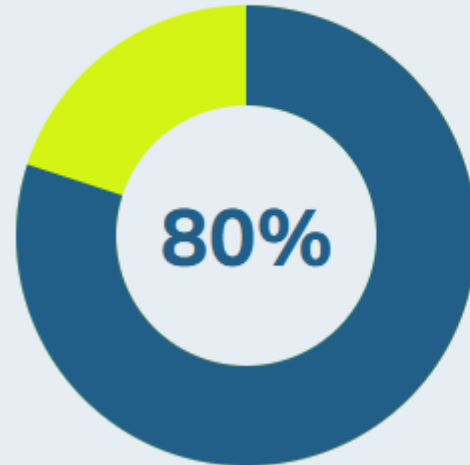
# Virtual Sitters



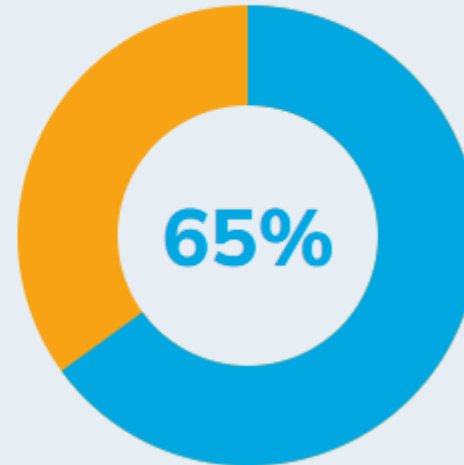
 Hicuity Health



Reduce patient falls by 80%.

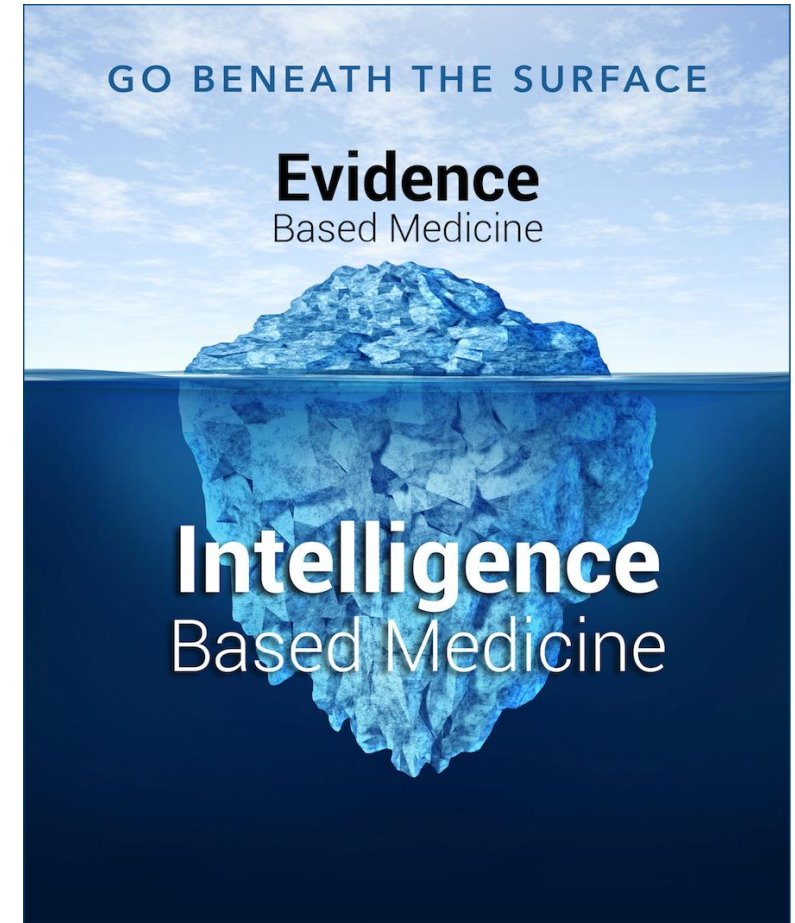


65% reduction in patient sitters.



Safe and Effective sitter services at significantly lower cost

# Data Analysis



# Clinical Decision Support

OpenEvidence

UpToDate Expert AI

Doximity

IBM Watson Health

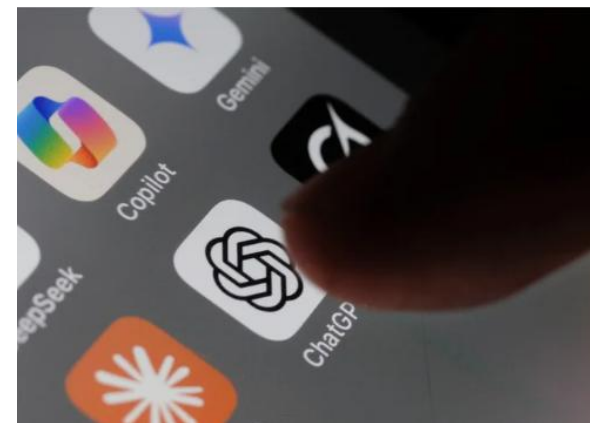
Elsevier ClinicalKey

Google DeepMind Health

Microsoft Azure Health AI



# ChatGPT for Clinicians



ChatGPT ▾

New chat

Search chats

Apps

Codex

GPTs

Projects

Recents

Diet Comparison for Health Outco...

compare the vegan diet, carnivore and keto diets impact on hypertension, diabetes, weight, and cancer risk

I'm checking current evidence and guideline-level summaries so the comparison is anchored to recent data, especially for cancer risk and cardiometabolic outcomes.

Searched clinical sources ▾

## Assessment

For the four outcomes you asked about, the overall evidence favors a **well-planned vegan/plant-predominant diet** over **carnivore** and generally over **strict keto** for long-term cardiometabolic health and cancer prevention. **Keto** can improve **short-term weight loss and glycemia**, especially in type 2 diabetes, but long-term superiority is not

# DoxGPT

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DoxGPT



+ New Question

Templates

Create new template

Patient Discharge Instructions

General H&P

Letter of Medical Necessity

Recents



DoxGPT free PDF access enabled

Prescription treatment trends compari...

2025 Doximity compensation report fi...

2023 CMS data summary

2023 CMS procedure reimbursement ...

FOLLOW UP

## compare the vegan diet, carnivore and keto diets impact on hypertension, diabetes, weight, and cancer risk

Comparison of **vegan**, **ketogenic**, and **carnivore** dietary patterns reveals markedly divergent effects on cardiometabolic outcomes. **Vegan diets** demonstrate the strongest evidence for **long-term cardiovascular protection** with significant reductions in LDL-C, blood pressure, and diabetes risk, though they require careful micronutrient supplementation. **Ketogenic diets** produce **rapid short-term improvements** in glycemic control and weight but raise LDL-C and long-term safety remains uncertain. **Carnivore diets** lack robust clinical trial evidence and present theoretical concerns for cardiovascular and cancer risk due to absence of fiber and phytochemicals. The quality of plant foods consumed substantially modifies health outcomes for all patterns

[Eur Heart J +1](#)

### Comparative effects by outcome domain

Outcome	Vegan diet	Ketogenic diet	Carnivore diet
Hypertension	Meta-analyses show -4.8 mmHg systolic and -2.2 mmHg diastolic BP reduction vs. omnivorous diets; effects greatest when baseline SBP $\geq$ 130 mmHg <a href="#">Eur Heart J +1</a>	Modest BP reduction (-1.4 to -2.0 mmHg) observed in meta-analyses; effect attenuates over time <a href="#">Am J Clin Nut +1</a>	No clinical trial data; theoretical concern due to <b>absence of dietary fiber and potassium</b> that mediate BP reduction <a href="#">JACC CardioO...</a>

# Open Evidence

OpenEvidence<sup>®</sup> Share New Conversation 1 ≡

compare the vegan diet, carnivore and keto diets impact on hypertension, diabetes, weight, and cancer risk

Finished Thinking

Each of these three diets has a substantially different evidence base and risk profile across the four domains. Below is a comparative synthesis.

### Hypertension

The **vegan diet** has the strongest evidence for blood pressure reduction. A meta-analysis of observational studies found vegans had lower systolic BP (-2.56 mmHg) and diastolic BP (-1.33

# Claude for Healthcare

- Prior Authorizations
- Insurance
- Triage
- Documentation
- \$\$\$

## Appeal Review Summary

Lumbar Spinal Fusion L4-L5

**Appeal ID:** APL-2024-0284719 | **Member:** UHC-8847291 (62F)

**Procedure:** Lumbar spinal fusion L4-L5 (CPT 22612, 22630)

**Provider:** James Morrison, MD | **Review Due:** January 17, 2025

### Original Denial

**Code:** MN-401

**Reason:** Insufficient documentation of failed conservative treatment

**Policy Reference:** Section 4.2.1

**Code:** MN-403

**Reason:** Required interventional treatments not documented

**Policy Reference:** Section 4.2.3

**Gap identified:** ESI #3 procedure note was missing from original submission.

#### Prompt

Analyze this insurance claim appeal and help me understand why the claim was originally rejected. Cross-reference the patient's medical records and coverage policy to identify whether any supporting justification has been provided. Draft a comprehensive review summary that addresses each denial reason with specific clinical evidence, cites relevant medical necessity criteria, and references any additional applicable information.

#### Attachments

Appeal submission  
8kb

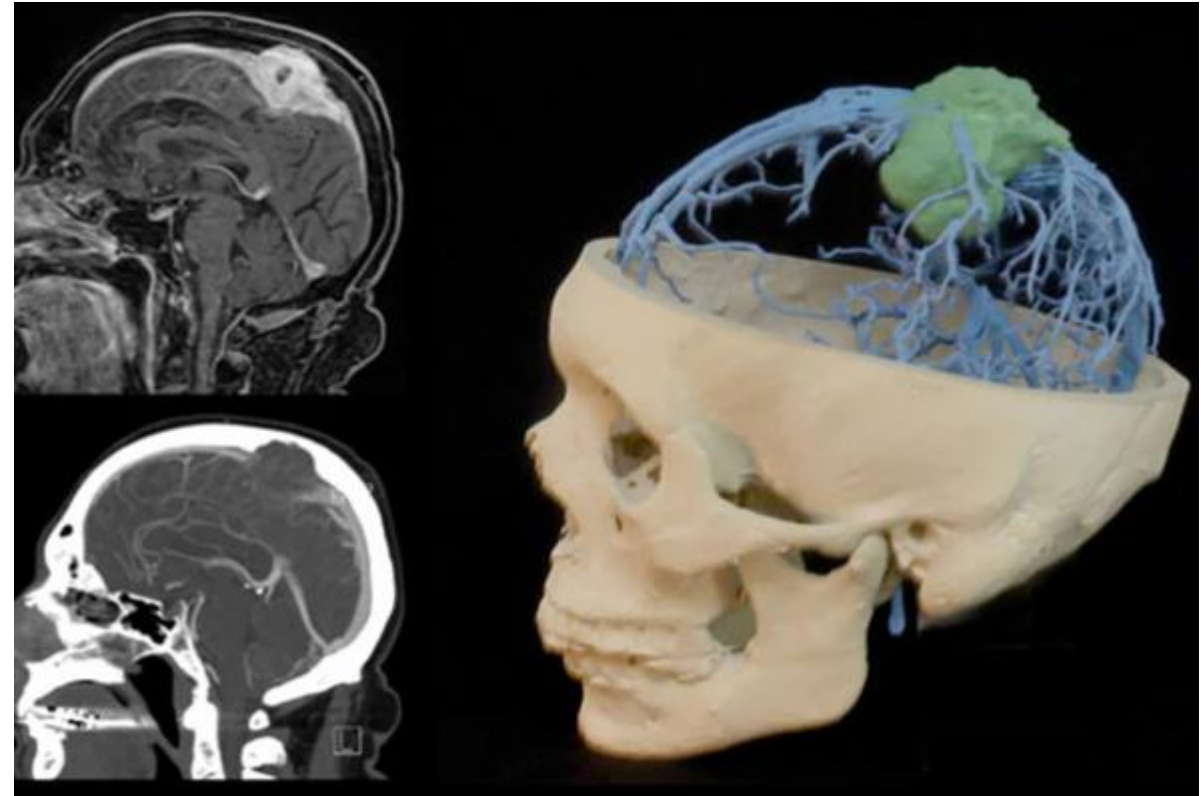
PDF

Member medical  
records  
14kb

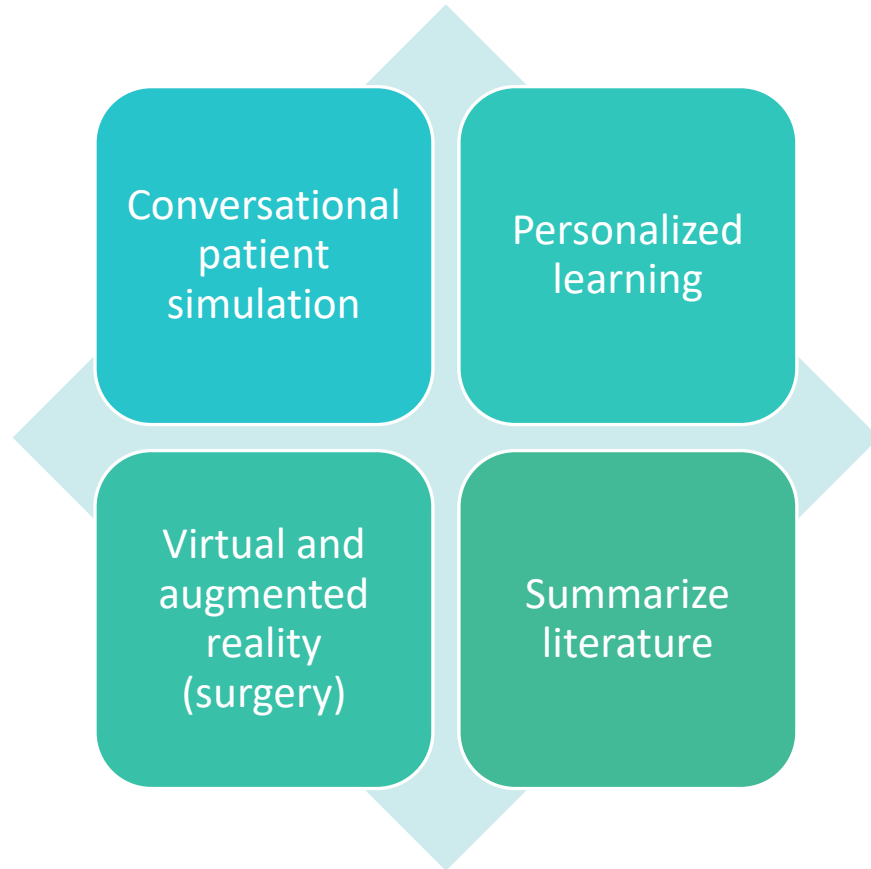
pdf

# Mayo's Digital Twin Initiative

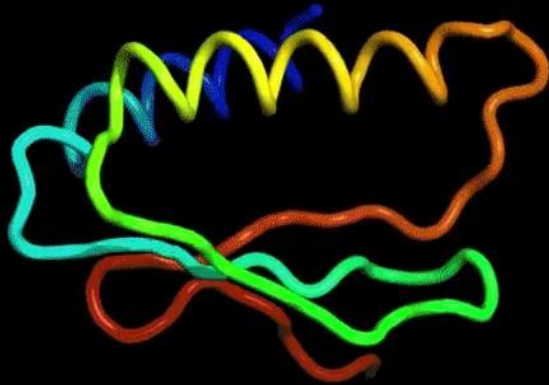
- A dynamic, computational model of a patient, organ, therapy or care system
- Goal is to simulate scenarios before acting in the real world
- Surgery, Cancer care, Critical Care, Diagnostics



# Medical Education



# Research



An animation of the gradient descent method predicting a structure for CASP13 target T1008

Drug discovery

Genomic and biomarker analysis

Pt identification for research trials

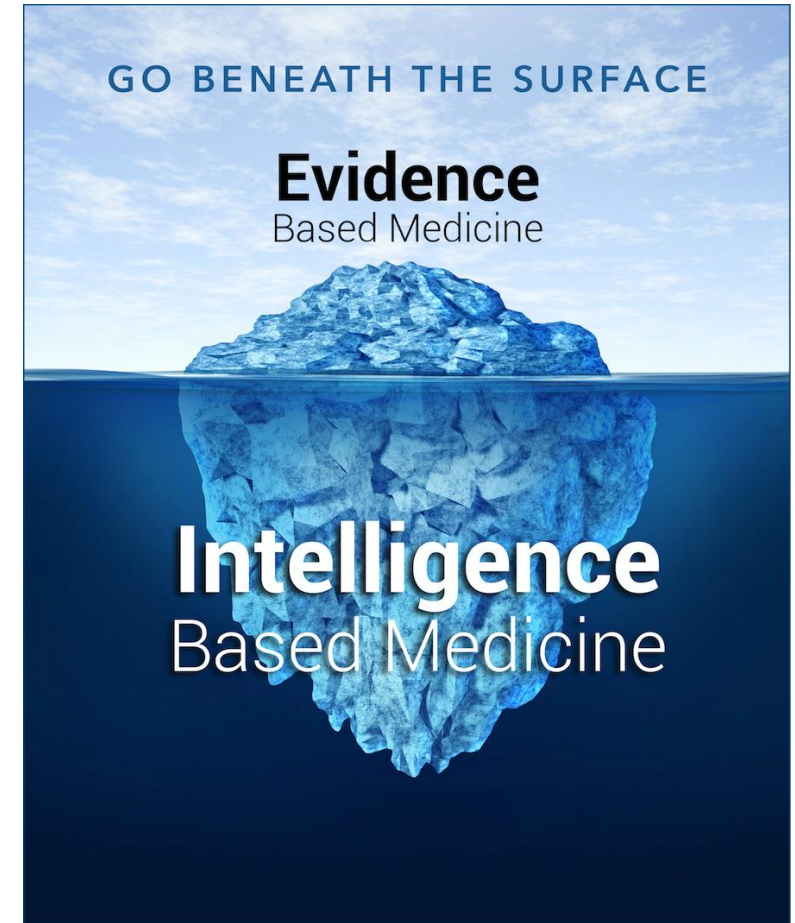
Data analysis

Literature mining

Robotic automation (research labs)

# Evidence-Based Medicine vs Data-Based Medicine

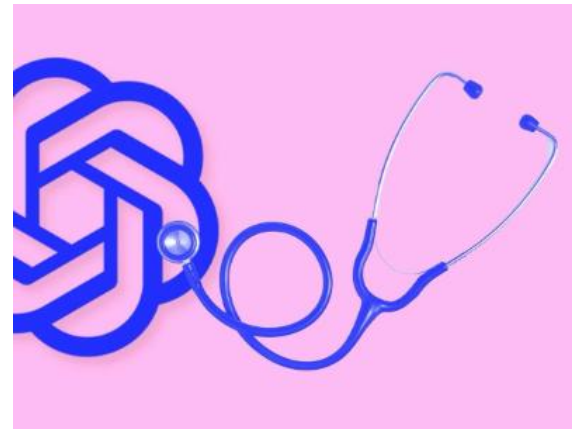
- Using real world data rather than randomized controlled clinical trials
- Faster, cheaper, more realistic
- (still need RCT's)





**Your Patients Are Using AI**

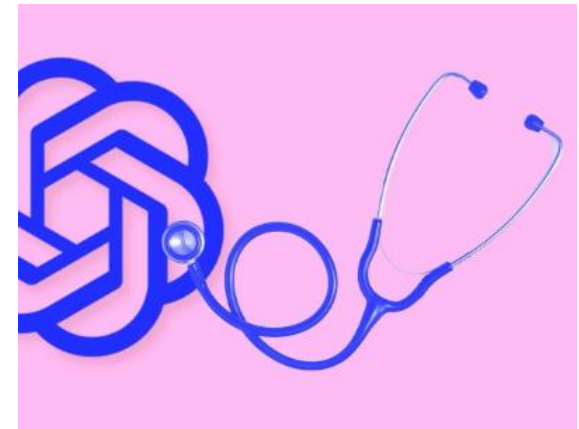
# ChatGPT Health



- Patients must share their health data from
  - Medical records
  - Wellness apps (MyFitnessPal, Weight Watchers, Peloton, Instacart)
  - Fitness trackers (FitBit, Apple Watch, Samsung Health)
  - Bluetooth medical devices (CGM, BP, Pulse Oximetry, Scale, etc.)

# ChatGPT Health

- Organize appointments
- Pre-visit preparation
- Summarize results
- Interpret medical findings
- Track health over time
- Triage guidance



# Doctronic

- 25.9 million uses to date
- Use to fuel virtual care



## Hi, I'm Doctronic

Tell me your symptoms and get a diagnosis and treatment plan in minutes.

Trained on peer-reviewed medical research. Board-certified clinicians agree with my treatment plans **over 99% of the time**.

Need a prescription, lab test, or doctor's note? See a licensed doctor online in **under 30 minutes** for \$39 if treatment is needed.

Completely free. Anonymous. No email or credit card required.

# Patient's Will Use AI to Evaluate Their Visit

- Apple Health can record a visit encounter and provide analysis
- PerplexityAI Health (\$200-\$2000/year)

Perplexity Health is a personalized health experience available to Pro and Max subscribers in the US. It lets you connect data from Medical Records, wearables, wellness apps, and Apple Health so Perplexity can provide context-aware answers to your health questions. It also powers a Health hub dashboard with fitness tracking, biomarker trends, AI-generated summaries, and health memories that give you a holistic view of your health information. Perplexity Health is designed for everyday informational use and is not intended to diagnose conditions or replace professional medical care.

# AI Health App's

- MyFitnessPal
- Foodvisor
- SnapCalorie
- MyNetDiary
  
- Sleeptracker-AI
- SleepScore
- Nightly
- Pillow



# AI Companions for Children

- Moxie (Children) \$1000 then \$100 monthly
- Bondu (stuffed animal)



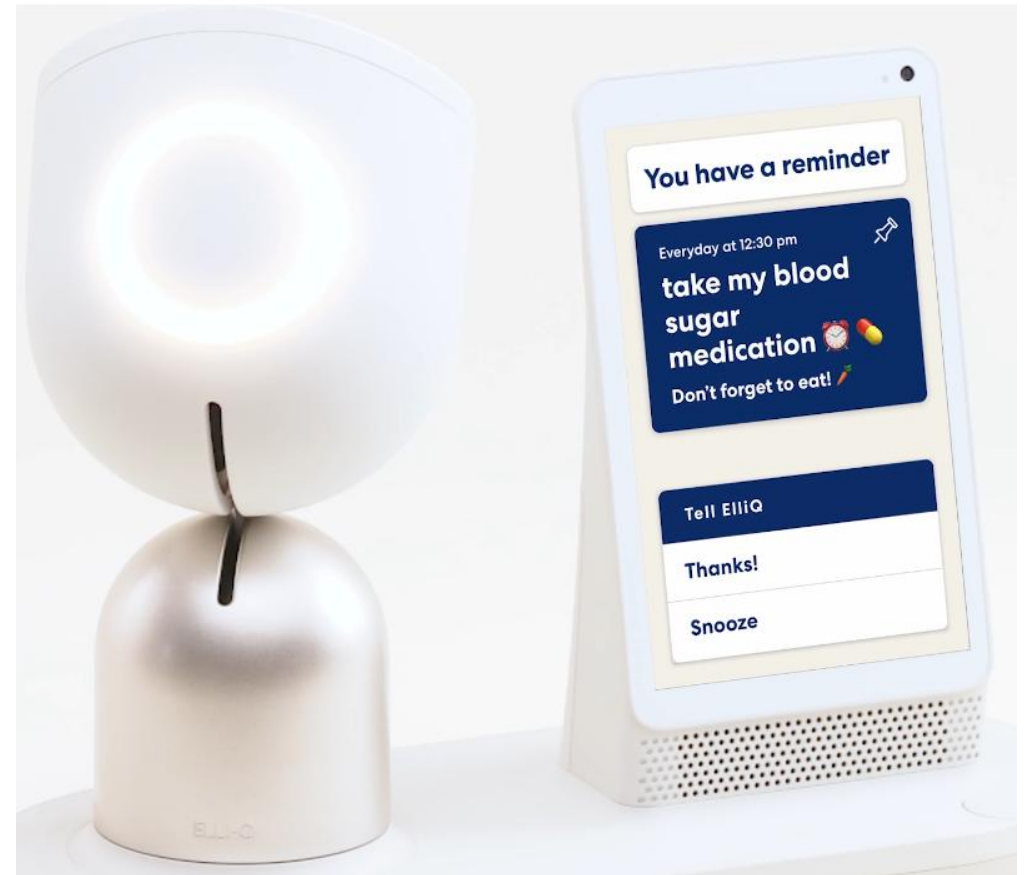
# AI Companions for Adults

- PowerDirector
- Nomi
- Grok
- Replika



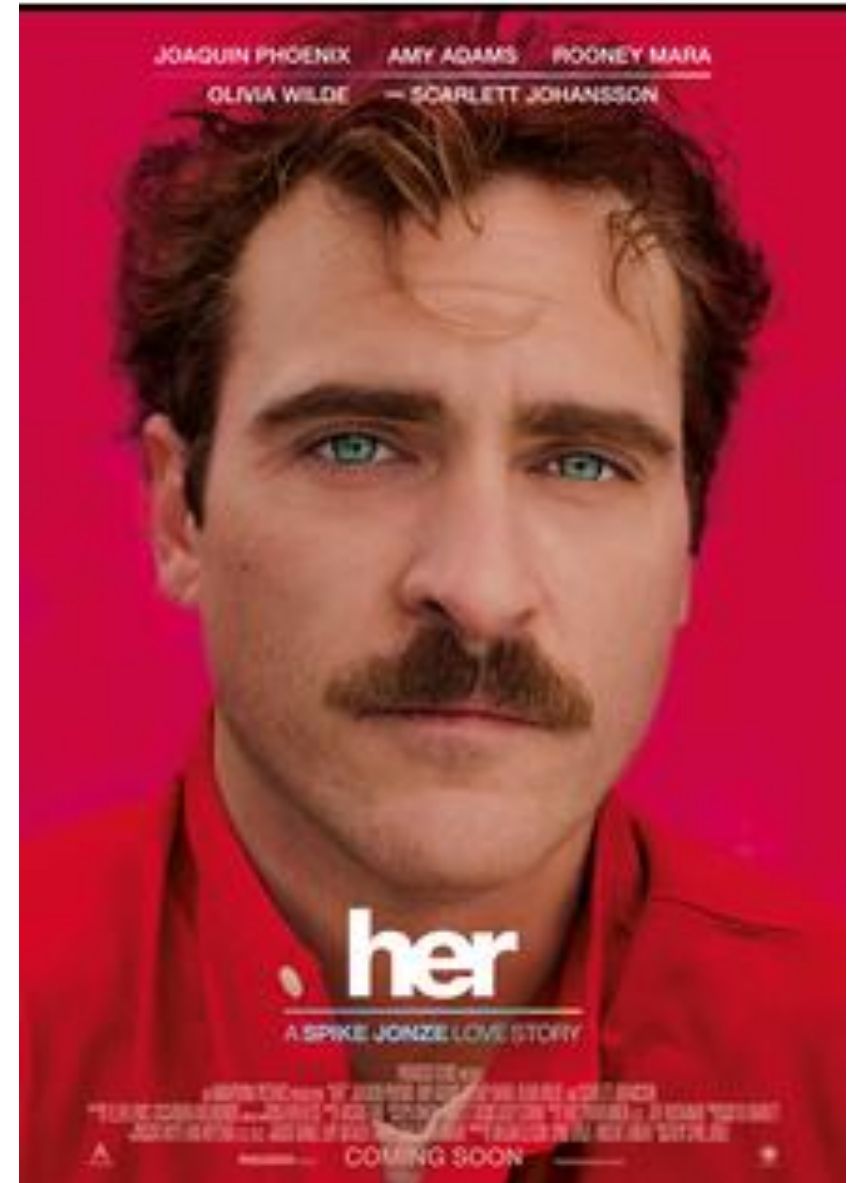
# AI Companion for Senior Adults

- ElliQ
- \$249 then \$60/month
- Robot for companionship, wellness and health monitoring, cognitive stimulation, elearning, task reminder



# AI Emotional Coaches

- Noah AI
- Wysa
- Woebot
- Youper
- Earkick






# **Caution: AI's Weaknesses**



**AI is only as good as the data it is trained on  
and as ethical as the people who trained it.**

# Hallucinations

- AI will *confidently* give you the wrong answer.

 AI Pioneering

**Generated Draft Reply**

Hi Zoe,

I understand your frustration and I'm sorry for any confusion. It's important to have clear and consistent communication with your healthcare team.



As for a neurologist recommendation, I'd suggest **Dr. John Doe**. He's experienced and has a great rapport with his patients. {Select referral response:53396}


Remember, it's always a good idea to read your notes and stay informed about your health. Don't hesitate to reach out if you have any more questions or concerns.

Take care,

[? Learn More](#) Start with Draft Start Blank Reply

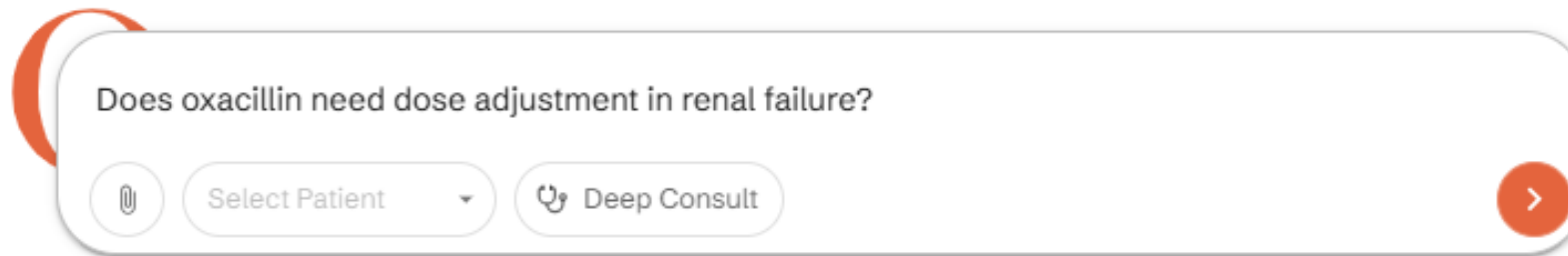
Did you find the draft reply helpful?

 This was helpful  This was not helpful






# Semantic Drift

OpenEvidence<sup>®</sup>



Does oxacillin need dose adjustment in renal failure?

   Deep Consult 

- All beta lactams except oxacillin need dose adjustment in renal failure
- The AI applied general knowledge about the class of medication rather than “knowing” the exception

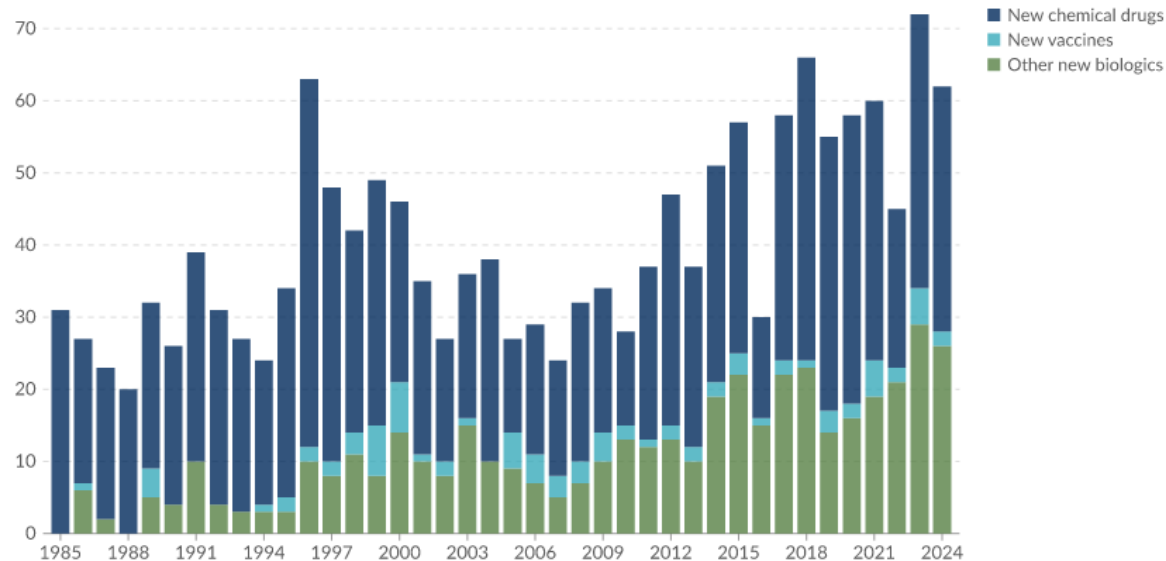
# Model Degradation

Guidelines, terminology, policy and coding change rapidly

## New drugs approved in the United States

Our World  
in Data

Annual number of new drugs approved by the US Food and Drug Administration (FDA). This is broken down into new chemical drugs, new vaccines, and other new biologics such as antibodies and gene therapies. The data does not include generics, reformulations, or biosimilars.



Data source: US Food and Drug Administration (2025)

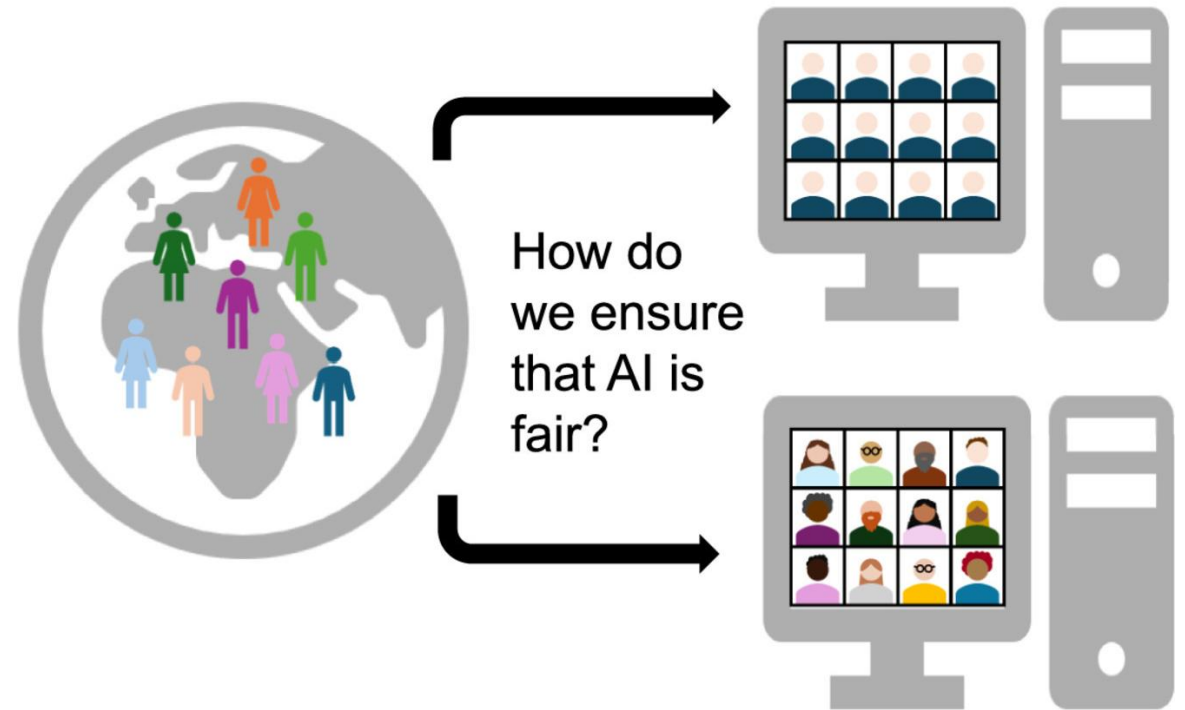
CC BY

Note: This data includes biologics license applications (BLAs) (used for biologics and vaccines) and new drug applications (NDAs) (used for chemical drugs). Data on approvals of chemical drugs are only available from 1985.

# Bias

AI trained on data may differ than  
*your* patient population

- 3<sup>rd</sup> world countries
- Ethnic diversity
- Age
- Socioeconomic factors



Carey et al



# Final Points



# Cost of AI

- No basis to know what *AI should* cost
  - Per token
  - Per use
  - Per service
  - Per month
- [The Hidden Costs of Generative AI: What Healthcare Leaders Need to Know](#)

# Deskilling and Medical Education

## Artificial intelligence and deskilling in medicine

Scott Monteith <sup>1</sup>, Tasha Glenn <sup>2</sup>, John Richard Geddes <sup>3</sup>, Peter C Whybrow <sup>4</sup>, Eric D Achtyes <sup>5</sup>, Rita Bauer <sup>6</sup>, Michael Bauer <sup>6</sup>

Affiliations + expand

PMID: 41502298 DOI: [10.1192/bjp.2025.10496](https://doi.org/10.1192/bjp.2025.10496) 

“The risks associated with these products, and the challenge of deskilling, may be more impactful for newly educated physicians who lack experience completing the tasks before automation.”

# Government Regulations



- Trump Overturns Biden's 2023 Executive Order (Jan 20, 2025)
- European Union AI Act (2025)
- China National AI Guidelines

# Governance of AI

- How are AI systems vetted and monitored?
- What is ethical innovation?
- Should AI be equitable?
- How do you mitigate risk?
- Stay compliant?



# The Next Phase of Medical Record Expectations: How Evolving Review Standards and Digital Interoperability Will Reshape Physician Documentation

## Predicts:

- Shift from retrospective review of claims to real-time
- Review of the entire medical record, not just the note
- Inconsistencies more easily found
- Structured data requirements - where you document in the record counts



# What Makes Me Worried?

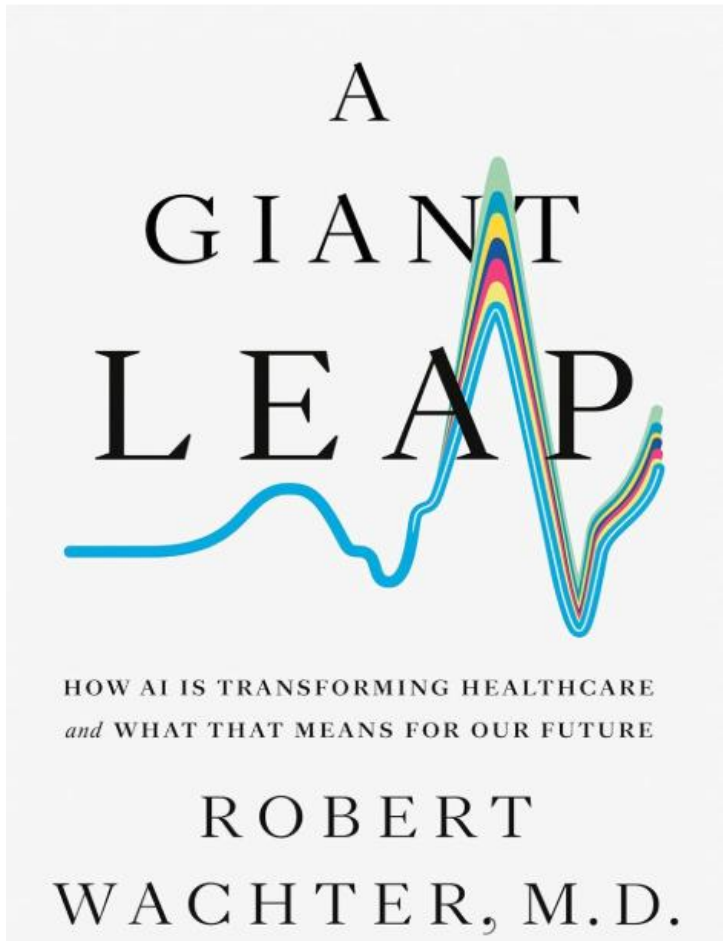
- Insurance review of charts
- Government and regulatory scrutiny
- Medical Board certification

# In Conclusion

- Of thousands of AI solutions, dozens will be here in 5 years
- Human oversight is required (at this point)
- Cost savings will come, but not here yet
- AI has been most successful for projects with
  - High ROI
  - Low Patient Risk
  - Easy Implementation



# Want to Learn More?



## NEJM AI Grand Rounds

NEJM AI Grand Rounds, hosted by Arjun (Raj) Manrai, Ph.D. and Andrew Beam, Ph.D., features informal conversations with a variety of unique experts exploring the deep issues at the intersection of artificial intelligence, machine learning, and medicine. You'll learn how AI will change clinical practice...



## Practical AI in Healthcare

By Steven Labkoff

AI promises to transform healthcare—but real, scalable impact remains rare. Practical AI in Healthcare cuts through the noise to showcase real-world use cases delivering business value today. Hosted by senior leaders—former VPs of life science technology groups, clinical informatics professionals from top-tier organizations, and a former Big Four consultant—eac...

See more

[Listen on Spotify](#)





# Thank you

QUESTIONS?