Navigating AI in Healthcare: Challenges, Strategies, and Success Metrics

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Disclosures

None







Objectives

- 1. Describe the impact of Al-driven digital transformation.
- 2. Analyze the key challenges and strategic considerations for successful Al integration within healthcare organizations.
- 3. Formulate a digital transformation roadmap incorporating AI technologies to drive operational excellence and improve patient outcomes in healthcare settings.















Mainframe and PCs 1960s-1980s

Client server and internet 1990s-2000s

Cloud, mobile and big data 2000s-2010s

Intelligent technologies 2010s-2020s

Enabling technologies

- Transistors & silicon revolution
- Large scale mainframe computing adoption
- Emergence of PC's
- Plant floor automation

- Widespread PC adoption
- Broadband internet
- ERP and business process technologies
- Mobile & smartphone ubiquity
- Cloud computing
- Social networks
- Big data

- Machine learning (ML) and artificial intelligence (Al)
- Internet of things (IoT) and distributed computing
- Blockchain

Customer value creation

Industrial automation

Business process automation

Digital transformation

Intelligent enterprise







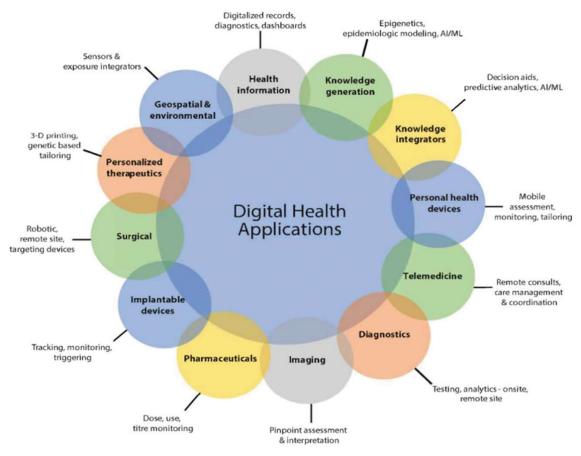


FIGURE 1 | Evolving Applications of Digital Technology in Health and Health Care

SOURCE: National Academy of Medicine. 2019. Digital Health Action Collaborative, NAM Leadership Consortium: Collaboration for a Value & Science-Driven Health System.





Level Setting

It is genuinely challenging to set a comprehensive GenAl strategy today.

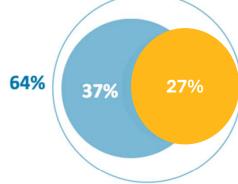
"How much do you agree with the following statements about generative AI at your organization"

Agree

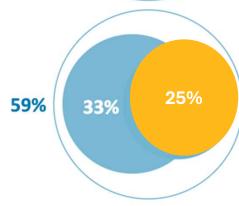
Strongly agree

Agree/Strongly agree

It's difficult to set a longterm strategy with rapid pace generative AI is evolving



My organization has focused more on short-term experimentation in generative AI, rather than forming a longterm strategic vision.



Base: 150 US health payer and delivery decision-makers at the director level or higher who are responsible for generative AI strategies at their organization

Note: Showing top two responses; total percentages may not equal separate values due to rounding.

Source: A commissioned study conducted by Forrester Consulting on behalf of EXL, March 2024





Level Setting

Data drives GenAl's power but can also complicate adoption.

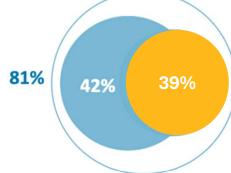
"How much do you agree with the following statements about generative AI at your organization"

Agree

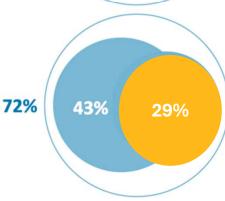
Strongly agree

Agree/Strongly agree

My organization has lots of data, but it's not yet prepared to leverage it effectively for generative AI.



The volume and types of data my organization works with is constantly expanding



Base: 150 US health payer and delivery decision-makers at the director level or higher who are responsible for generative AI strategies at their organization

Note: Showing top two responses

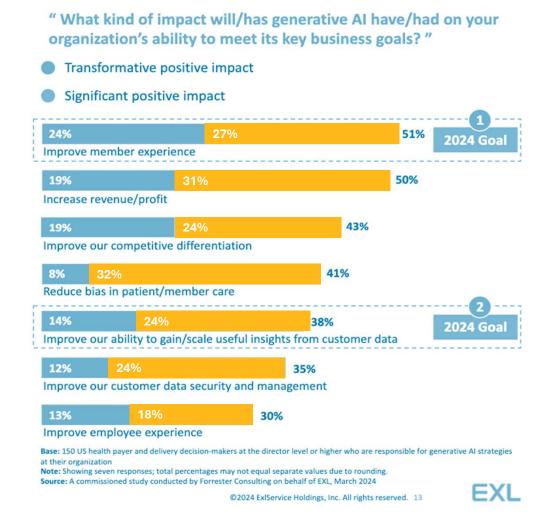
Source: A commissioned study conducted by Forrester Consulting on behalf of EXL, March 2024





Level Setting

It's time to move from experimentation to implementation.

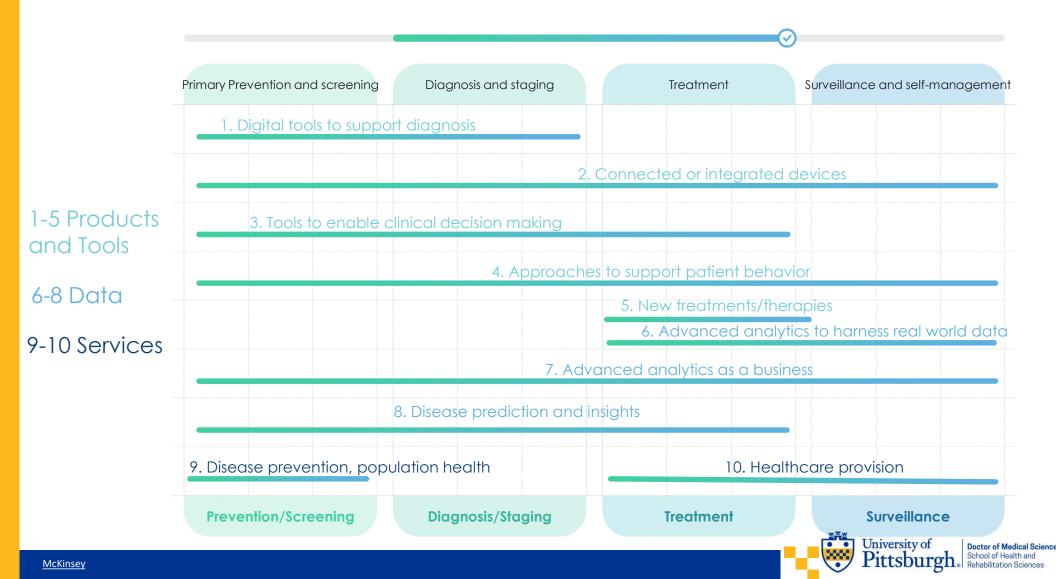




Is Digital Health Needed to Solve the Problem?









Statistics

Global healthcare spending is projected to reach \$10 trillion by 2024.

Al has the potential to reduce this spending by up to \$360 billion.

By 2030, there will be a global shortage of over 10 million healthcare workers.

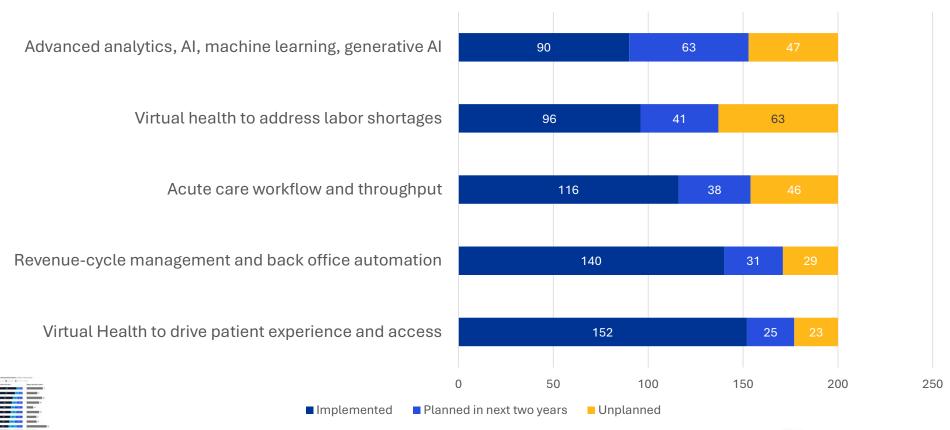
Al can help bridge this gap by automating tasks and supporting healthcare professionals. Chronic diseases are on the rise, accounting for 75% of global healthcare costs.

Al-powered tools can improve chronic disease management and prevention.





Digital Investment Priority Areas and Perceived Impact







Why should you invest?

- Improved patient outcomes: Al can lead to earlier and more accurate diagnoses, personalized treatments, and better disease management.
- Increased efficiency and reduced costs: Al can automate administrative tasks, optimize resource allocation, and improve operational workflows.
- Enhanced patient experience: Al-powered tools can provide 24/7 access to care, personalized support, and improved communication with healthcare providers.





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What the data shows?

Growth in Spending

- Employers
- Health Systems
- Health Plans

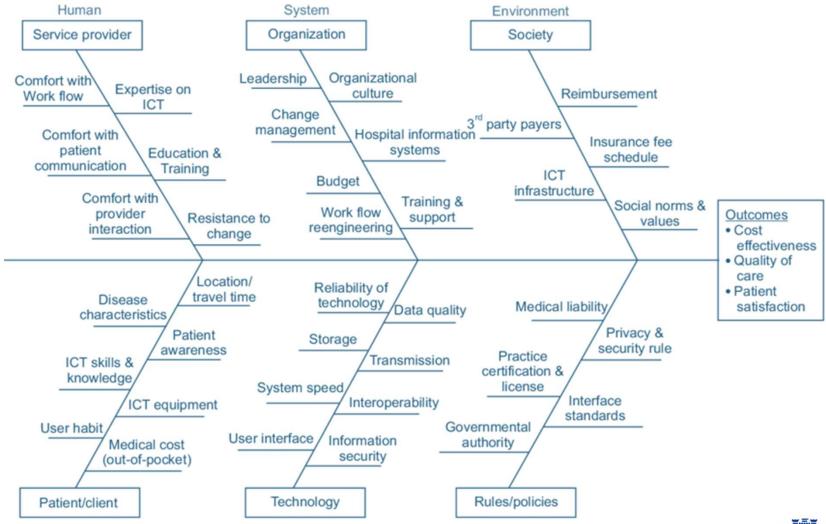
Key Factors Driving Investment

- Consumer Demand
- Improved Health Outcomes
- Cost Savings









Fishbone Slide 15



Barriers of Digital Health



Benefits of Digital Health

-Increased access
-Long-term cost reduction
-Personalized/tailored medicine
-Improved clinical cardiovascular treatment

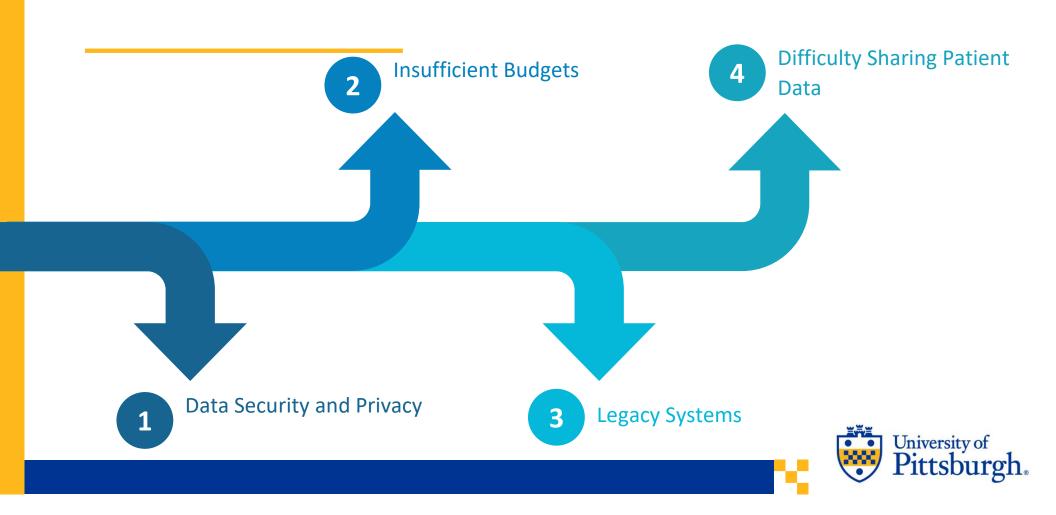
Mobile health (mHealth)
Electrocardiography
Accelerometers
Remote patient monitoring
Photoplethysmography

The Learning Healthcare System (LHS)

Patient-clinician **Culture of continuous** Science and informatics Incentives partnerships learning Generation, organization, and Engaged/empowered patients and Aligned incentives and a Strong leadership instills a analysis of clinical data culture of continuous learning culture of continuous available to providers and provide critical data concerning anchored by strong leadership learning. patients provides personalized their health, various behaviors, are essential. insights into the best care environments, and interactions that influence it. decisions and delivery. Patient-Reported Data
Surveys <u>Cultural components</u> Strong physician leadership Continuous feedback Shared improvement goals Biometric sensors Mobile and Web-based applications

Improve quality and efficiency of health care

Factors Affecting Healthcare Facilities' Ability to Adopt Digital Technologies

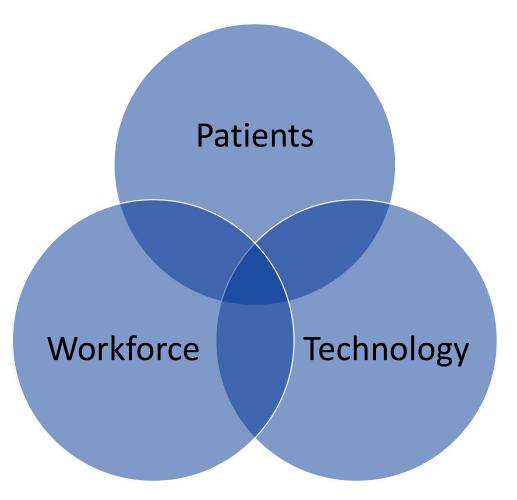


Policy and Practice Recommendations





Three areas of focus









Patient-Centric Al

- Al-powered symptom checkers and virtual assistants
- Remote patient monitoring (RPM) using wearable devices
- Personalized treatment plans



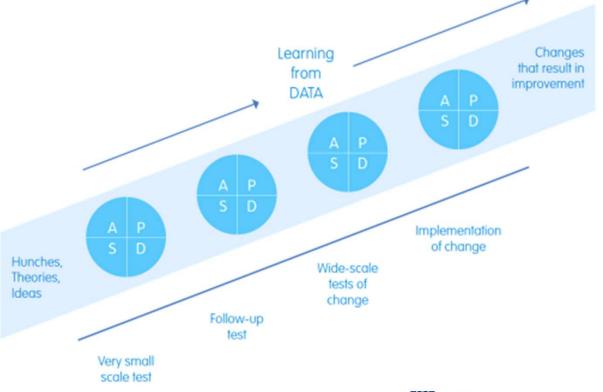






Strategic Investment in Al

- Develop a comprehensive Al strategy
- Invest in robust data infrastructure
- Foster collaboration and partnerships

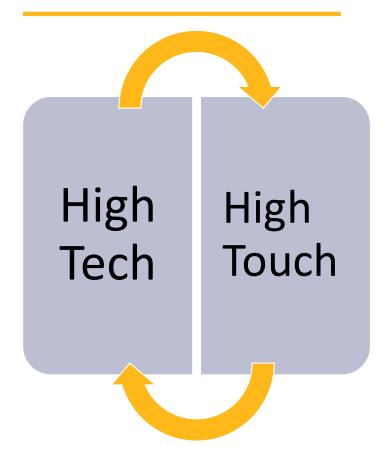








Workforce Training and Development



- Upskilling and reskilling programs
- Create new roles
- Promote a culture of innovation





Scale pilots across all departments Establish a fully digital, Aloptimized ecosystem

Adapt to emerging healthcare trends

Establish an infrastructure that supports the integration of technologies

Integrate AI into clinical decisionmaking processes

Foster a culture of innovation and digital health literacy among clinical staff

Pilot key Al-driven initiatives in areas

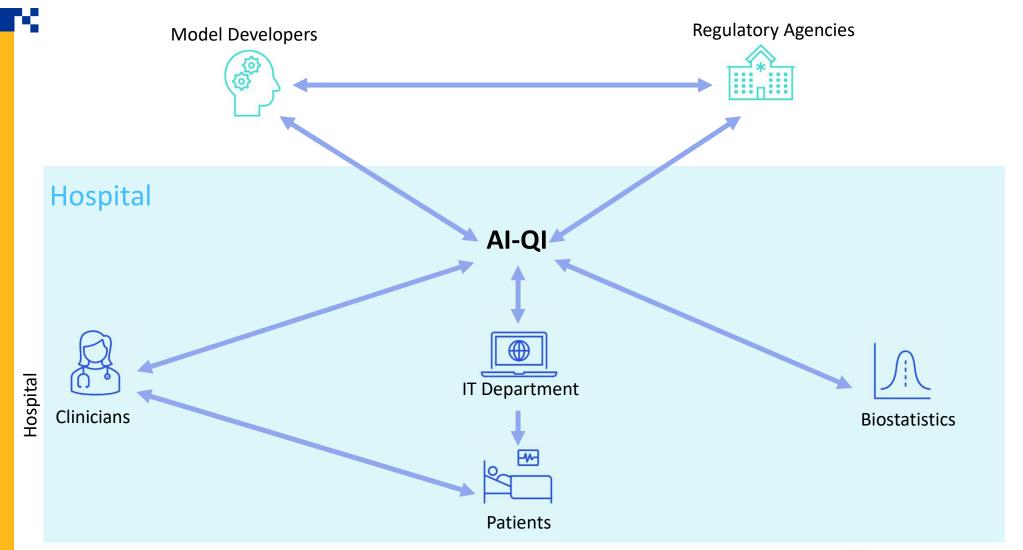
Begin data-driven predictive analytics for operational optimization Continue refining Al systems for patient-centric outcomes

NOW (Foundation Building)

NEXT (Scaling)

LATER (Sustainability)

University of Pittsburgh.













Claude Computer Use Demo

▲ Security Alert: Never provide access to sensitive accounts or data, as malicious web content can hijack Claude's behavior

Chat HTTP Exchange Logs

you can see a construction site by taking screenshots, please monitor the site and look for issues with safety, things that could be improved, and opportunities for coaching. just keep going for at least 10 screenshots and then summarize



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	Trip hazards from scattered materials		Immediate		Site Foreman	Focus on main access pa
	Unmarked excavation edges		Immediate	Open	Site Safety Supervisor	Use both physical barrie
6		Mark clear vehicle paths and worker zones	Immediate			Include staging areas for
7	venicle pedestrian interaction zones uncle	Frank clear vehicle paths and worker zones	mmediace	Open	Site Surety Supervisor	include staging areas for
	Open trenches without protection	Install trench protection systems per OSHA requiremen	24 Hours	Open	Site Engineer	Verify soil classification
	No visible concrete testing station		24 Hours	Open	QC Manager	Include slump test area :
	Missing elevation control points		24 Hours		Site Engineer	Critical for proper slab e
	Inadequate PPE visibility	Implement full PPE requirements including high-viz ves		Open	Safety Manager	Document compliance cl
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	Inefficient material staging	Create dedicated material staging areas	48 Hours	Open	Site Superintendent	Label areas by material
	Poor tool organization		48 Hours		Tool Room Manager	Include check-out syster
	No visible inspection points		48 Hours		QC Manager	Include weather-protect
	Unclear pour sequence		48 Hours		Concrete Foreman	Use color coding system
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	No designated break areas	Set up proper rest/water stations	72 Hours	Open	Site Superintendent	Include shade structures
	Limited visual management		72 Hours		Project Engineer	Include weather protecti
	No clear QA checkpoints		72 Hours		QA Manager	Document all inspections
	Limited knowledge transfer opportunities		72 Hours		Training Coordinator	Include visual aids
22	cliniced knowledge dansier opportunities	create designated daming zones	72 Hours	Open	Training Coordinator	include visual dids
23	Dust control measures inadequate	Implement comprehensive dust control plan	1 Week	Open	Environmental Manag	Include water truck sche
	Poor material flow patterns		1 Week		Logistics Manager	Map out complete flow
	Insufficient progress tracking		1 Week		Project Engineer	Include photo document
26	No visible best practice sharing		1 Week		Quality Manager	Include worker input
27	No visible best producted sharing	or cace best practice documentation system	TIVEEK	Open	Quality Planager	meiade worker input
	Informal work processes	Develop standard work procedures	2 Weeks	Open	Operations Manager	Document tribal knowled
	Limited visual planning tools		2 Weeks		Project Manager	Include 3-week lookahea
	Suboptimal crew movements		2 Weeks	Open		Map movement patterns
31	Limited weather protection planning		2 Weeks		Project Engineer	Include material protecti
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7	SAF-003		IMMEDIATE SAFETY	Unmarked excavation edges	OPEN	David Wilson	11/4/24					
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9	SAF-004		1 IMMEDIATE SAFETY	Vehicle-pedestrian interaction zones unclear	OPEN	Tom Brown	11/4/24					
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11	QC-001		2 QUALITY CONTROL	Missing elevation control points	OPEN	Sarah Chen	11/5/24					
12	OC-002		2011ALITY CONTROL	No sight and the book of the	OBEN	Mark Davis	11/5/24					
14	QC-002		2QUALITY CONTROL	No visible concrete testing station	OPEN	Mark Davis	11/5/24					
15	PROC-001		3WORKFLOW	Inefficient material staging	OPEN	Lisa Anderson	11/6/24					
16	11100001		5115/IIII 2511	memorale material staging	0.2.0	Lisa / Iliacisani	22/0/21					
17	PROC-002		3WORKFLOW	Poor tool organization	OPEN	James Wilson	11/6/24					
18	A CONTROL OF THE CONT											
19	Notes:											
20	- Daily updates required for all Priority 1 items											
21	- Photo documentation required before and after completion				-							
22	- Verification signature required for closeout				-							
23	- Root cause analysis required for all items				-		-					
24	- Preventive actions must be documented and implemented				1							
	Status Codes:				1		+					
	OPEN: Issue identified	not started										
	IN PROGRESS: Work has begun	THE SCATCE OF					1					
	PENDING VERIFICATION: Work completed	awaiting inspection										
30	CLOSED: Issue resolved and verified	-										
31	ON HOLD: Work temporarily stopped											
32												
	Tracking Requirements:											
	Daily morning review of all open items				<u> </u>		1					
	2. Photo documentation of progress				-		-					
	3. End-of-day status updates						-					
	Weekly trend analysis Monthly preventive action review	-	-		-		_					



- Write clear goals
- Identify your champion
- Be flexible and adaptable















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School of Health and Rehabilitation Sciences