

National Institute for Health Care Management Foundation Webinar on AI and Healthcare

Opportunities and Challenges in the use of AI and ML in Healthcare

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Disclosure

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Medical Knowledge Growth, Complexity, & Care Variability

Figure 1. Page Volume of National Comprehensive Cancer Network Clinical Practice Guidelines by Disease Site, 1996-2019

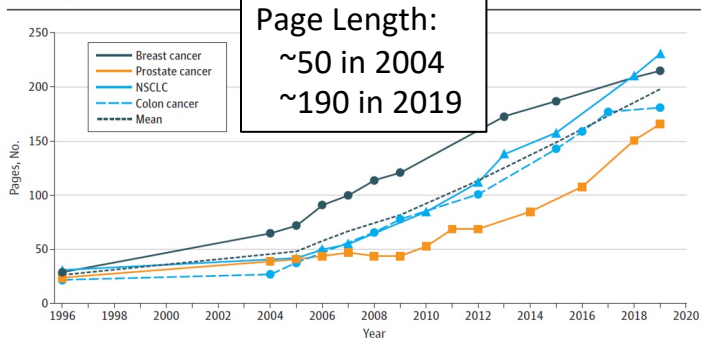
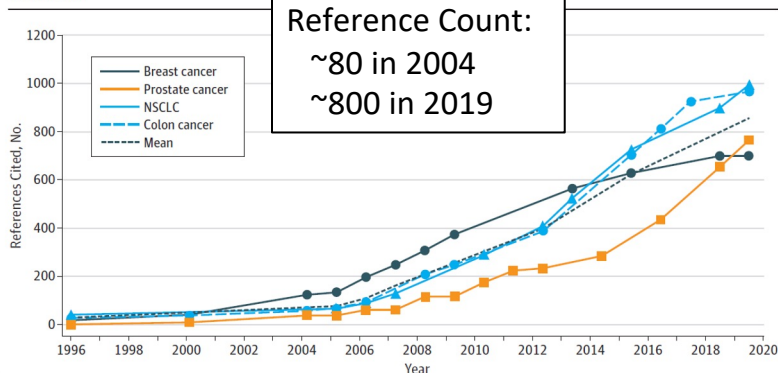
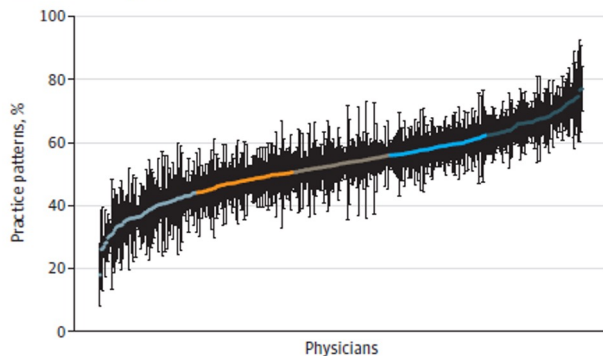


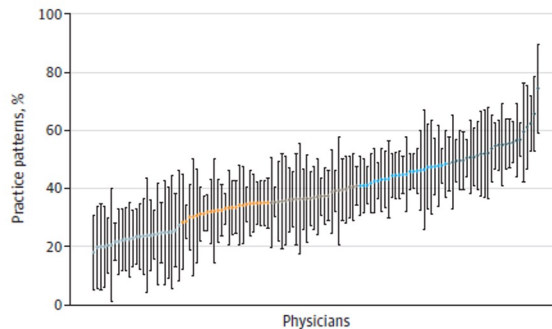
Figure 2. References Cited in National Comprehensive Cancer Network Clinical Practice Guidelines by Disease Site, 1996-2019



A Statin therapy in patients with chronic CAD



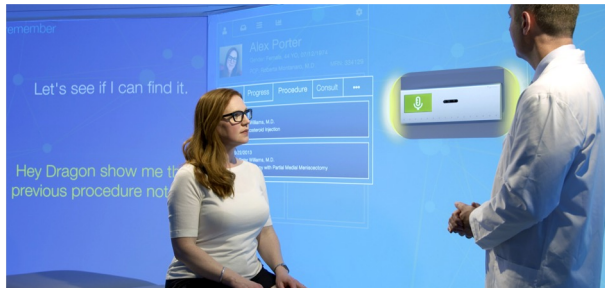
E Bronchodilator use in patients with COPD



Kann BH, et al, Nguyen PL. Changes in Length and Complexity of Clinical Practice Guidelines in Oncology, 1996-2019. *JAMA Network Open*. 2020;3(3):e200841-e200841.

Song Z, Kannan S, Gambrel RJ, et al. Physician Practice Pattern Variations in Common Clinical Scenarios Within 5 US Metropolitan Areas. *JAMA Health Forum*. 2022;3(1):e214698-e214698.

Promise of Artificial Intelligence & Machine Learning



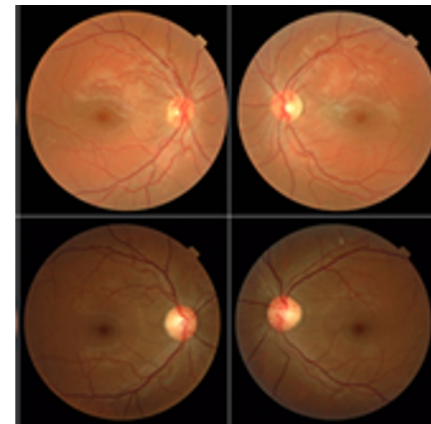
Ambient AI



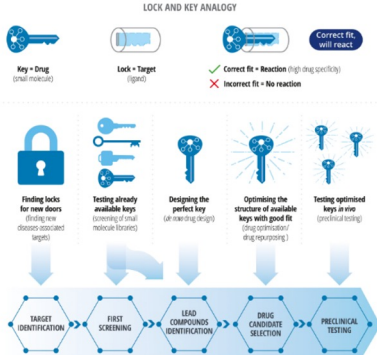
<https://capx.co/artificial-intelligence-could-be-the-radiologist-of-the-future/>

Imaging Processing

Autonomous AI

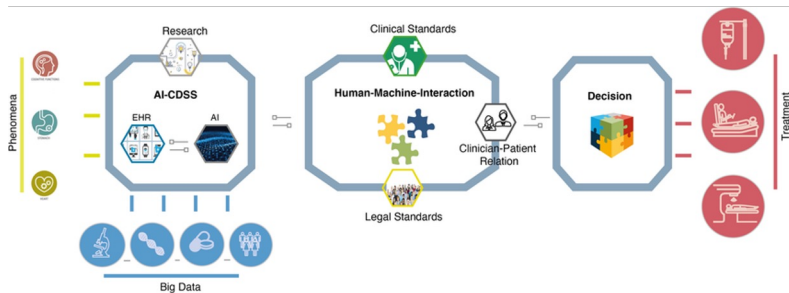


Lock and key analogy showing the five main challenges for AI in drug discovery



Source: Deloitte analysis.

Drug Discovery



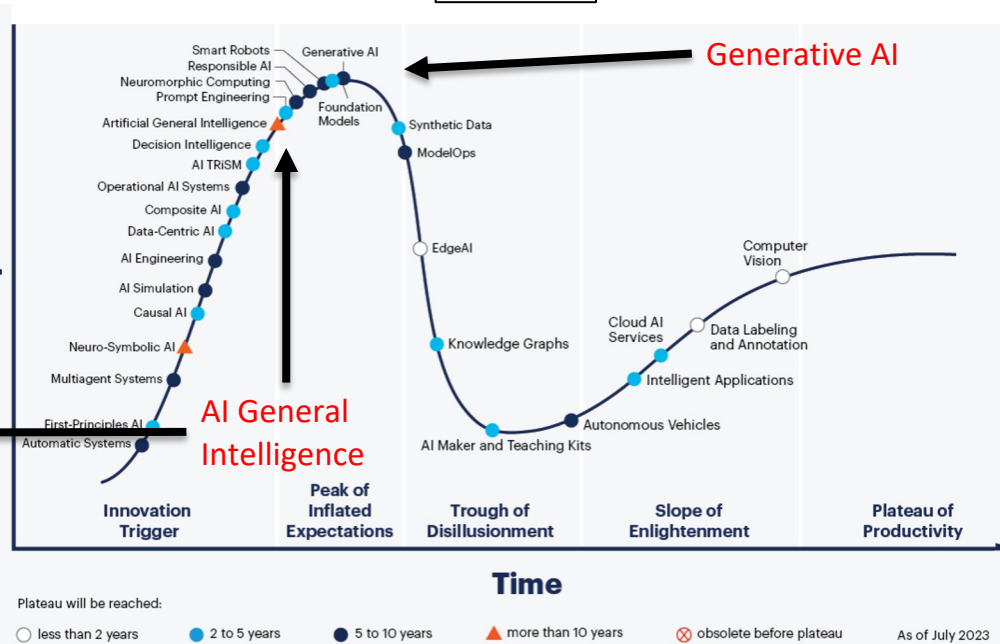
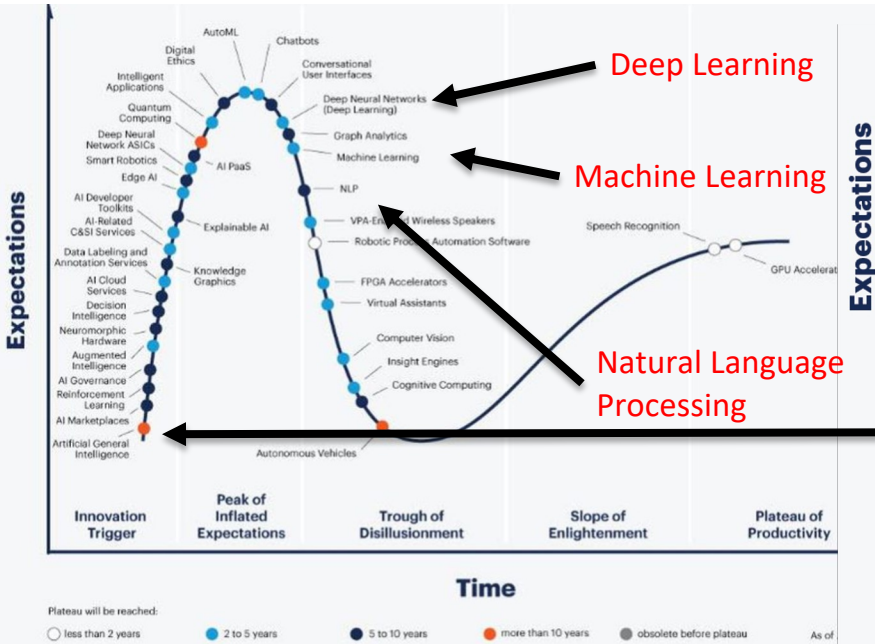
Clinical Decision Support

In 2018, first Software as a Medical Device AI approved by FDA to not require physician interpretation.

Gartner Hype Cycle for Artificial Intelligence

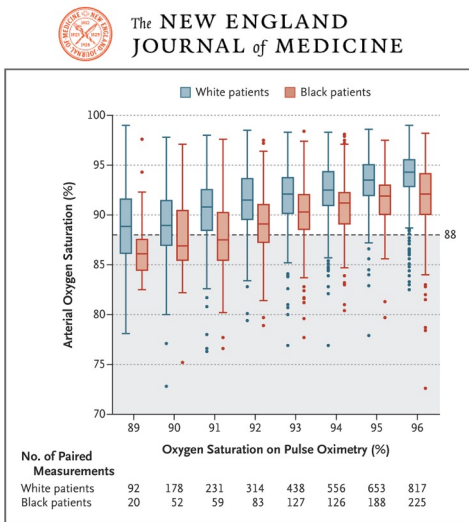
2019

2023



Algorithmic Bias: Pulse Oximeter Sensitivity to Skin Tone

- University of Michigan
 - 276 Black, 1333 White Pts
- When Arterial O₂ < 88% & Pulse Ox 92-96%
 - Black: 12% [9%-16%]
 - White: 4% [3%-5%]



Feb 2, 2024 - Health

FDA renews debate over biased pulse oximeters



Adriel Bettelheim, Tina Reed



A health worker uses a pulse oximeter on a patient. Photo: Nasir Kachroo/NurPhoto via Getty Images

A Food and Drug Administration expert panel on Friday is set to resume the pandemic-driven debate over how to make [pulse oximeters](#) more accurate for people with darker skin.

AI/ML Are Susceptible to Data Shifts



Davis

Model	Event Rate Shift	Association Shift	Case Mix Shift
Logistic regression	◆	◆	◆
L1 penalized regression	◆	◆	◆
L2 penalized regression	◆	◆	◆
L1-L2 penalized regression	◆	◆	◆
Random forest	◆	◆	◆
Neural network	◆	◆	◆

ALL Models are susceptible to Event Rate Shifts

DL/NN Models were less susceptible to Case Mix Shifts

Susceptibility – ◆ High ◆ Moderate ◆ Low

ChatGPT & Large Language Models

... are not immune to these issues!

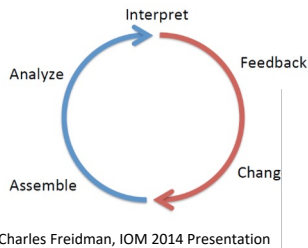
- Limited response to queries that require information after the training data ended
- Continual evolution of LLMs create variation in accuracy.
- 10's of thousands of hours spent in training updates to remove inappropriate, biased, and derogatory responses from ChatGPT in later versions



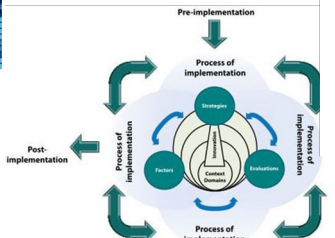
Figure 2: Performance of the March 2023 and June 2023 versions of GPT-4 and GPT-3.5 on eight tasks:

NAM AI/ML Modeling Lifecycle

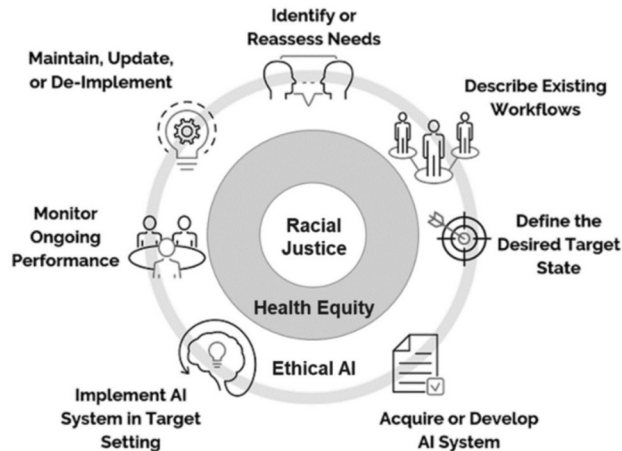
Learning Health System



Implementation Science

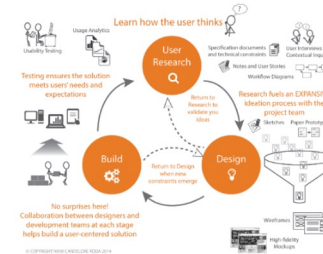


Moullin, et al. Health Research Policy & Systems 2015;13:16



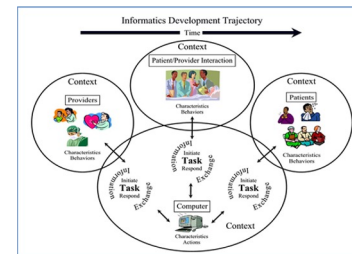
Dankwa-Mullan

User Centered Design



<http://nikkiroda.com/user-centered-design-process/>

Human-Computer Interaction



Health Human-Technology Interaction Framework (Staggers, 2001, 2013)



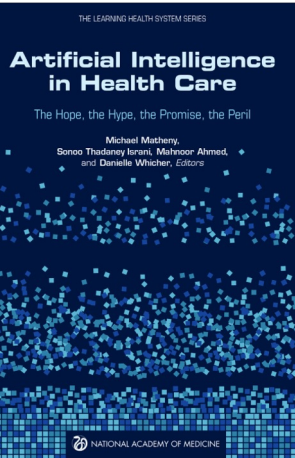
Thadaneey Israni



Whicher



Ahmed



Fihn



Auerbach

Matheny, Thadaneey-Israni, Whicher, Ahmed ed., Artificial Intelligence in Healthcare: The Hope, The Promise, the Hype, the Peril, National Academies Press, 2019. <https://nam.edu/artificial-intelligence-special-publication/>

Racial Justice, Health Equity, and Ethical AI Extension: Dankwa-Mullan I, Scheufeel EL, Matheny ME, Quintana Y, Chapman WW, Jackson G, South BR. J. Health Care for the Poor and Underserved, 32:2;May 2021, pp300-317.

AI-Enabled National Implementation RCT: IMPROVE-AKI

Figure 3. 2x2 Factorial Clustered Randomized Trial Design

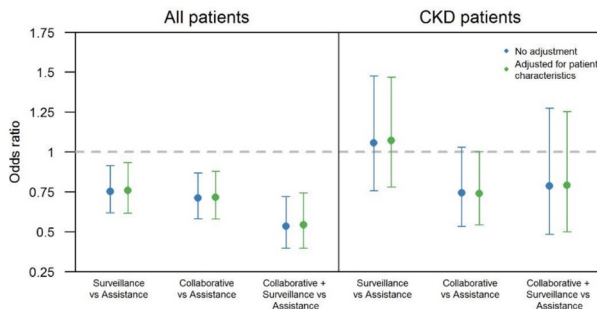
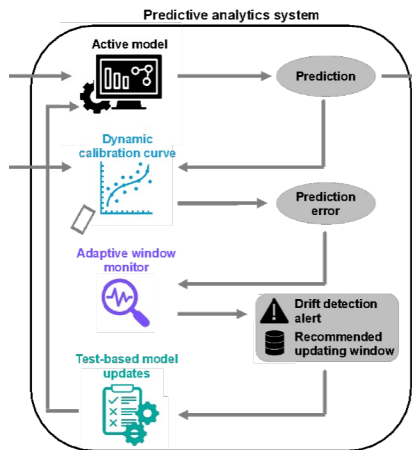
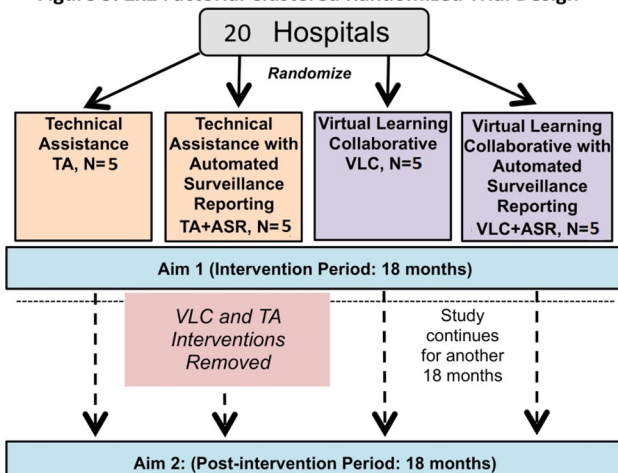


Figure 1. ASR Dashboard for the IMPROVE AKI Trial.



Odds Ratio 0.54 for AKI Among All Cardiac Catheterization Patients

AI-Enabled Precision Clinical Decision Support RCT









Circulation

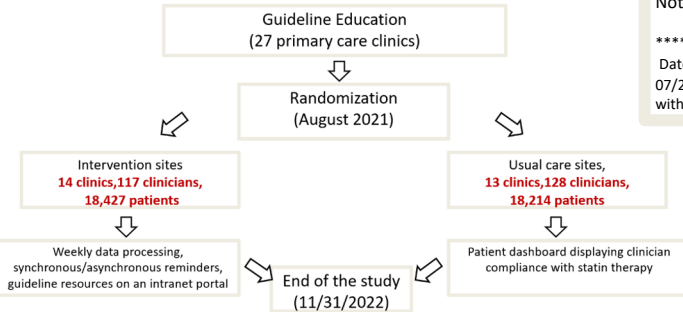
Volume 147, Issue 18, 2 May 2023; Pages 1411-1413
<https://doi.org/10.1161/CIRCULATIONAHA.123.064226>



RESEARCH LETTER

Cluster Randomized Trial of a Personalized Clinical Decision Support Intervention to Improve Statin Prescribing in Patients With Atherosclerotic Cardiovascular Disease

Salim S. Virani, MD, PhD , David J. Ramsey, PhD, Dax Westerman, MS , Mark K. Kuebler, MS, Liang Chen, MS , Julia M. Akeroyd, MPH, Glenn T. Gobbel, DVM, PhD, MS, Christie M. Ballantyne, MD , Laura A. Petersen, MD, MPH, Alexander Turchin, MD , and Michael E. Matheny, MD, MS, MPH 



EXCERPT FROM DELIVERED PERSONALIZED STATIN CARE SUMMARY

Our review also suggests that your patient is either not on a statin or the guideline-recommended intensity of statin therapy. Statin therapy in patients with ASCVD reduces the risk of recurrent cardiovascular events and mortality.

----- Guideline-Recommended High Intensity Statins -----

- Rosuvastatin 20-40mg by mouth daily
- Atorvastatin 40-80mg by mouth daily

If your patient is on statin therapy from a non-VA source, please add this statin as a non-VA medication.

***** Upcoming Primary Care Visits *****

***** LAST MENTION OF STATIN ASSOCIATED SIDE EFFECT *****

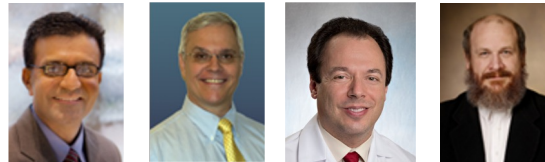
Source ~ Date ~ Title ~ Author

Note ~ 08/19/2022 ~ PRIMARY CARE NOTE ~ [Attending Name]

***** MOST RECENT QUALIFYING DIAGNOSIS *****

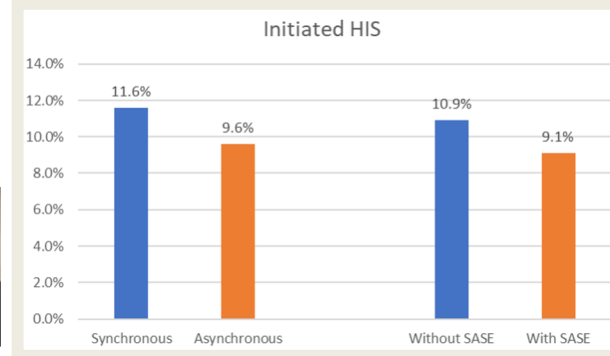
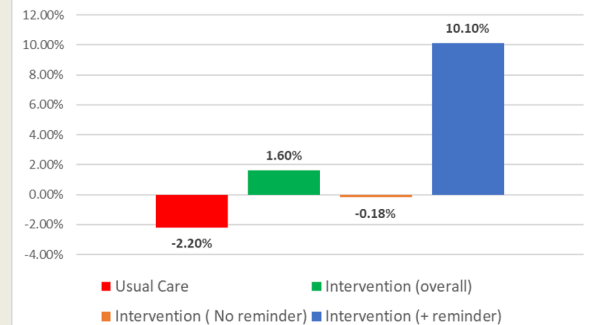
Date ~ Code ~ Diagnosis/Procedure

07/24/2022 ~ I25.10 ~ Atherosclerotic heart disease of native coronary artery without angina pectoris



Virani Gobbel Turchin Westerman

Number needed to remind = 10



THANK YOU



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