Measuring the Impact of Al in Healthcare

Essential Strategies and Best Practices for an Optimized Al Foundation

THE CASE FOR AI IN HEALTHCARE

BUILDING A TRUSTED AI FOUNDATION

FROM PILOTS TO THE FUTURE

MEASURING THE IMPACT OF AI IN HEALTHCARE

Artificial intelligence (AI) is no longer a future vision—it's here, embedded in the very tools hospitals and health systems use daily. Yet, for many leaders, knowing where to begin remains overwhelming.

This expert panel, hosted by Justin Barnes, FHIMSS, was designed to give healthcare organizations a practical playbook for Al adoption. Panelists included:



JUSTIN BARNES





JEFF LEEK, PHD





MICHAEL KIRCHHOFF, MD





LEE KIM, JD, CISSP, CIPP/US





"THIS SESSION IS ABOUT GIVING HEALTHCARE LEADERS A PRACTICAL PLAYBOOK FOR STARTING AND SCALING AI—FOCUSING ON REAL-WORLD STRATEGIES, NOT HYPE."



- JUSTIN BARNES

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WHY AI NOW?

Hospitals and health systems are navigating unprecedented pressures: rising costs, tightening labor markets, and an overburdened workforce. Al has emerged as a central tool not because it's trendy, but because it directly addresses these challenges in tangible ways.

Lee Kim (HIMSS):

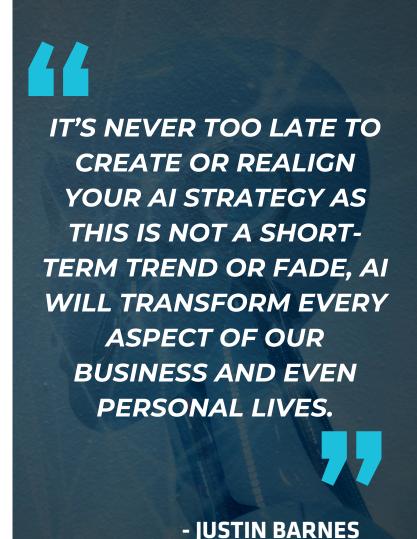
Al isn't optional—it's already built into the hardware and software that hospitals rely on. Even organizations hesitant to adopt Al are encountering it through vendor solutions, making it part of the technology infrastructure whether leaders plan for it or not.

Jeff Leek (Fred Hutch):

Healthcare leaders feel urgency—and a bit of FOMO. Other industries, less constrained by regulation, are already demonstrating Al's efficiency and innovation. The pressure is mounting for hospitals to catch up, but the key is separating hype from reality and focusing on realistic applications.

Michael Kirchhoff (Cooper University Health Care):

At the ground level, AI is best understood as a productivity lever. With shrinking margins and clinician shortages, leaders must find ways to reduce administrative burden and return time to patient care. AI isn't about replacing humans; it's about freeing them to do the work only humans can do.



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"YOU CAN'T JUST SPRINKLE AI ON TOP. WITHOUT THE RIGHT DATA AND INFRASTRUCTURE, IT WILL FAIL."



- JEFF LEEK

BUILDING A STRONG AI FOUNDATION

Technology alone is not enough. True success depends on governance, data readiness, and financial planning.

GOVERNANCE:

Create a cross-functional AI governance committee with executives, clinicians, informatics, procurement, and legal.

DATA READINESS:

Enterprise-level infrastructure is essential—Al cannot simply be "sprinkled on top."

DATA INTEGRITY (FROM DAY ONE):

Al foundations require reliably sourced, validated, and peer-reviewed data. "Garbage in, garbage out" is still true—without trustworthy data, even the most advanced Al will fail.

FINANCIAL MODELING:

Pilots may be inexpensive, but scaling across an enterprise introduces major costs.

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TRUST, TRANSPARENCY & SECURITY

Adopting AI in healthcare isn't just about what the technology can do—it's about whether staff, patients, and regulators can trust it. Trust must be designed into AI from the very beginning.

RESPONSIBLE PROCUREMENT

Al cannot be treated like a commodity purchase. As Lee Kim emphasized, hospitals must move beyond "lowest bidder" RFPs. Vendor selection should prioritize patient safety, clinical quality, and long-term partnership. A low-cost tool that compromises privacy or reliability can quickly erode trust and put patients at risk.

GUARDING AGAINST SHADOW AI

One of the greatest risks in healthcare today is "shadow AI"—tools adopted by staff outside of governance processes. Without oversight, these unapproved tools can expose sensitive patient data, create compliance gaps, and undermine safety protocols. Organizations need clear policies and acceptable use standards to prevent shadow AI from taking root.

TRANSPARENCY THAT WORKS

Explainability in AI doesn't mean every clinician needs a PhD in data science. It means users must understand the AI's purpose, its limitations, and how to override or provide feedback when outputs don't align with clinical judgment. Transparency is about context, usability, and accountability—not technical jargon.

FEEDBACK LOOPS ARE ESSENTIAL

Both homegrown and third-party AI solutions must include feedback mechanisms. Clinicians, administrators, and end users need clear pathways to raise concerns, flag errors, and shape system improvements. Trust grows when users feel heard and see their input drive refinement.



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BALANCING INNOVATION & SAFETY

Al brings opportunity, but also risk. Governance must be multidisciplinary, including patients, risk managers, and regulators.

Two roles are critical:

HUMAN IN THE LOOP

Every AI deployment in healthcare must maintain human oversight at the point of care. Licensed professionals—physicians, nurses, or pharmacists validate AI outputs in real time. This protects against errors, ensures regulatory compliance, and provides the clinical judgment that machines cannot replicate.

RESPONSIBLE HUMAN

Equally important is having a designated leader—the "responsible human"—who oversees the Al system beyond the bedside. This role ensures that Al is deployed only in the right settings, monitors for bias or model drift, and prevents misuse or scope creep. Without a responsible human, organizations risk tools being applied outside their intended purpose, creating safety, ethical, and compliance concerns. The responsible human becomes the point of accountability, ensuring Al evolves responsibly as clinical data, regulations, and patient needs change.

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LOOKING AHEAD: THE NEXT 2–3 YEARS

The panelists agreed: Al's role in healthcare will expand rapidly over the next few years—but only if adoption is rooted in governance, trust, and responsibility. The opportunities are transformative, but so are the risks if organizations move too fast without safeguards.

JEFF LEEK (FRED HUTCH / CANCER AI ALLIANCE):

Al's most immediate potential is in back-office and administrative tasks, since they are less directly patient-facing and carry lower risk. By streamlining documentation, payer submissions, and other administrative workflows, Al can reduce burdens while organizations build confidence for broader clinical use.

LEE KIM (HIMSS):

Al will soon enhance early detection, especially in radiology and imaging, improving accuracy and speed. Longer-term, it could accelerate personalized medicine, tailoring treatments and reducing errors.

MICHAEL KIRCHHOFF (COOPER UNIVERSITY HEALTH CARE):

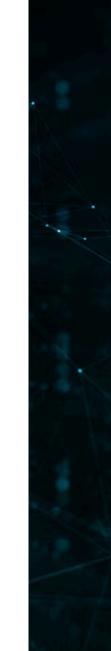
Kirchhoff stressed that AI will remain a co-worker, not a replacement. Licensed clinicians will continue to carry responsibility for care. Al's role is to augment workflows and reduce burnout—with human oversight ensuring safety and trust.

JUSTIN BARNES (MODERATOR):

Some leading healthcare AI experts caution that within a few years, if care providers are not leveraging AI in their care strategy, it could be viewed as malpractice. AI will be that important in ensuring equitable, efficient, and premium care.

KEY TAKEAWAY

Over the next few years, AI can deliver measurable improvements in efficiency, safety, and patient care. But its success will depend on careful governance, trustworthy data, and a commitment to keeping patients and providers at the center.



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