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AI in the Safety Net: Opportunities & Barriers to Adoption

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AI has long been used in healthcare, but new advances hold promise to address a range of critical issues

Predictive AI

- A type of AI that analyzes data to identify patterns and makes predictions/ forecasts
- Examples include sepsis detection models; inpatient fall risk; scheduling and billing
- Health care delivery organizations are primarily utilizing predictive AI today

Generative AI

- A type of artificial intelligence that generates new content based on learned patterns from training data
- Examples include ambient scribing
- Health care delivery organizations are still limited in their adoption of generative AI

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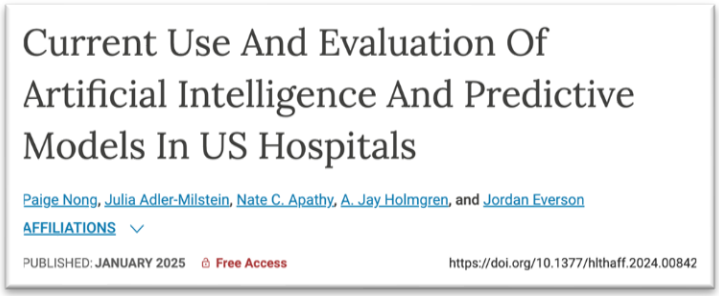

Current Use And Evaluation Of Artificial Intelligence And Predictive Models In US Hospitals

Paige Nong, Julia Adler-Milstein, Nate C. Apathy, A. Jay Holmgren, and Jordan Everson

AFFILIATIONS

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From the from the 2023 American Hospital Association Annual Survey Information Technology Supplement:

- *65% of US hospitals used predictive models*
- *79% percent of those used models from their electronic health record developer*
- *61% percent of hospitals that used models evaluated them for accuracy using data from their health system (local evaluation), but only 44% reported local evaluation for bias*

AI could have transformative impact for the safety net

Los Angeles County is leveraging AI to proactively address homelessness. By analyzing data such as emergency room visits, jail stays, and food assistance usage, the county's AI model identifies people at high risk of losing their housing. The program has assisted clients like Sandricka Henderson, pictured right. A single mother with lupus, she faced eviction after losing her job. The program identified her before she reached out for support, offering her assistance that stabilized housing and paid overdue bills.

Since 2011, the program has served 700 clients, with 86% successfully maintaining their housing.

Source: *CalMatters,* "This California County Is Testing AI's Ability to Prevent Homelessness."

AI enables and reduces the burdens on our workforce

El Sol Neighborhood Educational Center — a nonprofit focused on serving vulnerable communities in the Inland Empire with an emphasis on monolingual Spanish speakers, immigrants, and residents with limited-English proficiency — saw the potential of AI to serve their community health workers and *promotores* workforce.

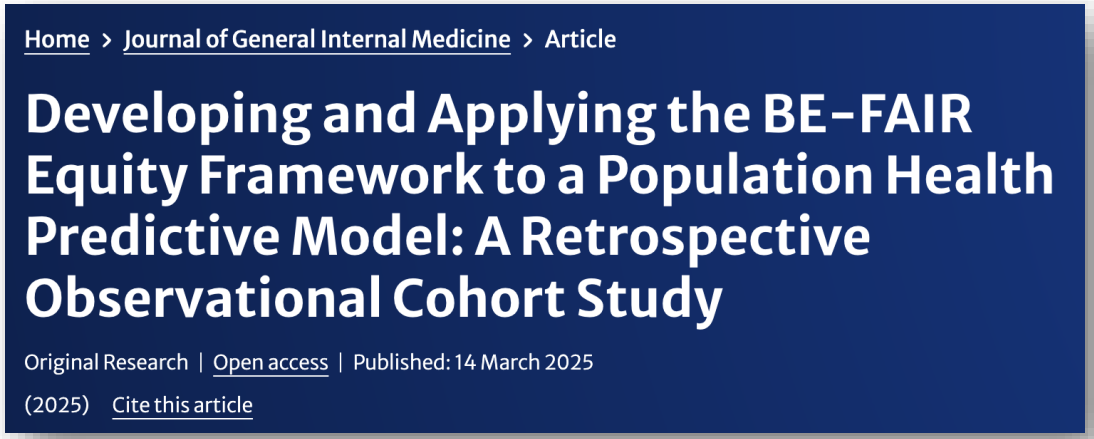
They were able to quickly launch and beta test new tools, augmenting their technology with AI. They aim to use these new technologies to enhance task management, project coordination, and program monitoring and to deliver culturally and linguistically appropriate services to their community.

Source: *El Sol Neighborhood Educational Center.*

The growing use of AI has also catalyzed critical policy conversations on bias, equity, and safety in algorithms

AI should be safe and trustworthy*:

- **Fair/Unbiased:** The model's results don't show favoritism or discrimination based on personal traits.
- **Appropriate:** The model works well for the specific context, people, and situations it's applied to.
- **Valid:** The model reliably produces accurate results in both testing and real-world data.
- **Effective:** The model has proven useful in real-world situations.
- **Safe:** The model is free of any known unacceptable risks and its benefits outweigh any potential downsides.



Case Study:
Population health programs rely on healthcare predictive models to allocate resources, yet models can perpetuate biases that exacerbate health disparities among marginalized communities.

UC Davis developed the Bias-reduction and Equity Framework for Assessing, Implementing, and Redesigning (BE-FAIR) healthcare predictive models, an applied framework tested within a large health system using a population health predictive model, aiming to minimize bias and enhance equity.

* Adapted from Office of National Coordinator for Health IT's "Health Sector AI Commitments"

What we've learned: Safety net providers and plans are largely interested in deploying AI; patients may vary

- **Health plan and provider interest:** All safety-net stakeholders are interested in implementing new or more AI in the future, with the most imminent opportunities in improving operational efficiency and point-of-service.
  - Current state of adoption of AI varies widely – health plans have used AI for some time, with only a handful waiting to implement as they examine governance and liability implication, while safety net providers and community clinics have been more limited in their use and adoption
  - In addition, with lessons from prior EHR and technology implementations, many of these safety net organizations aim to be proactive and participate in AI development to ensure that these technologies are designed/built to meet their needs.

- **Stakeholder perspectives on patient adoption:**
  - Participants expect that patient adoption of AI will vary based on factors such as age, language, immigration status, and comfort with technology.
  - Many noted the importance of providers meeting patients "where they are" and to balance face-to-face care with technology, as well as patient notification and consent for all patient-facing AI applications.
  - Many mentioned that patient voice needs to be incorporated into AI application design.

What we've learned: Costs, change management, regulatory uncertainty, safety concerns block adoption

- **Range of interconnected challenges:** Despite this interest, meaningful financial, organizational, regulatory and technological barriers prevent adoption today.
  - Financial: Implementation and ongoing use of AI can be cost-prohibitive for safety net organizations on constrained budgets.
  - Organizational: Safety net organizations will need to adapt workflows and address workforce skills gaps, alongside managing limited bandwidth and other change management initiatives.
  - Regulatory: Ambiguity on liability, data privacy, and how AI applications will be regulated creates uncertainty, deterring adoption.
  - Technology: Many safety net organizations lack the data sharing, IT and human resource infrastructure to deploy AI, which includes sourcing, evaluating, purchasing, and monitoring AI.

- **Safety & bias:** Safety net health care organizations are very concerned that algorithmic bias will perpetuate historic inequities, as AI training models may reference biased care models and medical literature and lack data on safety-net patients and social determinants
  - Existing AI models may need to be further refined, evaluated to support patients from diverse backgrounds, that have complex needs, and/or for providers to deliver whole person care.

What we've learned: Considerations on workforce and governance are early; support/best practices needed

- **Workforce implications of AI:**
  - There will be some job displacement with AI, but across the regions, all stakeholders hold the hope that AI can help alleviate health care's acute workforce shortage and that workers can be upskilled into other jobs.
  - AI also needs to be incorporated into health education curricula so that future health professionals can be trained to use AI.
  - Careful culture and change management is top of mind for safety-net leaders to help their existing workforce adapt to AI, which includes training on AI literacy, training staff to understand and manage the rapid pace of change in AI, as well as how it redefines or adapts existing jobs.

- **Governance implications:**
  - Many participants plan to leverage existing governance structures composed of cross-functional teams already in use for data, EHR, and claims and payment systems governance, to govern AI.
  - Priority areas of AI governance include data governance; equitable care; testing, monitoring, and assessing bias; when and where to use AI; protocols to evaluate vendors; and compliance.

Adoption is nascent, which provides opportunities to establish the right foundation for equitable, reliable AI use

Data Availability and Infrastructure	Safe, trustworthy AI requires high-quality, comprehensive data —which can be difficult to achieve when data is fragmented, poorly structured and lacks integration across claims, clinical, and SDOH data source.
Technical Readiness	The delivery system may need to upgrade technology, staffing, and internal capabilities to support the deployment and integration of AI.
Workforce Upskilling	New skills and behaviors will be required across technical and clinical teams, which includes developing "AI literacy" – understanding the technology's capabilities and limitations (e.g., hallucinations).
Regulatory Alignment	Policy will need to balance innovation, safety, compliance, and the ability to adopt, learn, adapt, and demonstrate value, particularly for under-resourced institutions.
Governance	Organizations should consider establishing governance, codes of conducts, or principles to guide adoption and use of AI, which could include practices for testing and monitoring for safety and bias.
Financial and Operational Viability	AI needs to solve real problems at a sustainable cost, which may require (1) tests to identify proof of value; and (2) business model or payment model innovation.
Patient Trust & Consent	AI should be easily explained to and consented for use by patients.

Stay in Touch with CHCF on AI

Additional Resources:

- CHCF AI Resource Center: Includes CHCF's activities and publications on AI
- Fact Sheet: Landscape of current uses of AI in health care as well as possible risks
- Listening Tour Reflections Blog: Summarizes CHCF's learnings from a listening tour of safety net plans and providers

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