Artificial Intelligence (AI)

Intro

- Use of AI in health care not new, but rapid proliferation/expansion of new technologies/tool has potential to transform many aspects of health care system, including primary care
  - Definitions:
    - Machine learning
    - Deep learning
    - Generative AI

- Applications of AI in primary care include: clinical care delivery (decision support for diagnosis and treatment); patient panel management (between-visit management and care coordination); and administrative support (documentation, inbox management)
  - Physician burn-out and workforce shortages (27 hours a day to manage panel of 2500 patients)

- Collective experience of Collaborative members indicate AI is being increasingly used in Colorado, and will continue to have an impact on primary care in a variety of settings;
  - Use in administrative tasks happening in both health systems and smaller, independent practices

- While PCPRC recognizes the tremendous potential of AI, recommendations highlight important considerations for the successful adoption and integration of these technologies/tools

Care Delivery

Providers

- Key area that AI is increasingly used in PC in CO is to assist providers with administrative tasks; PCPRC aware of pilots involving the use of AI to assist with documentation, inbox management in systems and practices across the state
  - While these tools have been positively received by some providers, also raise concerns about new expectations around productivity, and the need to do more (see additional patients, etc.) in the time now freed from administrative tasks
  - Question of whether these tools can successfully reduce documentation burden of primary care remains unanswered- need to be deployed/integrated into practice in a way that allows providers to spend more time interacting with patients to be successful in reducing burnout and making PC attractive to future clinicians

- In terms of patient/panel management:
  - Garbage in is garbage out- to the degree AI pulling from chart, information in chart might not be accurate;
  - AI may also promote/exacerbate biases already built into data/models, need to be thoughtful, particularly if starting to use for predictive analytics

- Additional workforce implications:
  - Haves and have nots
  - Discrepancy between training and practice - if train in urban area with tools, and practice in area without
  - Legal implications - who is accountable/liable for errors

Patients
- Transparency and consent
    - Currently determined by individual system or provider, no strong federal regulations
    - Benefit of transparency vs possibly "cheapening clinical advice" even though endorsed by physician
    - How do we want to be using AI in medicine; are physician-patient communications an area that technology should be enabling, rather than intruding upon?

- Including patient voice in development and use of AI tools important yet challenging
    - Variety of patient perspectives- pediatric, adolescents, parents
    - Many factors may make people more or less comfortable with idea of their data being used in these ways- how can systems be designed in a way that people have autonomy and ownership of data

Payment
- Current payment practices
    - Medicare - 3 payment options
    - CPT claims in clinical settings show nascent adoption

- May be role for PCPRC to consider payments and payment structures that would support uses of AI that can directly benefit primary care delivery (e.g. care coordination, continuity of care, message management), as opposed to use cases centered on a specific device, or specific subpopulation;
    - For primary care providers' population management of the patients on their panel, APMs - either via additional payments or percentage on a PMPM basis - are a more viable mechanism to support the use of AI tools

- Financial impacts, to patient and insurance companies
    - New methods of identifying risk

- Too soon for recommendations specific to payment
    - Payments a way to incent (drive/reward) behavior, and that remains unclear
    - Questions about whether impacts of AI are good, bad, a mixture of the two still unanswered, and need to continually assessed, using equity lens

- PCPRC aware of other state AI initiatives, will continue to monitor
    - Colorado AI initiatives – SB21-169, SB24-205

RECOMMENDATIONS:
- Overarching?
- In specific areas?