Board Briefing

January 2025

The Governance Institute

Highlights from the January 2025 Leadership Conference

AI-based solutions in healthcare are growing, evolving, and expanding. Often new technologies are viewed as potential solutions for taking on tasks traditionally done by humans. **Dr. Rana el Kaliouby** explored many examples of how AI can change the way we work in healthcare from automation of workflows and administrative tasks to tracking mental health for patients in between visits, new drug discoveries, and diagnostic support. She emphasized the need for a high emotional IQ in today's healthcare leaders, which is important to motivate and drive change—this is not something AI can replace. The question she posed is how to bring AI into healthcare organizations in ways that increase productivity while also enhancing the human experience of all involved: patients and their loved ones, clinicians, and employees.

The focus becomes developing human-centric AI tools with intentionality, ethics, and governance. We need a new social contract for AI that is built on trust and empathy. We need AI tools that also have emotional intelligence, which can strengthen ties to things like brand recognition and patient loyalty.

Boards need to be working with their senior leadership teams now to define core values for their organizations regarding AI and its ethical development and deployment. Here are some questions to consider:

1. Where do we set the bar in terms of when and where AI should be used or not used in our organization?
2. How are we managing ethical and privacy concerns when it comes to using AI in our organization, including disclosure and patient consent?
3. What value are we getting in return for sharing data with our AI tools?

> "We are at the cusp of a healthspan revolution with precision, preventive, and personalized care. Ideally, multi-modal, biomedical AI will be funneled into one interface that would synchronize the information and apply both predictive and generative AI with tremendous opportunities."
> —*Rana el Kaliouby, Ph.D.*

4. What can the algorithms do? What can't they do? Considerations include bias, privacy, surveillance, and manipulation of decision making.

5. How can we advocate for thoughtful regulation of AI?

Take a "First Principles" approach to technology adoption. **Dr. Alison Darcy** explained the typical human response of "moral panic" when we misapply mental models to new technologies, such as equating the telephone when it was first invented to a "talking telegraph." The "first principles" approach requires first determining the problem we are trying to fix and then asking what new technologies could be employed to fix the problem.

Dr. Darcy shared some compelling examples of how generative AI tools used at home can dramatically increase the effectiveness of mental health therapies such as cognitive behavioral therapy (CBT). Many patients who are treated for mental health disorders in institutional settings struggle when they return home because they don't have a context for managing their disease in their home and real life. AI tools in the home hold tremendous promise for increasing patient engagement and extending the effectiveness of such therapies.

Her caution for AI deployment is to ensure that tools used for clinical purposes are not those that are built simply for engagement rather than an improved clinical outcome. Tools like AI companions are built to become addictive because the business model is about ensuring that people keep using them. Many AI companies lack the kinds of incentives and guardrails that we must build in healthcare. Discernment is important; responsible AI should deliver a private, secure, and personalized experience.

Questions to consider:
1. Are we taking a "first principles" approach to our AI and new technology adoption considerations?
2. How can we better understand the limitations of new technologies so that we can address those limitations to deploy them more effectively and in beneficial ways?
3. What are the risks to our organization if we are not involved in the adoption stage? Who should be involved at this stage?

Don't lose sight of patients first and the need to support those who are collectively trying to make healthcare better. To cap off a conference focused on how to lead innovative decision making when it comes to adopting new technologies, **Dr. Geeta Nayyar** tied the technology-focused conversations together with the consumer and physician experiences. Consumerism is also the physician experience. We aren't tying these two together in our strategies and decision making, so perhaps that is why we are struggling to move the needle.

> "When you are searching to understand applications of this new technology, or what it means to be human-centered, do not think about AI mimicking humans. It is not human."
> —*Alison Darcy, Ph.D.*

Innovation is a must in today's healthcare environment because it drives efficiencies and stretches the dollar. Dr. Nayyar listed the following critical ingredients for healthcare innovation in 2025:

- **Build trust at scale.** Consumers still trust doctors. If you want to build trust, you have to tie it do your doctors, because consumers don't trust the healthcare system itself. This is where the opportunity lies in tying together the consumer and physician experience.
- **Telemedicine is here to stay.** It is tied to brick and mortar now so there is more leverage potential. How do we ensure it is being used at the right times for the right patients? How can we increase its sophistication in areas such as scheduling flexibility?
- **Cybersecurity is table stakes.** Innovation is not possible without a top-notch cyber mitigation plan.

Most importantly, we must avoid the expectation that AI will solve all of our prior technology problems such as the EHR. Clinical leadership wasn't involved in helping to build the EHR, and thus it damaged the doctor–patient relationship while costing organizations a lot of money to adopt. This example shows the importance of getting the basics right and learning from our first round of technology adoption lessons. Start with "simple solutions" such as ambient listening technology.

Converging with this new urgency to innovate is the health-conscious consumer: everyone is personally invested in their health because of the wearables revolution. Consumers are increasingly using social media to find health information and advice instead of coming to your organization. They will seek you or your doctors only depending on that advice.

How do you build trust in this environment? You must start with a digital footprint that now includes social media. Building consumer trust also requires health policy leadership. Leaders must also be considering potential partnerships with the new disruptors.

Questions for boards to consider:

1. How can we build, grow, and accelerate innovation with the right partners? Who are the right partners, and who are the wrong partners?
2. What is our social media strategy? How can we maximize consumers getting more of their healthcare information from us as opposed to other sources that might be wrong or harmful?
3. What is our role as leaders in scaling trust? How do we engage our clinicians in this effort?

> "Misinformation is not new but it's getting farther faster because of innovation in technology. We can't ignore it anymore. It is traveling six times faster than the facts. This must be an issue that health systems solve."
>
> —*Geeta Nayyar, M.D., M.B.A.*