

# Artificial Intelligence in Healthcare

---

Supporting Human Care  
with Compassion

This educational opportunity is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of the Medicare Rural Hospital Flexibility Grant. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.



**TEXAS DEPARTMENT OF AGRICULTURE**  
**COMMISSIONER SID MILLER**

## ACCREDITED CONTINUING EDUCATION

### Accreditation Statement



JOINTLY ACCREDITED PROVIDER™  
INTERPROFESSIONAL CONTINUING EDUCATION

In support of improving patient care, this activity has been planned and implemented by AXIS Medical Education and Texas Hospital Association. AXIS Medical Education is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

## Course Evaluation / Continuing Education

- Each webinar is approved for 1 Continuing Nursing Education credit
- The evaluation link will be sent out via email at the completion of the series
- For those watching in groups:
- Only one email will be sent with evaluation if only one person is registered Make sure you each go in and actually register for the series

# Learning Objectives

- Describe how AI is currently being used in diagnostics, treatment planning, workflow optimization, and patient monitoring
- Identify way AI can support, rather than replace, clinical judgment, patient interactions, and compassionate patient-centered care
- Examine ethical concerns and future applications
- Examine real-world case studies where AI has successfully augmented healthcare professionals' expertise while preserving the human touch and care delivery

# AI IN HEALTHCARE

# Why AI Matters



# What AI Is (and Isn't)

---

Artificial Intelligence: machines simulating human tasks

---

Machine Learning: systems that learn patterns from data

---

Deep Learning: neural networks for complex tasks like imaging

---

AI is an assistant, not a replacement for human clinicians





# AI IN DIAGNOSTICS





- AI algorithms can analyze medical images, such as X-rays, CT scans, and MRIs to help detect abnormalities and diseases
- AI can analyze large data sets to identify patterns and assist with diagnoses of disease
- AI-powered robotic devices assist in the OR
- Clinical Decision Support Systems



# Care Planning

AI can analyze patient data and help create personalized treatment plans based on individual needs and genetic make up

AI can write individualized discharge planning

AI automatically notifies and fills orders

# Workflow optimization



AI-powered chat boxes can provide answers to common patient questions and concerns



AI can assist with scheduling and preparing for a patient visit



Ambient listening – can capture conversations and prepare visit summaries, generate instructions or prescriptions



# AI Products In Use

---

# **EHR Predictive Analytics**

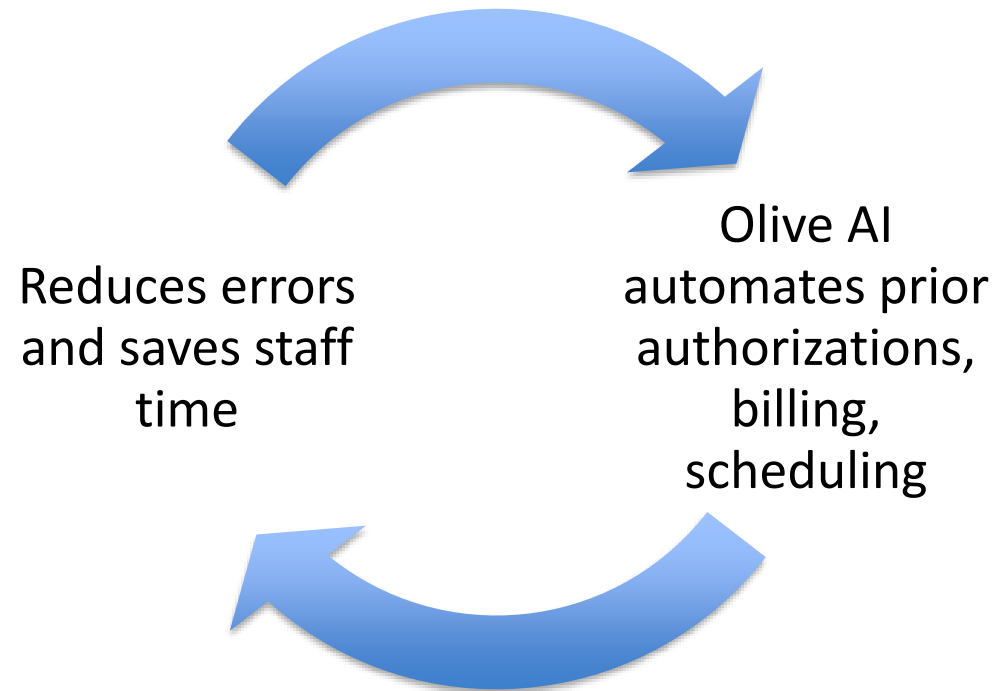
Epic Systems integrates  
AI into electronic  
health records



Predicts readmissions,  
identifies high-risk  
patients



# Administrative Automation





## **Hospital Flow Optimization**

Qventus optimizes OR scheduling, ER wait times, and discharges

Supports resource allocation in real-time

# Patient Monitoring



- AI can be incorporated into remote patient monitoring tools to provide real-time insights into patient conditions and potential complications
- Heart monitor, ventilators, virtual sitters and virtual bed rails, IV pumps



# Wearables

- Apple Watch: detects atrial fibrillation, fall alerts
- Fitbit: tracks sleep, heart rate, oxygen levels

The background of the slide is a blurred ECG (heart rate) trace on a light blue grid. The trace is dark blue and shows several cardiac cycles. A white, irregularly shaped brushstroke-like graphic is positioned on the right side of the slide, serving as a backdrop for the title and list.

# Cardiac Monitoring

- AliveCor KardiaMobile: portable ECG with AI analysis
- Detects arrhythmias in real-time



# Diabetes Care

- Medtronic Guardian Connect: continuous glucose monitor with AI prediction
- Alerts patients to impending highs and lows



# Diagnostics





# Medical Imaging

- Aidoc: detects brain hemorrhage, pulmonary embolism, fractures
- Arterys: cardiac MRI interpretation



## Pathology

- PathAI: assists with cancer cell detection in biopsy slides
- Improves consistency and reduces error rates

# Genomics



TEMPUS: INTEGRATES SEQUENCING  
+ CLINICAL DATA



HELPS ONCOLOGISTS MATCH  
PATIENTS TO TARGETED THERAPIES





# FDA Cleared

## Example: IDx-DR


- Autonomous AI for diabetic retinopathy detection
- FDA De Novo cleared in 2018
- High sensitivity (~87%), specificity (~91%)

# Benefits and Limitations

Benefits: improved detection rates, reduced workload



Limitations: false positives, algorithm bias



AI augments radiologists and pathologists, not replaces them



Supporting Patient Care



# **Supporting Clinical Judgment**

AI provides probabilities, alerts, and evidence-based suggestions

Reduces cognitive load by analyzing large datasets

Highlights blind spots for clinicians to double-check

## **Enhancing Patient Interactions**

AI reduces administrative tasks → more face time with patients

Translation tools improve communication across languages

Chatbots handle routine Q&A, clinicians focus on meaningful care



# Promoting Compassionate Care

Holistic insights: AI integrates lifestyle and medical data

Continuous monitoring provides reassurance beyond hospital visits

AI empowers patients to engage in their own care

# Guardrails Against Burnout

By reducing clerical burden, AI protects clinician well-being

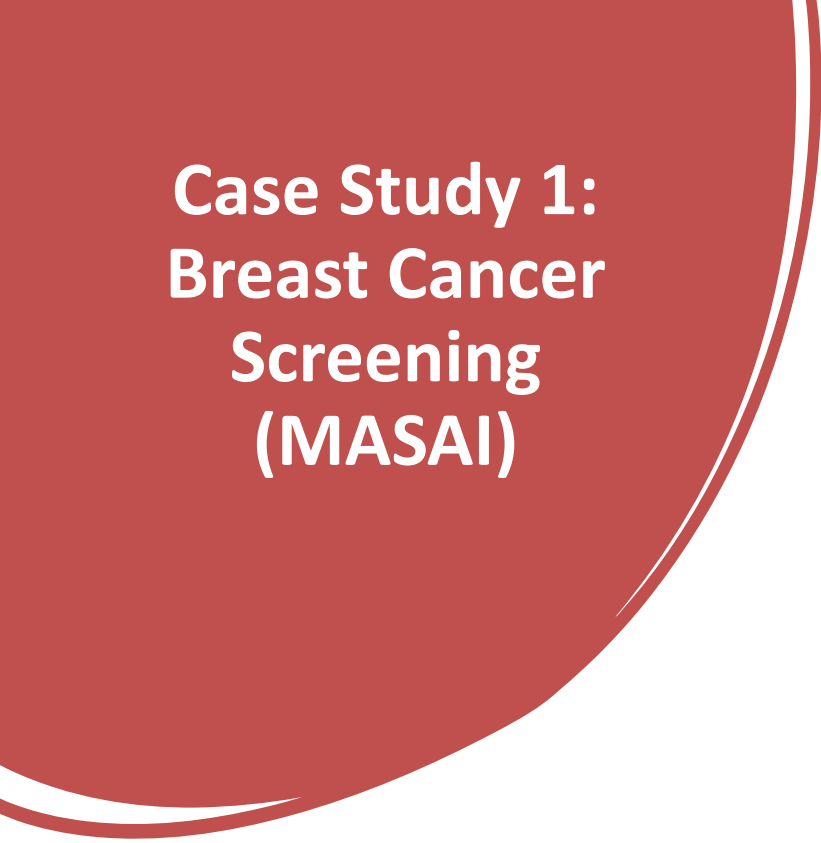
Frees clinicians to spend more energy on empathy and trust

Supports patient-centered and compassionate care delivery



# Case Studies

The background of the slide features a blurred image of a library with tall wooden bookshelves filled with books. In the foreground, a stack of several books is visible, with the top one being an open book showing its pages. Overlaid on this background are numerous white, hand-drawn style mathematical symbols and icons, including plus signs, minus signs, multiplication signs, division signs, percentages, question marks, infinity symbols, and various letters and numbers, creating a sense of academic inquiry and research.

A large red circular graphic on the left side of the slide, partially cut off by the edge.

## Case Study 1: Breast Cancer Screening (MASAI)

---

Challenge: Radiology  
workload and missed  
cancers

---

AI triage system used  
in large trial (~80,000  
women)

---

Compared AI+human  
vs traditional double  
reading



# MASAI Trial Outcomes

44% reduction in radiologist workload



Cancer detection rates remained similar



Clinicians retained final decision authority



## Case Study 2: Diabetic Retinopathy (IDx-DR)

---

Challenge: Access to  
eye specialists in  
primary care

---

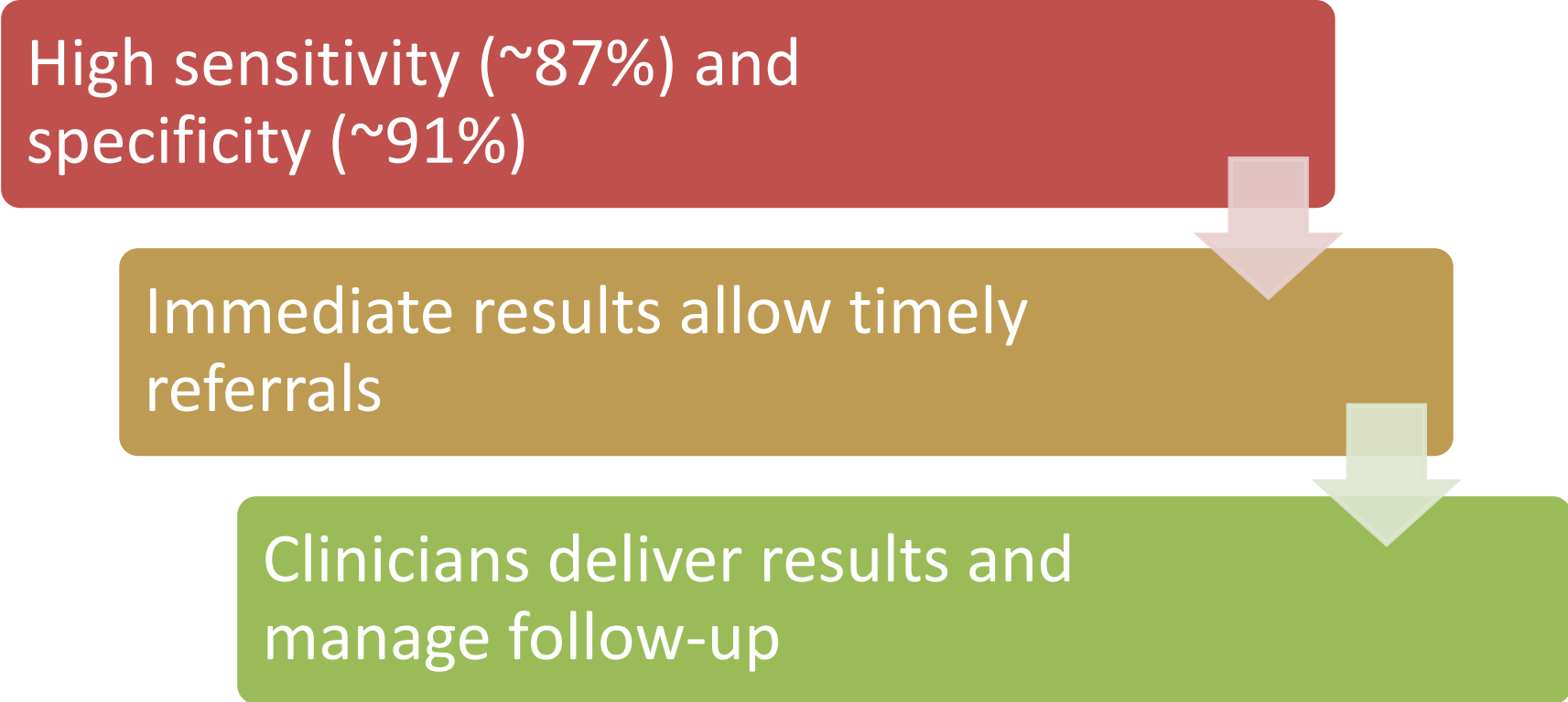
IDx-DR provides  
autonomous AI results  
from retinal images

---

Approved by FDA in  
2018

# IDx-DR Outcomes


High sensitivity (~87%) and specificity (~91%)



```
graph TD; A[High sensitivity (~87%) and specificity (~91%)] --> B[Immediate results allow timely referrals]; B --> C[Clinicians deliver results and manage follow-up];
```

Immediate results allow timely referrals

Clinicians deliver results and manage follow-up

A large red circular graphic on the left side of the slide, partially cut off by the edge.

## Case Study3: Sepsis Early Warning (TREWS)

---

Challenge: Sepsis  
recognition often  
delayed

---

AI system monitors  
patient data  
continuously

---

Alerts clinicians to  
possible sepsis

# TREWS Outcomes

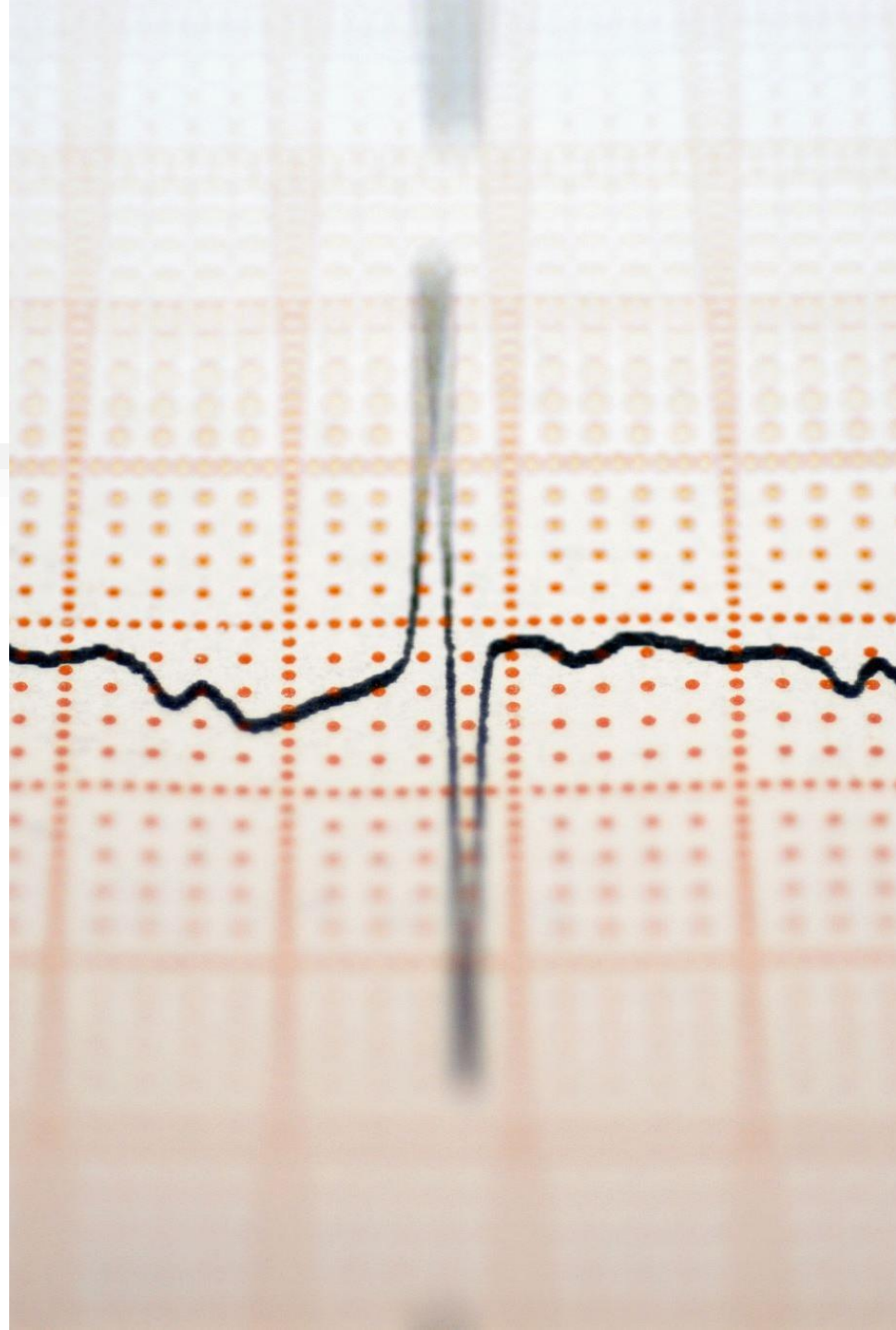
Multi-site study: 4.5%  
reduction in mortality

Improved early  
recognition and  
treatment initiation

AI prompts, but  
clinicians make  
treatment choices

# Case Study 4: Wearables (Apple Heart Study)

- Challenge: Detecting atrial fibrillation in large populations
- Apple Watch irregular pulse notification study (~419,000 participants)
- Participants notified if possible AF detected

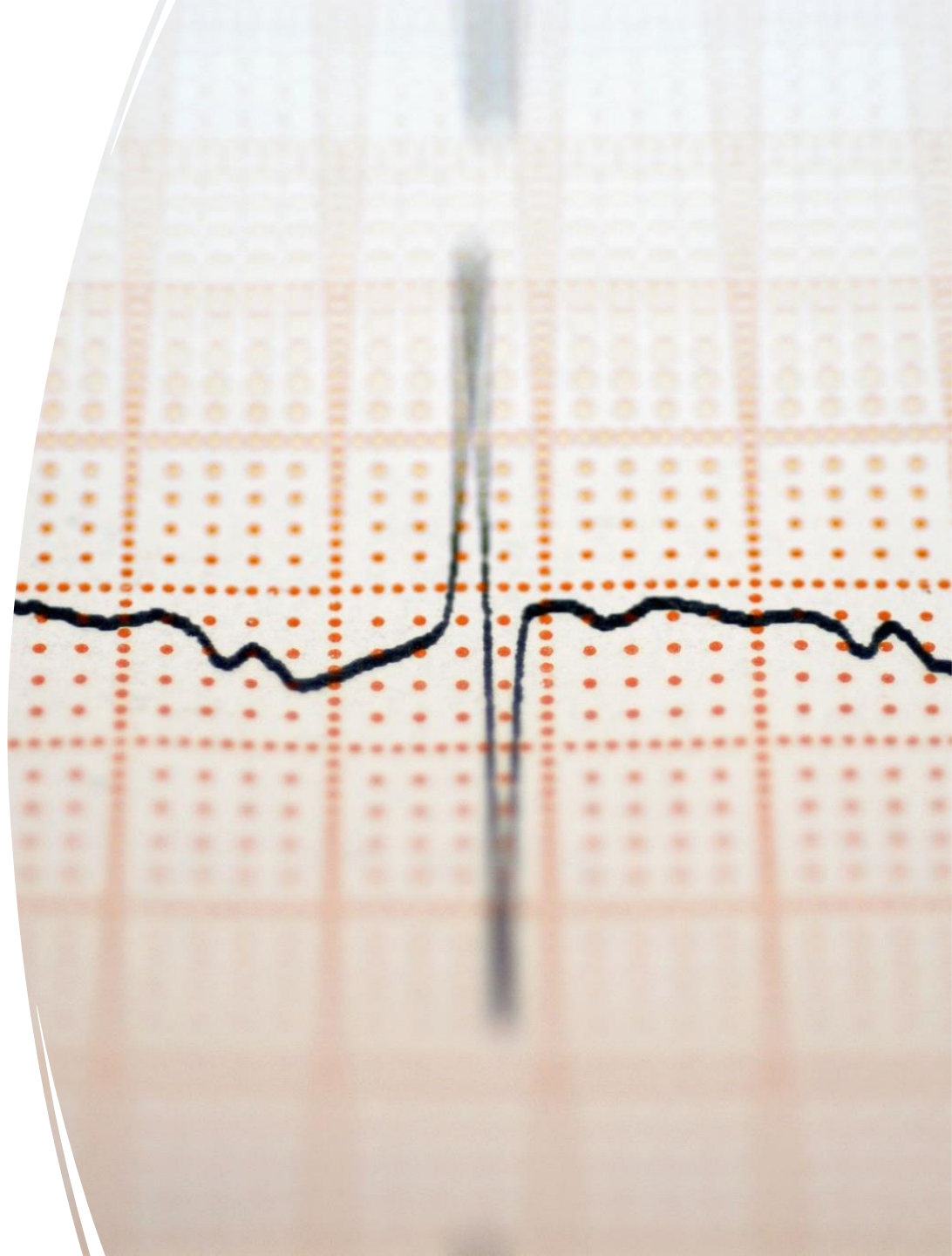




# Apple Heart Study Outcomes

---

- 0.52% of participants received alerts
- ~34% had AF confirmed on ECG follow-up
- AI triage funnels patients to clinician confirmation



# Challenges and Ethical Considerations

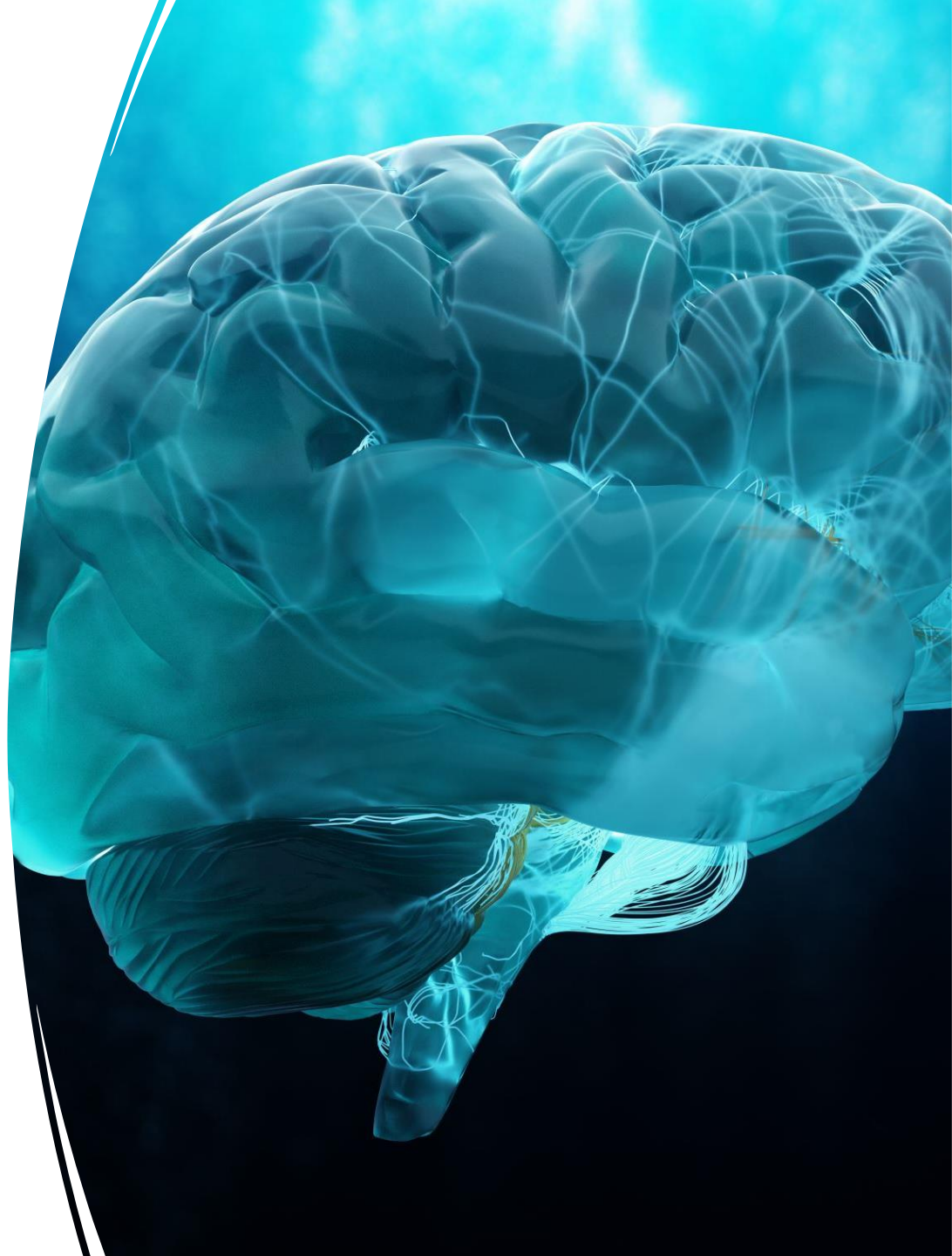
---



# Bias & Fairness

---

- AI systems can inherit biases from training data
- Risk of perpetuating healthcare disparities
- Need for diverse, representative datasets





# Privacy & Security

---

- AI requires vast amounts of patient data
- Risks of data breaches and unauthorized access
- Importance of HIPAA compliance and encryption



# Accountability & Liability

Who is responsible when AI makes an error?



Legal frameworks for clinician vs AI accountability



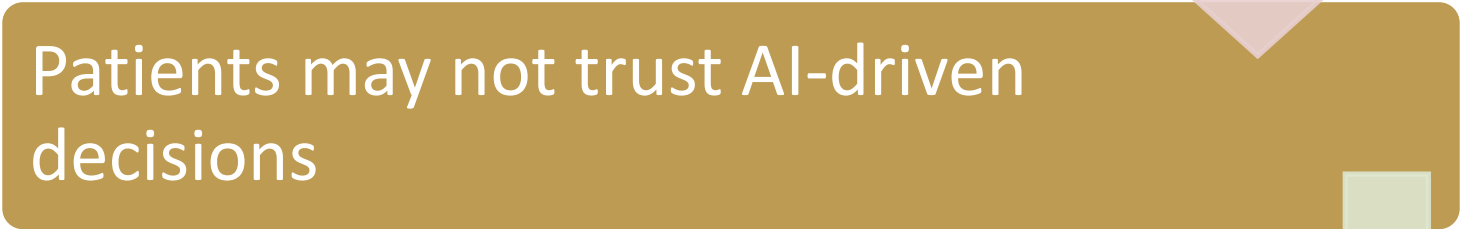
Need for clear regulations and guidelines

# Trust & Adoption


Clinician skepticism: fear of replacement



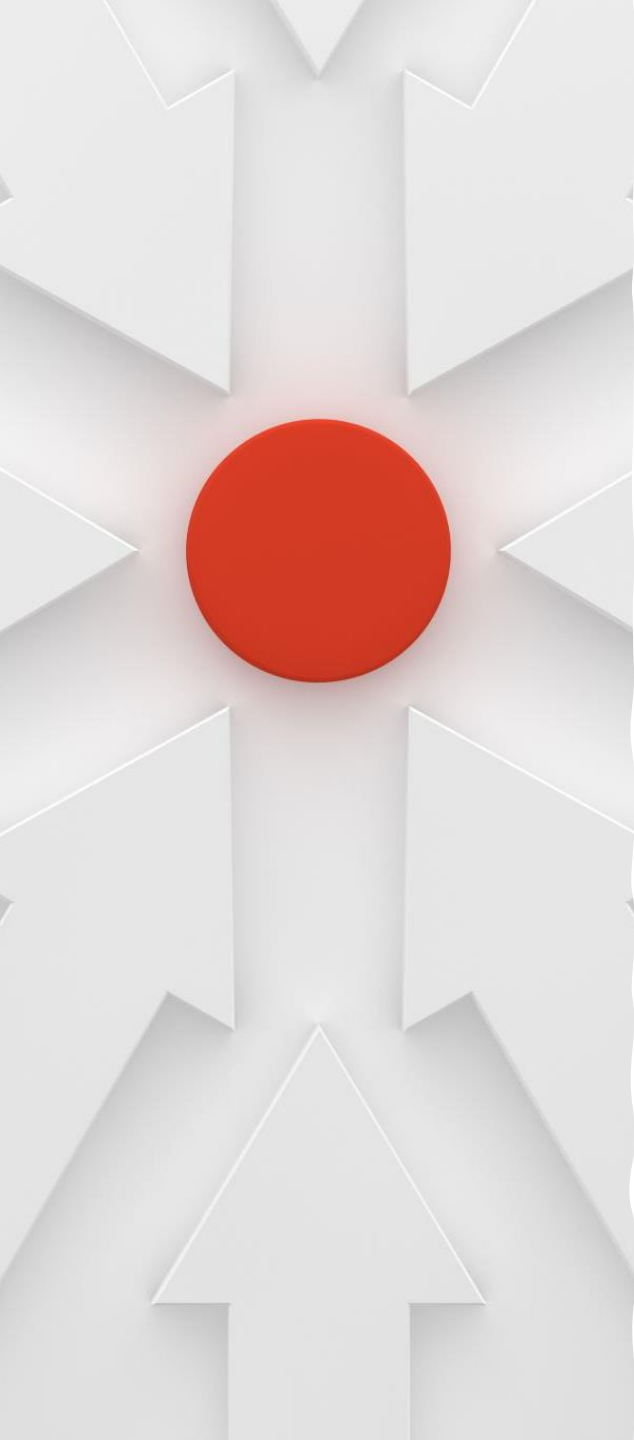
Patients may not trust AI-driven decisions



Transparency and explainability are essential







# Future Directions

---

# Digital Twins & Predictive Medicine

---

Creating digital replicas of patients for simulation

---

Allows testing of treatments virtually before real-world application

---

Personalized medicine at scale



# Generative AI in Healthcare

---

- Drug discovery and design using AI models
- Automating clinical documentation with natural language generation
- Patient education materials tailored by AI

# Regulatory Trends

FDA advancing  
guidelines for AI/ML-  
based medical devices

EU AI Act shaping  
standards for safety  
and transparency

Global momentum  
toward responsible AI  
in healthcare

# Conclusion

---

AI is transforming healthcare across diagnostics, planning, workflow, and monitoring

---

Case studies show AI augments, not replaces, clinical expertise

---

Supporting compassionate, patient-centered care remains essential

---

Future: digital twins, generative AI, evolving regulation



Questions??





Follow Up:

- Sheila Dolbow, MSN, CFN, CPHQ
- Quality Improvement Project Manager
- Texas Hospital Association Foundation
- [sdolbow@tha.org](mailto:sdolbow@tha.org)



## Next Steps:



Watch for an email from  
[cahqi@thafoundation.org](mailto:cahqi@thafoundation.org)



Instructions and passcode for portal  
will be attached



Complete the evaluation



Download your certificate



Please provide feedback!! We love  
getting your suggestions!!

# References (1 of 2)

- 
- Lundqvist A, et al. AI for breast cancer screening: MASAI trial. Lancet Digit Health. 2023;5(8):e471–e482.
  - Madai VI, et al. Viz.ai stroke platform: impact on workflows. Stroke. 2020;51(10):e250–e253.
  - Repici A, et al. AI in colonoscopy: GI Genius trial. Gastroenterology. 2020;159(2):512–520.e7.
  - Abràmoff MD, et al. Autonomous AI for diabetic retinopathy detection. NPJ Digit Med. 2018;1:39.
  - Adams R, et al. TREWS sepsis early warning: prospective study. Nat Med. 2022;28:1455–1460.

# References (2 of 2)

- 
- Shah P, et al. AI and ML in clinical development. NPJ Digit Med. 2019;2:69.
  - Steinhubl SR, et al. Wearable ECG patch for AF detection: mSToPS trial. JAMA. 2018;320(2):146–155.
  - Turakhia MP, et al. Apple Heart Study: arrhythmia detection with smartwatch. Am Heart J. 2019;207:66–75.
  - Harrington RA, et al. Ambient clinical intelligence and the EHR. JAMIA. 2021;28(5):1032–1039.
  - FDA. AI/ML-based Software as a Medical Device (SaMD). Guidance, 2025.