



# AI / Chat GPT – Latest Trends

**Alan Shoebridge**, Associate Vice President, National Communications,  
Providence

**Brent Lamm**, CIO, UNC Health

**Patrick Higley**, Vice President AVIA's Center for Operational Transformation



# Agenda

- **Brent Lamm:** Operations and key considerations UNC is working through around AI
- **Patrick Higley:** AI operations across the various hospitals/health systems of all sizes/backgrounds that are part of the AVIA collaborative
- **Alan Shoebridge:** Key implications for marketers and communicators

UNC

The industry is identifying key areas where AI can move the needle

## Generative AI is positioned to disrupt healthcare

### Improving Health Outcomes

#### AI could end the war on antibiotic-resistant bacteria

Mariah Taylor (Email) - Friday, May 26th, 2023

#### How tech companies are using AI to tackle clinician burnout, administrative headaches

By Annie Burky

### Reducing Clinician Burnout

### Addressing Staff Shortages

#### How AI is helping to address staffing shortages in healthcare

Healthcare, like much of the rest of the economy, is facing a labor shortage. Artificial intelligence can lighten the load for overworked providers through everything from automation to triaging patients.

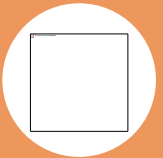
#### HIMSSCast: Automation and data are removing administrative waste from the system

### Bending the Cost Curve

# Working with Epic to pilot “Generative AI” to reduce burnout

Patients *use myUNCChart* to ask medical questions, the volume of messages is overwhelming providers

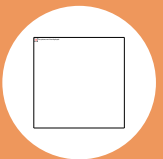
**Pilot Goal** – See if AI can reduce response burden by auto-drafting patient messages



In production with 10 Physicians



Expand incrementally to 10-15 additional Physicians per month



Broader rollout pending results of initial pilot activity

[Home](#) / [News](#) / UNC Health Works with Epic on Integration of Generative Artificial Intelligence (AI) Tools






## UNC Health Works with Epic on Integration of Generative Artificial Intelligence (AI) Tools

May 23, 2023



*The initial rollout will begin with five to 10 physicians at UNC Health. Our teams will join other early adopters from UC San Diego Health, the University of Wisconsin Health, and Stanford Health Care, with more health systems as part of the next phase of rollouts.*

# Additional clinical & operational use cases we are exploring

 <b>Clinical Hospital</b>	 <b>Clinical Ambulatory</b>	 <b>Analytics</b>	 <b>Care Access</b>	 <b>Revenue Cycle</b>
<p>+ Create space for thoughtful reflection by care team members to do what only humans can in care interactions</p>	<p>+ Leveraging Gen AI and Automation Opportunities to assist providers</p>	<p>+ Drive insights in easy interactions where teammates already work / collaborate</p>	<p>+ Using AI to help reduce documentation burden and errors by seeking automation opportunities</p>	<p>+ Drive insights in easy interactions where teammates already work / collaborate</p>
<p><b>Ambient Listening</b></p> <ul style="list-style-type: none"> <li>Reduce in-room hands-on-keyboard time for care teams</li> </ul>	<p><b>Care Gap Closure</b></p> <ul style="list-style-type: none"> <li>Use AI to identify care gaps and assist with closure</li> </ul>	<p><b>Process Mining, Automation, Training</b></p> <ul style="list-style-type: none"> <li>Assess, measure, automate, and train</li> </ul>	<p><b>Prior Authorization</b></p> <ul style="list-style-type: none"> <li>Reduce the burden of the prior authorization process for staff and patients</li> </ul>	<p><b>Coding for HB / PB</b></p> <ul style="list-style-type: none"> <li>Utilize AI to automate coding work and provide real-time feedback to prevent errors</li> </ul>
<p><b>Clinical Alerts/ Notifications</b></p> <ul style="list-style-type: none"> <li>Notify care team and patients of necessary interventions, gaps, &amp; risks</li> </ul>	<p><b>Real-Time Feedback Providers</b></p> <ul style="list-style-type: none"> <li>Use AI to provide real-time feedback to providers during their documentation to catch coding or workflow errors</li> </ul>	<p><b>Patient Matching</b></p> <ul style="list-style-type: none"> <li>Match patients more efficiently and accurately</li> </ul>	<p><b>Proactively Prevent Negative Outcomes</b></p> <ul style="list-style-type: none"> <li>Use AI to proactively prevent negative outcomes (i.e., denials) due to documentation or workflow errors</li> </ul>	<p><b>Draft letters, forms, correspondence</b></p> <ul style="list-style-type: none"> <li>Utilize AI to automate coding work and provide real-time feedback to prevent errors</li> </ul>

# Empowering teammates with secure chatbot, “Ava”

Working with Microsoft to develop a private ChatGPT for teammates

Allows for secure access and the use of UNC Health sensitive information

## Examples Include:

- Ask Epic@UNC training questions
- Research work policies
- Get “how-to” information
- Access clinic details for patients
- Draft business letters / policies
- Summarize sensitive documents
- Develop and check code
- Review contracts

UNC HEALTH AVA AI Virtual Assistant

This is a test system, not production.

Hello! I'm your AI Virtual Assistant. You can call me AVA!  
I help physicians, nurses, and teammates at UNC Health find information.  
You may ask me any work-related question or instruct me on any work-related task. Try it!  
Type @help for assistance using AVA.

Gregory 12:20:08 pm  
How do I document an unidentified patient in Epic?

AVA 12:20:16 pm  
An unidentified patient is given a temporary name on the ED Track Board. After the patient has been triaged and treated by a physician, the ED Registrar can go into the patient's room and register them, which includes making a formal name change in Epic. The patient's real name may be entered in the Epic@UNC alias field by ED Registration at the time of arrival or while the patient is still in the ED if the patient is correctly identified by either family or photo ID. Nursing will place the updated armband on the patient with the correct name in addition to the UPP armband. [\[ED Registrar.pdf\]](#) [\[ASAP ED Unidentified Disaster Patient Packet.pdf\]](#)

Type a new message (Ctrl-K)

Search:  Internet  UNC Health

AVA may produce inaccurate information about people, places, or facts. OpenAI GPT-3.5. Data is current as of September 2021.

Preview of AVA with access to internal UNC Health knowledge

# Established Responsible AI Framework & Oversight

**AI and Automation Advisory (AAA) group governs and oversees AI adoption and use**

## Fairness

*Designing AI Models  
to ensure fairness  
& justice*

## Transparency

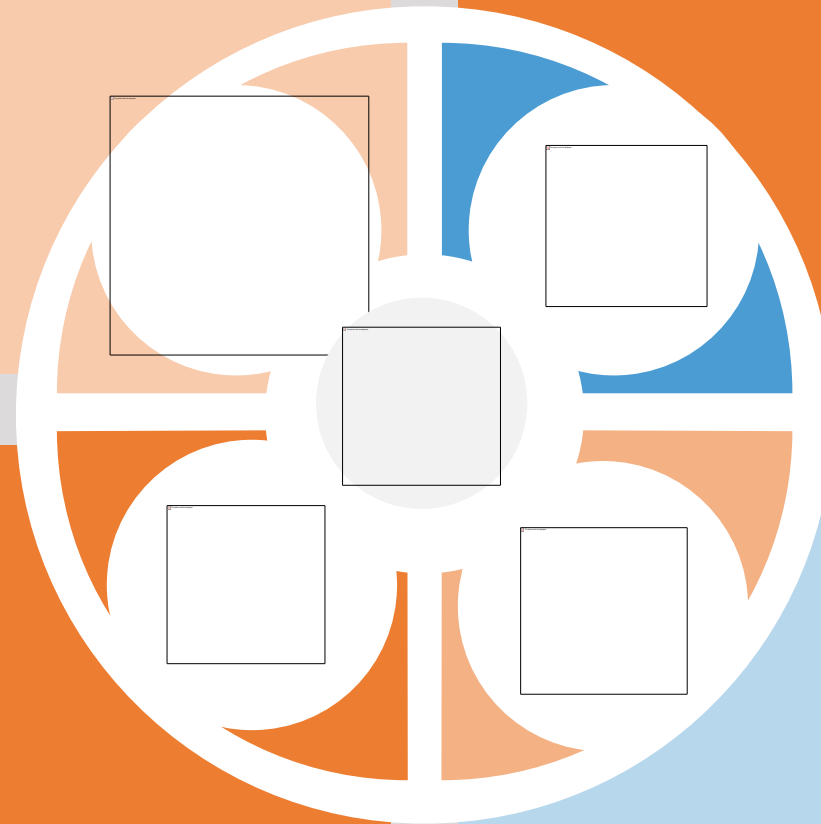
*Transparent and  
compliant AI  
decision making*

## Accountability

*Clear roles & accountability  
from idea inception to  
AI deployment*

## Trustworthiness

*Educating clinicians and  
operational users  
about AI*



# Avia Collaborative Participants



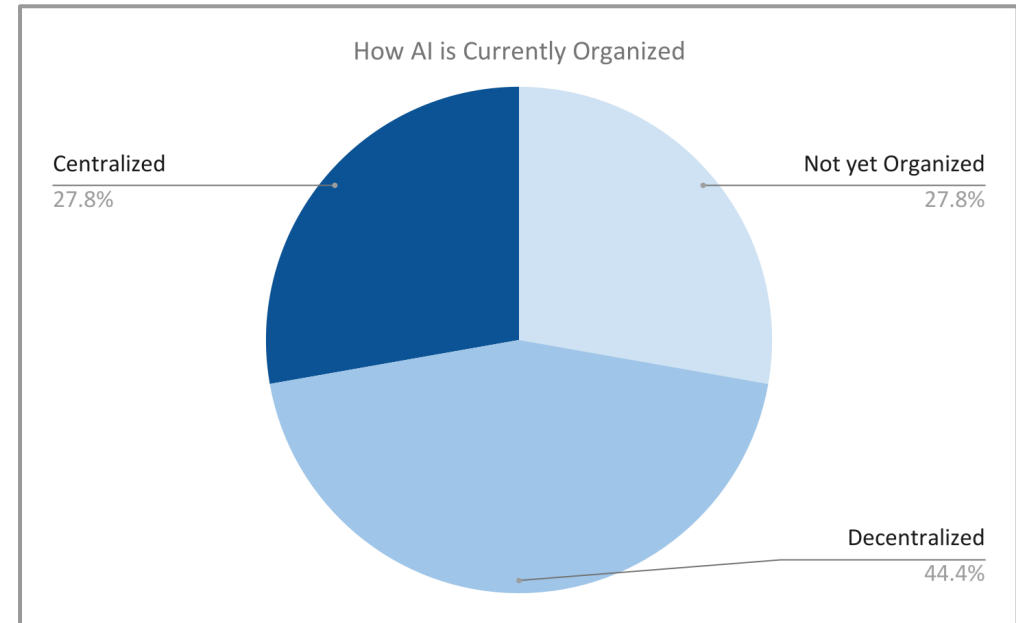
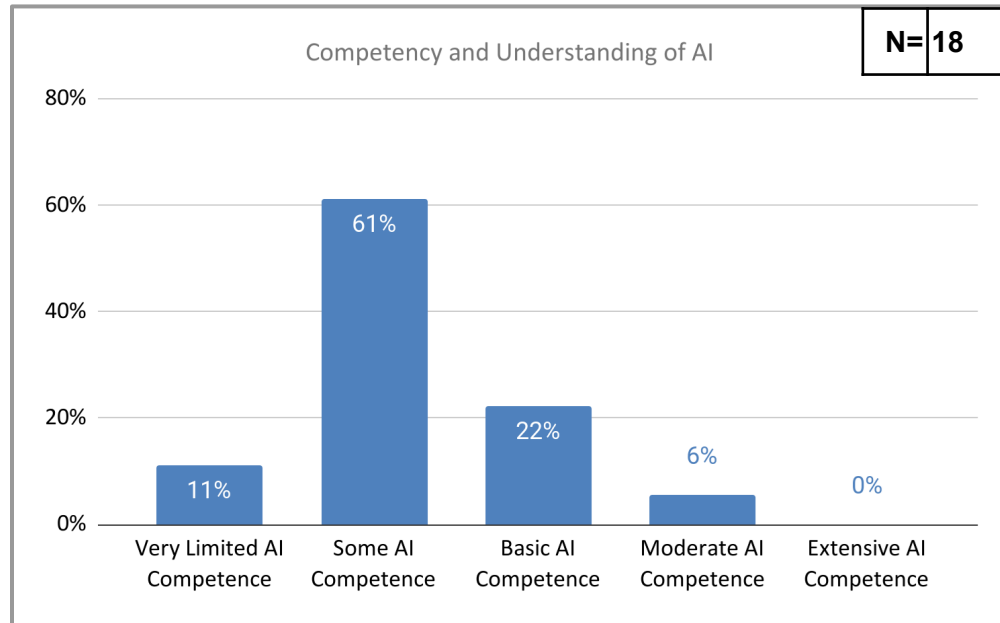


# Preliminary Findings: Organizational Survey

Objective: Understand the current state of AI competency & goals for the Collab

**61%** have **some individuals and teams** with AI competence

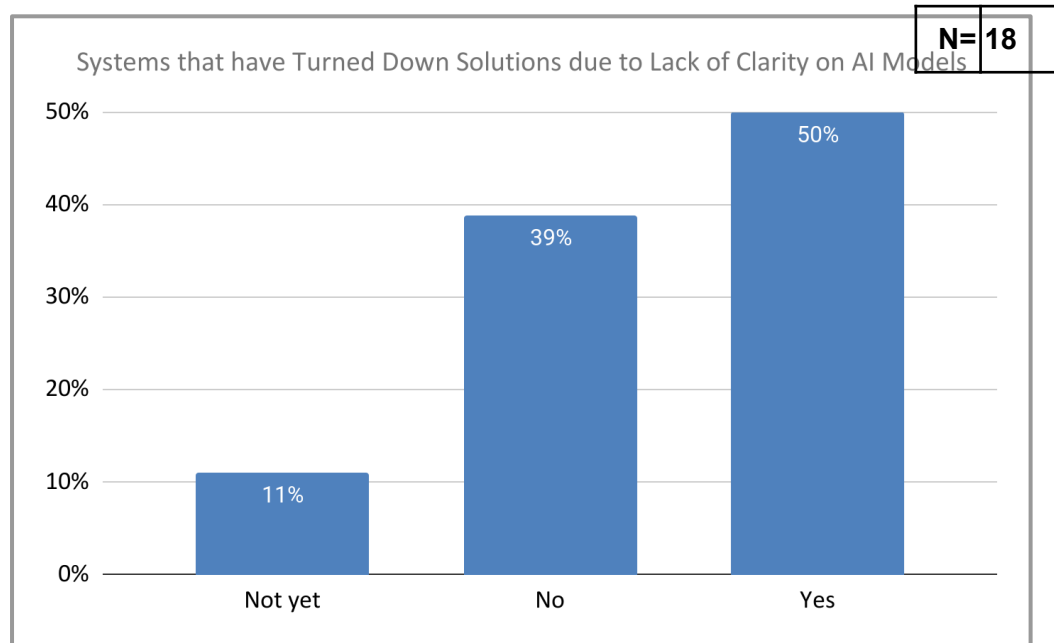
**71%** Are **not centralized** in their AI approach



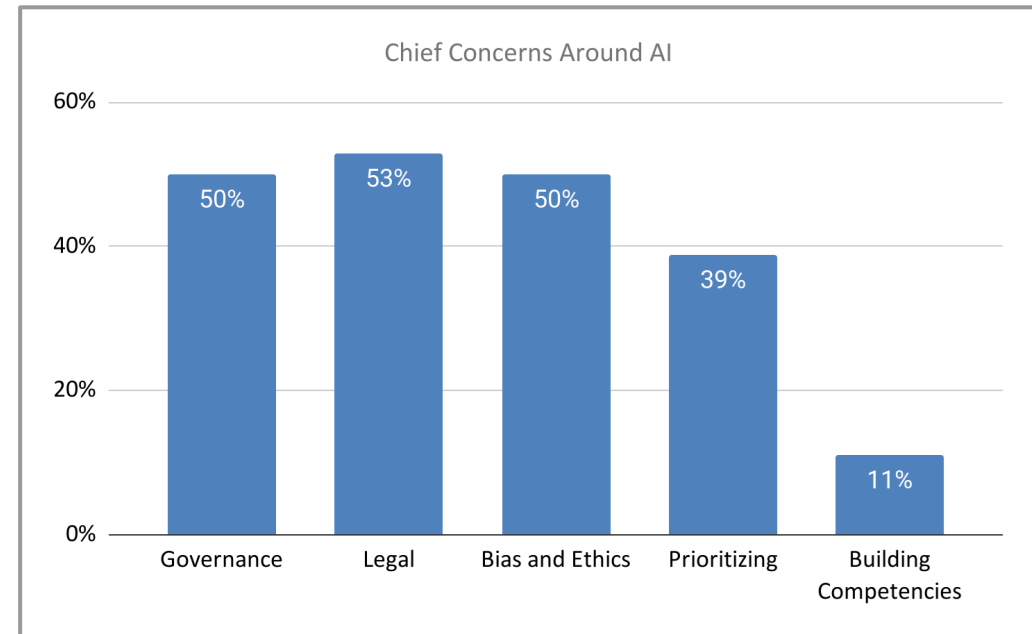
# Preliminary Findings: Organizational Survey

Objective: Understand the current state of AI competency & goals for the Collab

**Most** organizations have **turned down a partner** due to lack of clarity on AI model/solution design



**53%** report **legal and regulatory** considerations as chief concerns



# Preliminary Findings

Objective: Understand the current state of AI competency & goals for the Collab

- **Nobody is an “expert” in AI** (*Scale and Outcomes*)
- Since Jan 2023, organizations have **started formulating steering committees, governance**
- **AI is currently living in pockets** of organizations without central oversight & awareness
  - Administrative Tasks
  - Radiology/Cardiology (Where there is some regulatory clarity through FDA)
- AI technologies are currently being adopted through **3rd-party solutions** rather than home-grown
  - Most organizations are looking to be **takers and shapers**, not makers
- Many organizations are **concerned about legal/regulatory risks** while some are chasing use cases and will figure out legal/regulatory on a **case-by-case basis**
  - Most organizations would rather be **fast followers** rather than **early adopters** to avoid risk

# Providence - what we're doing and why

- Building governance structures for the organization – and within communications – to safely integrate AI.
- We believe that AI can be an extender of our workforce. It can help alleviate staffing issues and burnout.
- Within clinical care, AI has the potential to ease the way for patients: easier, faster connections to care and information.

# Implications for SHSMD Members

- As health care strategists, we can't pretend that AI won't impact our organizations and careers.
- Overall, some changes with AI will be positive and some changes will be negative. Maybe in the extreme.
- The truth is that nobody truly knows what will happen next with AI, but there is clearly opportunity here as well as uncertainty.

# Five considerations for the AI-era

1. Keep connected with new developments in AI.
2. Use some of the available AI tools so that you understand them.
3. Be at the table for governance and usage discussions.
4. Verification, fact-checking and brand voice alignment are critical with AI-produced content.
5. External-facing content requires extra scrutiny.

# Two key takeaways for SHSMD members

1. **Everyone:** Skepticism is warranted, but don't fear AI.
2. **Leaders:** Think critically about what's happening with AI in your profession; develop a personal perspective on it.

# Resources

- <https://my.shsmd.org/blogs/the-shsmd-team/2023/06/20/the-ai-era-is-here-how-can-shsmd-members-navigate>
- <https://www.beckershospitalreview.com/innovation/the-uses-of-generative-ai-are-overhyped-says-providences-cio.html>
- <https://www.beckershospitalreview.com/innovation/how-mayo-mass-general-brigham-providence-are-using-generative-ai-virtual-nursing.html>





# Questions?

Please be sure to complete the session evaluation on the mobile app!

