From Innovation to Transformation (FIT) Journey for Health Systems

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UC Davis Health

“App Doctor”
Founding Chairman, VALID AI

Disclosures

- GVX Venture Studio: Fusioncare.AI, GenServe.AI
- Consulting: Astrazeneca, J and J, Novo Nordisk
- Stocks: Commure, Inc., Hippocratic.AI (scientific advisor)
- Board positions:
  - Chair, NODE. Health, Association of Digital Medicine
  - PathPresenter.AI
- NIH funding (active):
  - 1U01TR002997-01A1: Translating Scientific Evidence using ePRO

A bit about me!

Ashish Atreja, MD, MPH

5th Career life

1. Medical School and Public Health training
2. Informaticist and clinical research– Cleveland Clinic
3. Chief Innovation Officer-Mount Sinai
   Called as an "**App Doctor**", Digital Health
4. CIO and CDHO, UC Davis Health, AI Journey
5. GVX Venture Accelerator- Transformation at Scale

The next frontier of healthcare delivery will be...

1 Patient-centric

2 Virtual

3 Ambulatory

4 In the home

5 Value-based and risk-bearing

6 Driven by data and technology

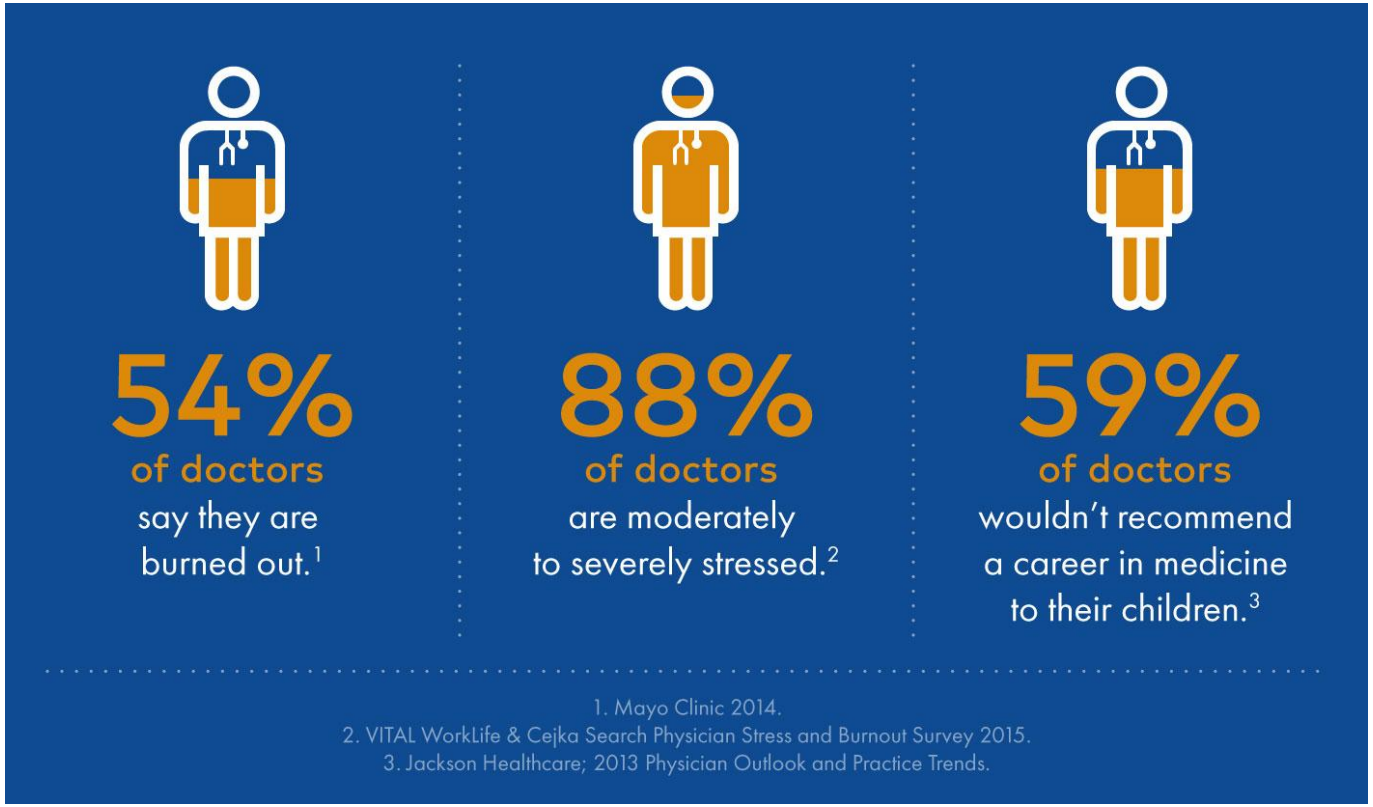
7 Enabled by new medical technologies

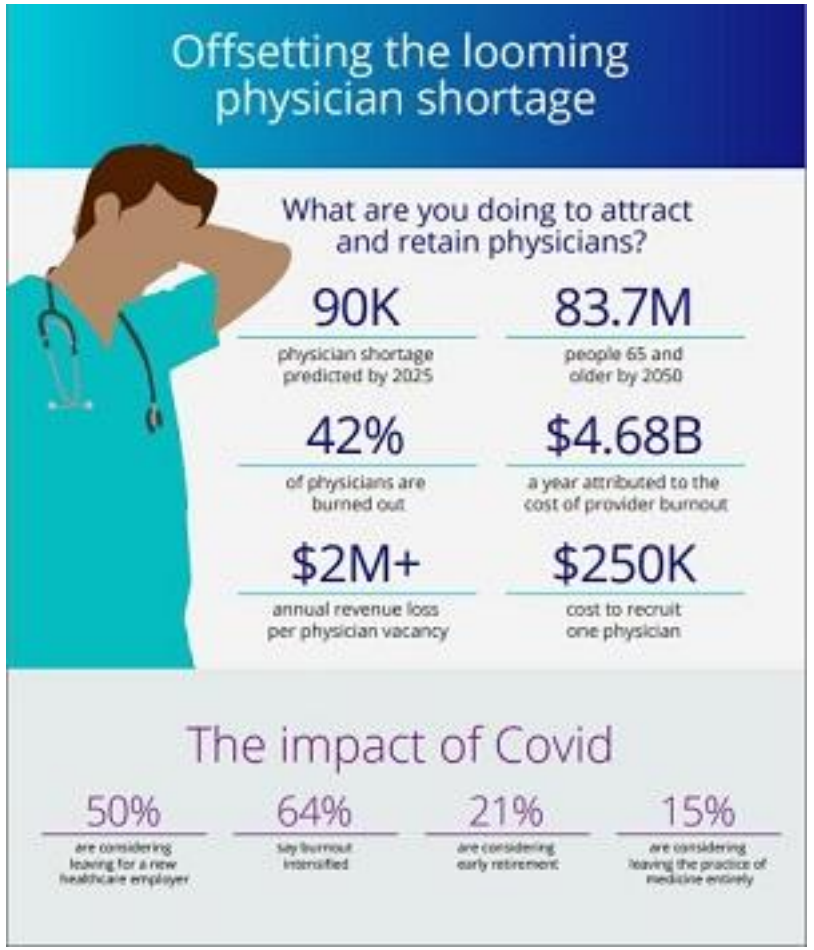
8 Transparent and interoperable

9 Funded by private investors

10 Both fragmented and integrated

But Health Systems are bleeding and clinicians are burned out!





Our Burning Platform: Safety and Productivity Paradox

Patients are asking for 24/7 on demand always on care

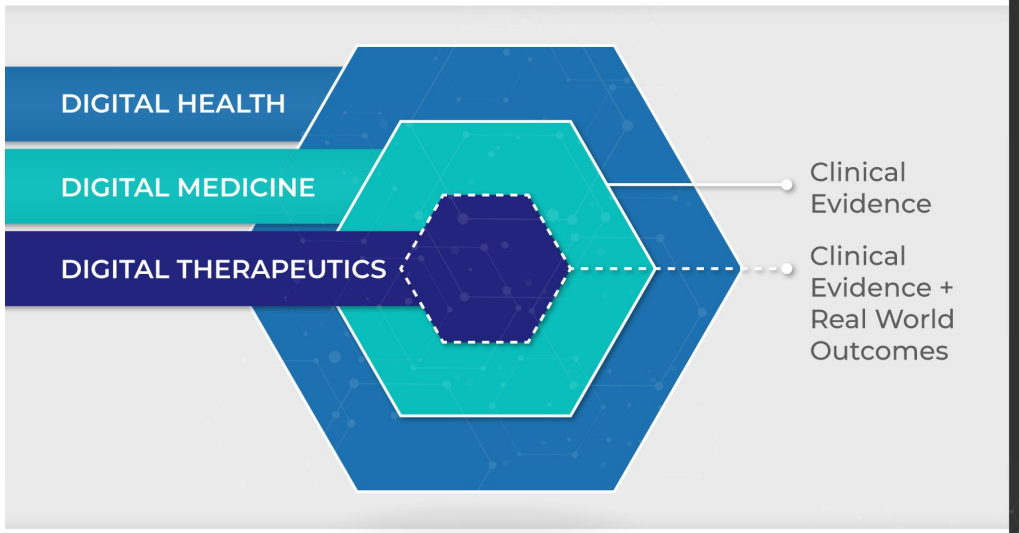
Clinicians are burned out

Care delivery is inefficient and margins are shrinking/negative

Digital + Health= Exponential Improvement in Care Delivery

Netflix, Amazon, Uber, Self-driven and Flying cars

Digital Health Industry Categorization



The **purpose** and **function** of a digital health product determines its categorization, risk level, and requirements for clinical evidence and regulatory oversight.

DIGITAL THERAPEUTICS ALLIANCE

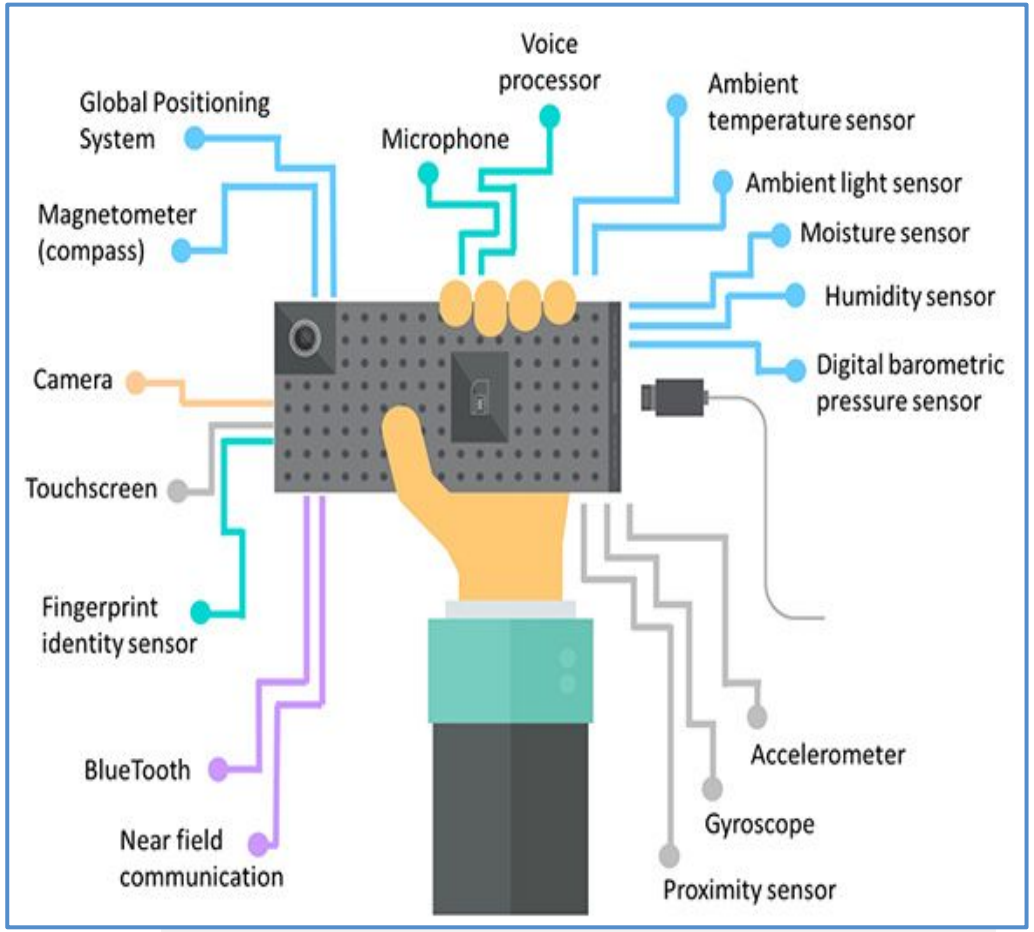
healthxl

NODE.HEALTH

DiME

End users, clinicians, and payers should understand the differences between these varied products given their important roles in the prevention, diagnosis, treatment, and management of health and disease.

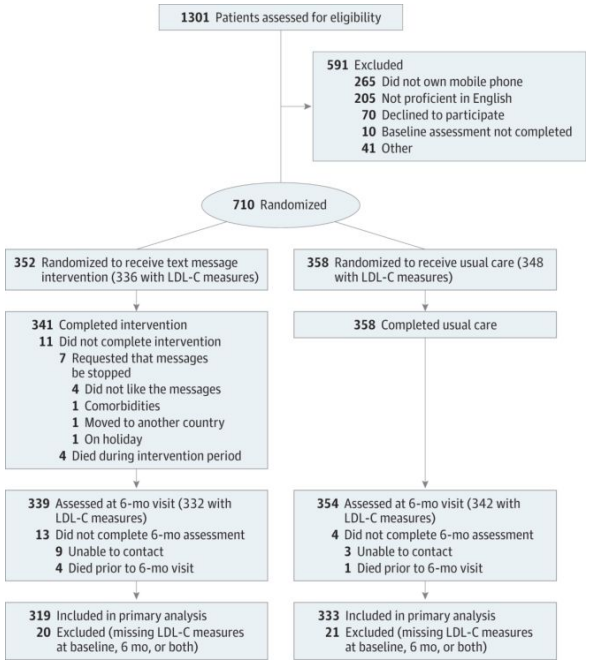
The Science of Digital Medicine and AI that supports one-many care and **unlocks time and Access**



Text as the more affordable Digital Front Door starting one-to-many care

From: **Effect of Lifestyle-Focused Text Messaging on Risk Factor Modification in Patients With Coronary Heart Disease: A Randomized Clinical Trial**

JAMA. 2015;314(12):1255-1263. doi:10.1001/jama.2015.10945



At 6 months, levels of LDL-C were significantly lower in intervention participants (mean difference, −5 mg/dL with reductions in systolic blood pressure (−7.6 mm Hg) and BMI (−1.3),, and a significant reduction in smoking (26% vs 44%; **relative risk, 0.61** [95% CI, 0.48 to 0.76]; *P* < .001).

The majority reported the text-message program to be useful (91%), easy to understand (97%), and appropriate in frequency (86%).

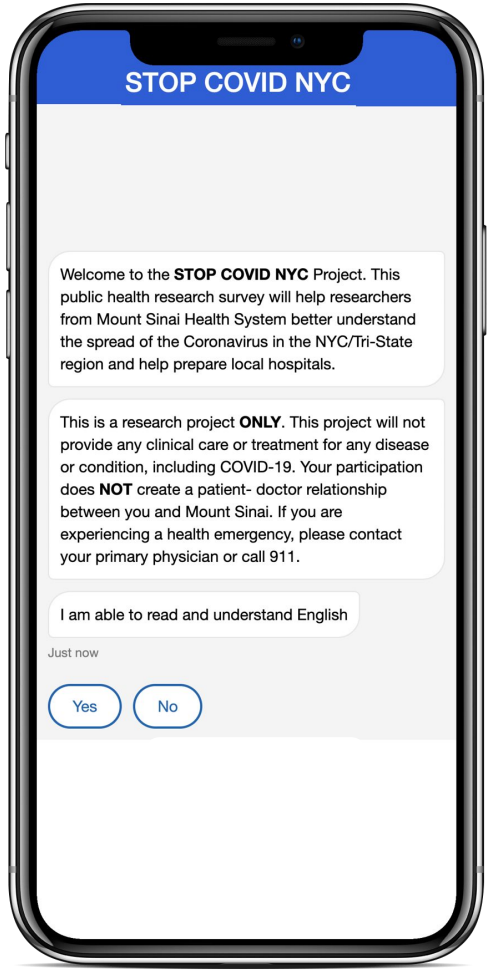
The JAMA Network

Figure Legend:

Enrollment of Participants in the TEXT-ME Randomized Clinical TrialLDL-C indicates low-density lipoprotein cholesterol.

Automating Patient Interactions: 1 Million Mount Sinai Patients outreached with BOT, 55,000 patients enrolled (100 personnel x1.5 years)

- EHR- based identification and outreach in year 2020
- 15,000 enrolled in first week, 55,000 in 4 weeks
- Bot for e-consent
- Self-enroll through text to enroll program



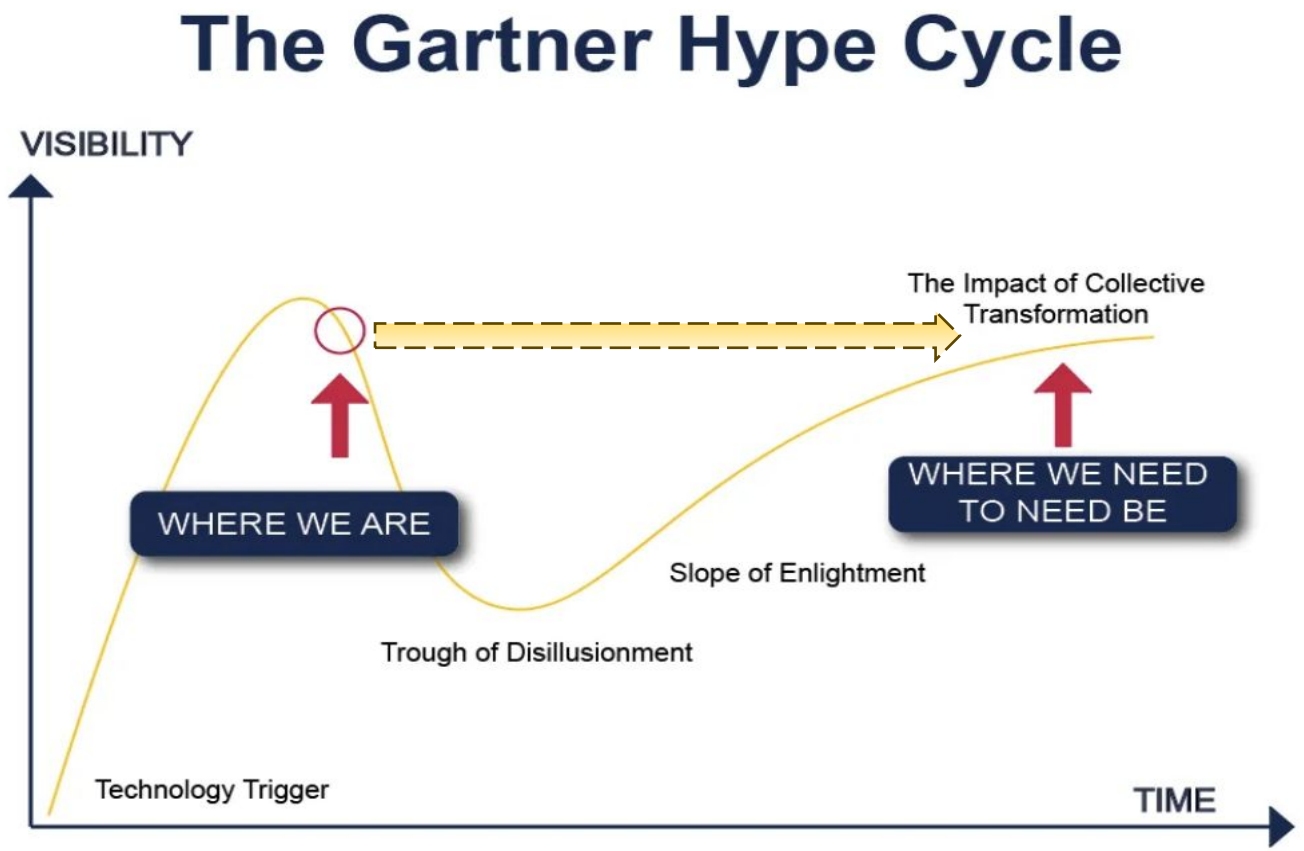
Microsoft Azure

https://www.mountsinai.org/about/newsroom/2020/mount-sinai-launches-covid19-app-to-track-spread-of-virus-across-new-york-city-pr

How do we bring this amazing Transformation to Health Systems?

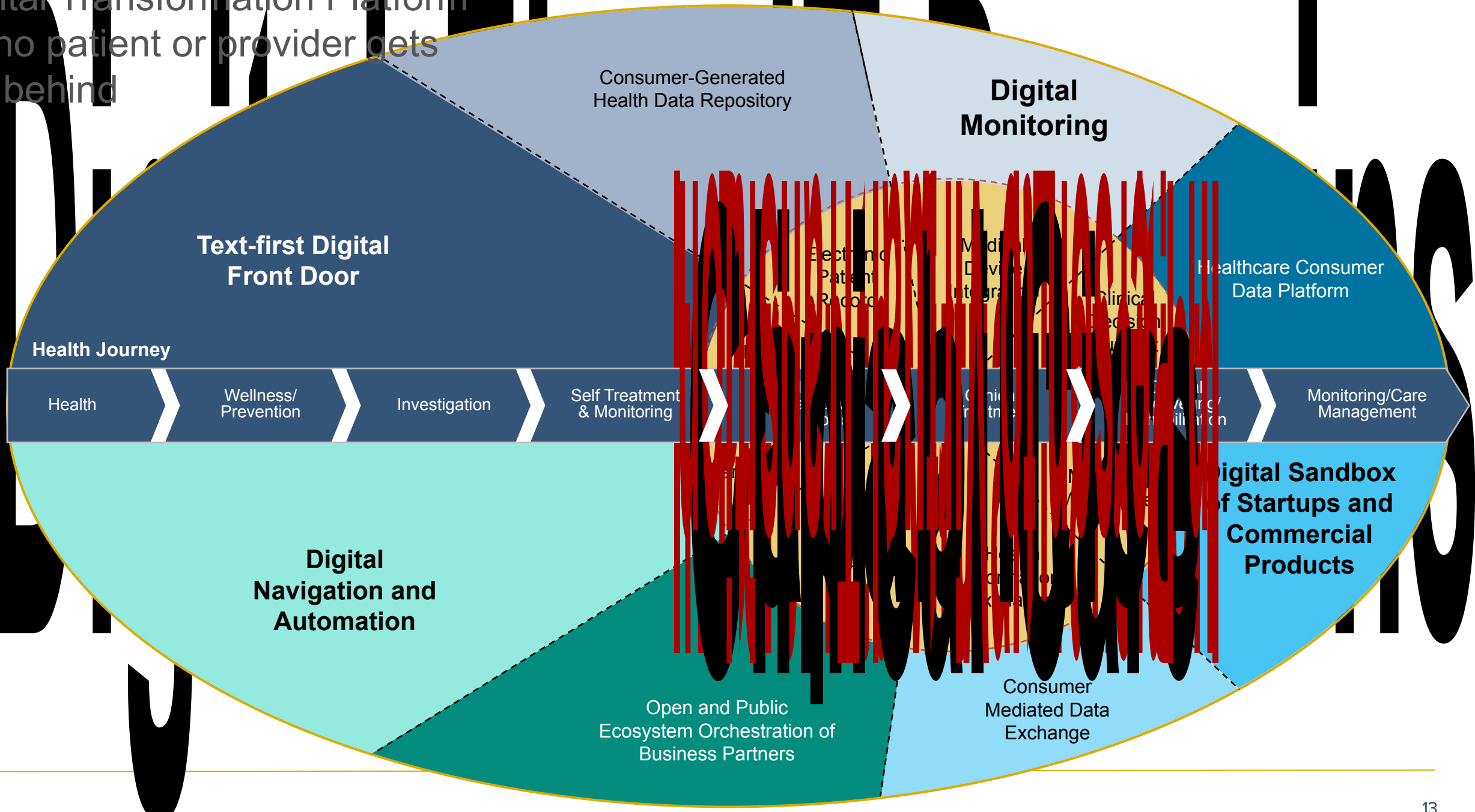
1. Problem-first (*approach*)
2. Platform – first (*innovation*)
3. People and partnership-first (*transformation*)

From Innovation to Transformation (FIT) Journey

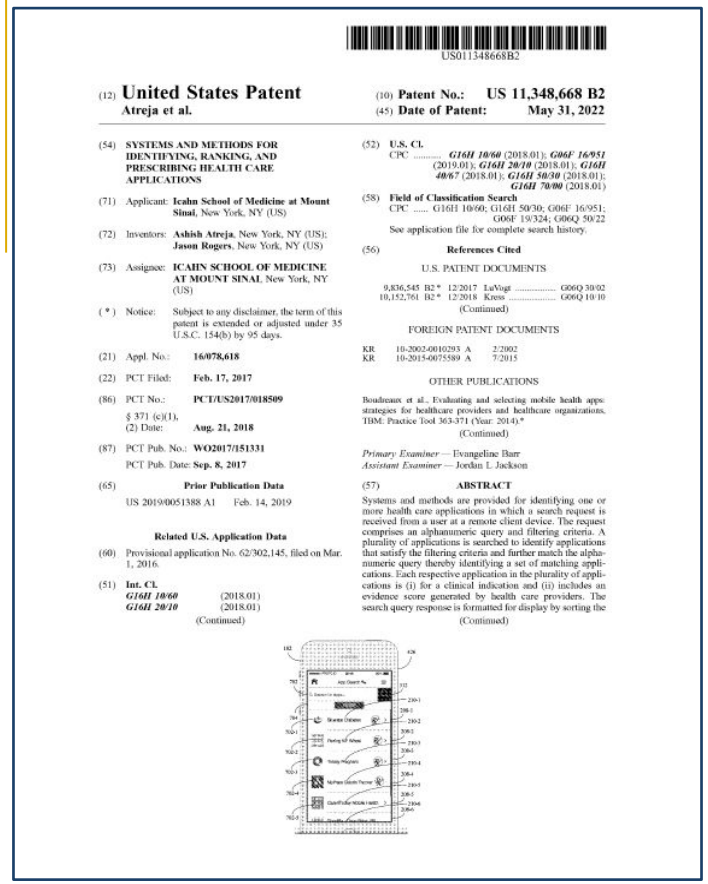


https://theappdoctor.substack.com/

Digital Transformation Platform so no patient or provider gets left behind



What if we can prescribe “apps” like we prescribe medicine



US011348668B2

(12) **United States Patent**
Atreja et al.

(10) **Patent No.: US 11,348,668 B2**
(45) **Date of Patent: May 31, 2022**

(54) **SYSTEMS AND METHODS FOR IDENTIFYING, RANKING, AND PRESCRIBING HEALTH CARE APPLICATIONS**

(71) Applicant: **Icahn School of Medicine at Mount Sinai**, New York, NY (US)

(72) Inventors: **Ashish Atreja**, New York, NY (US); **Jason Rogers**, New York, NY (US)

(73) Assignee: **ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI**, New York, NY (US)

(*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 95 days.

(21) Appl. No.: **16/078,618**

(22) PCT Filed: **Feb. 17, 2017**

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§ 371 (c)(1),
(2) Date: **Aug. 21, 2018**

(87) PCT Pub. No.: **WO2017/151331**
PCT Pub. Date: **Sep. 8, 2017**

(65) **Prior Publication Data**
US 2019/0051388 A1 Feb. 14, 2019

Related U.S. Application Data
(60) Provisional application No. 62/302,145, filed on Mar. 1, 2016.

(51) **Int. Cl.**
G16H 10/60 (2018.01)
G16H 20/10 (2018.01)
(Continued)

(52) **U.S. Cl.**
CPC ***G16H 10/60*** (2018.01); ***G06F 16/951*** (2019.01); ***G16H 20/10*** (2018.01); ***G16H 40/67*** (2018.01); ***G16H 50/30*** (2018.01); ***G16H 70/00*** (2018.01)

(58) **Field of Classification Search**
CPC G16H 10/60; G16H 50/30; G06F 16/951; G06F 19/324; G06Q 50/22
See application file for complete search history.

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(Continued)

Primary Examiner — Evangeline Barr
Assistant Examiner — Jordan L. Jackson

(57) **ABSTRACT**

Systems and methods are provided for identifying one or more health care applications in which a search request is received from a user at a remote client device. The request comprises an alphanumeric query and filtering criteria. A plurality of applications is searched to identify applications that satisfy the filtering criteria and further match the alphanumeric query thereby identifying a set of matching applications. Each respective application in the plurality of applications is (i) for a clinical indication and (ii) includes an evidence score generated by health care providers. The search query response is formatted for display by sorting the
(Continued)

Patent: Systems and Methods for Identifying, Ranking and Prescribing Health Care Applications

Digital Health Formulary in the EHR

Rx.health (Commure Engage)

One to Many Care Across Service lines with clinical leaders

Efficiencies at Scale

500+
Clinical care pathways

65%
Avg. patient engagement rate for peri-op treatment

35M+
Total patient interactions

1 FTE saved
per 1,800 procedures for periop efficiency

96%ile
for **system usability** according to users

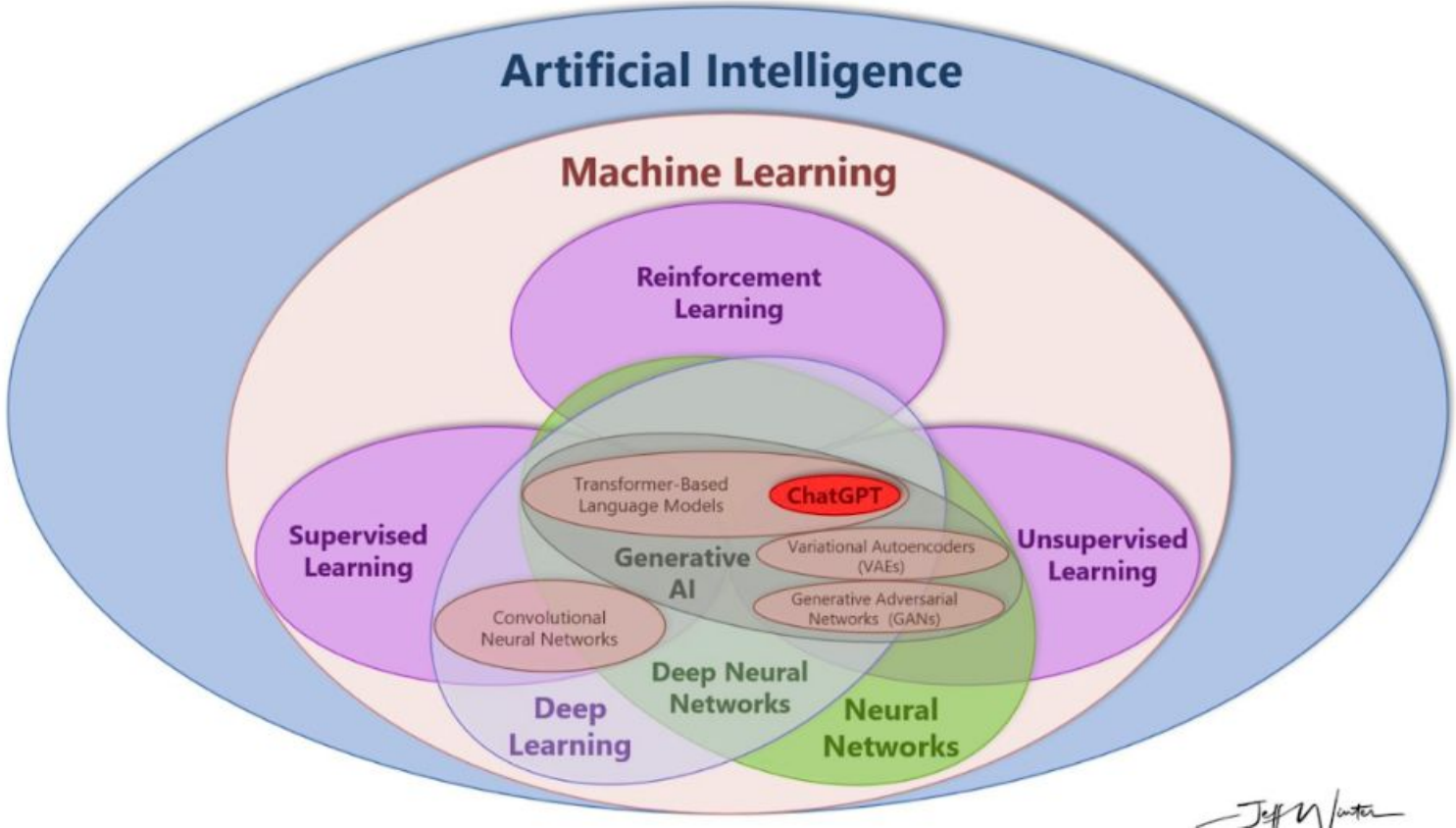
Millions
In estimated customer savings

Peer-Reviewed, Evidence-Based Outcomes

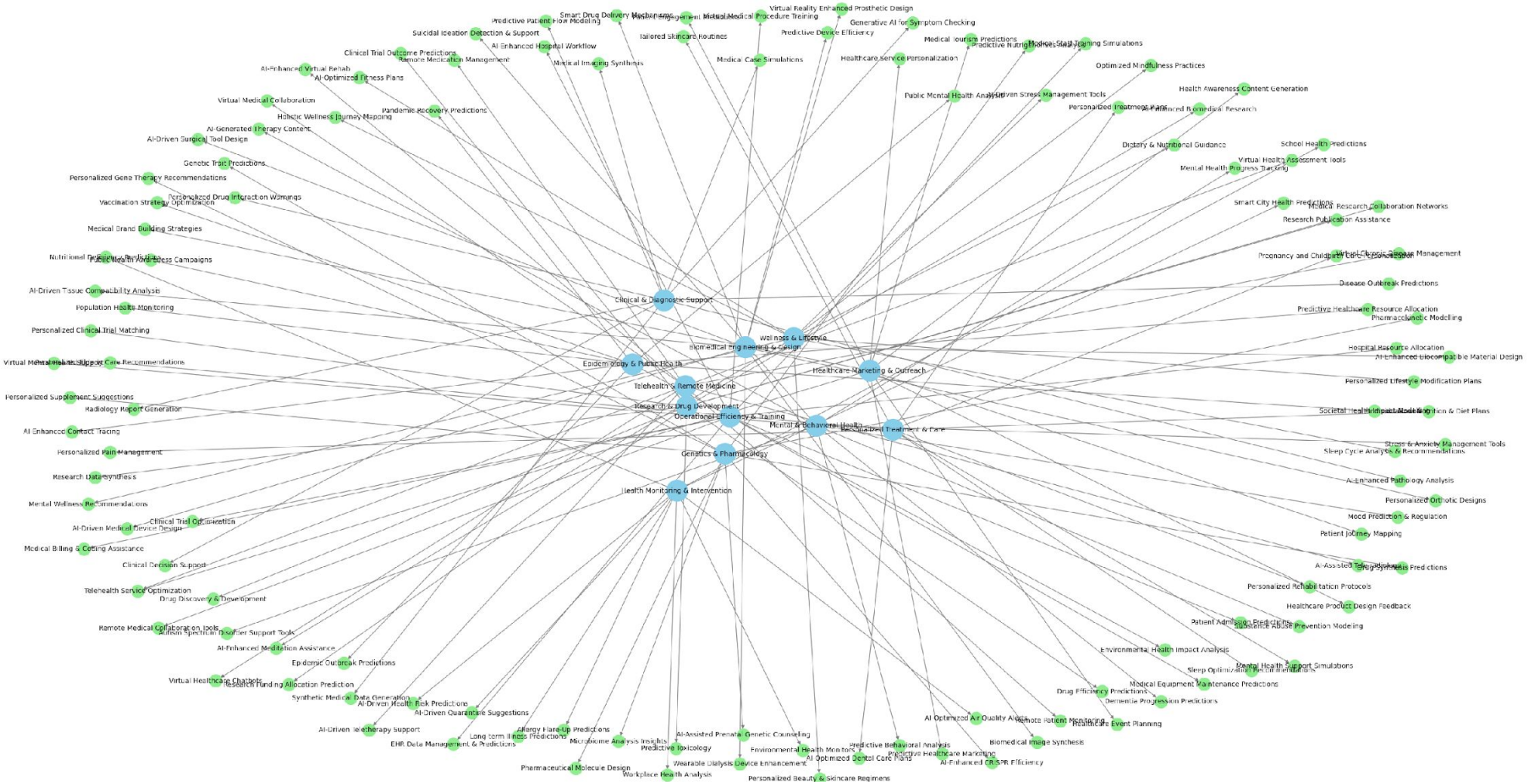
Orthopedics	↓	**1.5** fewer days for joint replacement LOS
Gastroenterology	↓	**85%** fewer no-shows and aborted procedures
Radiology	↓	**54%** fewer no-shows and day-of cancellations
Cardiology	↓	**50%** reduction in heart failure readmission
Endoscopy	↓	**50%** fewer aborted procedures
Asthma	↑	**90%** Asthma control test completion
Pop Health	↑	**1M** patients triaged in NY City in 1 Week
Telehealth	↑	**94%** patient satisfaction

Generative AI has changed the game of One to Many care within two years!!

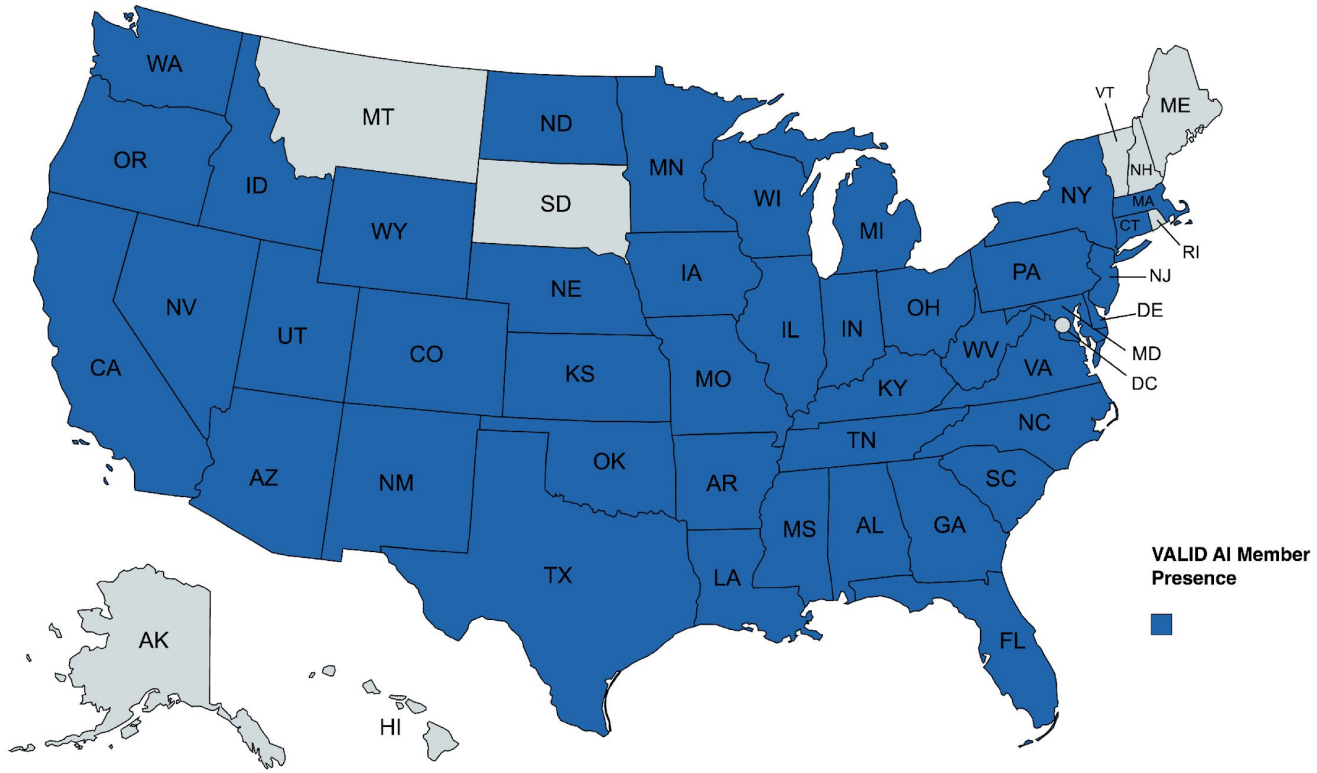
Now, everyone can be a hero!!!



Expanding Use-cases in Gen AI in Health



VALIDAI.Health Program Launched Oct'23 to Create Learning and Implementation Science Community for Gen AI in Health

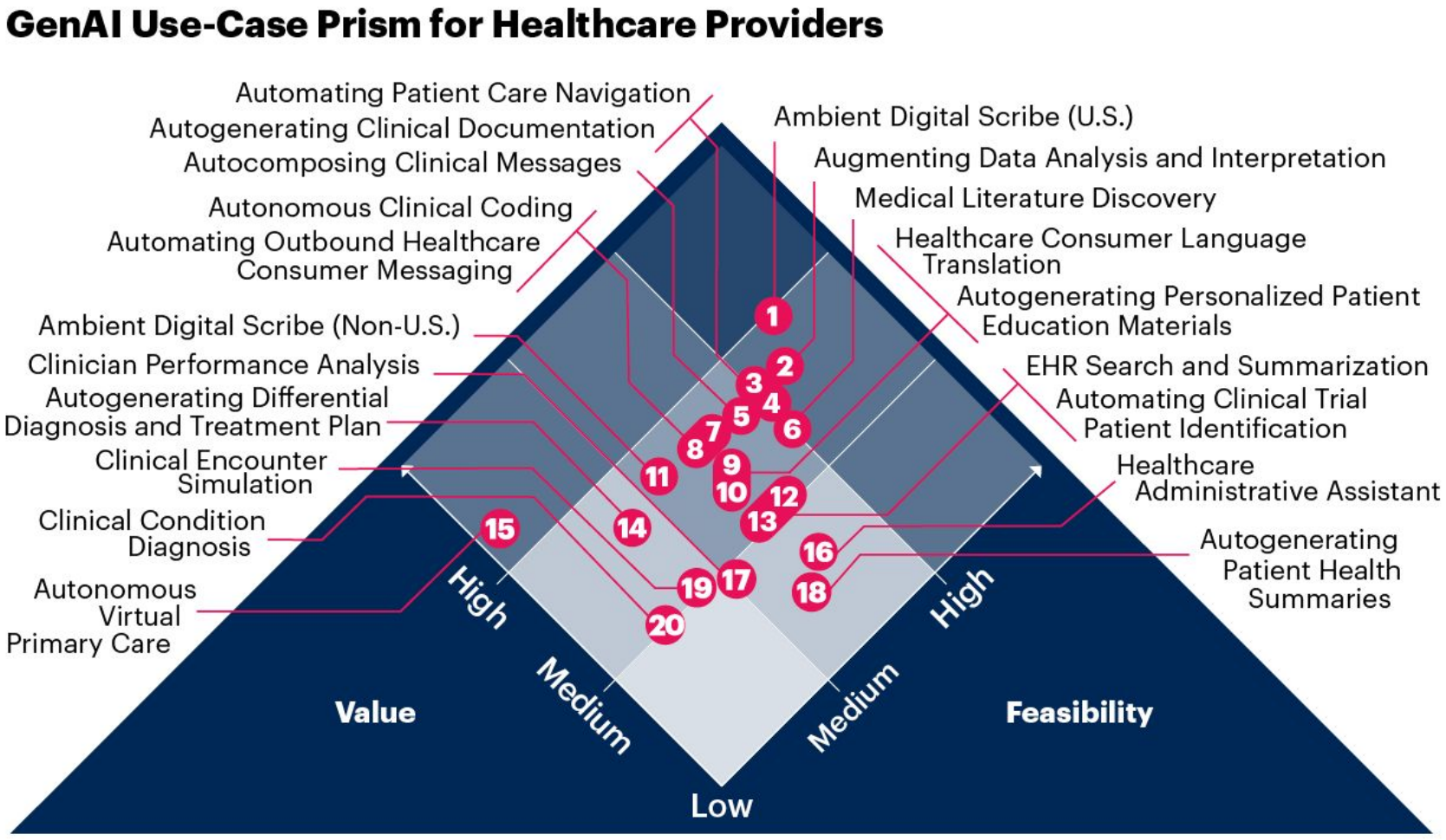


UC San Diego Health System · UCR Health · UCI Health · UC Davis Health · Metro Health · NewYork-Presbyterian · Michigan Medicine · Memorial Hermann · Houston Methodist · Urology of Virginia · Elevance Health · Dignity Health · Cone Health · CHI Health · CHAI Coalition for Health AI · centura · Cedars Sinai · Boston Children's Hospital · Fairview · Union Health · Virginia Mason Franciscan Health · Vanderbilt University · UCSF Health

This week in Health podcast

Future and Health podcast

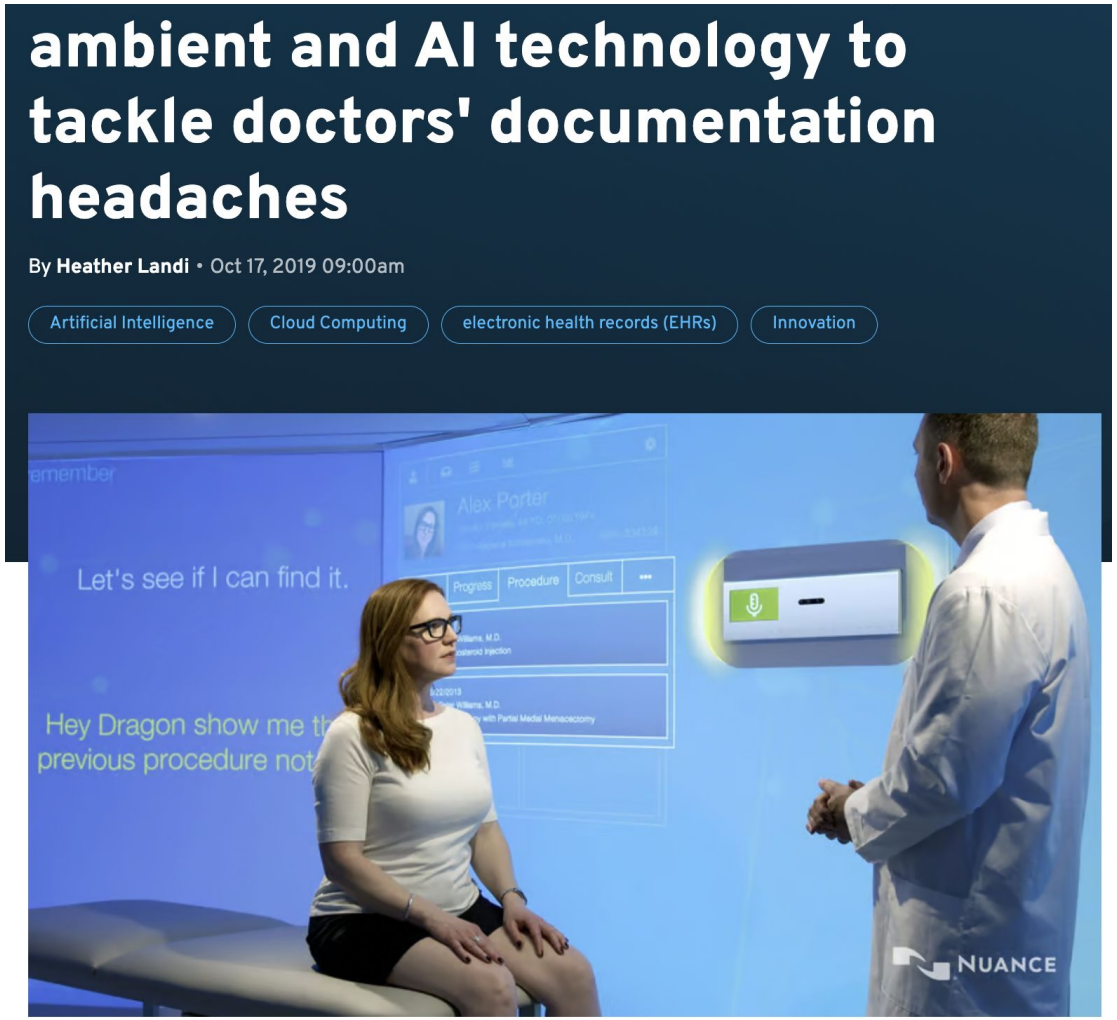
GenAI Use-Case Prism for Healthcare Providers



Source: Gartner

797404_C

Clinician Use Case: Ambient Intelligence to Headless EHR



1. Captures dialogue <u>during</u> the conversation rather than after the fact in separate dictation

- Saves time typing or dictating notes
- More accurate as you do not have to remember the details of a patient after they have left

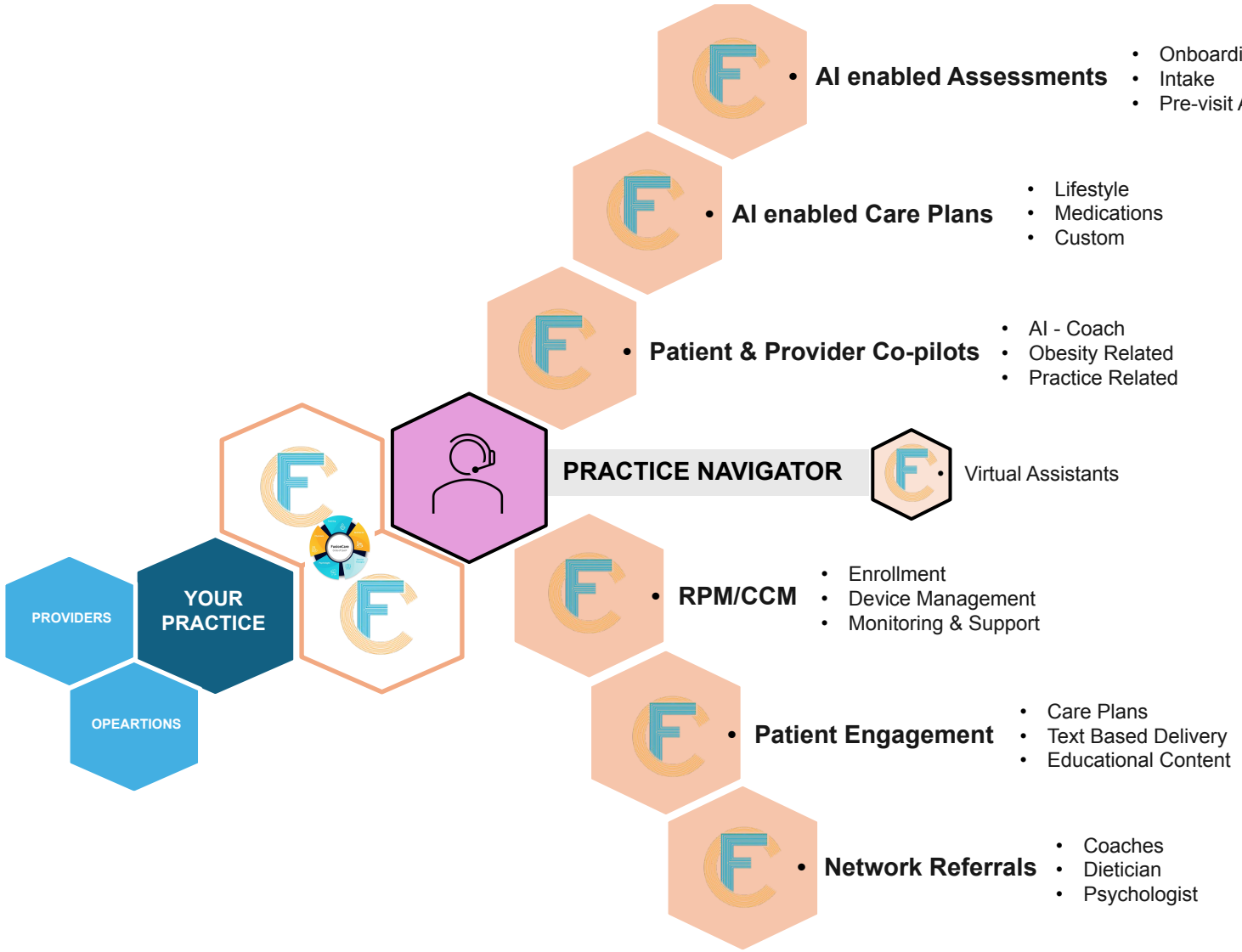
2. Built-in AI-tools to improve note quality

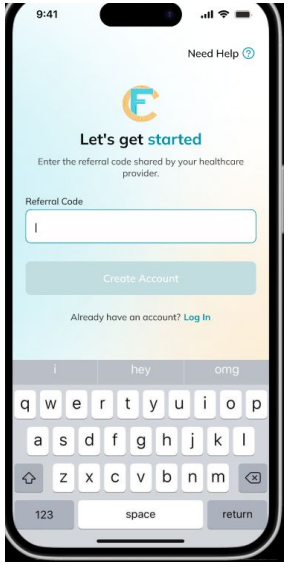
- Correct typos, remove niceties
- Arranges in SOAP format etc.

3. Does more than note entry

- Retrieve data, order labs, medications
- AI powered real time decision support, RCM, Launch of care pathways

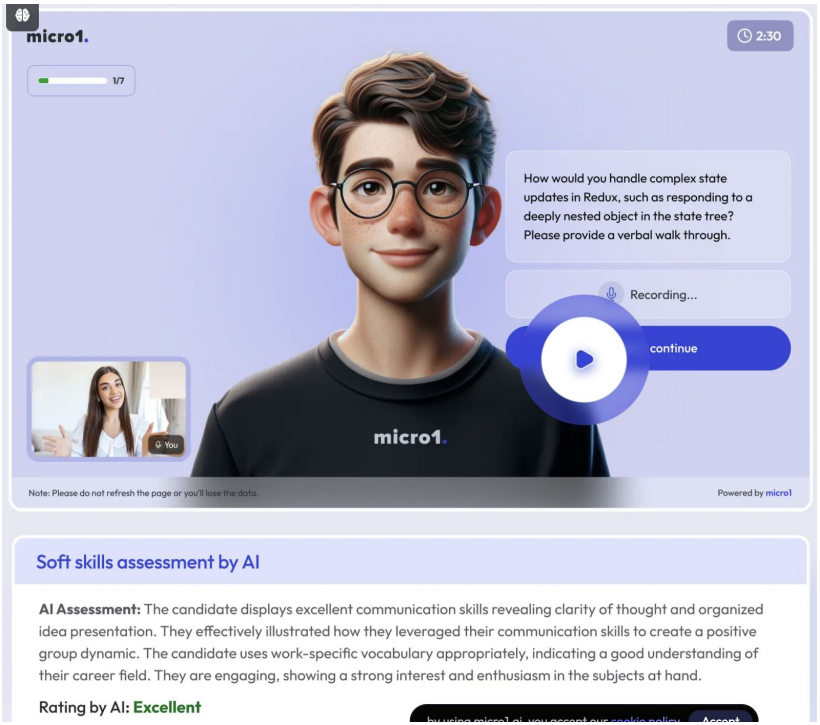
Patient Use Case: AI health coach with human in the loop may be the best approach for certain use cases





FusionCare
AI-ENABLED, HUMAN-POWERED, OBESITY CARE NETWORK

Autonomous Digital Avatars may be best for well defined use cases



Digital Avatars and AI Care Agents support one-to-many care and may be the best way to increase care abundance!

Using a Multilingual AI Care Agent to Reduce Disparities in Colorectal Cancer Screening: Higher FIT Test Adoption Among Spanish-Speaking Patients

Meenesh Bhimani, MD, MHA[1*]; R. Hal Baker, MD[2]; Markel Sanz Ausin, PhD[1]; Gerald Meixiong, MS[1]; Rae Lasko, BS[1]; Mariska Raglow-Defranco, BA[1]; Alex Miller, BS[1]; Subhabrata Mukherjee, PhD[1]; Saad Godil, MEng[1]; Anderson Cook, MFA[1]; Jonathan D. Agnew, PhD, MBA[3]; Ashish Atreja, MD, MPH[4]

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Abstract

Background: Colorectal cancer (CRC) screening rates remain disproportionately low among Hispanic and Latino populations. While artificial intelligence (AI) has shown promise in healthcare delivery, its impact on health equity remains unclear.

Objective: To evaluate the effectiveness of a bilingual generative AI voice agent outreach program in engaging Spanish-speaking patients for CRC screening compared to English-speaking patients.

Methods: We conducted a retrospective analysis of AI-powered outreach calls for CRC screening at a large integrated health system serving central Pennsylvania and northern Maryland in September 2024. The study included 1,878 patients (517 Spanish-speaking, 1,361 English-speaking) eligible for colorectal cancer screening. The AI care agent conducted personalized phone calls in the patient's preferred language to discuss screening and facilitate fecal immunochemical test (FIT) kit requests. The primary outcome was FIT test opt-in rate. Secondary outcomes included call connect rates and duration.

Results: Spanish-speaking patients demonstrated significantly higher engagement across all measures compared to English-speaking patients: FIT test opt-in rates (18.2% vs. 7.1%, p<0.001), connect rates (88.8% vs. 53.3%, p<0.001), and call duration (6.05 vs. 4.03 minutes, p<0.001). In multivariate analysis, Spanish language preference remained an independent predictor of FIT test opt-in (adjusted OR 2.012, 95% CI 1.340-3.019, p<0.001) after controlling for demographic and other factors (gender, age, state of residence, and call duration).

Conclusions: Contrary to concerns about technology exacerbating disparities, AI-powered outreach achieved significantly higher engagement among Spanish-speaking patients. These findings suggest that

Table 2b: FIT Test Opt-in and Connect Rates by Language Group

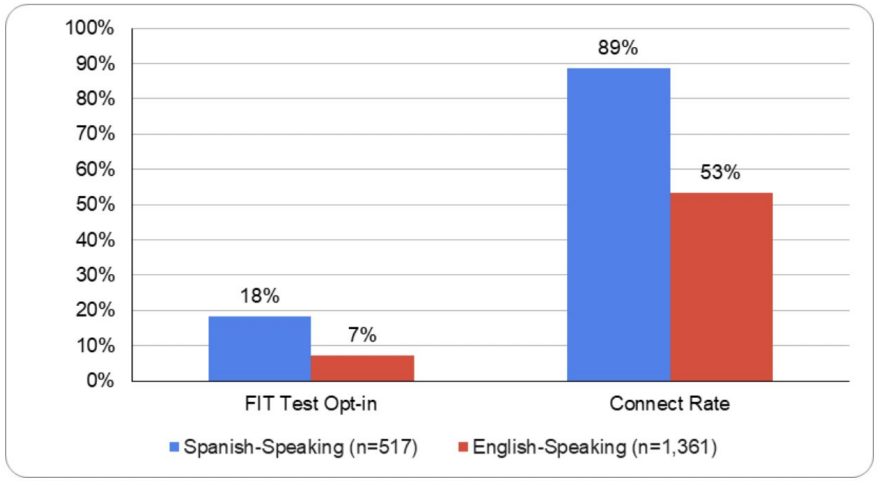
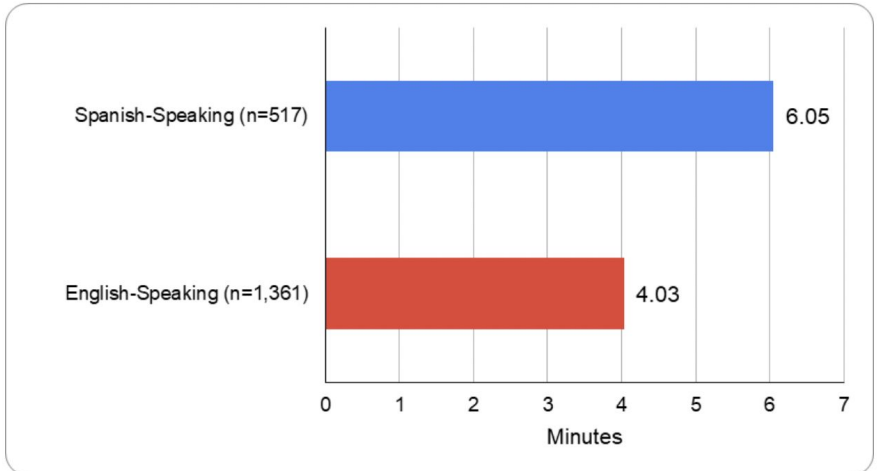


Table 2c: Average Call Duration, in Minutes, by Language Group



https://www.medrxiv.org/content/10.1101/2024.12.16.24318586v1.full.pdf

Courtesy: Hippocratic.AI

Safety protocol to minimize harm

- We engaged **6,234 US** licensed clinicians (5,969 nurses and 265 physicians) with an average of 11.5 years of clinical experience
- Over **307,000 unique calls** were evaluated using a multi-tiered review system using automated flagging, internal nursing reviews followed by physician adjudication when necessary
- Incorrect advice resulting in potential minor harm decreased from 1.32% to 0.13% and 0.07%
- Severe harm concerns were eliminated (0.06% to 0.10% and 0.00%)

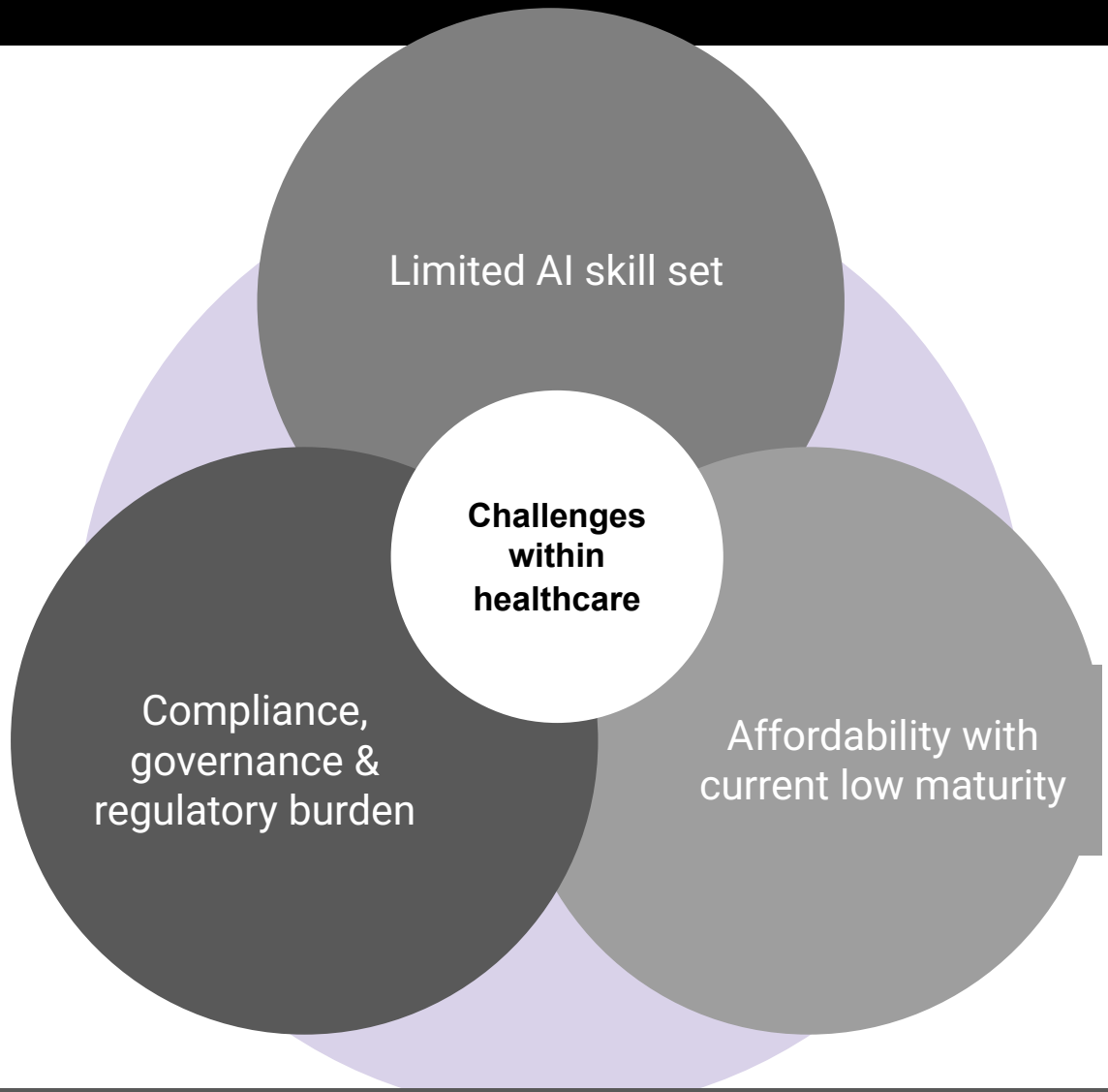
Problem of plenty and compliance burden coupled with lack of skill set and affordability limiting AI adoption

Inaccuracy, cybersecurity, and intellectual-property infringement are the most-cited risks of generative AI adoption.

Generative AI–related risks that organizations consider relevant and are working to mitigate, % of respondents[1]

[1]Asked only of respondents whose organizations have adopted AI in at least 1 function. For both risks considered relevant and risks mitigated, n = 913.
Source: McKinsey Global Survey on AI, 1,684 participants at all levels of the organization, April 11–21, 2023

McKinsey & Company



"There's a lot of good reason for health systems to be concerned that if they don't step up, they're going to end up holding the bag on liability when these algorithms go wrong" **Robert Califf, FDA Commissioner**

Creating AI Center of Excellence Network to make AI Transformation accessible and affordable

NEJM AI

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PERSPECTIVE

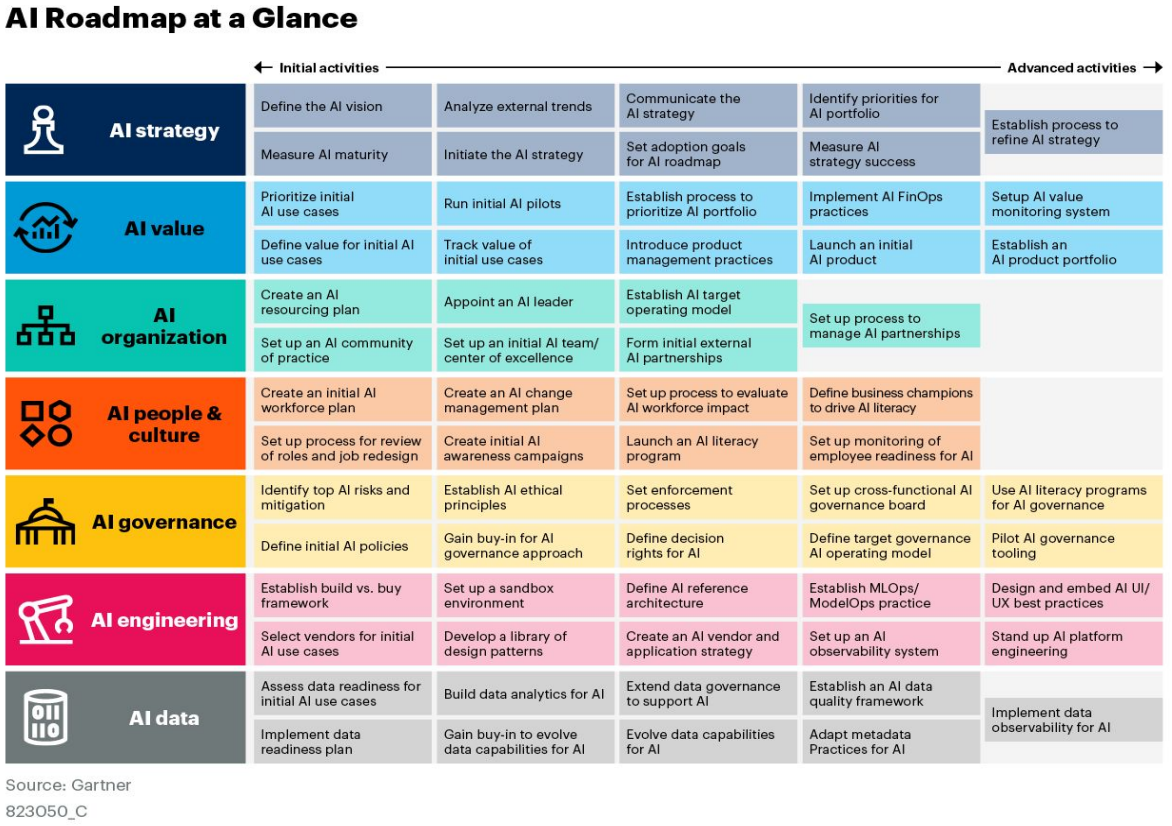
A Call for Artificial Intelligence Implementation Science Centers to Evaluate Clinical Effectiveness

Authors: Christopher A. Longhurst, M.D., M.S., Karandeep Singh, M.D., M.M.Sc., Aneesh Chopra, M.P.P. Ashish Atreja, M.D., M.P.H., and John S. Brownstein, Ph.D. Author Info & Affiliations

Published July 10, 2024 | NEJM AI 2024;1(8) | DOI: 10.1056/AIp2400223 | VOL. 1 NO. 8

Abstract

Artificial intelligence (AI) holds significant promise for revolutionizing health care by enhancing diagnosis, treatment, and patients' safety. However, the current disparity between the abundance of AI research and the scarcity of evidence on real-world impact underscores the urgent need for comprehensive clinical effectiveness evaluations. These evaluations must go beyond model validation to explore the real-world effectiveness of AI models in clinical settings, especially because so few have gone on to show any meaningful impact. The importance of local context in AI model validation and impact assessment cannot be overstated. We call for increased recognition of implementation science principles and their adoption through development of a network of health care delivery organizations to focus on the clinical effectiveness of AI models in real-world settings to help achieve the shared goal of safer, more effective, and equitable care for all patients.



AI Roadmap at a Glance

	← Initial activities				Advanced activities →
AI strategy	Define the AI vision	Analyze external trends	Communicate the AI strategy	Identify priorities for AI portfolio	Establish process to refine AI strategy
	Measure AI maturity	Initiate the AI strategy	Set adoption goals for AI roadmap	Measure AI strategy success	
AI value	Prioritize initial AI use cases	Run initial AI pilots	Establish process to prioritize AI portfolio	Implement AI FinOps practices	Setup AI value monitoring system
	Define value for initial AI use cases	Track value of initial use cases	Introduce product management practices	Launch an initial AI product	Establish an AI product portfolio
AI organization	Create an AI resourcing plan	Appoint an AI leader	Establish AI target operating model	Set up process to manage AI partnerships	
	Set up an AI community of practice	Set up an initial AI team/ center of excellence	Form initial external AI partnerships		
AI people & culture	Create an initial AI workforce plan	Create an AI change management plan	Set up process to evaluate AI workforce impact	Define business champions to drive AI literacy	
	Set up process for review of roles and job redesign	Create initial AI awareness campaigns	Launch an AI literacy program	Set up monitoring of employee readiness for AI	
AI governance	Identify top AI risks and mitigation	Establish AI ethical principles	Set enforcement processes	Set up cross-functional AI governance board	Use AI literacy programs for AI governance
	Define initial AI policies	Gain buy-in for AI governance approach	Define decision rights for AI	Define target governance AI operating model	Pilot AI governance tooling
AI engineering	Establish build vs. buy framework	Set up a sandbox environment	Define AI reference architecture	Establish MLOps/ ModelOps practice	Design and embed AI UI/ UX best practices
	Select vendors for initial AI use cases	Develop a library of design patterns	Create an AI vendor and application strategy	Set up an AI observability system	Stand up AI platform engineering
AI data	Assess data readiness for initial AI use cases	Build data analytics for AI	Extend data governance to support AI	Establish an AI data quality framework	Implement data observability for AI
	Implement data readiness plan	Gain buy-in to evolve data capabilities for AI	Evolve data capabilities for AI	Adapt metadata Practices for AI	

Source: Gartner
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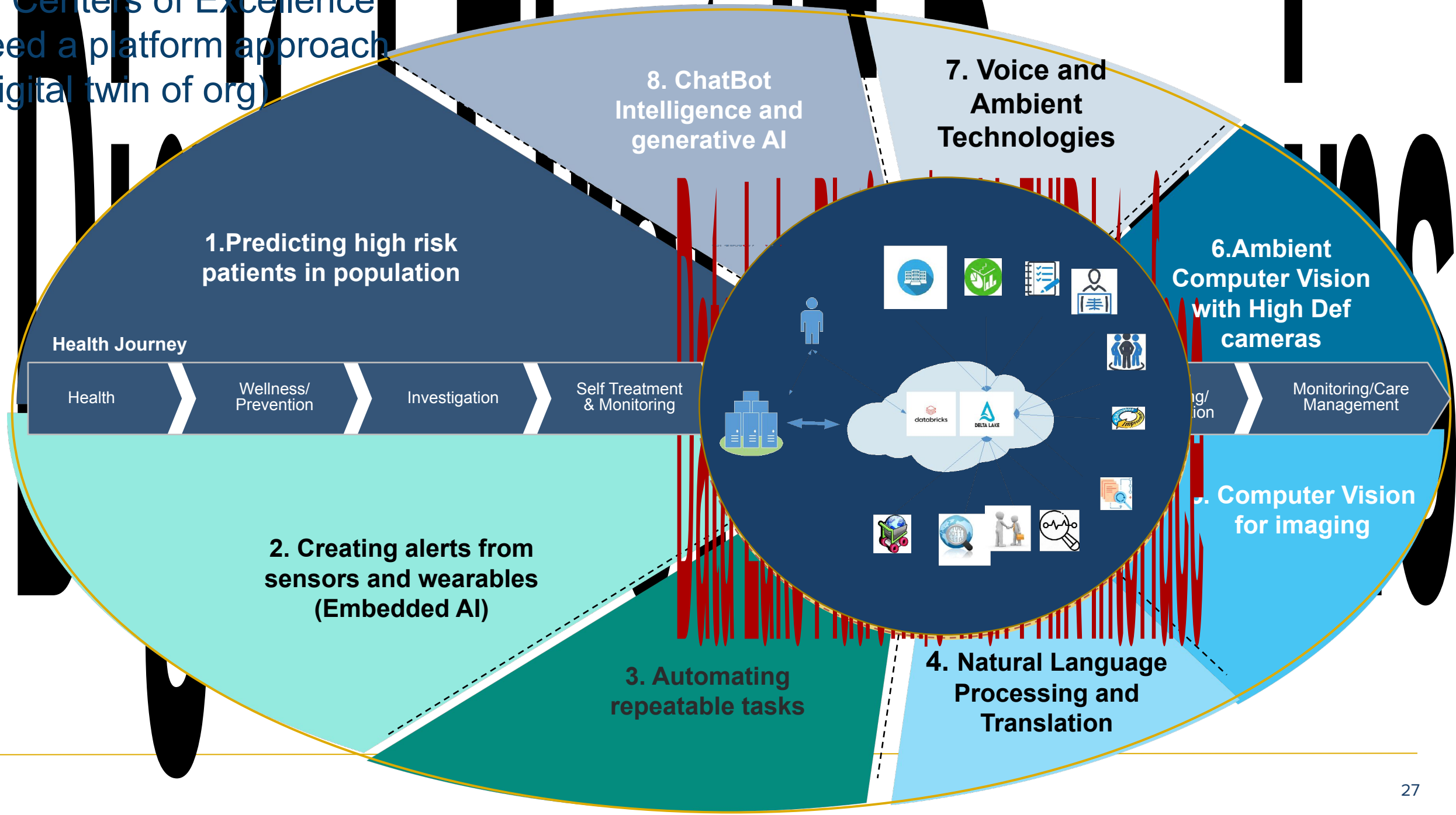
Gartner

AI Centers of Excellence need a platform approach (digital twin of org)

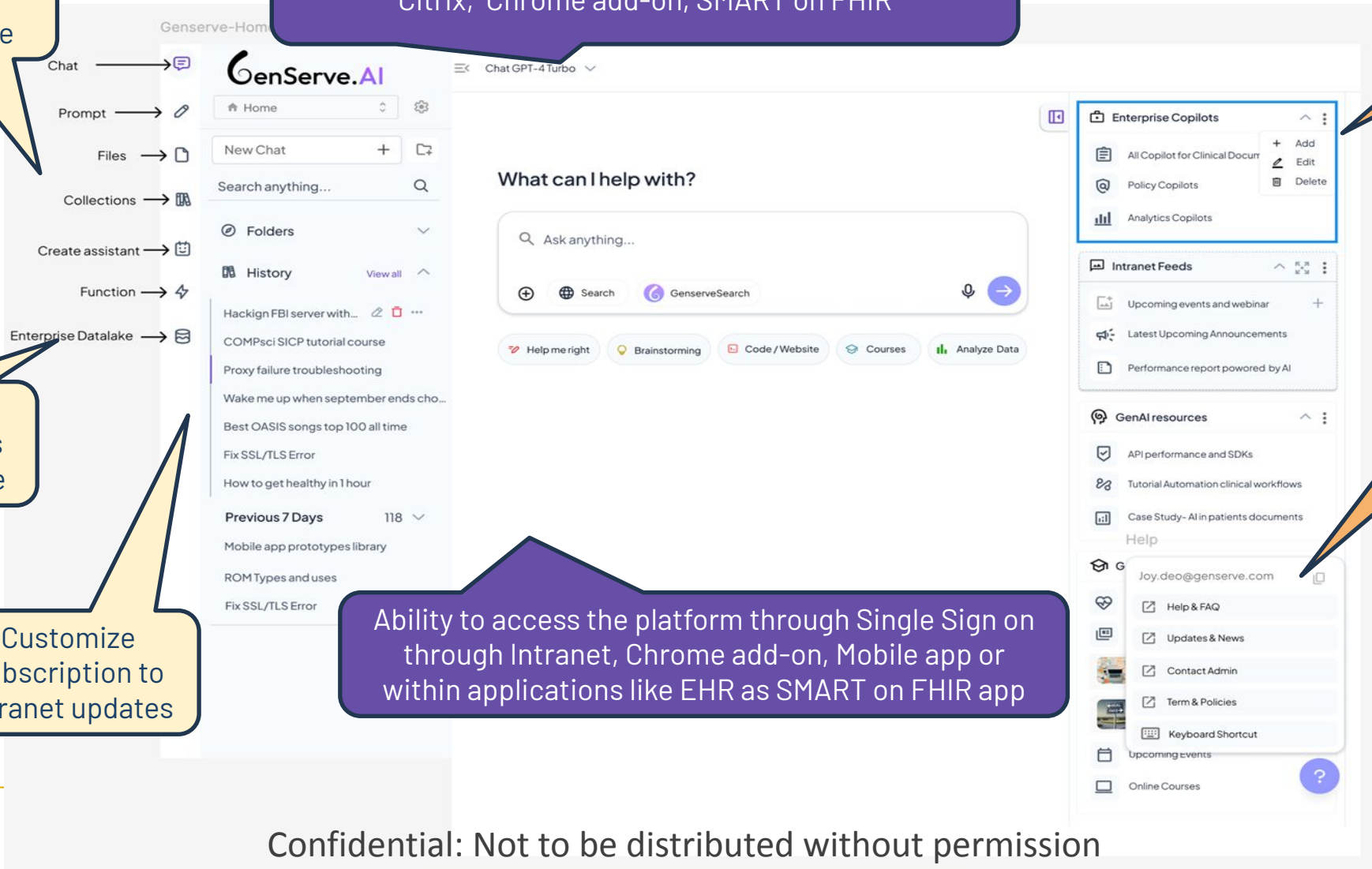


GenAI Workbench Intranet with AI marketplace: Bringing Superpowers to Employees, Clinicians and Researchers

Historical searches available here

Enterprise-wide through Intranet, Remote workstation, Citrix, Chrome add-on, SMART on FHIR

User can switch to clinician or researcher profile



Access to GenServe.AI academy, custom copilots, data resources and Help Chat

Org-wide approved LLMs accessible here

Customize subscription to Intranet updates

Ability to access the platform through Single Sign on through Intranet, Chrome add-on, Mobile app or within applications like EHR as SMART on FHIR app

HIPAA & SOC2 Type II compliant, Rule based authentication controls, Zero trust security, all prompts and data stay inside enterprise firewalls, token optimized, ultra affordable

10x Impact: Starting Transformation of Founding Partners with 100K!

5x
Decrease in Cost

Shared Talent and services, GPO

10x
Increase in Speed

Platform and Implementation Science team

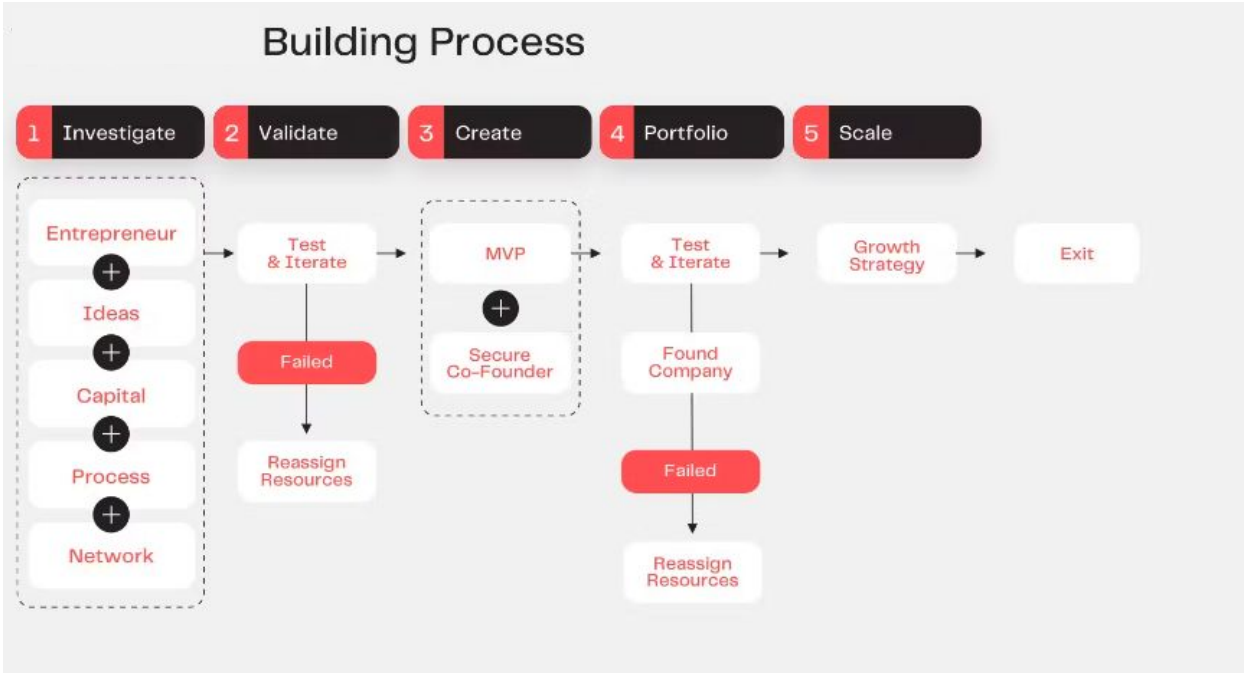
2x
Upside

Revenue with AI accelerator network

10x
Increase in Impact

Impact on Return on Health
+ Risk Mitigation

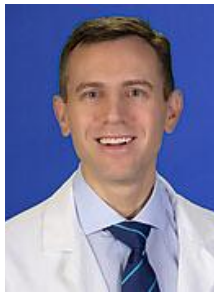
Embedded Venture Studio to create value from IP



Upskilling Existing Talent through AI academy

Stephanie Crossen
Pediatrics

Michelle Hamline
Pediatrics

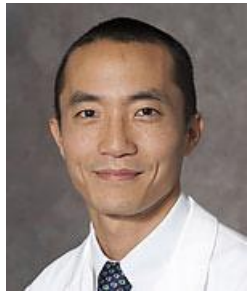


Roger Goldman
Radiology

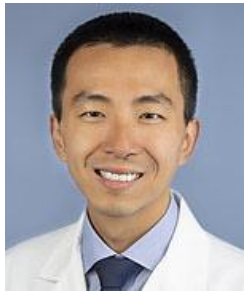
Omar Viramontes
Gastroenterology

Thomas Loehfelm
Radiology

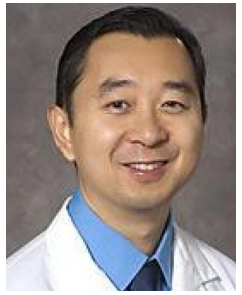
Lisa M. Brown
General Thoracic Surgery



Eric Chak
Internal Medicine



Jason Zhao
Radiation Oncology



Kwan Ng
Neurology

Aniket Aluwar
Precision Medicine

Martin Cadeiras
Cardiology

Surabhi Atreja
Cardiology

Larissa May
Emergency Medicine

John Graff
Hematopathologist

Marc Lenaerts
Anesthesiology

Celia Chang
Pediatric Neurology

Jeff Kennedy
Neurology

Hisham Hussan
Gastroenterology

Aaron Rosenberg
Associate Professor

Clayton LaValley
Clinical Informatics

Gavin C Pereira
Orthopedics

Digital Davis Future Leaders as Transformation Catalyst

Humans as Ultimate Transformation Agents Leading FIT Journey

Three principles for scalable transformation and one to many care

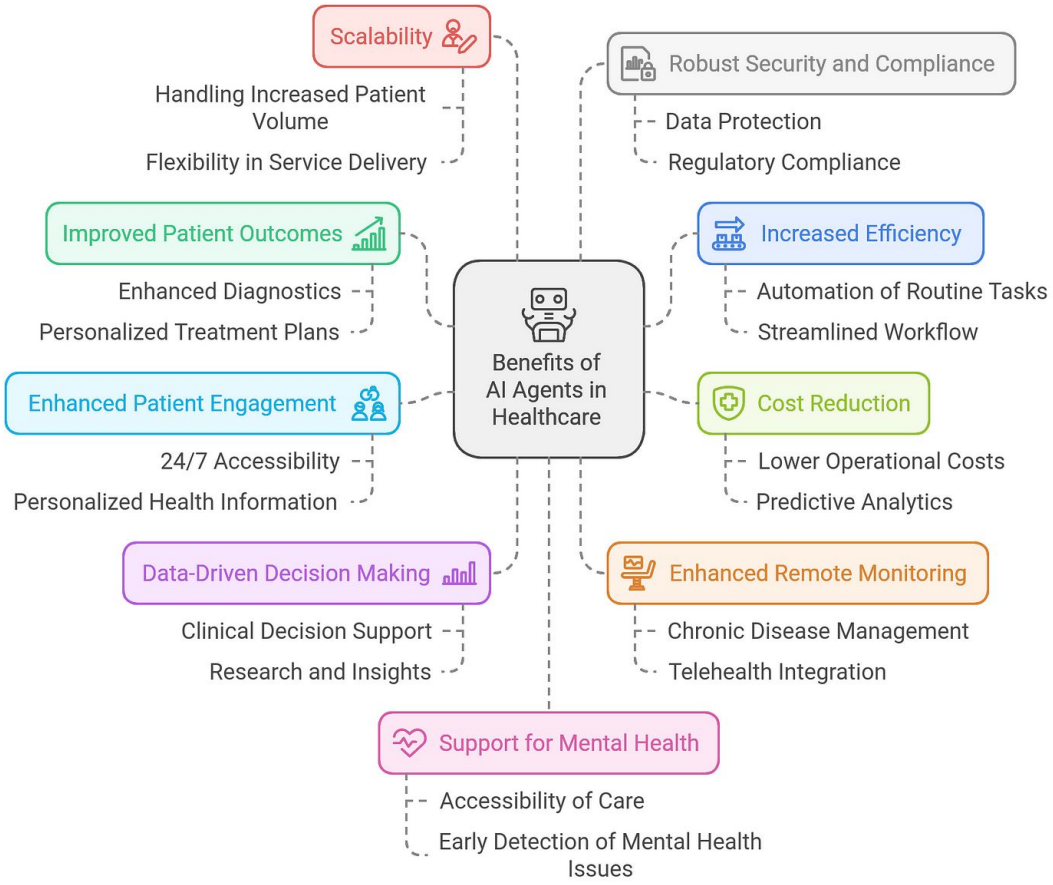
- **Problem First Approach**
- **Platform First Approach**
- **People and Partnership First Approach**

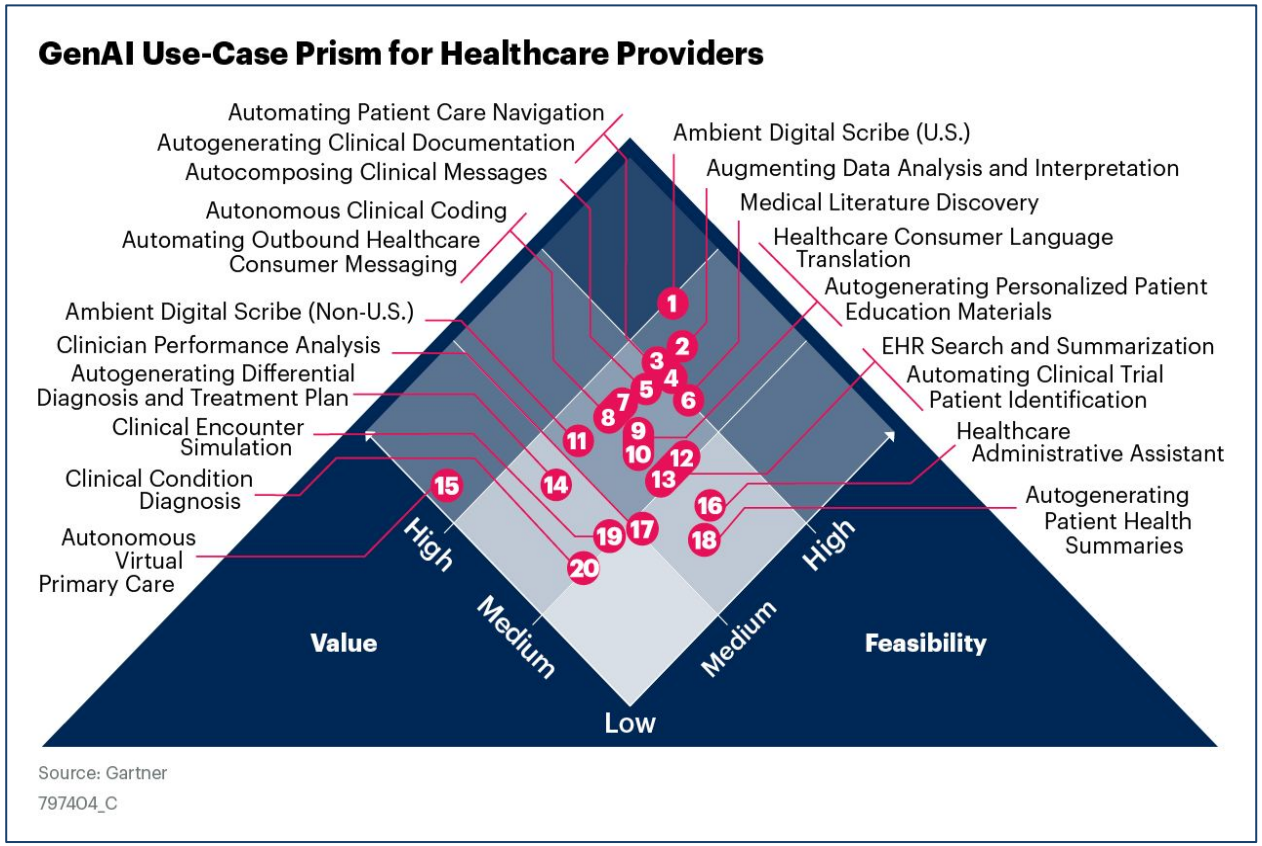
atreja@gmail.com

Q/A

Atreja@gmail.com
@atreja

Use-cases expand through **one-stop access** to multi-cloud agentic workflows and growing use-case library





Estimated Impact from Enterprise-wide Gen AI Delivery Platform

Employee Productivity , Experience and Retention

- **25%** increase in speed on task completion
- **40%** higher quality compared to a control group

Reduced Privacy leak

- **20%** of clinicians in UK using ChatGPT for patient care (HIPAA leak)
- **11%** of employees putting sensitive data on consumer ChatGPT

Financial Impact

- **90K** average salary for healthcare employee
- **<10 $/ month** full suite of Gen AI platform and tools* (90% less cost than licensing or building)

Harvard Business School

Navigating the Jagged Technological Frontier: Field Experimental Evidence of the Effects of AI on Knowledge Worker Productivity and Quality

Impact of Physician Transformation Catalyst

4 ways U
health fo
Naomi Diaz - Thurs

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Sacramento, Calif.
and patients who d
and easier access

Ashish Atreja, MD,
increased consume
older patients who
and patients who d

"If we don't put our
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Here's what UC Da

1. UC Davis Hea
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3. A workshop th
the hospital.
4. The hospital is
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UC Davis Health a
an academic medi

by Katie Herritage | on 29 NOV
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a 65,000-square-mile area nortl
Cloud Innovation Center (CIC) b
The global CIC Program, powere
collaborate on solutions to addr
healthcare, smart cities, sustain
resources to work through chall

The UC Davis Health CIC, focuse

HEALTH AND TECHNOLOGY | February 21, 2024

UC Davis Health lau
inclusion program

By Taylor Swanson

(SACRAMENTO) UC Davis Health has laun
Program to bring much-needed technology,
populations.

The initiative is a collaboration with Verizon
reduce health disparities. The goal is to prov
smartphones, tablets and connectivity throu
and social services.

"The Digital Inclusion Program allows us to e
vulnerable populations, allowing them to acc
their hand," said Ashish Atreja, CIO and chie
world leader in digital health, UC Davis Heal
access for underserved and rural patient po

> "The Digital Inclusion Program
> some of our most vulnerable p
> resources and critical care in t
>
> — Ashish Atreja

Verizon Business is providing the connectivi
improve the telehealth experience for rural a
using the technology will also be able to acc

HEALTH AND TECHNOLO

UC Davis
care at ho

By Liam Connolly

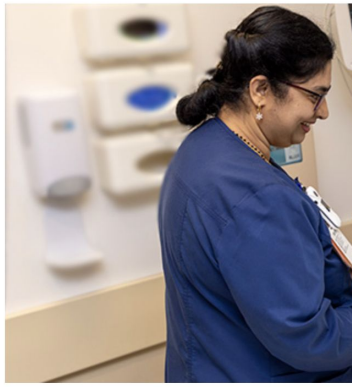
The American
can be deliver

(SACRAMENTO) UC D
Association (AMA) put
delivered at home. The
research, input from ex
It includes the services
delivered that way.

It also highlights the int

The article, released Ju
care at home program

Vimal Mishra, the head



HEART AND VASCULAR | February 7, 2024

UC Davis Health l
program transforn
care

By Sanjana Ravi

New remote program aims
for percutaneous coronary

(SACRAMENTO) UC Davis Health anno
patients who have undergone a Percuta
leverages the UC-NOW text-messaging p
asynchronously monitor patients' vitals.

PCI (previously called angioplasty with st
blocked coronary arteries, often by ballo
improve blood supply. The time betweer
several weeks. This is a vulnerable perio

HEALTH AND TECHNOLOGY | October 31, 2022

UC Davis Health earns 'Most Wired' recognition

By Liam Connolly

Medical center is only hospital in California to receive highest rating in both acute and ambulatory care

(SACRAMENTO) For the 11th consecutive year, UC Davis Health received Digital Health Most Wired recognition from the College of Healthcare Information Management Executives (CHIME). The Medical Center earned a certified level 10, the highest level, on both the acute and ambulatory care surveys.

UC Davis Health is one of only 17 hospitals in the nation and the only health system in California to achieve level 10 status in both the acute and ambulatory care categories.

Certified Level 10 CHIME Digital Health most wired Survey Acute 2022

Certified Level 10 CHIME Digital Health most wired Survey Ambulatory 2022

"For more than 25 years, UC Davis Health has been a national leader in telehealth, helping to improve care for patients in rural areas across our region. We have a long history of Most Wired awards, and this latest designation as level 10 status shows we remain among the nation's leaders in digital health," said David Lubarsky, CEO of UC Davis Health. "This is thanks to everyone working together to put patients at the center of what we do, and it's part of how we are delivering tomorrow's health care today."