Grant Thornton

Are hospitals ready to adopt AI technologies?

Transcript

00:04 - 00:10
BRIAN JOHNSON:
Are hospitals even anywhere near ready to adopt this kind of technology?

00:10 - 00:13
ZARA MURADALI:
Yeah, and Sahir, what are your thoughts? And that's a great question.

00:13 - 03:29
SAHIR ALI:
I'll start with the hospital part. I think there was sort of a similar, question around adoption of EHR and, you know, EHR — I think it came down to incentives. If you look at the history of electronic health records, because our health system, particularly in the United States, is fee-for-service, which means it's not about capturing outcomes, but which patient got what service and how you get reimbursed. And so, you needed to go from having odd tablet systems that did ledgers. Electronic health records just made a lot of sense. And so there were clear incentives.

And then Obama, sort of put out this, incentive program that if you implemented EHR, you got certain dollars to your practice. And so, you saw this sort of hockey stick curve in adoption of EHR, and that was one way to address it. And with EHR, obviously, many benefits to the patients, to the hospitals, you know, it was streamlined.

I think when we think of how the next iteration of this is, where AI's in place, there's going to be a lot more biological data and biomedical data being captured. For example, we are going to start to see diagnostic testings that are molecular-based, assays in terms of genomics. We're already doing that in some cancer pathways.

So how do you sort of store this data … what sort of strategies there are? I just don't think there are enough frameworks. Everyone … if you are an academic institution with a hospital attached, perhaps you have a better strategy because it comes down to incentives. You're writing better grants, you have better data collaborations.

But if you're going to a hospital system that is just providing services beyond a pack system, which is quite standardized, you will see data strategy all over the place. And so what happens with that? The problem with that is, well, you can't do innovative research, you can't do collaborations. But if you're a company like 23andMe, who got into the business of looking at some very precious, sort of, data points inside the body, well, if you're not careful, guess what happens? That happens to 23andMe and a million data points got leaked. And that can fundamentally threaten the position of a company in terms of consumers, regulatory. So, these are some of the, sort of, things that come to mind.

And, and I like what you said about what are some of the frameworks. And I think an example that comes to mind again, where you have implementation of technology in a very disparate way. You look at what happened in 1985 with DICOM framework, a DICOM essentially is a protocol or a framework that brought all the vendors at the time, the Hitachis and the Siemens together, and said, "Hey, we all are producing images, X-ray images, MRI images, that are just not interoperable at all. Hospitals that can't open an image if it was produced by a different vendor, can we all agree to a format called DICOM? We keep our own proprietary algorithms and

machinery, but if we produce an image, it should be readable by everybody." And that was DICOM and they brought together, and there was a framework.

I think there's a way to do a few other aspects when it comes to AI that the core data that we're looking at, and maybe that's these are some of the uncertain, uncharted territories right now.
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