The Future is Now: Implications of AI for Serious Illness Care Delivery

Speakers:

- Jennifer Moore Ballentine, MA, Chief Executive Officer, Coalition for Compassionate Care of California
- Ravi B. Parikh, MD, MPP, Associate Professor, Department of Hematology and Medical Oncology, Emory University School of Medicine & Medical Director, Winship Data and Technology Applications Shared Resource, Winship Cancer Institute of Emory University
- Sonoo Thadaney Israni, Executive Director, Presence (a Center at Stanford Medicine) & The Program in Bedside Medicine, Director, HBMC Summer Research Program, Racial Equity to Advance a Community of Health (REACH) Initiative, Stanford Medicine
- Adam Myers, MD, MHCM, FACHE, CHCQM, CPHRM, Fractional Chief Clinical Officer, Eldera.ai




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THE FUTURE IS NOW: IMPLICATIONS OF AI FOR SERIOUS ILLNESS CARE DELIVERY

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OBJECTIVES

- Appreciate nature and scope of AI transformations underway
- Identify points of AI intersection with the serious illness patient journey – now and future
- Evaluate key considerations of AI in serious illness care
- Formulate specific steps necessary to ensure ethical and equitable implementations

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AI IS NOT . . .

- A vampire
- A werewolf
- The devil
- BUT also

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NOT THE HOLY GRAIL

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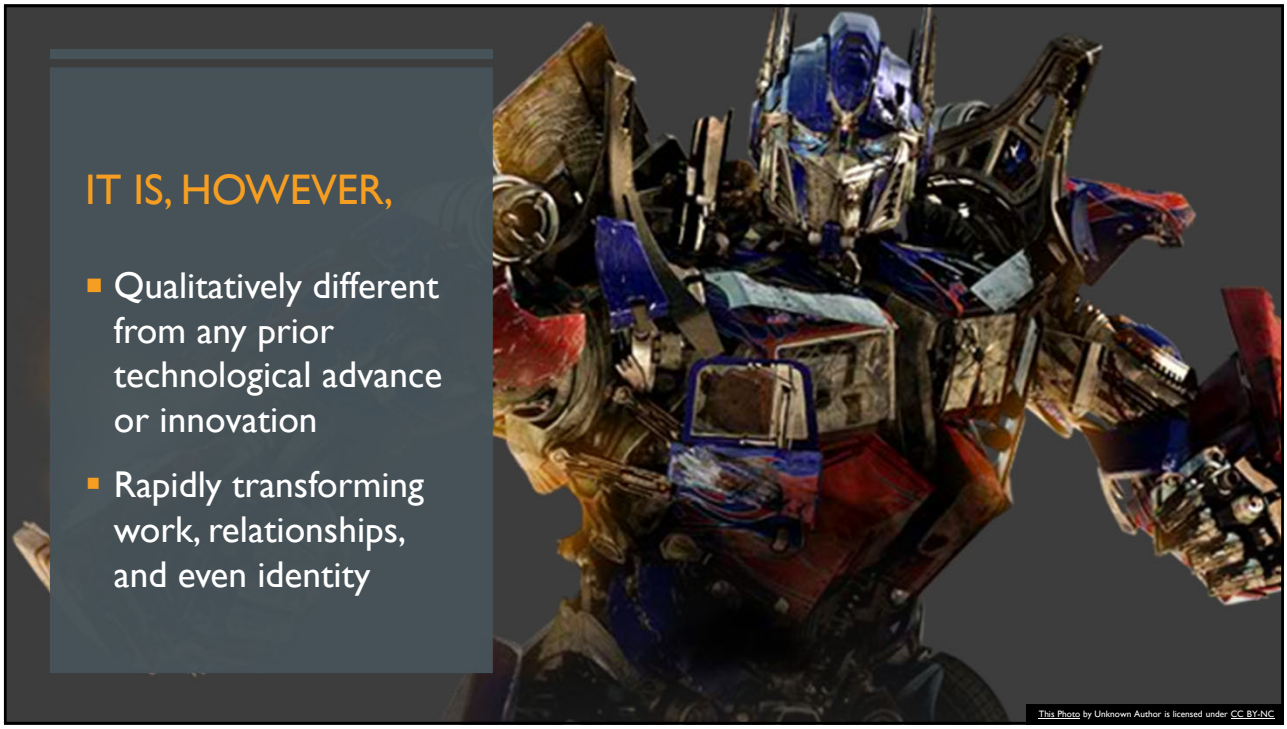

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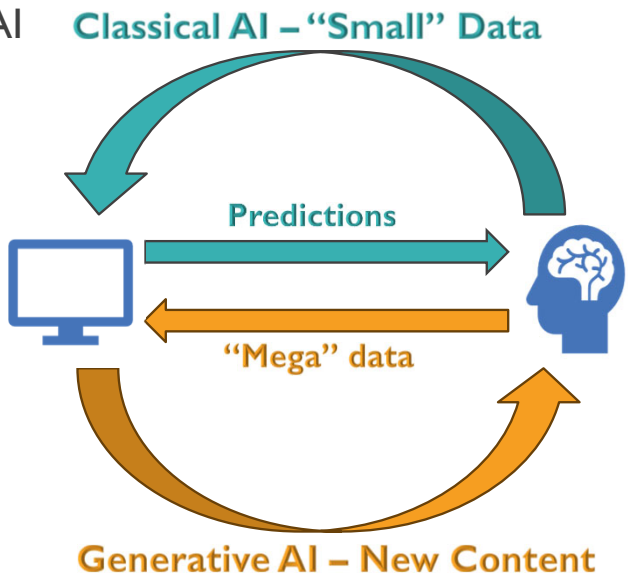
CLASSICAL AI V. GENERATIVE AI

- Classical AI: We provide small data to the machine and get back analysis and predictions
- Generative AI: We train the machine on mega-data and get back fluid content
  - Large Language models
- Generative AI transforming all domains of tech
  - including Classical AI



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DOMAINS OF AI APPLICATION IN HEALTHCARE


Business operations & intelligence


Administrative and back-office tasks


Input to decision making


Drug & treatment discovery


Patient communication, empowerment, and engagement


Personalized medicine

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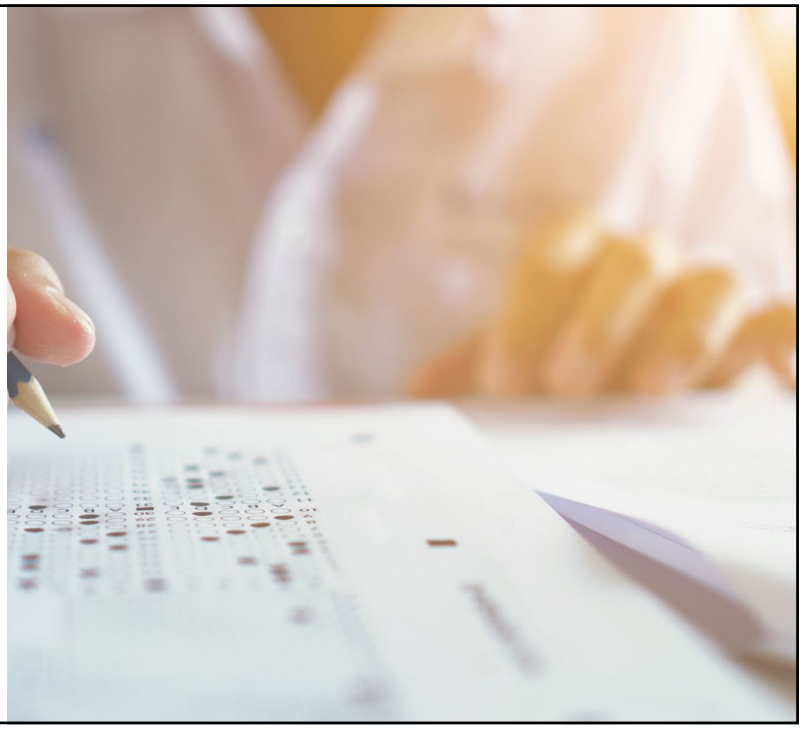
AI IN SERIOUS ILLNESS CARE SURVEY

- Distributed by CTAC & CCCC, 9/2024
- 132 respondents
- 30% Nonclinical
- 21% HPC
- 14% Hospital
- 12% Outpatient



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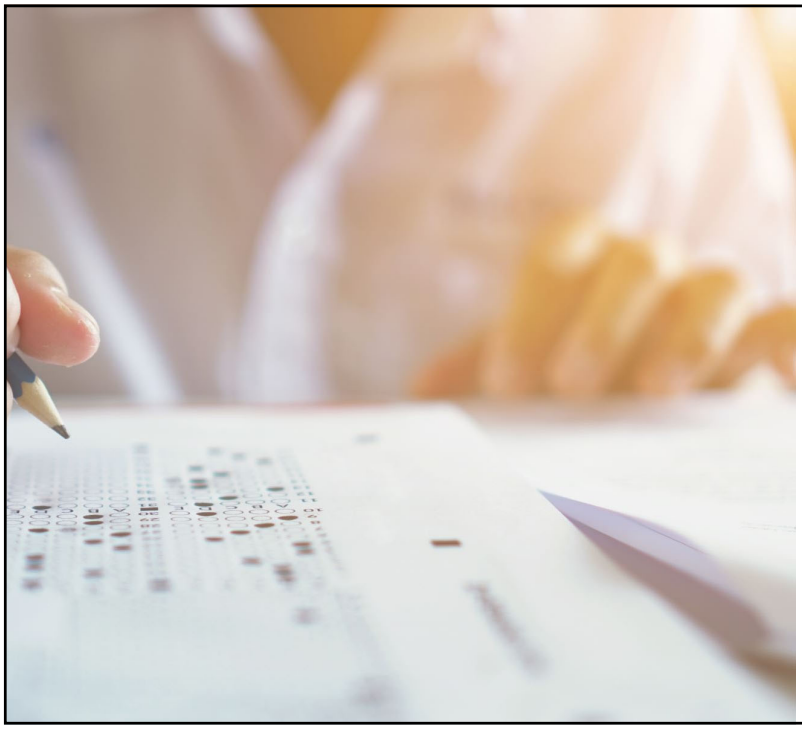

AI IN SERIOUS ILLNESS CARE SURVEY

- 30% MD/DO
- 12% APP
- 15% RN
- 17% Psycho-social-spiritual care
- 20% Nonclinical
- **56% Leadership**
- **29% Clinical staff**

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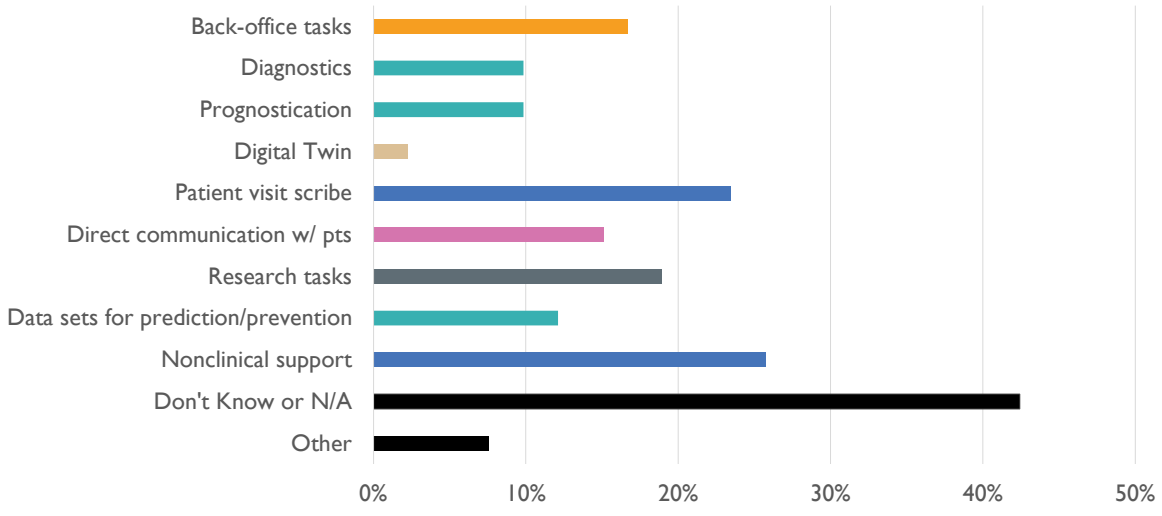
As far as you know, is your organization currently using or beta-testing AI applications or tools in any of the following areas? (*Select all that apply*)



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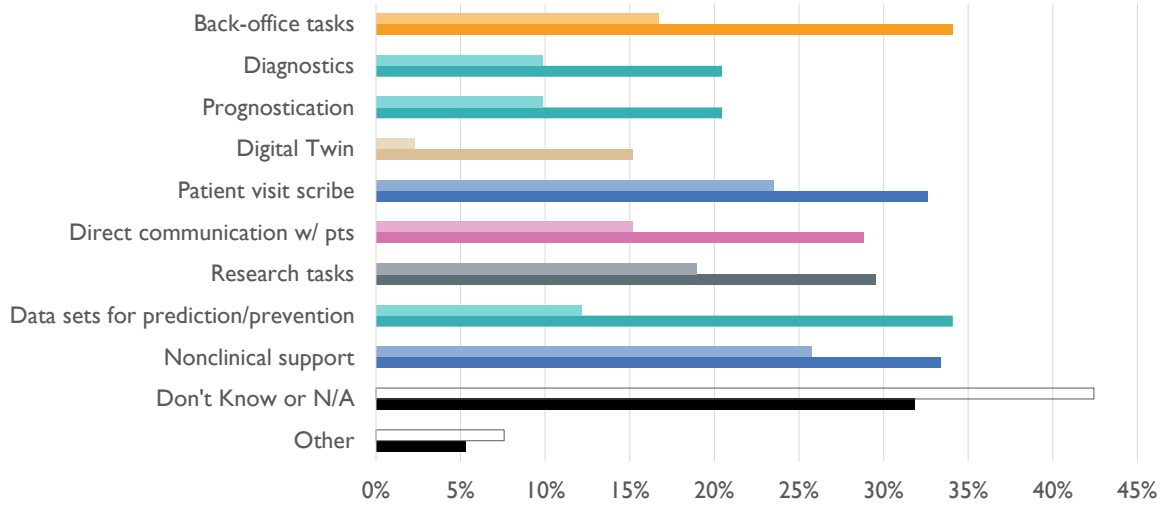
What is your best guess as to which of the following will be a focus for AI implementation over the next 2 years? (*Select all that apply*)



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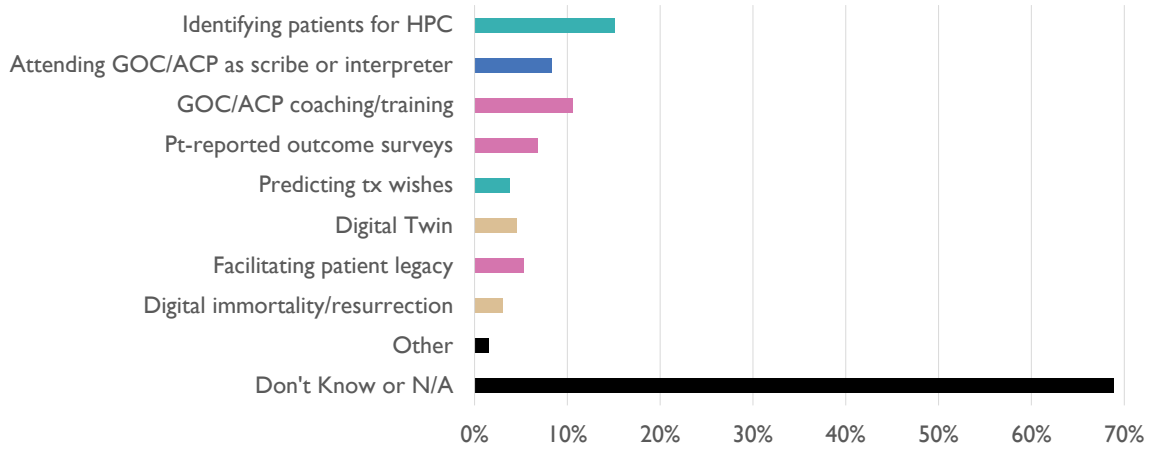
Specific to care of persons with serious or advanced illness, in which of the following areas is your organization currently utilizing or testing AI, if you know? (*Select all that apply*)



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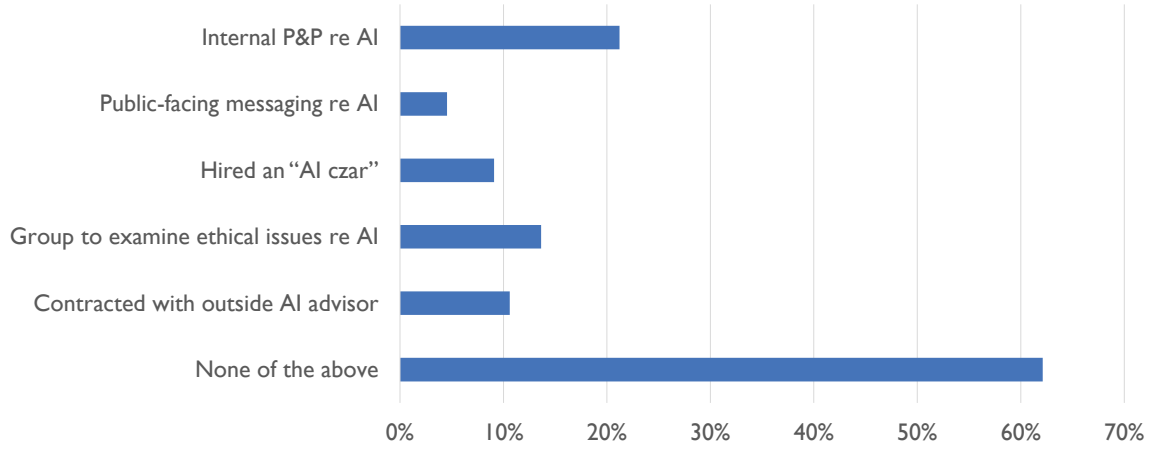
Which of the following has your organization undertaken or completed? (*Select all that apply*) (*N*=104)



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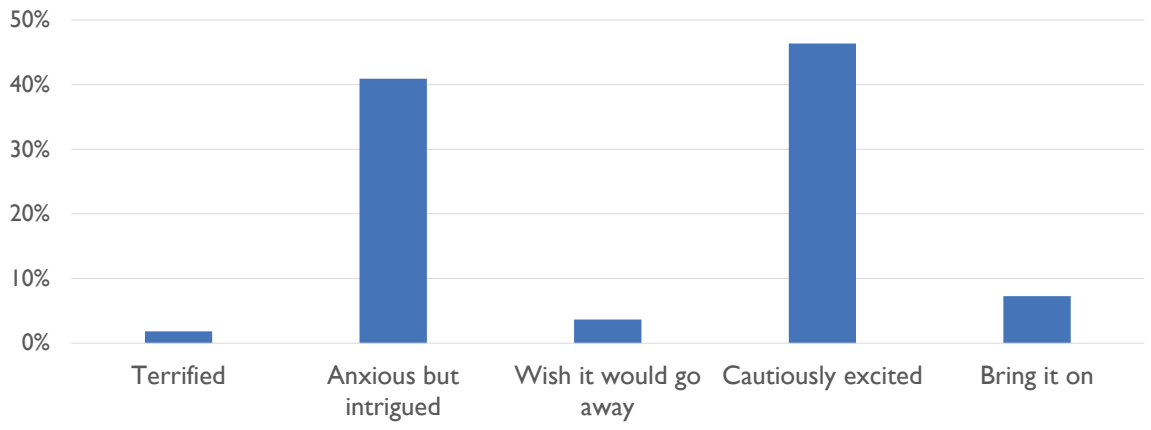
Which of the following best describes your personal, middle-of-the-night attitude toward AI in healthcare right now?



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5. Companion, psychosocial support, & legacy building

6. Timely referral to hospice

4. Back-office billing, coding, appeals; scheduling

7. Monitoring, care coordination for higher intensity care needs

3. Monitoring, care coordination, remote & VR therapy

8. Supportive anticipatory grief counseling for Ida & family

2. GOC & care plan development

9. Prognostication of imminent death

1. Identification and referral

10. Digital immortality in bereavement

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PANELISTS

Adam Myers, MD, MHCM, FACHE, CHCQM, CPHRM; Fractional Chief Clinical Officer, Eldera.ai

- Algorithmic support of remote monitoring data flow & triage support for remotely monitored patients.
- Used NLP and ML to identify patients needing labs & studies prior to appointments, matching indications to payer criteria & placing draft orders for activation by clinicians.
- Used COVID testing results & Area Deprivation Index data to predicts outbreaks and inform/partner with DOH.
- Use AI to case match mentors with youth and monitor interactions for red flags that warrant review.

Jennifer Moore Ballentine, MA; CEO, Coalition for Compassionate Care of California

- Past publisher of major conference proceedings and monographs in AI and advanced computer science
- 25 years' experience as nonprofit leader, educator, advocate, in-demand speaker, author, & change designer in hospice, palliative, serious illness care; organizational & clinical ethics
- Contributing member numerous national task forces and workgroups to advance serious illness care and advance care planning; POLST National Collaborative BOD member

Ravi B. Parikh, MD, MPP, FACP; Medical Director, Winship Data and Technology Applications Shared Resource, Emory University

- Directs the Human-Algorithm Collaboration Lab, an NIH-funded multidisciplinary lab focusing on developing & testing algorithm-driven interventions in cancer care & serious illness.
- AI-based interventions to increase access to palliative & supportive care, enable earlier diagnosis of cancer & cancer-related adverse events, & streamline clinical trial operations.
- Maintains funded portfolio on emerging health care AI topics, including algorithmic bias, AI-based risk adjustment, explainable AI, human-machine collaboration, & AI regulation & policy.

Sonoo Thadaney Israni, MBA; Executive Director, Presence & The Program in Bedside Medicine; Stanford University

- Co-Editor, *Artificial Intelligence in Health Care: The Hope, the Hype, the Promise, the Peril,* National Academies of Sciences, Engineering, and Medicine. 2022
- Importance of prioritizing patient, participant, and community engagement in development of AI systems and policies
- Frameworks for ensuring equity, justice, and empowerment in use of technology

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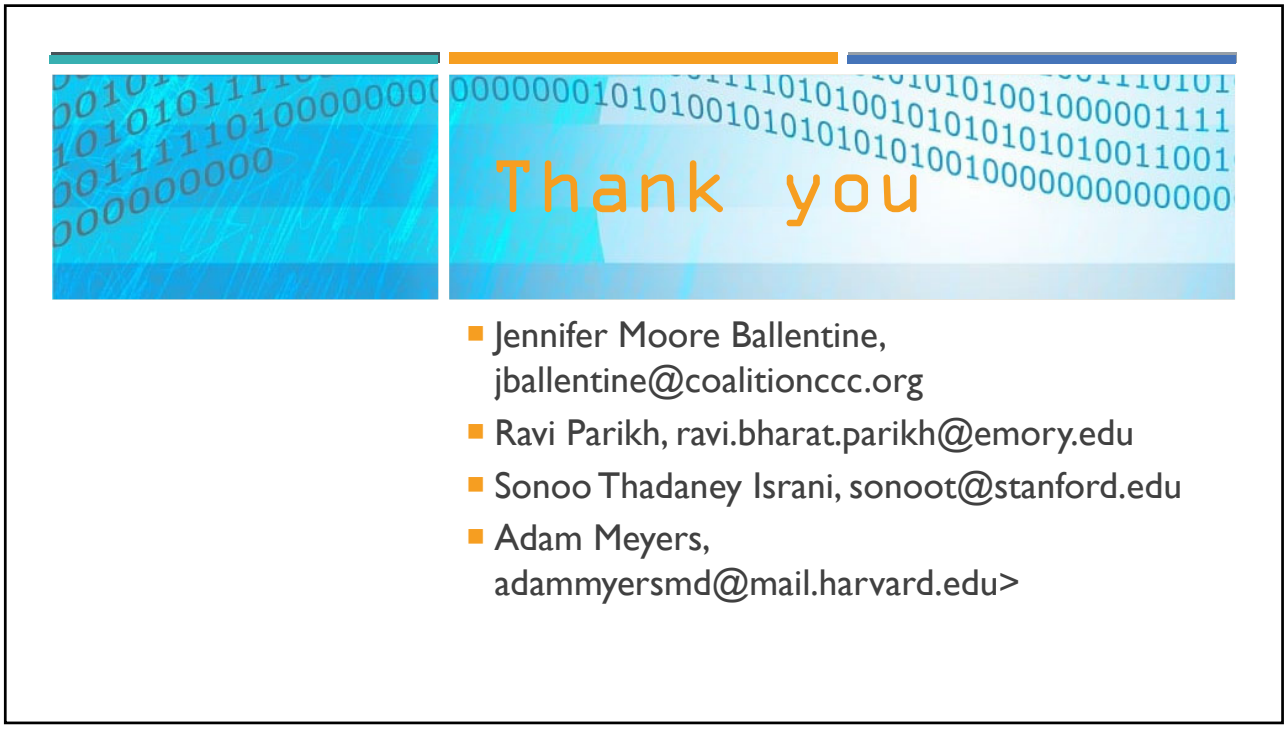

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