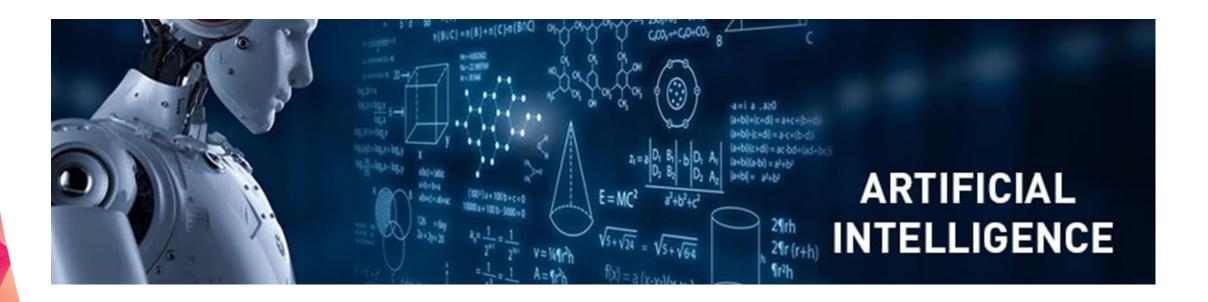
Al In Primary Care

Ariane Siegel, General Counsel and Chief Privacy Officer
Abbas Zavar, Digital Health Research Lead
Simon Ling, Executive Director, Partnerships and Stakeholders



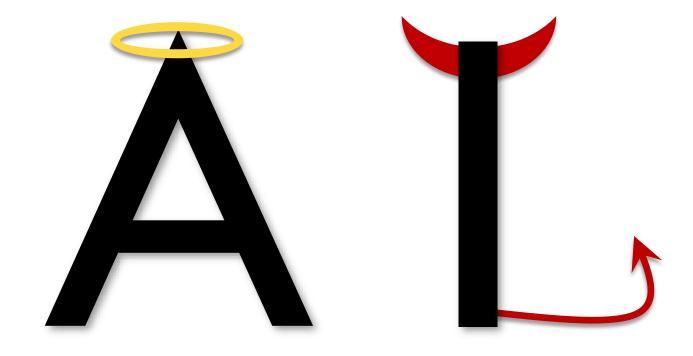


About OntarioMD (OMD)?

- OntarioMD is a subsidiary of the Ontario Medical Association
- Formed in 2004 to advance physician EMR adoption on behalf of the Ministry of Health
- OMD's focus is on helping clinicians to efficiently onboard to digital health tools and to use these tools effectively so patient care is improved and clinician stress is lessened
- OMD is funded mainly by Ontario Health

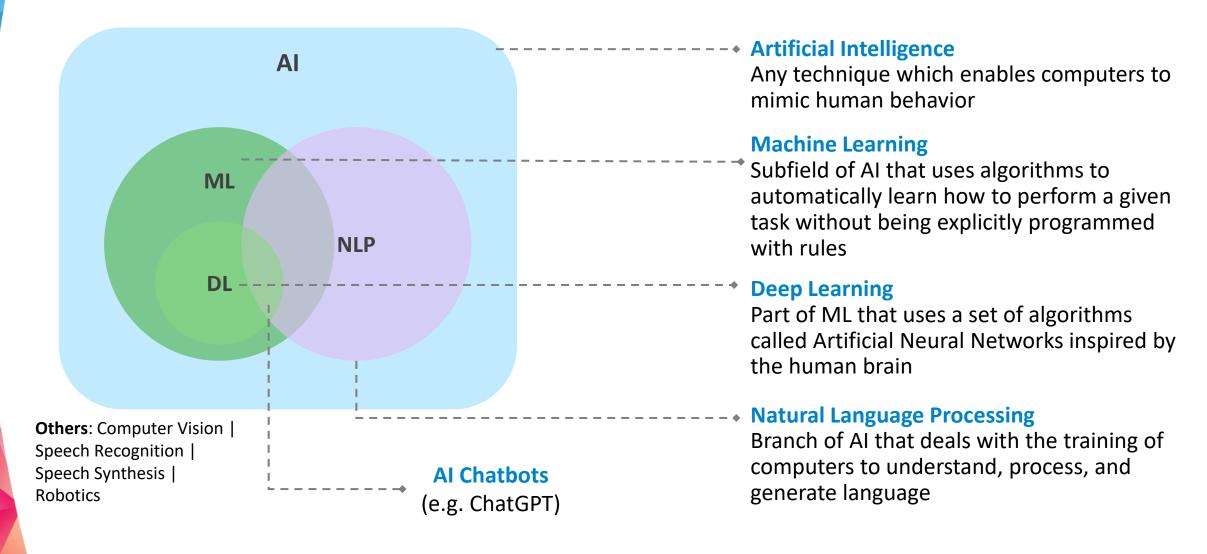






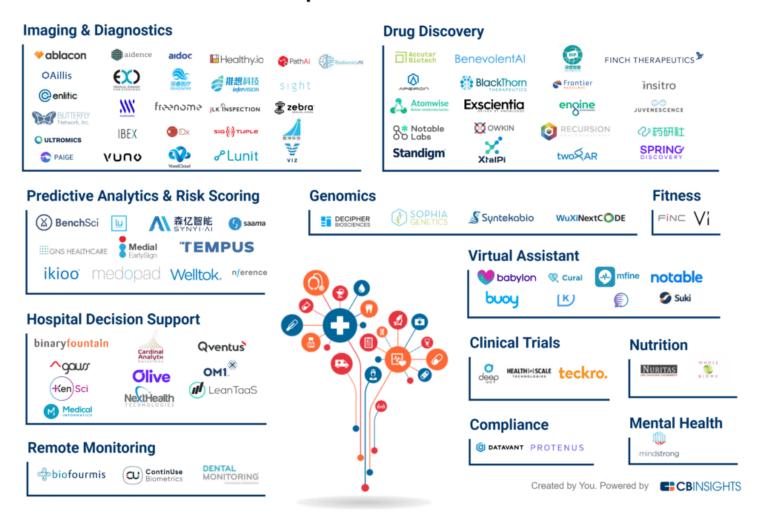


What is Artificial Intelligence?





90+ Healthcare Al Startups To Watch

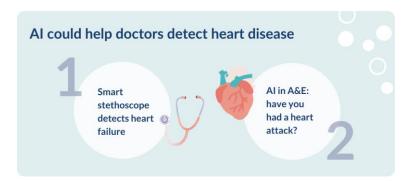


Market Map as of 2019

Each company in the map has raised at least one \$10M+ funding round since 2018

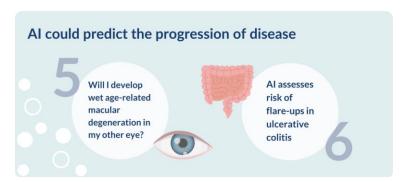


Examples of AI Healthcare Applications



Smart stethoscope identified people with heart failure correctly 9 out of 10 times

Only 1 in 10 presenting at Emergency with a suspected heart attack are found to have had one. Al performed better than standard methods in determining heart attacks



Al correctly predicted the development of wet AMD in 41% of patients. It outperformed 5 out of 6 experts.

Al accurately distinguished between remission and disease activity more than 8 times out of 10 - a similar degree of accuracy, and comparable to pathologists. Al could diagnose lung cancer more accurately

Al predicted cancer more accurately than the Brock score



Almost **700** AI/ML-Enabled Medical Devices



Medical Devices
Active Licence
Listing

Device Name	Company	First Issue Date	Specialty – Description
Critical Care Suite	GE Medical Systems, LLC	July 22, 2020	Radiology/ Emergency Medicine – Al- powered chest X-Ray device that automatically scans images for pneumothorax and alerts radiologist for review on suspected identifications.
Al-Rad Companion	Siemens Healthcare GMBH	December 24, 2020	Radiology – Al-powered algorithms that allow automation of post-processing of imaging datasets and routine repetitive tasks. Licenses have been provided for cardiovascular, musculoskeletal, pulmonary, brain MR, and prostate MR.
Advanced Intelligent Clear-IQ Engine (AICE) for MR	Canon Medical Systems Corporation	June 1, 2021	Radiology – Deep learning reconstruction technology that produces magnetic resonance images with low-noise properties.
EnsoSleep	EnsoData, Inc.	August 12, 2021	Neurology – Al scoring and analysis for diagnosing sleep disorders.

partial listing

Source: National Institute for Health and Care Research (NIHR)



Al in Primary Care - Current Market Focus





Current Market Focus Pre-Visit

Auto monitoring Auto triage/early prioritization









Entity recognition & linking >QUIPPE

emtelligent*



Current Market Focus

In-Visit

Auto monitoring Auto triage/early prioritization



































Current Market Focus Post-Visit

Auto monitoring Auto triage/early prioritization





COR SISTA

√ MarkiTech





A MarkiTech Company



caddie health

Auto billing

Agent Health



Clinical Decision

Support

Will AI Replace Doctors?

It is clear to me that AI will never replace physicians — but physicians who use AI will replace those who don't.

Jesse Ehrenfeld, President of the American Medical Association



The future of AI in Primary Care



"...the ability to have all of the data about a person assimilated and analyzed, to have scans and slides read ... liberates doctors from keyboards so they can look patients in the eye."

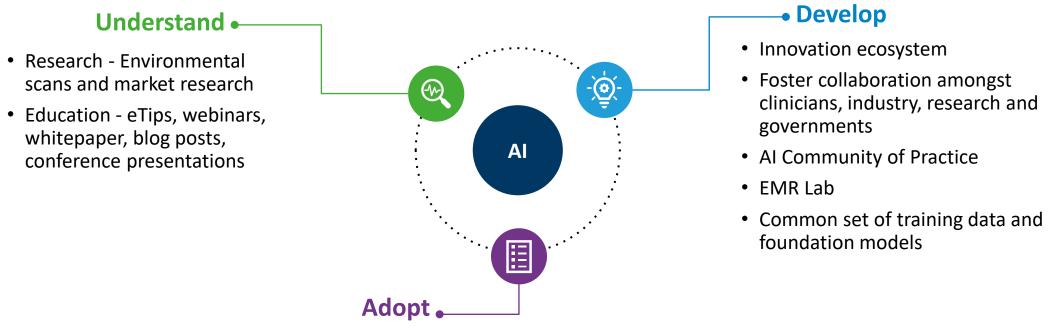
Eric Topol, MD and Medical Futurist

AND reduce your workload and give time back to you!



OMD AI Strategy

Leveraging AI to advance OMD's Mission of accelerating digital health for clinicians and patients.



- Evaluation pilot projects, e.g. Al Scribe Pilot
- Al implementation toolkits requirements, change management, project plan, legal and privacy
- Health system guidelines legal, technical and privacy considerations, spread and scale strategy
- Validation or certification of AI solutions



Evaluation Study Approach



Begin with a preliminary pilot to conduct an evaluation of **WELL Health's AI Voice software** with a small group of 30 physicians – 50 patient encounters (25 w/o AI Scribe and 25 w AI Scribe).

This preliminary pilot is an important stepping stone for the main pilot to follow which will involve multiple AI Scribe solutions, EMR vendors, and a larger number of pilot participants. This initial study is a practical testing ground for the evaluation framework while providing early insights into AI scribe effectiveness and user experiences, which can help focus and refine the main study.



A comprehensive pilot to evaluate the effectiveness of Artificial Intelligence ambient scribe solutions in reducing administration burden and burnout. Multiple vendors will be invited to participate in the evaluation. A diverse group of physicians will be recruited as pilot participants.

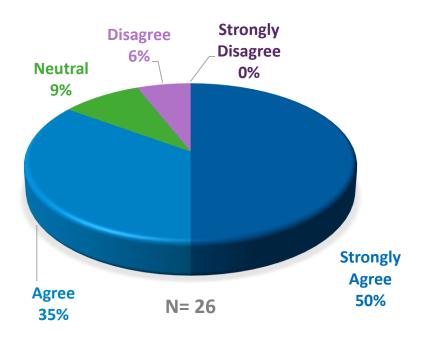
Project partners include **Ontario Health, eHealth Centre of Excellence**, the **Women's College Hospital Institute for Health System Solutions - Virtual Care (WIHV)**.

Duration: Dec 2023 - Jun 2024

Duration: Sep-Dec 2023

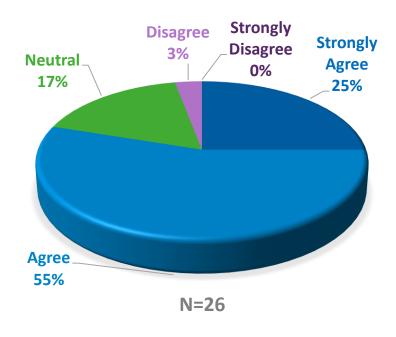


Clinical Workload Management, Efficiency, & Burnout



Most physicians (85%) reported reduced cognitive and administrative burdens and time savings, indicating the AI scribe's effectiveness in managing workload and reducing documentation-related stress.

AI Scribe Functionality

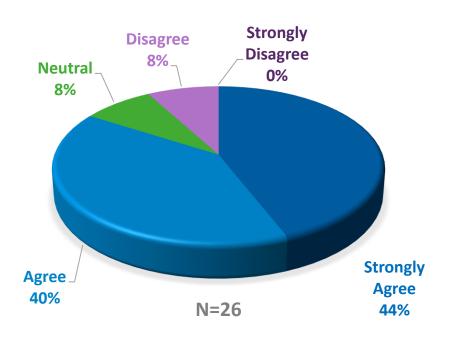


The theme centers around physician satisfaction with the AI scribe's functionality, adaptability, conversational capture, and comprehension of clinical terminology. Most physicians (80%) expressed overall satisfaction with the AI scribe, highlighting its practical features and functions.



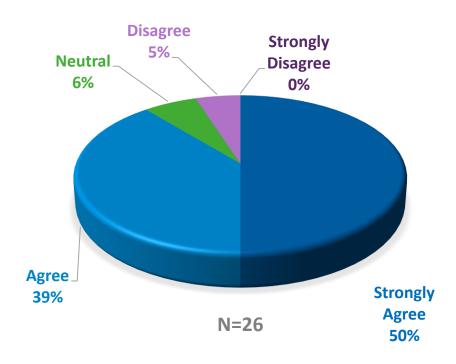
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Efficiency & Time Management



Most physician respondents (84%) recognize the AI scribe as an effective tool that enhances workflow by providing real-time transcription, reducing cognitive load, and saving time in documentation.

User Experience & Interface

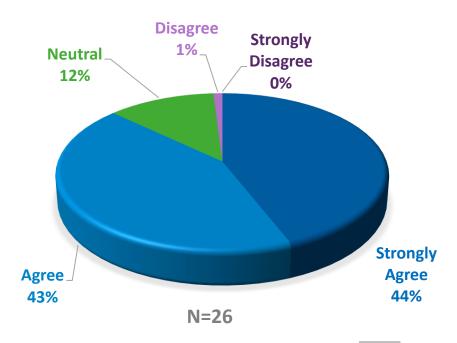


The findings reveal a generally positive response, with 89% of physicians reporting satisfaction with both the AI scribe's user interface and the training process.



Patient Perception and Satisfaction

Physicians' Survey



A high percentage of physicians (87%) reported that their patients had positive reactions to the AI scribe, indicating its beneficial role in enhancing patient experiences and the quality of care.

Patients' Survey

•Focus on Conversation: 95%

•Comfort with AI Scribe: 92%

•Visit Satisfaction: 84%

•Enhanced Doctor-Patient Relationship: 78%

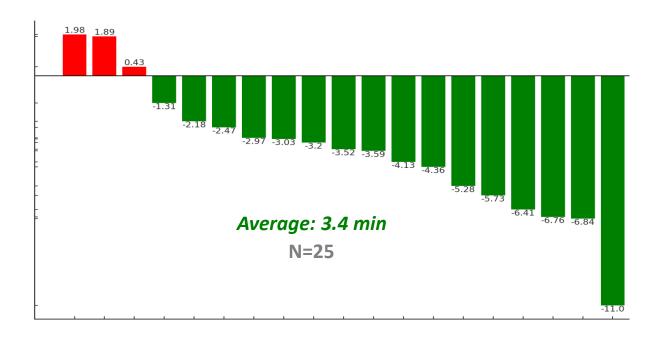
Patient-Physician Correlation:

- Both physicians and patients recognize the Al scribe's role in enhancing clinical interactions.
- High comfort levels with AI scribes reported by patients mirror physicians' observations.
- Increased satisfaction in care experience further affirms AI scribe's positive impact.



Time Motion Study

The time-motion study was conducted to evaluate the AI scribe's impact on clinical efficiency, focusing on the time spent on consultations and clinical note creation. The results indicate decreased time spent on these tasks, demonstrating the AI scribe's positive effect on time efficiency in clinical settings.



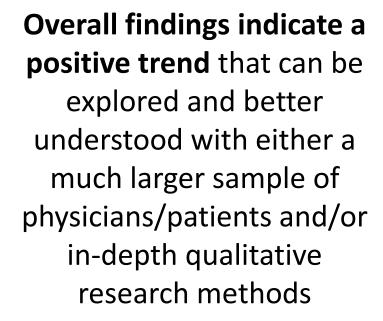
Average Minutes Saved per Consultation:

- Average saving of 3.4 minutes per consultation.
- Change ranged from 2 minutes lost to 11 minutes saved per consultation.
- 84% of clinicians reported a decrease in average consultation time with the AI scribe.



Key Messages of This Preliminary Study







Physicians experienced savings in time spent in consults with AI Scribe.
Future studies could validate this finding in a larger sample, as well as explore nuances surrounding this time saving using qualitative methods



Legal and Privacy Risks and Mitigation

- Privacy law and security concerns
- Informed consent and patient rights
- Ethics
- Patient Safety/Accuracy
- Integrity and bias/discrimination
- Malpractice/liability claims
- CPSO compliance and other guidelines
- Contractual agreements





EXISTING LEGAL REQUIREMENTS

WHERE DOES AI FIT?



PRIVACY
PIPEDA (FEDERAL)
PHIPA
FIPPA
COMMON LAW
CONTRACTS/UNION
TORTS-INTRUSION UPON SECLUSION
CRIMINAL CODE

OTHER
MEDICINE ACT
CPSO GUIDELINES
COURT ORDERS

Legal Landscape Today



Canada: AIDA; Voluntary Code of Conduct; Guide on Generative AI

Ontario: Trustworthy AI Framework

U.S.: Executive Order on the Safe, Secure, and Trustworthy Development and Use of Artificial Intelligence

E.U.: AI Act



IPC: Principles for the Development, Provision, and Use of Generative AI Systems

- 1. Legal authority and consent
- 2. Appropriate purposes
- 3. Necessity and proportionality
- 4. Openness
- 5. Accountability
- 6. Individual Access
- 7. Limiting collection, use and disclosure
- 8. Accuracy
- 9. Safeguards





Legal Landscape Today

- Privacy
 - PHIPA and HIC responsibilities, patient confidentiality
 - OPC and Provinces
- Data Governance and Ownership
- Consent Requirements
- Security and Encryption
- EMRs
 - OMD certification
- Professional Oversight and Accountability
 - CPSO, CMPA
- Regulatory Authorities
 - IPC, Health Canada, Government of Canada
 - Is this a Device





Privacy Focus

- Responsibility to ensure that products and services that are using Al comply with existing domestic and international privacy legislation and regulation.
- Key privacy principles and how they apply when developing, providing, or using generative AI models, tools, products and services.
- Establish legal authority for collecting and using personal information, and when relying on consent, ensuring that it is valid and meaningful;
- Being open and transparent about the way information is used and the privacy risks involved;
- Making Al tools explainable to users;
- Developing safeguards for privacy rights; and
- Limiting the sharing of personal, sensitive or confidential information



QUESTION - ANSWER

Is it a concern that certain programs de-identify and store transcriptions for R&D? Is that against any regulations or laws or ethics?

INVESTIGATION – ALBERTA VIRTUAL CARE – BABYLON:

- Collecting (recording) and using audio and video consultations through the Babylon app goes beyond what is essential to provide a health service
- Inconsistent with provincial and national guidelines for providing virtual health care
- Policies and procedures implemented by the physicians also did not reflect the roles, responsibilities and accountabilities required by HIA.



Pre-Pilot: What Did We Learn



Note: OMD cannot answer these questions but can broker the collaboration between vendors and physicians to establish a governance structure that includes both.

Vendors:

- Still learning
- Access to data and responsibilities

Data:

- Parameters for use
- Recordings
- Feeding into machine learning model

Physicians:

- Privacy issues
- Bias and accuracy liability
- Training



Discussion and Q&A

















