

#### Internal Medicine in the time of AI: Harnessing the Hype

Rebecca G. Mishuris, MD, MS, MPH
Chief Medical Information Officer and VP, Digital
Mass General Brigham

Member of the Faculty Harvard Medical School



## Rebecca G. Mishuris, MD, MS, MPH, FAMIA



Medicine Residency @ Boston Medical Center Chief Medical Resident @ Boston Medical Center General Internal Medicine Fellowship @ BWH

Chief Medical Information Officer and VP @ Mass General Brigham



# Disclosures

Advisor for Elsevier, Inc.



# Learning Objectives

- 1. GenAl from 2022 to 2025: Understand the evolution in a short time
- 2. Evaluate the application of genAI in healthcare today
- 3. Explore the future potential of genAI in healthcare



### Outline



**Artificial Intelligence** 

Analytical AI

Generative Al



Gen AI in Healthcare and IM

Clinician Experience

Research and Education



Scaling Gen Al



Future of IM with Generative AI



## Recap from 2024

01

#### **Analytic Al**

- Classify
- Predict
- Recognize

VS.

#### **Generative Al**

- Summarize
- Interact
- Generate new content

02

# Limitations and challenges with generative Al

- Hallucination
- Bias
- Prompt sensitivity

03

# Opportunities for genAl in:

- Reducing clinician administrative burden
- Improving patient experience
- Increasing staff efficiency
- Supporting research

04

# Early results from ambient documentation

- High quality notes
- Qualitative provider satisfaction
- Qualitative time savings

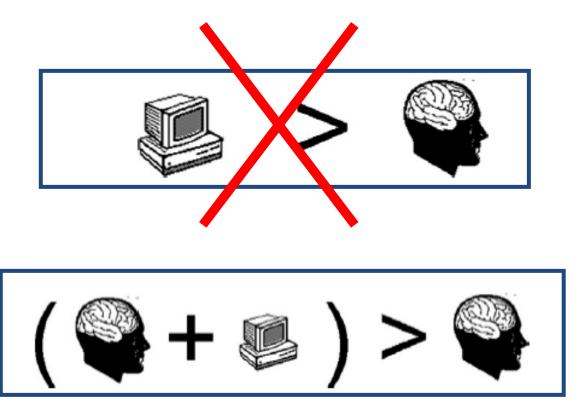
05

# Responsible use of AI principles

- Fairness
- Transparency
- Responsibility
- Reliability
- Privacy
- Safety
- Benefit



## Fundamental Theorem of Informatics



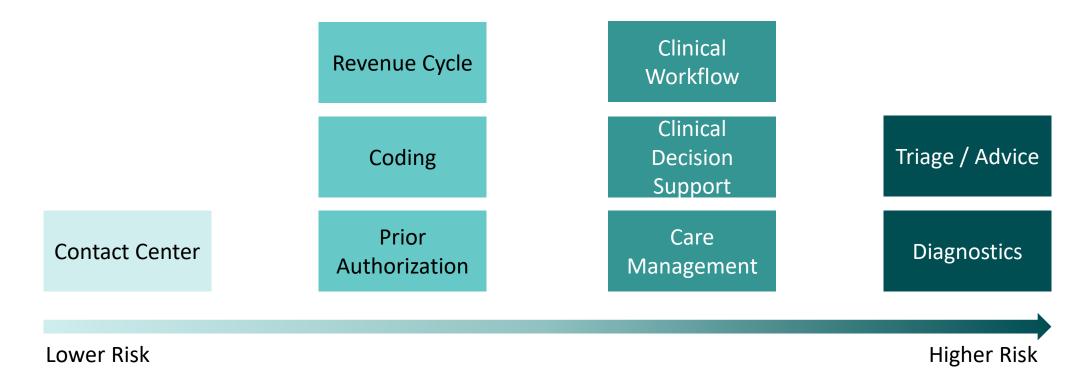


# Generative Artificial Intelligence 2022-2025

# The Opportunity for AI in Healthcare

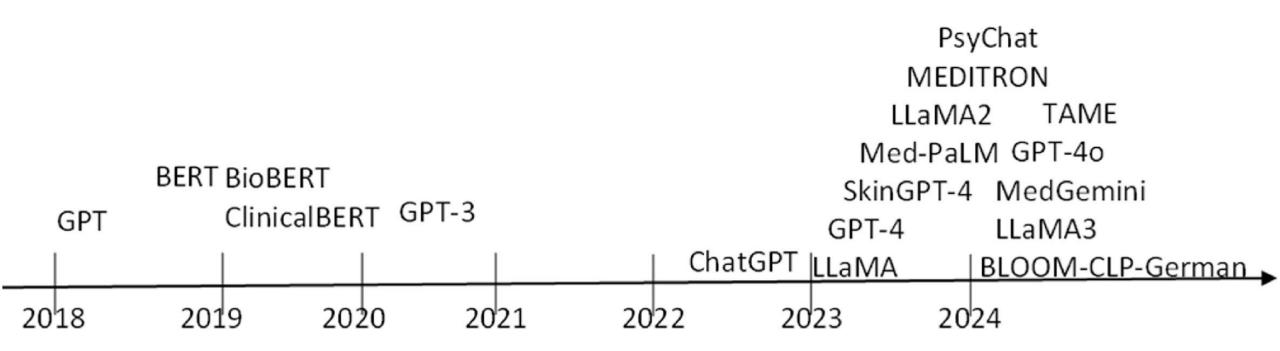
We are scratching the surface of applying AI to address the Quintuple Aim and challenges in healthcare

#### Sample AI Use Cases by Risk



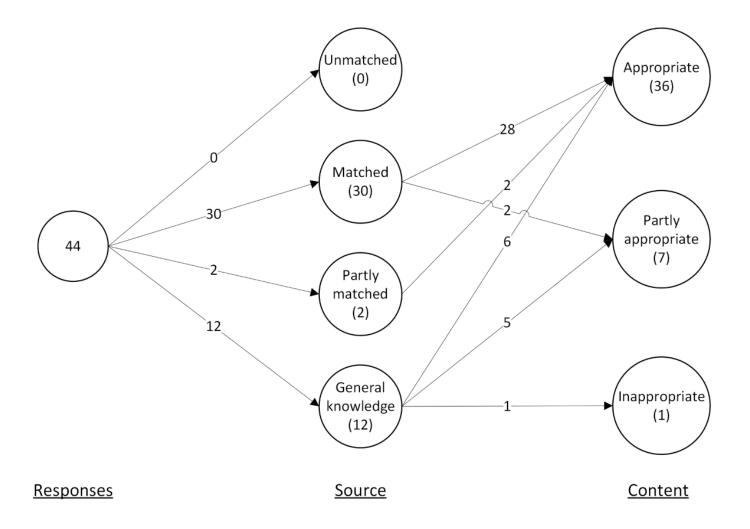


# Rapid evolution of medically-trained LLMs

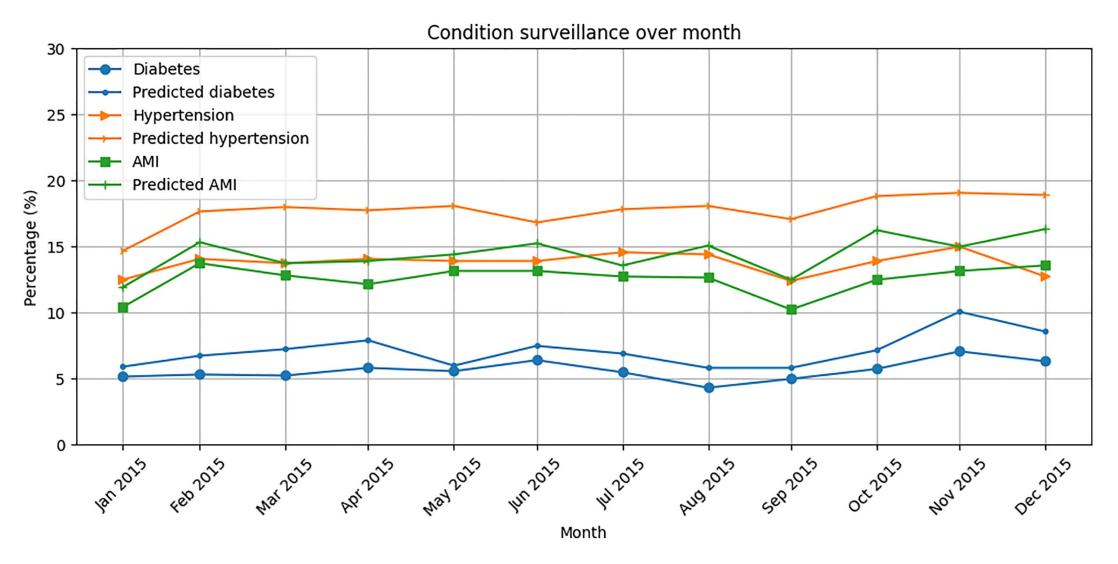




#### Use of LLMs to support health literacy for type 2 diabetes



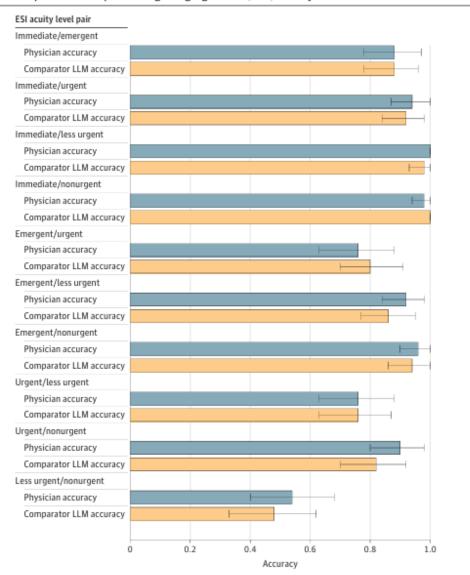
#### Use of LLMs to extract clinical information from medical records





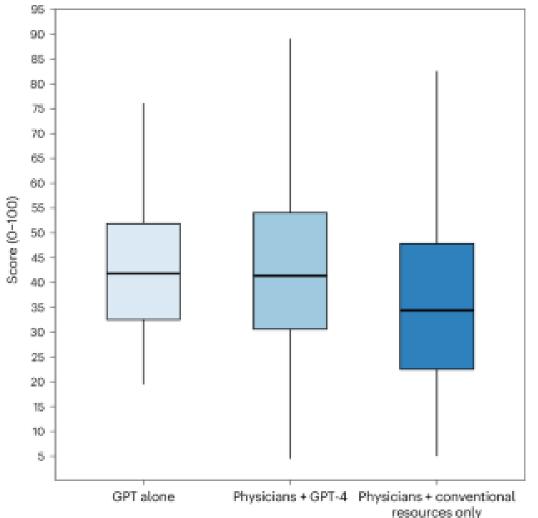
# LLMs to augment physician triage of acuity of patients

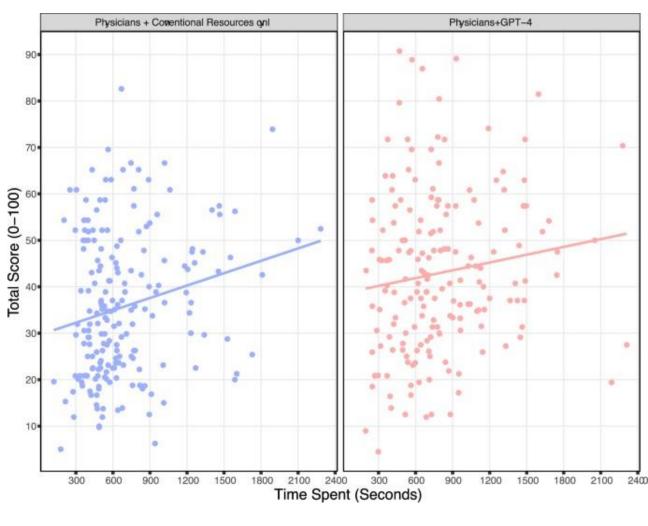
Figure 3. Comparison of Comparator Large Language Model (LLM) and Physician Performance





# Using LLMs to augment physician clinical management reasoning







#### Guiding principles for the responsible use of AI\*

- Meet an identified business or clinical need
- Responsible use of Al framework
- MVP pilots
- Demonstrate ROI (\$ or soft)

**Characteristics of Responsible Use of Al Fairness** Patient-centered, Equitable **Transparent and Explainable** Documentation of data and development Performance metrics / confidence intervals Patient education **Responsible and Accountable** Responsibility across model lifecycle Al governance structure ROI **Robust and Reliable** Model performance across shifts in data Performance monitoring and thresholds De-identified data used for model training **Privacy** Access to output Role of Informed consent and IRB **Safety and Security** User interaction **Education** Feedback loops / AE reporting Cybersecurity Benefit Patient outcomes and satisfaction Clinician and staff wellness Financial ROI

Sub-areas

<sup>\*</sup>Saenz AD; Mass General Brigham AI Governance Committee; et al. Establishing responsible use of AI guidelines: a comprehensive case study for healthcare institutions. NPJ Digit Med. 2024 Nov 30;7(1):348.



#### Considerations for application selection and implementation



Data security and privacy



Reliability and transparency



Accountability



Equity



Informed consent



Safety



Workflow



Benefit, ROI



Vendor Roadmap

# Clinical trial informed approach to implementing AI (after model statistical evaluation and responsible use of AI assessment)



**Phase I: Safety** 

Evaluate safety

Design workflows

Engaged stakeholders



Phase II: Efficacy

Refine workflows

Assess impact:

- Quality (incl equity)
- Efficiency
- Financial



**Phase III: Effectiveness** 

Scale

Compare to standards

Design best practice workflows / implementation guides

Monitor safety, workflow, impact



**Phase IV: Monitor** 

Monitor safety, workflow, impact

Disseminate / share outcomes, best practices

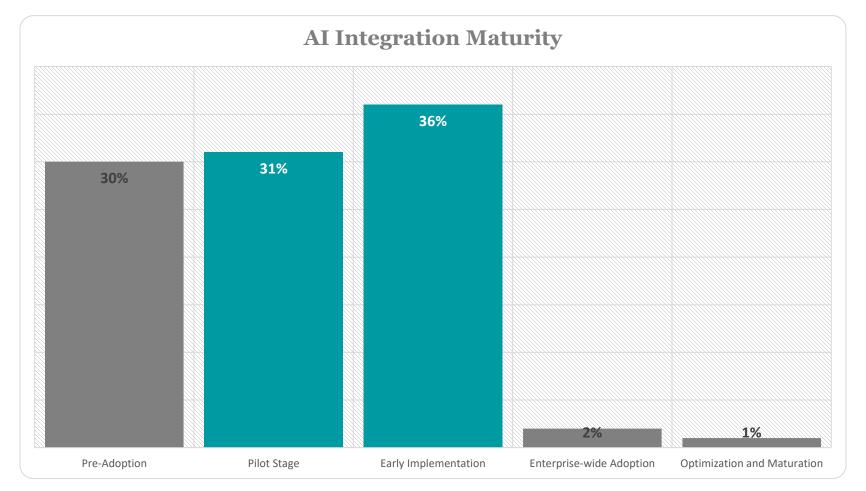
Ongoing technology evolution

<sup>\*</sup>You, et al. Clinical trials informed framework for real world clinical implementation and deployment of artificial intelligence applications. *NPJ Digital Med*, 2025.



#### AI level of maturity

#### HIMSS Survey of 100 Health Systems Leaders in Summer 2024



## Gartner 2024 AI Maturity Model

← Initial activities −						— Advanced activities →
兇	Al strategy	Define the Al vision	Analyze external trends	Communicate the Al strategy	Identify priorities for Al portfolio	Establish process to
		Measure Al maturity	Initiate the AI strategy	Set adoption goals for AI roadmap	Measure Al strategy success	refine Al strategy
	Al value	Prioritize initial Al use cases	Run initial Al pilots	Establish process to prioritize Al portfolio	Implement Al FinOps practices	Setup Al value monitoring system
		Define value for initial Al use cases	Track value of initial use cases	Introduce product management practices	Launch an initial Al product	Establish an Al product portfolio
쁆	AI organization	Create an Al resourcing plan	Appoint an Al leader	Establish Al target operating model	Set up process to manage Al partnerships	
		Set up an AI community of practice	Set up an initial Al team/ center of excellence	Form initial external Al partnerships		
□0 <b>♦</b> 0	Al people & culture	Create an initial Al workforce plan	Create an Al change management plan	Set up process to evaluate Al workforce impact	Define business champions to drive Al literacy	
		Set up process for review of roles and job redesign	Create initial AI awareness campaigns	Launch an Al literacy program	Set up monitoring of employee readiness for Al	
	Al governance	Identify top AI risks and mitigation	Establish AI ethical principles	Set enforcement processes	Set up cross-functional Al governance board	Use Al literacy programs for Al governance
		Define initial Al policies	Gain buy-in for Al governance approach	Define decision rights for Al	Define target governance Al operating model	Pilot Al governance tooling
977	Al engineering	Establish build vs. buy framework	Set up a sandbox environment	Define Al reference architecture	Establish MLOps/ ModelOps practice	Design and embed Al UI/ UX best practices
		Select vendors for initial Al use cases	Develop a library of design patterns	Create an Al vendor and application strategy	Set up an Al observability system	Stand up Al platform engineering
	Al data	Assess data readiness for initial AI use cases	Build data analytics for Al	Extend data governance to support Al	Establish an Al data quality framework	Implement data
		Implement data readiness plan	Gain buy-in to evolve data capabilities for Al	Evolve data capabilities for Al	Adapt metadata Practices for Al	observability for Al

# Gen AI in Healthcare and Internal Medicine in 2025



#### Use Cases for AI Platforms



#### **Clinical care delivery**

- Ambient Documentation
- EHR-embedded AI tools



#### **Enhancing employee productivity**

- Organizational knowledge LLMs
- Microsoft 365 Copilot



#### **Secure AI environments**

- Microsoft Al Foundry
- Secure access to public LLMs



**Ambient documentation** is a policy-informed approach to alleviate burnout among providers across the MGB community leveraging AI-enabled clinical note generation

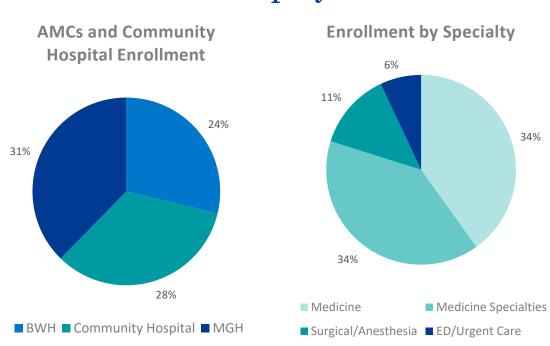
Responsible use of AI

12 Month Pilot

800+ MGB Providers Enrolled

3X Reported reduction in pajama time

# Pilot Deployment



"I am in love with [ambient]. Already I am much less likely to change careers in the next year."

- Primary Care Provider

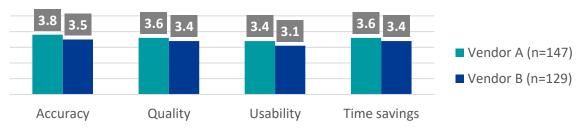
#### Provider Feedback

79% Report giving more attention to patients

62% Likely to extend the length of clinical career

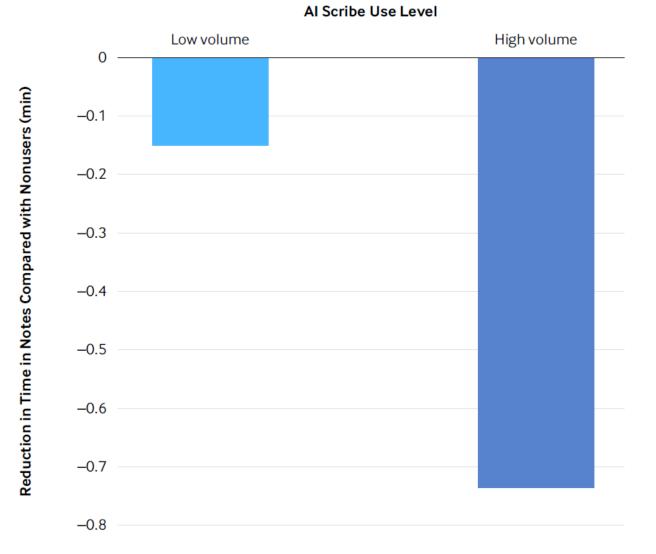
39% Reduction in burnout

#### Day 54 user survey: poor (1) to excellent (5)



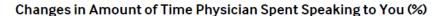
Confidential—do not copy or distribute

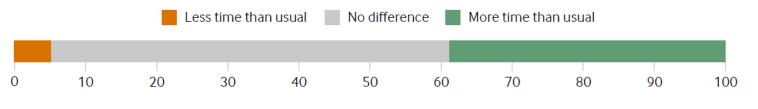
# Ambient documentation use reduces time in notes in a doseresponse relationship



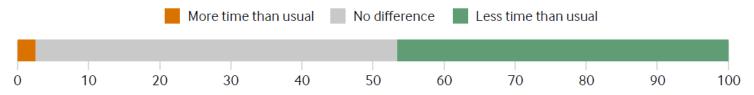


## Patient experience with ambient documentation

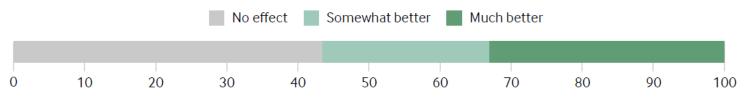




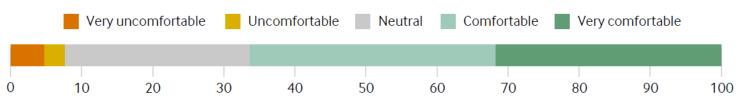
#### Changes in Amount of Time Phsycian Spent Looking at the Computer Screen (%)



#### Changes in Quality of Visit (%)



#### Comfort Level with AI (%)





# Society of General Internal Medicine Position Statement

Domains of Practice	For Clinicians	For Technologists	For Healthcare Organizations
Clinical decision-making	Remain attentive & receptive to AI Critically appraise value Recognize errors/omissions are a weakness Collaborate to co-design	Co-design with the clinical team Provide mechanisms to verify output High standards for success	Evaluate tools that improve quality Partner with physicians to understand acceptability Focus on preventive & chronic disease management
Optimizing health systems: access, population health, patient safety	Remain open to evaluating tools to improve quality & safety Consider how tools can help expand scope of practice	Prioritize developing tools that address the most pressing system challenges	Consider both incremental and transformative tools Ensure internal infrastructure to monitor performance
Enhancing the patient- physician relationship by reducing provider administrative burden, and designing for the patient	Explore opportunities to use AI to create more time to spend with patients	Tools should promote rapport, not just address efficiency Co-design to ensure solutions enhance experience	Evaluate tools to reduce admin burden Recognize that human and computer are better together Avoid layering genAI on top of dysfunctional workflows
Ethics & Equity	Demand transparency and evidence Justify use of AI in decision making	Address bias through representative training data, mitigation of bias in outputs, performance monitoring Fund real world trials Maintain the highest ethical standards Tools should augment healthcare workforce, not replace it	Demand diverse training data sets, transparency and equitable outcomes Ensure physician agency is maintained Critically evaluate data and evidence when making adoption decisions

Crowe, et al. Recommendations for Clinicians, Technologists, and Healthcare Organizations on the Use of Generative Artificial Intelligence in Medicine: A Position Statement from the Society of General Internal Medicine. J Gen Intern Med, 2025.

# Future of Gen AI in Internal Medicine



## Future of genAI to facilitate safe, effective, accessible care

- Colonoscopy polyp detection (Gastroenterology)<sup>1</sup>
- Skin cancer screening (Dermatology)<sup>2, 3</sup>
- Breast cancer screening (Radiology)<sup>4</sup>
- Cervical cancer screening (Pathology)<sup>5</sup>
- Lung cancer screening (Oncology)<sup>6</sup>
- Diabetic retinopathy<sup>7</sup> and cataracts<sup>8</sup>
   (Ophthalmology)





# **Ambient Documentation Roadmap**



- Continuing to refine quality of notes
- Improve notes for inpatient, ED and specialty areas
- Tee up orders based on visit note

- Level of service summarizer
- ICD-10 and HCC code suggestions
- Reduce manual documentation in flowsheet rows for inpatient nurses
- Integration with knowledge sources such as UpToDate, Merck Manual
- Identify patients for patient clinical trials based on note and medical record
- Generate structured data for registry submissions



# EHR of the future? the right information, at the right time, through the right channels

What are we, as a society and healthcare industry, ready to allow AI to do?



Entire content of an interaction is ambiently captured



Ambient visit,
patient & general
information
(results, orders,
history,
EBM/science...) is
stored



GenAl creates
connections
between the
information to
generate insights
& decision
support





Relevant information, insights, and decision support are highlighted in real time, based on the context.



# Risk is introduced at 3 levels, and has to be managed with consistency

#### **Al Maturity**

- Strategy
- Governance
- Model evaluation & monitoring
- Team organization
- People & culture

#### **Use Cases**

- Administrative
- Financial
- Clinical
- Agentic vs. humanin-the-loop
- Business continuity

# Technology Infrastructure and Applications

- Data infrastructure
- Analytics
- Application engineering
- Commercialization



# 4 key elements to realizing the potential of AI



#### **Education**

Common definition of AI
Understanding of
potential and risks, and
how to mitigate them



#### Strategy / Goals

Organization strategy
System AI maturity /
readiness



#### Governance

Oversight of use cases, evaluation, deployment, and monitoring

Responsible use of Al guidance



#### **Impact Evaluation**

Pragmatic approach to impact assessment

- Hard & Soft ROI
- Balancing measures



## Questions

"Using technology to deliver better care and deliver care better"

Rebecca G. Mishuris, MD, MS, MPH, FAMIA

rmishuris@mgb.org





# Mass General Brigham