

Ensuring Responsible AI Integration in Healthcare

The integration of artificial intelligence (AI) tools in healthcare promises improved quality, safety, and care equity by enabling real-time data analysis to support clinical decision-making and personalized treatment. However, inherent biases and lack of transparency regarding AI systems pose safety and accessibility risks if deployment proceeds without appropriate safeguards.

As leading organizations focused on clinical informatics, the [American Medical Informatics Association \(AMIA\)](#) and [Harvard's Division of Clinical Informatics \(DCI\)](#) propose the following recommendations to encourage innovation while prioritizing patient wellbeing through responsible development and oversight of healthcare AI.

- 1. Require transparent AI tool labeling that clearly and succinctly explains intended use and data context in non-technical language.** Separate labels may be needed for providers and patients. Labels should include details on the specific patient population the data was trained on and when models were last updated to enable risk assessments by end-users. Labels should not include formulas, algorithms, or technical jargon that is not readable to a lay person. This allows informed consent prior to AI adoption.

The label must be supportive and accessible by providing directions on how the AI tool may support clinical decision-making and must be used in conjunction with human clinical judgment to ensure compliance with standards of care. Data providers and developers should make available an option for deeper information on the development, training, and intended purpose of the AI tool, including the real-world context of the data and contraindications or limitations of the tool.

- 2. Minimize or limit any possible increase in documentation burden for providers and patients caused by policies regulating the use of AI tools in healthcare.** AI has the potential to ameliorate the glaring issue of documentation burden, currently devastating our healthcare workforce and patient access to quality care,¹ while fitting into the workflow. AI use must enhance accuracy of data capture, improve quality of patient information collected, streamline documentation needs for reimbursement purposes and eliminate requirements for duplicate data entries. Focusing on eliminating documentation redundancies while maintaining patient data accuracy is direly needed to avoid preventable errors and positively impact patient care.²
- 3. Work directly with clinical informaticians when developing and implementing national AI policies.** For legitimate and effective policies, congress and agencies must engage and leverage the expertise of the hundreds of members with decades of expertise in AI development and evaluation from AMIA and DCI's diverse communities spanning healthcare companies creating AI tools, hands-on clinicians, medical researchers, and other experts who have decades of relevant experience in real-world experience developing and studying AI. This can inform policy and regulation to encourage responsible innovation while ensuring patient interests and protections remain priorities.

For more information, please email AMIA's Vice President of Public Policy, Reva Singh, at rsingh@amia.org.

¹ Documentation Burden. Agency for Healthcare Research and Quality (AHRQ). June 3, 2022. [https://effectivehealthcare.ahrq.gov/get-involved/nominated-topics/documentation-burden#:~:text=Documentation%20burden%20\(both%20documenting%20and,quality%20of%20patient%20care%20delivered.](https://effectivehealthcare.ahrq.gov/get-involved/nominated-topics/documentation-burden#:~:text=Documentation%20burden%20(both%20documenting%20and,quality%20of%20patient%20care%20delivered.)

² For more information on documentation burden, please see [AMIA's 25x5 Task Force](#).