

HIMSS NORTH CAROLINA CHAPTER

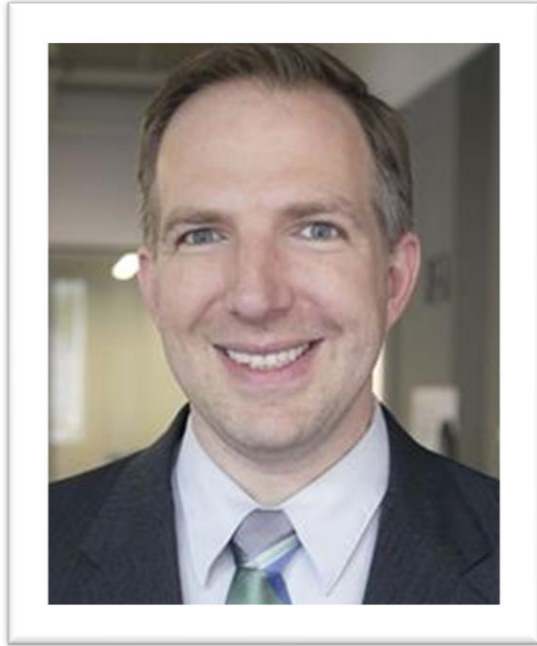
# Preparing the Healthcare Workforce for Artificial Intelligence

October 2 - 3

Raleigh, North Carolina



# Introductions



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# Preparing the Healthcare Workforce for Artificial Intelligence



## **Key Objective 1:**

Evaluate your organization using a readiness checklist for artificial intelligence.

## **Key Objective 2:**

Understand the top ten roadblocks to AI adoption.

## **Key Objective 3:**

Explore five strategies to effectively prepare your workforce.

# AI Advancements: A Dawn of the Internet Moment



## A revolution brought to you by...

- Leaps in functional capability
- Continued investment in technology
- Global events
- Free market competition

**What we do next in our organizations will determine winners and losers.**



# AI is the easy part



**Introducing AI to an unprepared organization  
is *like strapping jet engines to a bird...***

**Could you imagine?**

# Top 10 Roadblocks to AI Adoption (as we see it)



## People

- Lack of Understanding & Awareness
- Skills Gaps & Workforce Training
- Fear of Job Displacement



## Risk

- Privacy & Security
- Legal & Regulatory
- Ethical Considerations

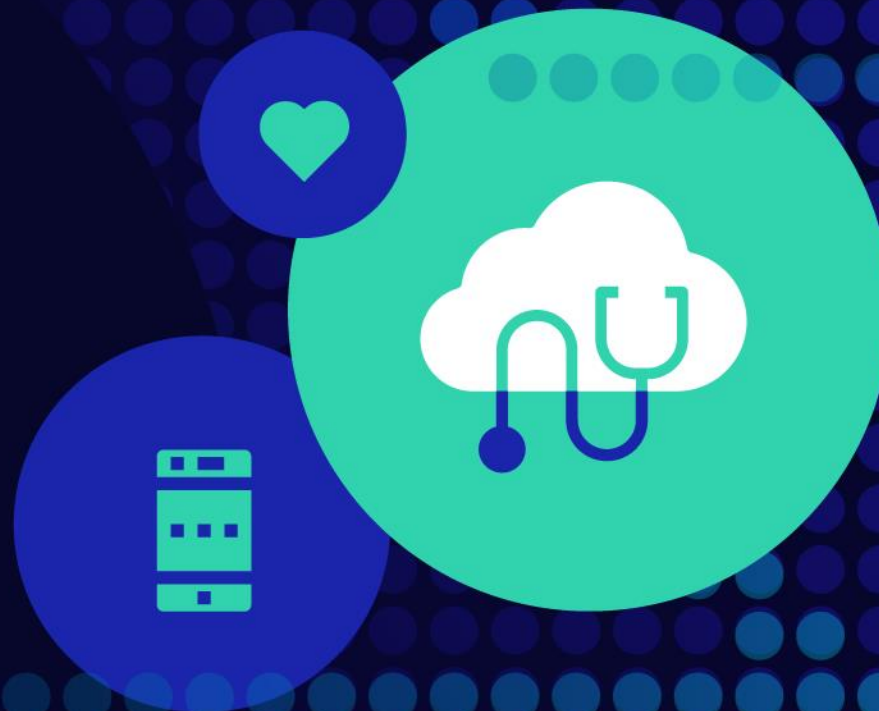


## Business Environment

- Data Quality
- Economic Barriers
- Complexity of Healthcare
- Usability & Process

# 5 Strategies to Effectively Prepare your Workforce

With Use Cases...





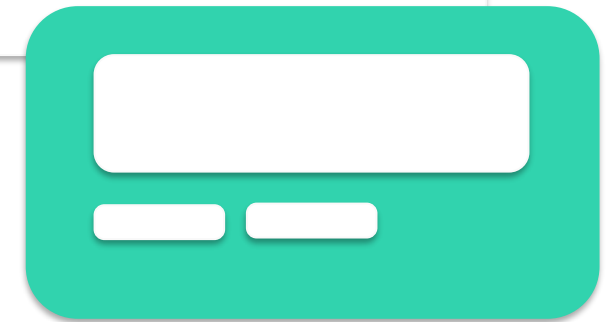
## The 5 Rights of ~~Clinical~~ Decision Support

- the right **information**,
- to the right **person**,
- in the right intervention **format**,
- through the right **channel**,
- at the right time in **workflow**.

### Case Study: Sepsis Prediction

UNC Health deployed an advanced AI model that predicts sepsis in the inpatient setting.

**What is a better way for providers to receive this information – by logging on to a computer, or an alert their pagers?**







## Case Study: Fall Risk

UNC Health data scientists evaluated the Epic fall risk model to better identify at risk patients.

When they spoke to nurses, they discovered the *real* opportunity for improvement was a reduction in the documentation burden required prior to deploying an intervention.

**As you're building AI, include representatives that participate in the workflow.**



**"Strength lies in differences,  
not in similarities."**

Stephen R. Covey, the author of  
*The 7 Habits of Highly Effective People*



# Ethics & Responsible AI: Who watches the machines?



## Treat AI like Junior Staff



Automated processes need **human oversight**



Governance is focused on quantifiable **target outcomes**



**Periodically evaluate** processes against goals

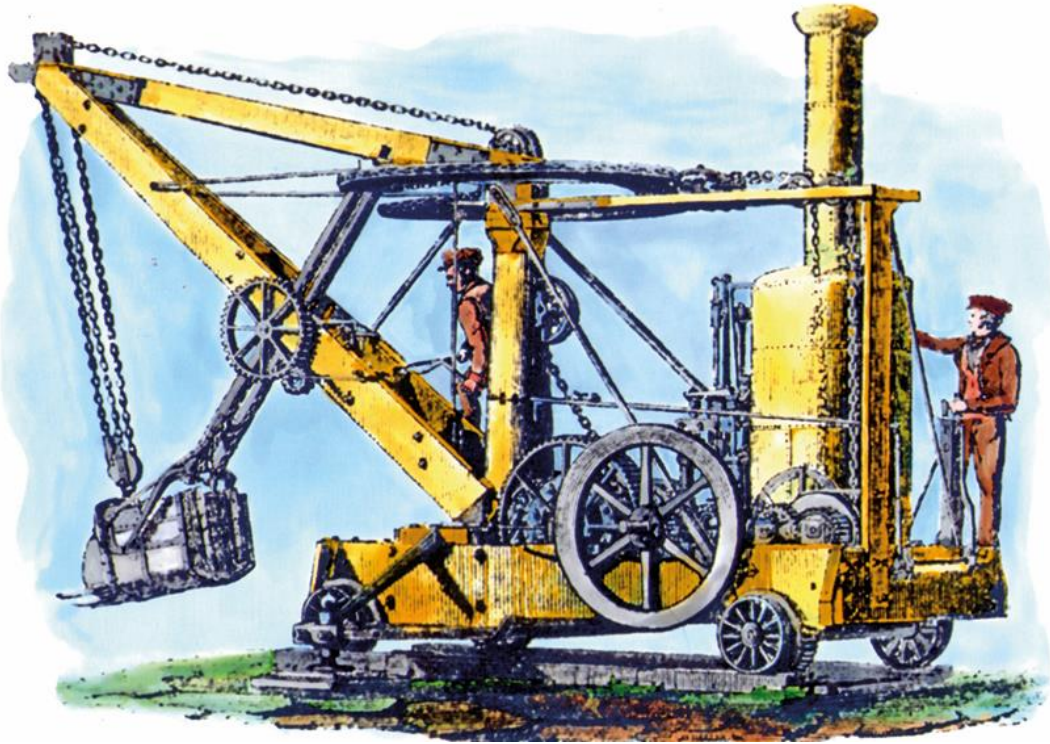


**“Circuit breaker”** rules can limit potential harm

## Case Study: AI & Automation Advisory Group (AAA)

- (1) Applies UNC Health’s Responsible AI Framework for in-house and vendor-developed solutions;
- (2) Aligns and accelerates adoption and use;
- (3) Raises awareness of the benefits, value, and risks to build greater trust.

# Culture of Continuous Learning



## Create a burning need for change within the workforce

- The world is changing (it's not optional)
- Skill development (is required)

# Fail fast, start minimal



## Agile principles applied to AI

1. Patient-centric focus
2. Adaptability over rigorous planning
3. Collaborative development
4. Iterative progress; early & continuous delivery
5. Simplicity
6. Build projects around motivated individuals, then grow

### Case Study: UNC Health & ChatGPT

UNC Health has multiple projects and partnerships underway using ChatGPT.

**There's nothing like hands-on experience to raise comfort level and skills.**

# Key Takeaways



## Is your health system ready for AI? Is your workforce?

### Ask Yourself...

- What *outcomes* are we trying to impact?
- What *workflows* will change?
- How much *effort* is required to implement the solution?
- What *organizational governance* do you need in place to address legal and ethical challenges?
- Who are the *humans* that will interact with AI, and how will they interact?
- How can you *prepare them for change*?
- Who will *oversee* the system over time?
- Do we have the *talent* needed to execute?

Health System Readiness



Workforce Readiness

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Questions?



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Thank you

