

Bridging the Gap: Navigating Al's Promise and Perils for Health Equity



The HIMSS Global Health Conference & Exhibition highlighted Artificial Intelligence (AI) as a central theme, emphasising its potential to revolutionise healthcare by detecting diseases earlier and improving outcomes. However, alongside excitement about AI's possibilities, concerns were raised by healthcare leaders regarding the potential exacerbation of disparities if AI technologies are not developed with health equity in mind. Here are the most notable outtakes from HIMSS 2024 sessions.

Jennifer Stoll, chief external affairs officer for OCHIN, a nonprofit working with underserved healthcare providers, expressed apprehension about AI widening healthcare inequalities. She emphasised the need for thoughtful development to prevent a division between those who have access to AI tools and those who do not. To address this, OCHIN, in collaboration with Microsoft and several hospital systems, launched the Trustworthy & Responsible AI Network (TRAIN) to ensure equitable access to AI resources. Robert Garrett, CEO of Hackensack Meridian Health, acknowledged AI's potential to enhance health equity but stressed the importance of its correct implementation. Anna Schoenbaum from Penn Medicine highlighted the necessity of considering health equity in AI tool development, emphasising the validation of data to mitigate biases.

Healthcare leaders underscored the critical role of data accuracy in AI tools, as inaccuracies or biases could perpetuate or amplify existing disparities. Instances of racial bias in AI applications, such as chatbots and medical screening algorithms, have already been identified, prompting initiatives to address these issues. Heather Lane from Athenahealth emphasised the need for deliberate action to prevent AI from deepening inequities, cautioning against the naïve use of biased data. Brendan Watkins from Stanford Medicine Children's Health echoed these concerns but expressed optimism about the growing awareness of AI's implications for health equity.

TRAIN aims to incorporate data from disadvantaged populations into AI initiatives, focusing on operational efficiencies and administrative simplifications for under-resourced providers. However, Stoll emphasised the importance of broader participation in initiatives like TRAIN to ensure diverse voices contribute to the health equity conversation. Stoll also advocated for government funding to support smaller hospitals and providers in developing AI capabilities, highlighting the need for continued investment in health information technology infrastructure to prevent disparities from widening.

While AI holds promise for advancing healthcare, its success in promoting health equity hinges on deliberate and inclusive development efforts. Initiatives like TRAIN offer hope for bridging the gap, but broader collaboration and government support are essential to ensure that AI benefits reach all communities, especially the underserved.

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Published on: Tue, 19 Mar 2024