How to evaluate AI in the context of Patient Safety

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First do no harm

Patient safety

11 September 2023

World Health Organization

Key facts

- Around 1 in every 10 patients is harmed in health care and more than 3 million deaths occur annually due to unsafe care. In low-to-middle income countries, as many as 4 in 100 people die from unsafe care (1).
- Above 50% of harm (1 in every 20 patients) is preventable; half of this harm is attributed to medications (2,3).
- Some estimates suggest that as many as 4 in 10 patients are harmed in primary and ambulatory settings, while up to 80% (23.6–85%) of this harm can be avoided (4).
- Common adverse events that may result in avoidable patient harm are medication errors, unsafe surgical procedures, health care-associated infections, diagnostic errors, patient falls, pressure ulcers, patient misidentification, unsafe blood transfusion and venous thromboembolism.
- Patient harm potentially reduces global economic growth by 0.7% a year. On a global scale, the indirect cost of harm amounts to trillions of US dollars each year (1).
- Investment in reducing patient harm can lead to significant financial savings, and more importantly better patient outcomes (5). An example of a good return on investment is patient engagement, which, if done well, can reduce the burden of harm by up to 15% (4).

To vaccinate or not to vaccinate?

1997 Recommendation: Do not vaccinate for chicken pox



1998 Recommendation: Vaccinate



Confused mother asks – what happened? Dr: We have seen increased incidence of death due to infected pox

The data:

Chickenpox used to be very common in the United States. In the early 1990s, more than 4 million people got chickenpox, 10,500 to 13,000 were hospitalized, and 100 to 150 died each year. Chickenpox vaccine became available in the United States in 1995. During the first 25 years of the <u>U.S. chickenpox</u> <u>vaccination program</u>, the vaccine has prevented an estimated 91 million cases, 238,000 hospitalizations, and 2,000 deaths.

CDC recommends two doses of chickenpox vaccine for children, adolescents, and adults who have never had chickenpox and were never vaccinated. Children are routinely recommended to receive the first dose at 12 through 15 months of age and the second dose at 4 through 6 years of age.

https://www.cdc.gov/vaccines/vpd/varicella/public/index.html



Risk of Al



Assessing risk of AI

Business Risk

Violation of user privacy

Financial loss

Loss of data

Loss of reputation

Risk to Patient Safety

Violation of patient privacy Confuse or misguide clinical decision making Incorrect or missing information Data for the wrong patient

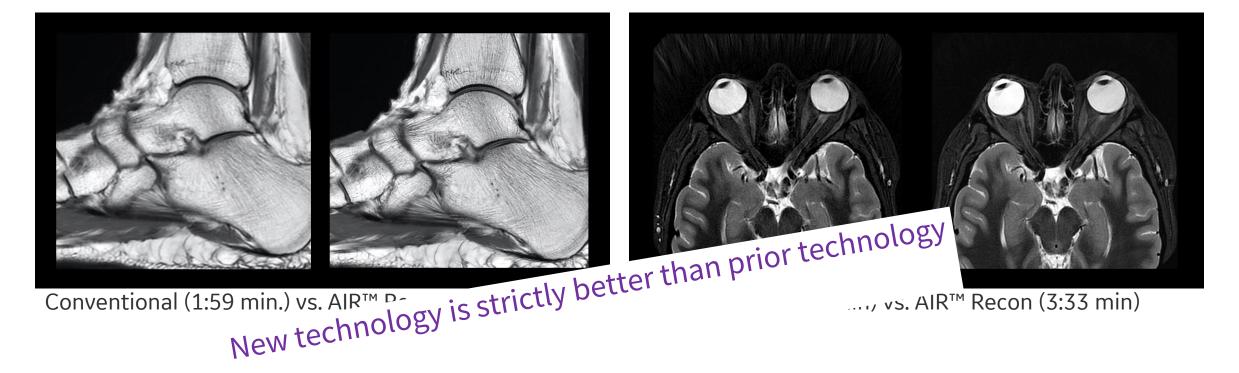
Does it add or reduce risk to patient safety?



Do Al errors always increase risk to patient safety?



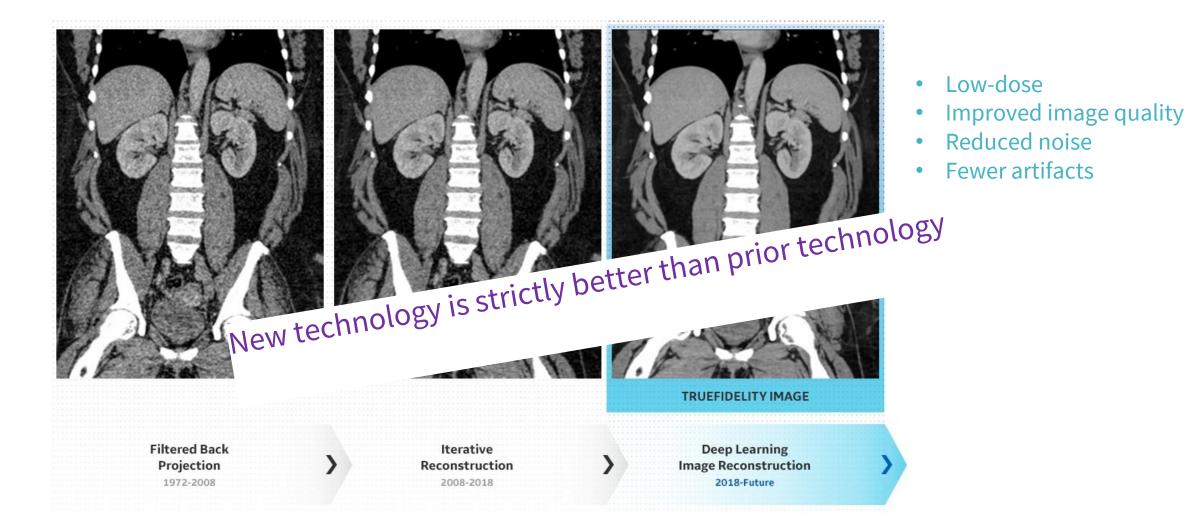
GE Healthcare's AIR[™] Recon DL* technology



- Exceptional image _____ scan times
- Improve SNR and image sharpness
- Prevent artifacts, see true-to-MR detail

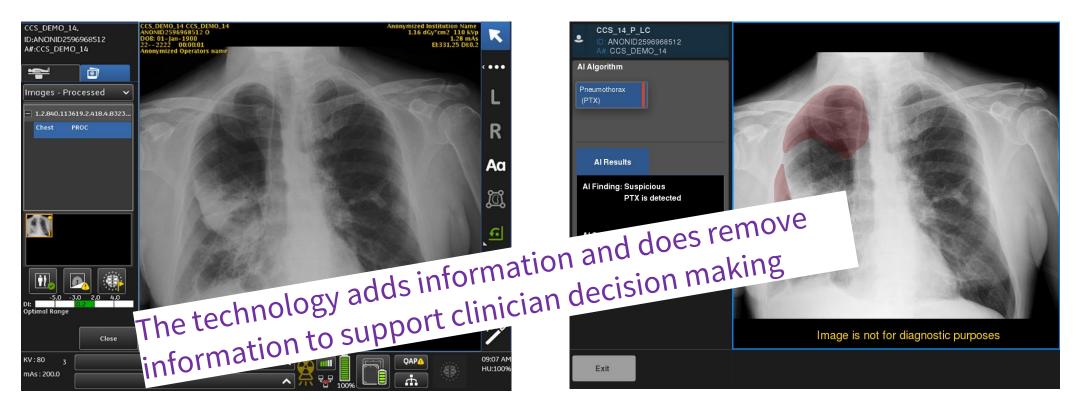
"...We can drastically increase the contrast-to-noise ratio, which really improves lesion conspicuity. It allows us to push protocols or applications to levels that would otherwise be incompatible with conventional reconstruction and works in any anatomy." https://www.gehealthcare.com/article/intelligently-efficient-with-deep-learningreconstruction-in-mri

TrueFidelity CT Images



(H

Triaging and prioritizing urgent cases in X-Ray



Detects nearly all large pneumothoraces (96% sensitivity).
Identifies 3 out of 4 small pneumothoraces

(75% sensitivity).

•Limits false alerts (94% specificity).

•An Area Under Curve (AUC) of 0.96.

Sends a secondary capture DICOM image to PACS and presents the AI results to the radiologist
Image flags help enable worklist prioritization and have the potential to expedite review of critical findings

Lung VCAR

The technology adds information and does remove The technology adds information and does remove information to support clinician decision making Synchronized, and segmentation analysis. Automatic nodule visualization. Automatic nodule analysis (volume clinician)

Dragon Ambient eXperience by Nuance



The physician- patient conversation is recorded and securely streamed to the Nuance AI platform, where the speech is diarized, automatically translated into a clinical note, and entered directly into the EHR as structured data. The draft note goes through a quality review process to ensure accuracy before it's delivered to the physician through the EHR for final review and signature. https://videos.nuance.com/healthcare/watch/VUbgh7UJZnhfw94KBfunBc?





It depends on the intended use

Critical Care Suite	Clinical conversational Bot	Thoracic VCAR	HealthPPT (Zebra Medical Vision)
Critical Care Suite is intended for notification only and does not provide diagnostic information beyond the notification. Critical Care Suite should not be used in-lieu of full patient evaluation or solely relied upon to make confine technology inter revie a quamed physician.	Graffiti is not intended to replace the Electronic Medical Record system or any patient monitoring or central station devices. does not substitute	It provides additional information to aid in visualization of variations of perfusion within the lungs and to quantitatively asso- lung volume clinical work existing clinical work cost coded displays of iodine attenuation differences in the lungs to aid in identifying segments of relative perfusion differences which may be useful in assessing thoracic	HealthPPT is not intended to direct attention to anomalies other than pneumoperitoneum. (W) ications include ressed preview s that are meant for unormational purposes only and not intended for diagnostic use beyond notification.

disease.

Do AI errors always increase risk to patient safety?

Not necessarily, if we can validate that

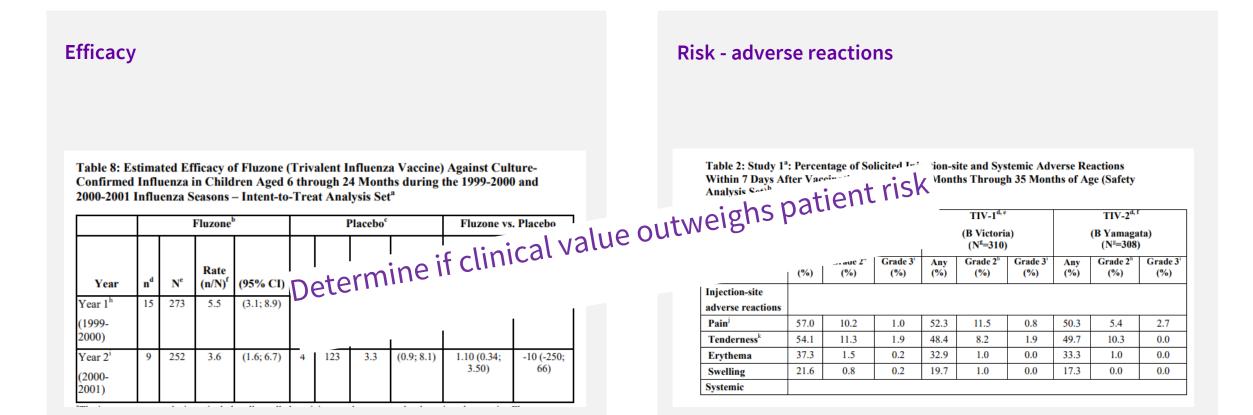
- New technology is strictly better than prior technology
- The technology adds information and does remove information to support clinician decision making
- The technology assists with clinicians' jobs to be done and does not replace the clinician
- The technology does not substitute existing clinical workflow

Demonstrate you have reduced the risk as far as possible

Role of the regulator



Sanofi Pasteur 450/477 Fluzone® Quadrivalent



https://www.fda.gov/media/119856/download

Artificial Intelligence and Machine Learning in Software as a Medical Device

Change management

Real-world performance monitoring

In the framework described in the discussion paper, the FDA envisions a "predetermined change control plan" in premarket

manner that manag ----

In this potential approach, the FDA would expect a commitment from manufacturers on transparency and real-world performance and the associated methodol to implement thoseAssess your process and validation manner that the algorithm change protocol.

https://www.fda.gov/medical-devices/software-medical-device-samd/artificial-intelligence-and-machine-learning-software-medical-device

Business risk – Al & Data



Federal Trade Commission Actions



TECH

Amazon to pay over \$30 million in FTC settlements over Ring, Alexa privacy violations

PUBLISHED WED, MAY 31 2023+2:15 PM EDT I UPDATED WED, MAY 31 2023+6:07 PM EDT

- Don't use behind-the-scenes tracking technologies that contradict your privacy promises or otherwise harm consumers.
- Insist your technology people and compliance staff communicate about your company's data intake and privacy policies
- "HIPAA Compliant," "HIPAA Secure," and similar claims may deceive consumers.

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Potential of Generative AI for Healthcare

IMAGING INFORMATICS | ARTIFICIAL INTELLIGENCE

Can ChatGPT support diagnostic imaging decisions?

Will Morton Jul 6, 2023

A proof-of-concept study suggests that ChatGPT-4 can generate relevant differential diagnoses for specific imaging patterns, according to a group in Germany.

Example of a prompt and subsequent outputs of GPT-4 that attained lower concordance (60% [3/5]) and acceptance (80% [4/5]). Image courtesy of Radiology through CC BY 4.0.

Prompt: Please provide me with the top 5 most important differential diagnoses for a liver lesion containing gas.

GPT-4 output:

A liver lesion containing gas can be a concerning radiological finding and can represent several different pathologies. Here are the top 5 important differential diagnoses for such a lesion:

- Hepatic abscess: A hepatic abscess is an infection in the liver that can be caused by bacteria, fungi, or parasites. This is usually the most common and important cause of gas within a liver lesion. The gas forms due to the infectious process.
- Emphysematous cholecystitis: This is a serious infection of the gallbladder that can lead to gas formation in and around the gallbladder, which can extend into the liver, especially if the gallbladder is intimately attached to the liver.
- Liver infarction: This is a rare condition where there is cell death (infarction) in the liver due to a lack of blood flow (ischemia). Gas can be seen within areas of infarction due to secondary infection or necrosis.
- Necrotic liver tumor: Rarely, certain types of malignant tumors, particularly those associated with infections or necrosis, might contain gas. For example, a necrotic metastasis can get secondarily infected, leading to gas formation.
- Traumatic liver injury: Following trauma, gas can be introduced into the liver or a hematoma can become infected leading to gas formation. Trauma could be blunt or penetrating.

concordance acceptance M



Summary

We must learn how to use the immense opportunity for better healthcare that Foundational Models enable

Does it add or reduce risk to patient safety?

Assess the risk added by using this algorithm or system

Reduce risk as far as possible

Turn to regulators to weigh in on your risk assessment



