

Transformational Al Opportunities in Healthcare

David C. Rhew, M.D. Global Chief Medical Officer & VP Healthcare





HHS AI Strategic Plan

Draft; Expected to be published in January 2025

Goal 1: Encourage health Al innovation and adoption

Goal 2: Promote Trustworthy Al Development and Ethical and Responsible Use

Goal 3: Democratize AI Technologies and Resources

Goal 4: Cultivate Al Empowered Workforces and Organizational Cultures

Agenda

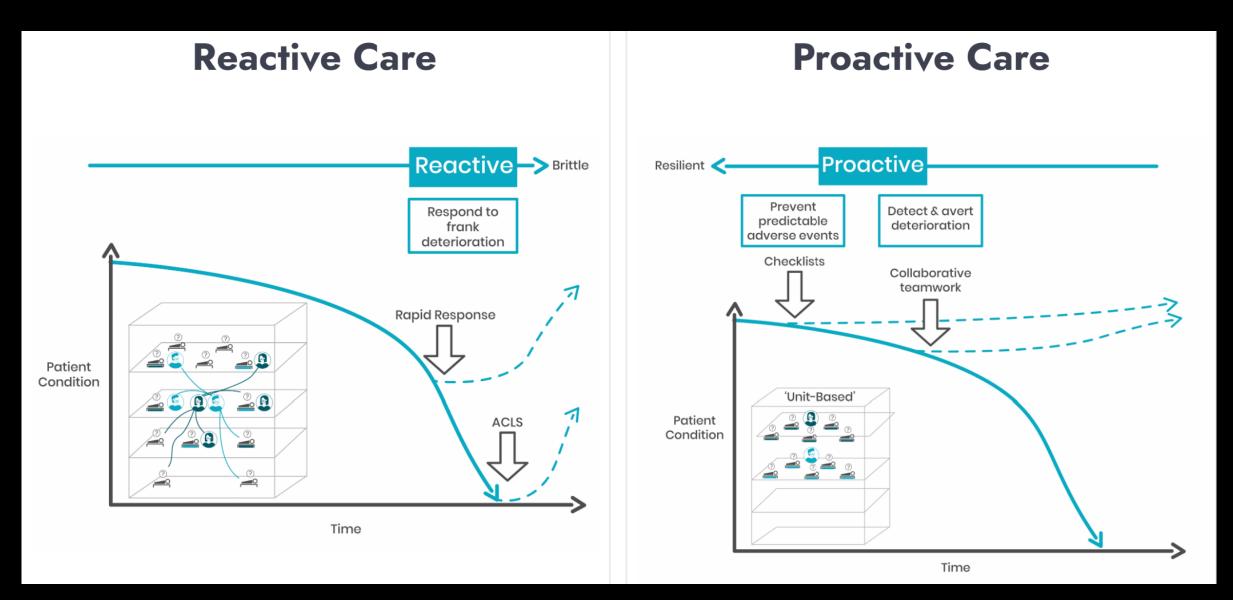
Health Al Innovation

Trustworthy Al

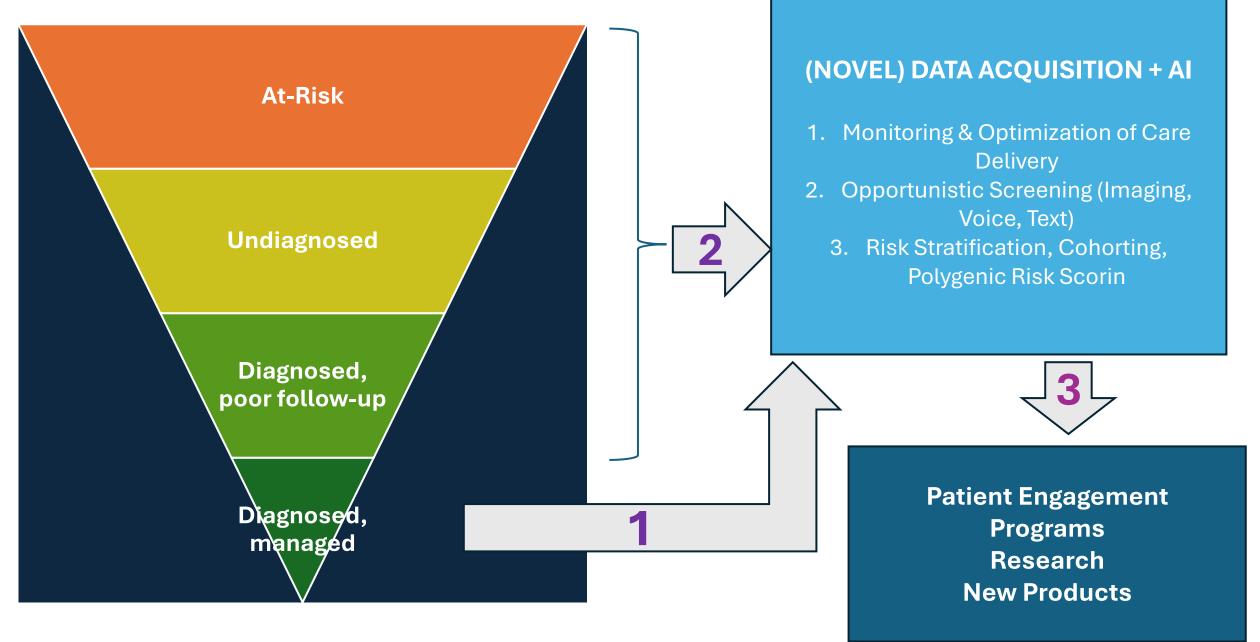
Democratize Al

Al Empowered Workforce

Reactive to Proactive Care



Proposed Approach



Screening with Al-powered Healthcare From The Eye

CURRENT SCREENING ENVIRONMENT

HEALTHCARE FROM THE EYE



DIABETES

Blood test (FPG, A1C) + body measures



CARDIOVASCULAR DISEASES

Blood test + ECG/CT



NEUROLOGICAL DISEASES

MRI, PET, spinal fluid analysis



EYE DISEASES

Slit lamp biomicroscopy



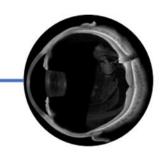
Robotic, rapid, accessible, and affordable eye test



Al-powered risk calculators

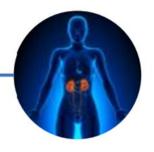


Healthcare Through The Eye



Eye health

- Myopia
- **Diabetic Retinopathy**
- Glaucoma
- Age-related Macular Degeneration
- Etc.



Liver and Kidney health

- Liver Disease
- **Kidney Disease**
- **Autoimmune Disorders**
- Cancer
- Etc.



Heart health

- High BP
- **High Cholesterol**
- Atherosclerosis

Vascular health

Diabetes

Cerebrovascular Disease

Peripheral Artery Disease

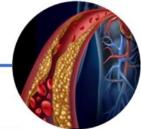
Carotid Artery Disease

Etc.



Brain health

- Alzheimer's Disease
- Parkinson's Disease
- **Multiple Sclerosis**
- **Aneurysms**
- **Tumors**
- Etc.



The eye as a window to rare endocrine disorder: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3354836,

The eye and the heart: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3640200/

Cardiovascular Disease Risk Factors in US Adults with Vision Impairment: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9336192/

Ocular manifestations of Autoimmune disease: https://www.aafp.org/pubs/afp/issues/2002/0915/p991.html

Eyes offer a window into Alzheimer's disease: https://alz-journals.onlinelibrary.wiley.com/doi/10.1002/dad2.12181#pane-pcw-related Beyond the Liver: Liver-Eye Communication in Clinical and Experimental Aspects https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8740136/

Etc.

20 Surprising Health Problems as Eye Exam Can Catch: https://www.aao.org/eye-health/tips-prevention/surprising-health-conditions-eye-exam-detects

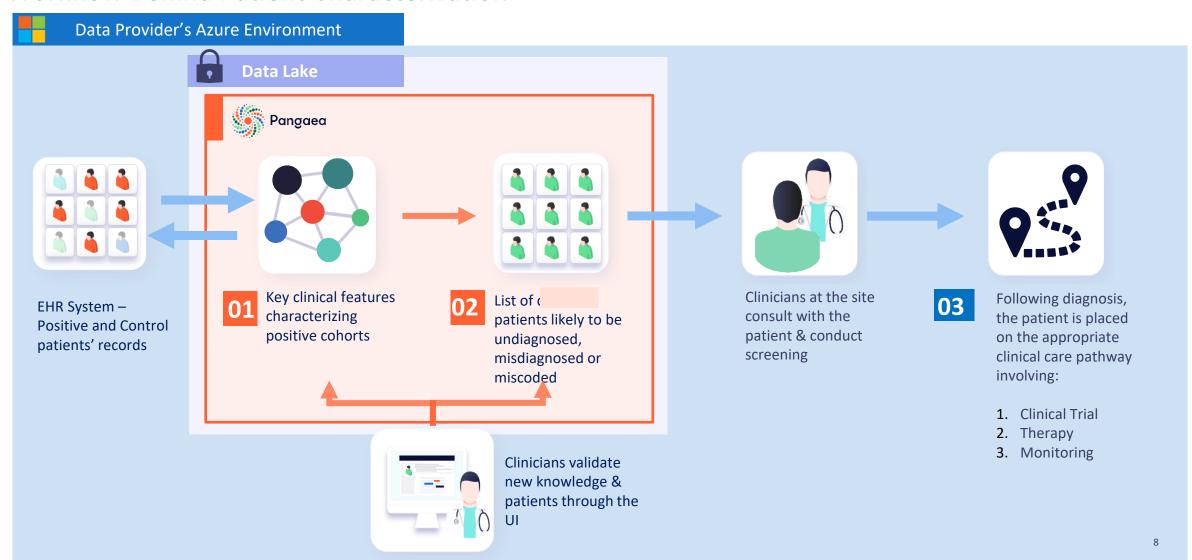


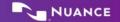
Success Stories Across Healthcare and Life Sciences

Discovery of Miscoded Lung Cancer Patients	Discovery of Miscoded Ovarian Cancer Patients	Early Discovery of Cancer Patients with Cachexia
compared to ICD codes; > 88% - Sensitivity	 179% more patients found compared to ICD codes; 90% - Sensitivity 82% - Precision 	 Collaboration with 7 NHS Trusts 522% more patients found 50% reduction in costs and £1B savings
Discovery of Lupus Nephritis & Severe SLE Patients (SLEDAI-2K \geq 6) for Clinical Trials	Creation of High Quality Research Datasets for Measuring Health Inequity	Summarization of Intelligence for Records and Pre-clinical Reports
▶ 71% more LN and▶ 2300% more SLE patients found compared to ICD codes	 Collaboration with 7 US Medical Centers, Being scaled to 5M records 	90% - accuracy & traceability - reduction in time and costs

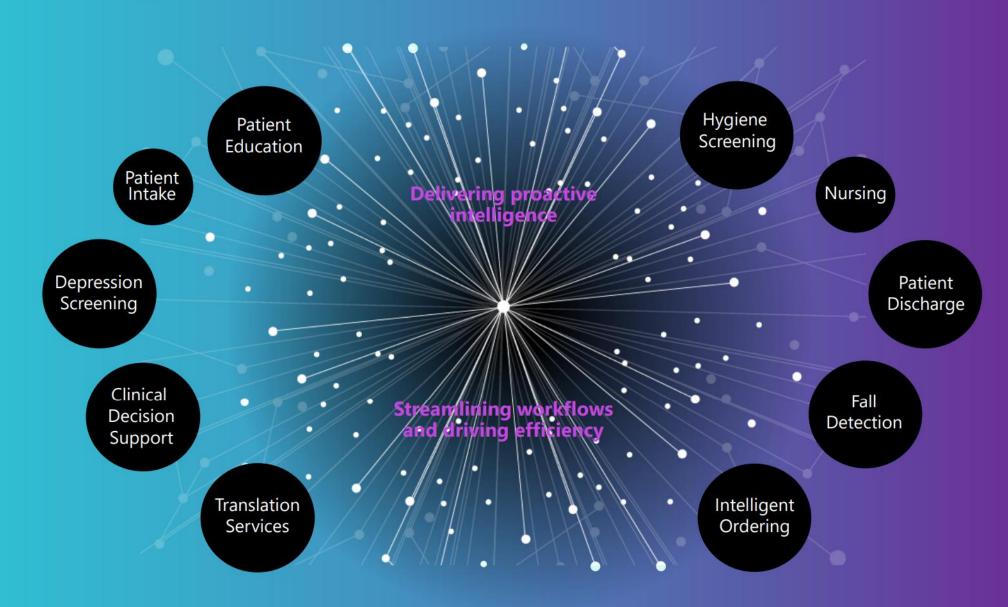


Workflow Behind Patient Characterization





DAX: Providing an AI ecosystem of Co-Pilot Capabilities*



Nuance DAX Audio Meets the Benchmark for Vocal Biomarker Analysis

In partnership with Intermountain Health, a 33-hospital system in the Mountain West spanning 7 states, the Canary Speech research team analyzed Nuance DAX audio and successfully processed the data with vocal biomarker analytical models for confirmation of symbiotic relationship.

GAD-7	Scoring	(standard	cutoffs)
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Score	Category	Screening	Canary Vocal Category
0-4	Minimal	No Generalized Anxiety	Low
5-9	Mild	Disorder (GAD)	Medium
10-14	Moderate	Generalized Anxiety Disorder	High
15-21	Severe	(GAD)	High

PHQ-8/9 Scoring (standard cutoffs)

Score	Category	Screening	Canary Vocal Category
0-4	None / Minimal	No Major Depressive Disorder	Low
5-9	Mild	(MDD)	Medium
10-14	Moderate		
15-19	Moderately Severe	Major Depressive Disorder (MDD)	High
20-27	Severe	(1100)	

Results

Audio #	Role	Vocal Anxiety	Vocal Depression	Vocal Energy (Power)	Vocal Energy (Speed)	Vocal Energy (Dynamics)	Canary Wellness
1	patient	high	high	14.56	52.11	66.69	44.97
2	patient	low	medium	37.16	31.36	56.11	74.85
3	patient	low	low	70.69	47.85	47.48	89.36
4	patient	medium	high	17.5	63.84	63.6	49.3
5	patient	high	medium	48.35	30.4	74.62	52.73
6	patient	low	medium	38.23	38.01	61.39	74.66
7	patient	low	high	40.71	51.1	67.51	70.34
8	patient	low	high	46.98	37.48	70.28	66.62
9	patient	low	medium	60.86	45.71	55.77	81.48
10	patient	low	medium	42	25.94	76.11	62.51
1	clinician	medium	low	36.31	51.36	67.57	74.44
2	clinician	low	medium	59.04	67.35	38.03	73.26
3	clinician	low	low	73.2	65.53	34.31	75.09
4	clinician	low	low	12.95	78.35	76.32	58.05
5	clinician	low	low	53.79	50.62	75.73	82.8
6	clinician	high	low	75.99	50.62	36.92	65.71
7	clinician	low	low	25.32	61.9	72.58	71.82
8	clinician	low	low	41.36	64.14	76.77	74.83
9	clinician	medium	low	35.07	26.41	86.57	53.65

BY THE NUMBERS: CLINICAL TRIALS AWARENESS

11% OF SITES FAIL TO ENROLL EVEN A SINGLE PATIENT

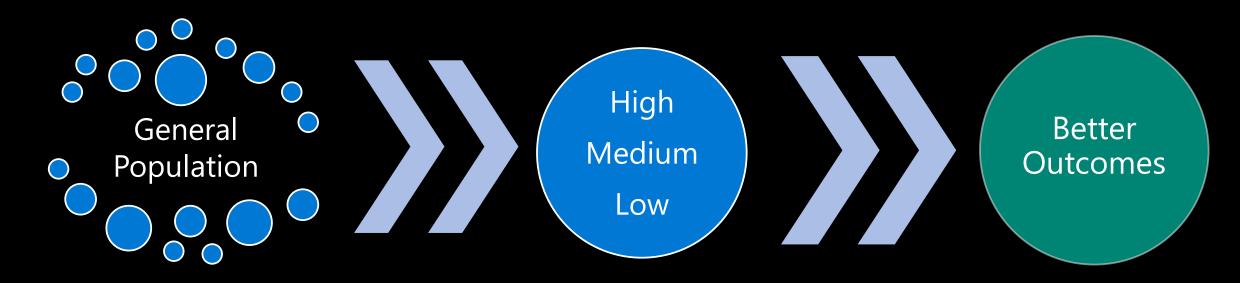
37% OF SITES DO NOT MEET THEIR ENROLLMENT GOALS

OF SURVEYED ADULTS DON'T UNDERSTAND CLINICAL TRIALS

32%

OF SURVEYED
ADULTS SAY
THEY'D
CONSIDER
PARTICIPATING—
AFTER THEY
UNDERSTAND WHAT A
CLINICAL TRIAL IS

Population Health & Al



Identify Disease (non-invasive, accessible, low cost) Risk-Stratify,
Triage,
Capacity
Building

Education, Engagement, Activation

Al Partner Ecosystem



Early Identification

- Imaging
- Blood
- Patch
- EHR



Risk Stratification, Triage, Capacity Building

- Virtual Care
- Genomics



Patient Education, Engagement, Activation

- Nudging
- Chatbots



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U.S. TRAIN: Launched on March 11, 2024

New consortium of healthcare leaders announces formation of Trustworthy & Responsible Al Network (TRAIN), making safe and fair AI accessible to every healthcare organization

March 11, 2024 | Microsoft Source







ORLANDO, Fla. — March 11, 2024 — Monday, at the HIMSS 2024 Global Health Conference, a new consortium of healthcare leaders announced the creation of the Trustworthy & Responsible Al Network (TRAIN), which aims to operationalize responsible AI principles to improve the quality, safety and trustworthiness of AI in health. Members of the network include AdventHealth, Advocate Health, Boston Children's Hospital, Cleveland Clinic, Duke Health, Johns Hopkins Medicine, Mass General Brigham, MedStar Health, Mercy, Mount Sinai Health System, Northwestern Medicine, Providence, Sharp HealthCare, University of Texas Southwestern Medical Center, University of Wisconsin School of Medicine and Public Health, Vanderbilt University Medical Center, and Microsoft as the technology enabling partner. Additionally, the network is collaborating with OCHIN, which serves a national network of community health organizations with solutions, expertise, clinical insights and tailored technologies, and TruBridge, a partner and conduit to community healthcare, to help ensure that every organization, regardless of resources, has access to TRAIN's benefits.

Europe TRAIN: Launched on June 16, 2024

Trustworthy and Responsible Al Network expands to help European healthcare organizations enhance the quality, safety and trustworthiness of AI in health

June 16, 2024 | Microsoft Source









GOAL: Efficiently* Operationalize RAI



Apply RAI Technologies



Collaborate with Health Systems



Test/Monitor with Technology Partner Support

Four Key Questions

REGISTRATION Can you identif

Can you identify all the AI you have running in your organization today?

02 |

LOCAL TESTING

Are you testing the AI on your local data sets, both pre- and post-deployment?

03

BIAS ASSESSMENT

Are you assessing for bias in the AI, and what measures are you applying to mitigate the bias?

04

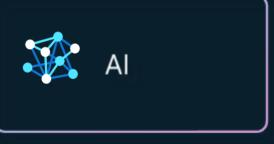
GOVERNANCE

Do you have a scalable governance process in place?

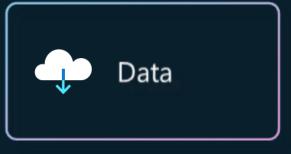
Diving into RAI Safety Systems



- Confidential Sharing
- Human in the loop
- Monitoring clinical workflows



- Explainability, provenance
- Monitoring
- Feedback



- Bias, stereotyping
- Outside of cohort training data
- Privacy
- Security

- Response Cues & Alerts
- Content Safety Rules
- Clinical Relevance assertion
- Self Verification
- Coding/Guideline following
- Specialized summarization
- Explainability/Provenance
- Real-Time monitoring

Need for Standardized Implementations

FOCUS ON QUALITY

By Jane Metzger, Emily Welebob, David W. Bates, Stuart Lipsitz, and David C. Classen

Mixed Results In The Safety Performance Of Computerized Physician Order Entry

NO. 4 (2010): 655-663 © 2010 Project HOPE— The People-to-People Health Foundation, Inc.

HEALTH AFFAIRS 29.

DOI: 10.1377/hlthaff.2010.0160

ABSTRACT Computerized physician order entry is a required feature for hospitals seeking to demonstrate meaningful use of electronic medical record systems and qualify for federal financial incentives. A national sample of sixty-two hospitals voluntarily used a simulation tool designed to assess how well safety decision support worked when applied to medication orders in computerized order entry. The simulation detected only 53 percent of the medication orders that would have resulted in fatalities and 10–82 percent of the test orders that would have caused serious adverse drug events. It is important to ascertain whether actual implementations of computerized physician order entry are achieving goals such as improved patient safety.

any people have suggested that electronic health records represent essential infrastructure for the provision of safe health care in the United States. For several years, the Institute of Medicine, the Leapfrog Group, the National Quality

In this application of clinical decision support, physicians are made aware of potential safety issues that can result—for example, when ampicillin is given to a patient with a known allergy to penicillin, or the dose being ordered for a pediatric patient is much higher than the therapeutic range for a child of this age and weight. Prescrib-

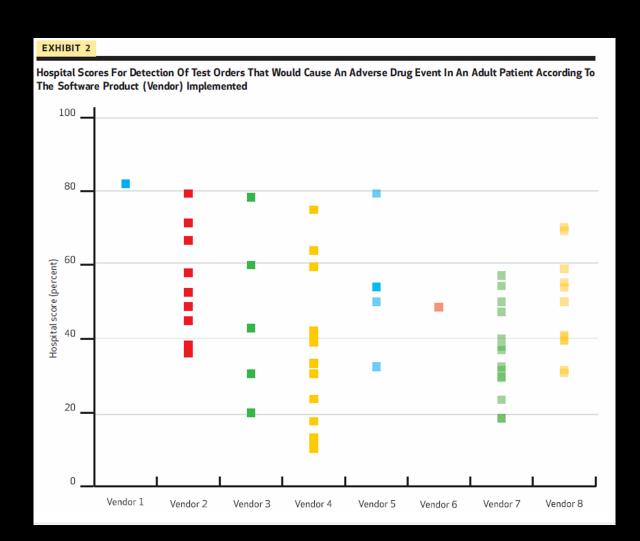
Jane Metzger (jmetzger2@ csc.com) is a principal researcher at CSC Healthcare in Waltham, Massachusetts.

Emily Welebob is an independent consultant in Indianapolis, Indiana.

David W. Bates is division chief for general internal medicine at Brigham and Women's Hospital in Boston, Massachusetts.

Stuart Lipsitz is a researcher at Brigham and Women's Hospital.

David C. Classen is an associate professor of medicine at the University of Utah in Salt Lake City, and is also with CSC Healthcare.



Standardized Implementations

- Who receives the output from the AI?
- When do they receive it?
- How do they receive it?
- What happens next?



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Multimodal data offers a stronger window

into human biology and disease



Genomics



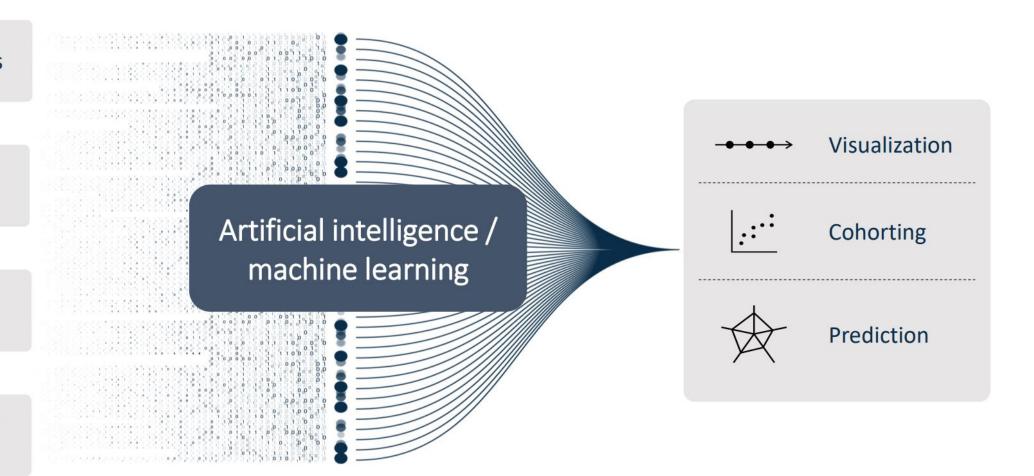
Imaging



Clinical data



Biological data



Adapted (Multimodal) Al Models

General Reasoner	Query	Ask question, perform task, generate reports				
Adaptors (fine tuned)	Connect/ Analyze	Detect disease across modalities				
Embedding Model (out of the box)	Sort/ Organize	Find similar images, post Al deployment data monitoring	MAM	XRAY	PATH	Lionem igraem dolly sit arrest, connects adopticing ells. Mauris eget currie - France errors tellus utate eget supier



Are there any signs of early-stage breast cancer or abnormalities

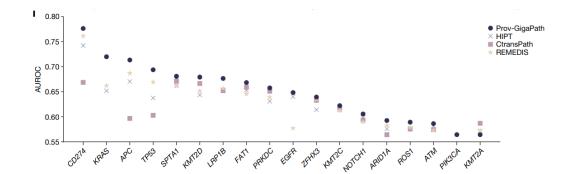


Prov-GigaPath

- Whole-slide pathology foundation model
- Pretrained on 1.3 billion 256 × 256
 pathology image tiles in 171,189 whole
 slides from Providence (28 cancer
 centres, >30,000 patients covering 31
 major tissue types)

RESULTS

- Superior Gene Mutation Prediction
- Superior Cancer Subtyping



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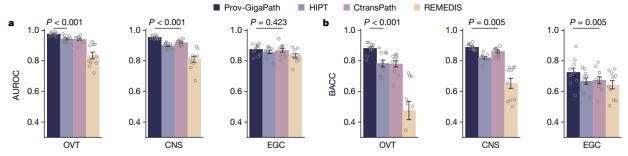
Article Open access | Published: 22 May 2024

A whole-slide foundation model for digital pathology from real-world data

Hanwen Xu, Naoto Usuyama, Jaspreet Bagga, Sheng Zhang, Rajesh Rao, Tristan Naumann, Cliff Wong,
Zelalem Gero, Javier González, Yu Gu, Yanbo Xu, Mu Wei, Wenhui Wang, Shuming Ma, Furu Wei, Jianwei
Yang, Chunyuan Li, Jianfeng Gao, Jaylen Rosemon, Tucker Bower, Soohee Lee, Roshanthi Weerasinghe, Bill

J. Wright, Ari Robicsek, ... Hoifung Poon → Show authors

Nature **630**, 181–188 (2024) Cite this article



Rural Hospitals: Cloud, Cyber, Al Initiatives



Source

Our Company V

Innovation

Digital Transformation

Diversity & Inclusion

Microsoft to help rural hospitals defend against rising cybersecurity attacks

June 10, 2024 | Microsoft Source







New program will address exponential growth in attacks threatening access to care for Americans and bring enterprise-quality cybersecurity to the most vulnerable rural hospitals

REDMOND, Wash. — **June 10, 2024** — On Monday, Microsoft Corp. announced a new cybersecurity program to support hospitals serving more than 60 million people living in rural America. In 2023, the health care sector reported <u>more ransomware attacks than any other critical infrastructure sector</u>, and attacks involving <u>ransomware against the healthcare sector were up nearly 130%</u>. Cybersecurity attacks disrupt health care operations across the country and pose a direct threat to patient care and essential operations of hospitals. In rural communities these attacks can be devastating, particularly to smaller, independent Critical Access and Rural Emergency hospitals with limited means to prevent and remediate security risks and often the only healthcare option for many miles in the communities they serve.

According to the <u>National Rural Health Association</u>, rural health clinics are one of the top targets for cyberattacks. The new Microsoft Cybersecurity Program for Rural Hospitals is designed to support the unique cybersecurity needs of these organizations and will deliver free and low-cost technology services for these hospitals, along with free training and support.

Rural Health AI Lab (RHAIL) Progress

RHAIL MVP #1: 835 Copilot



 Denied Insurance Claims cost healthcare providers \$20B annually, and the average small hospital spends \$330K annually to investigate and resolve



- The "835 Copilot" uses claims data, institutional knowledge and payer logic to surface recommendations to rectify a denied claim
- · Deployed at 4 early adopter sites; 6 in flight

GTM

- Plan to make available on GitHub in Q3 FY '25
- Scale through key Market Partners by end of FY
- Ongoing measurement of impact KPIs

Impact

- · Increased revenue for hospitals
- Claims specialist throughput and accuracy
- Storytelling re: hospital and payor efficiency

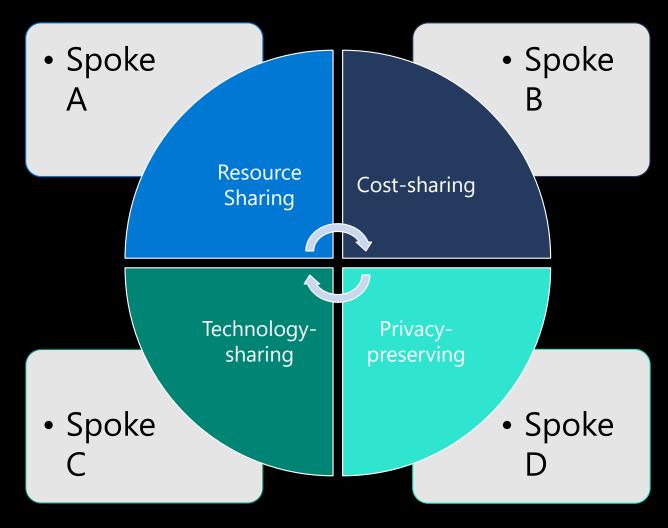
Rural Health Tech Highlights

- 511 rural hospitals registered for the Cybersecurity Program YTD.
 - 273 assessments completed
 - 48% of all eligible hospitals have accessed our nonprofit product offering (discounted licenses)
- OneMicrosoft effort collaboration w/ HLS, SGA, and TechSpark to promote program
- 11 Depth Engagements (MS-funded remediations)
 in flight; first case study in development
- Skilling interest outpacing anticipated demand
- **Two** story telling videos completed
- Two Rural Health AI Lab ("RHAIL") projects in flight

KPI	FY Target	YTD Target	YTD Status
MS Program Registrations	800 36% of RHs	560	511
Cybersecurity Assessments Completed	600 30% of RHs	300	273
Rural Hospitals Purchasing Products through Nonprofit Pricing	365 50% of eligible RHs	183	233
Rural Hospitals Purchasing M365 E5 Security Offer	150 15% of RHs in a system	75	TBD – Program Team Partner Outreach Underway
Rural Hospitals who have "Taken Action" to become more secure*	720 33% of RHs	360	408
Skilling Sessions	1000 50% of RHs	665	719
Completed Storytelling	4	1	2
Rural Hospitals Using RHAIL 835 CoPilot (Insurance Denial Mgmt Tool)	10	5	4

^{*} Unique hospitals

Health System Equity "Hub & Spoke Model"



Confidential Compute

A hardware root-of-trust, customer verifiable with remote attestation, and memory encryption

EXISTING ENCRYPTION



Data at rest

Encrypt inactive data when stored in blob storage, database, etc.



Data in transit

Encrypt data that is flowing between untrusted public or private networks

CONFIDENTIAL COMPUTING



Data in use

Protect/encrypt data that is in use, while in RAM, and during computation

Value Proposition







Protects Data & Model IP





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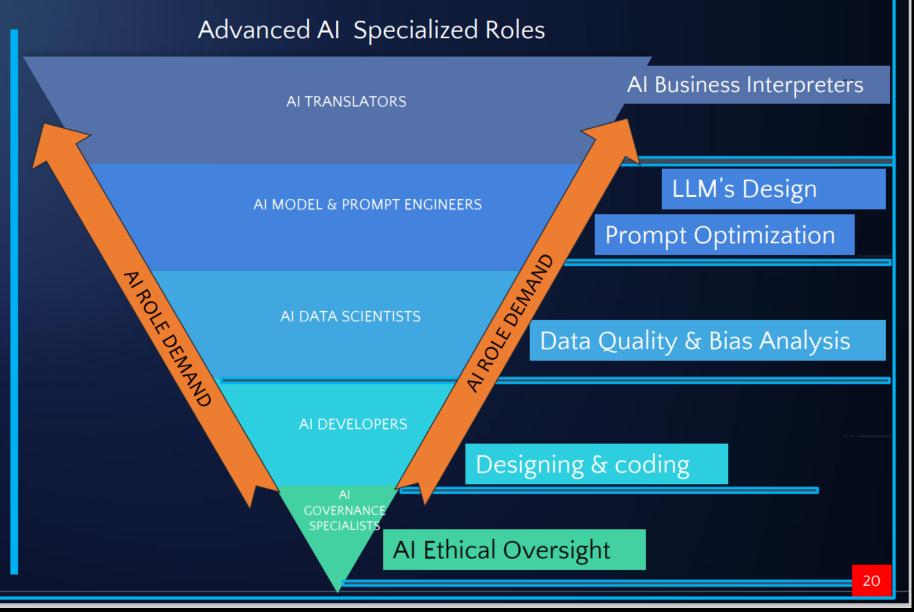
Al Empowered Workforce

WØRLD ECONOMIC

From Traditional to AI-Driven: Changing Career Landscapes

Jobs with the highest potential for automation

Occupations	Exposure
Credit Authorizers, Checkers and Clerks	88%
Management Analysts	76%
Telemarketers	87%
Statistical Assistants	74%
Tellers	93%
Forensic Science Technicians	60%
Receptionists and Information Clerks	69%
Brokerage Clerks	74%
Production, Planning and Expediting Clerks	72%
File Clerks	63%
Word Processors and Typists	63%
Bookkeeping, Accounting and Auditing Clerks	78%
Legal Secretaries and Administrative Assistants	77%
Loan Interviewers and Clerks	80%
Bill and Account Collectors	63%



Al Adoption Framework

This framework has been used to help early-adopter institutions make progress on Al. The program framework for your institution may vary – what's important is to have a multi-faceted approach.

Inspire

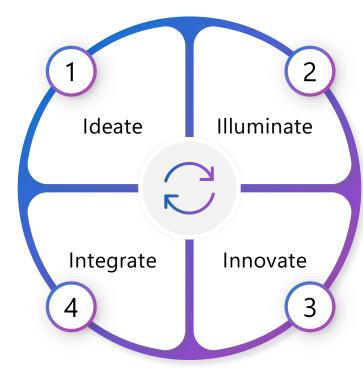
Nurturing innovative minds and groundbreaking ideas.

Collaborating with universities to establish a robust AI ecosystem.

Scale and Release

Creating a more informed, efficient, and innovative society.

Leveraging Microsoft's cuttingedge technology and expertise.



Prompt-a-thon

Fostering creativity and development in the realm of AI.

Integrating advanced technology into educational programs.

LEARNING

Hack-a-thon

Building a future where technology and education merge seamlessly.

Enabling safe and effective Al interaction for students and faculty.

DOING



Thank You!

