



Enhancing the Use of Tools for ADRD Detection, Diagnosis, and Monitoring

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Two factors that will be very important in technology diffusion

- Interaction between technology and clinicians (substitute or complement)
 - Easier for standard blood test / imaging.
 - Harder in the case of AI
- The economics
 - Don't fight the monetary incentives. You will lose.

Interaction between people and technology

- If docs have to be specialized to use the technology, it will not diffuse widely.
- If using the technology is a hassle, docs will use it less.

Too much or too little?

MRI imaging of lower back

Physicians calling patients
to check on adherence

Colonoscopy

PSA test

Too much or too little?

Too little

Too much

MRI imaging of lower back

Physicians calling patients
to check on adherence

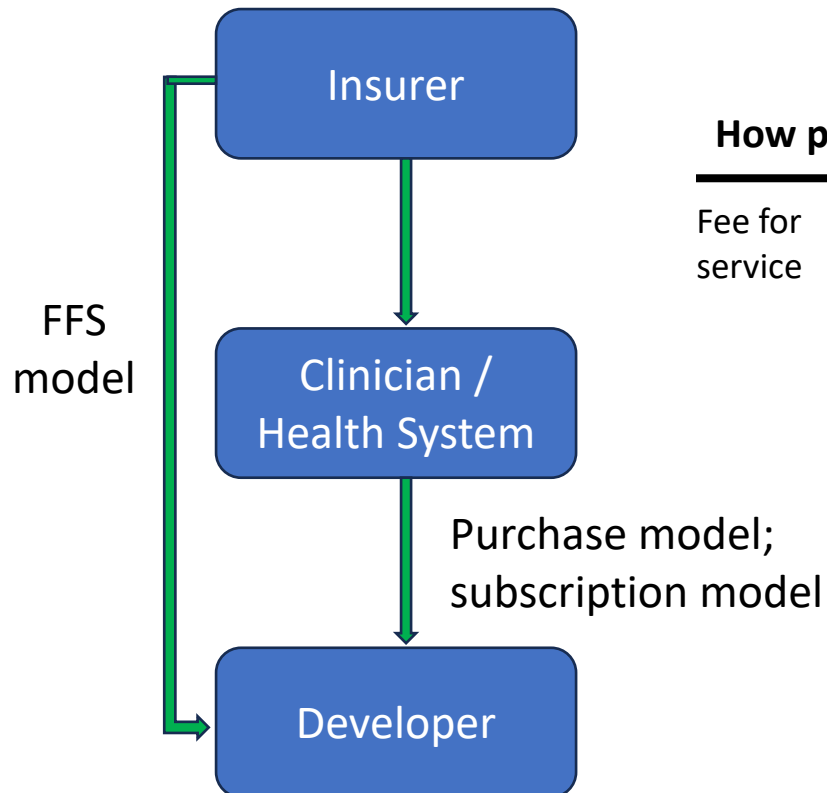
Colonoscopy

PSA test

Low reimbursement for physician
or high price for patients

High reimbursement for physician
and low price for patients

Payment is critical and complex



How price varies with utilization

Fee for
service

Bundled
payment

Some Observations

1. If reimbursing docs who pay for the technology, try to pay the same way that docs pay for the services.
2. If there is harm from overuse (e.g., need for subsequent testing), be very wary of overpayment.
3. Patient copays really matter.

AI clinical considerations

- For technical*, legal**, and economic reasons***, AI is likely to complement clinicians rather than substitute for them.
 - How to combine people and machines is a big unknown.
 - It's easy to screw it up (e.g., EMRs)

- * Clinicians often have more information than is encoded in images
- ** Malpractice concerns
- *** Docs are paid to do stuff. They won't give up doing stuff easily.

