Practical AI for the GI Clinic

Streamlining Care and Improving Efficiency

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Disclaimer

- Views expressed are my own
- No financial relationships with vendors mentioned
- AI tool examples discussed are for educational purposes, not endorsements

Objectives

By the end of this session, participants will be able to:

1. Identify entry-level AI tools
2. Describe advanced applications in gastroenterology
3. Recognize implementation strategies
4. Discuss risk & resources considerations

The Current Problems in GI Practice

Documentation Burden

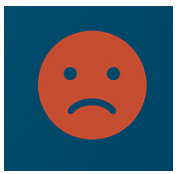
2 hrs in the EHR for **every 1 hr** of care

Prior Authorizations & Denials

90% delayed care; **>80% patients abandon**

Quality Reporting Requirements

ADR, SSLDR, & metrics required, but **manual & error-prone**



Clinician Burnout

Clerical work consumes **≥⅓ of physician time**; strongly linked to burnout

AI in Practice: Lessons We Can Apply

Speeds up routine tasks

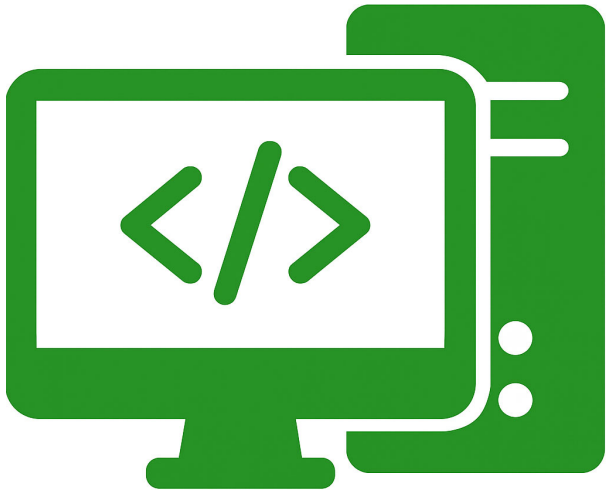
Improves accuracy

Turns data into insights

Frees humans to focus on higher-value work

The Roadmap: Bringing AI Into GI Care

Entry Level AI Tools



Advanced AI Applications

Integration & Strategy

Entry Level AI Tools

Ambient Scribes

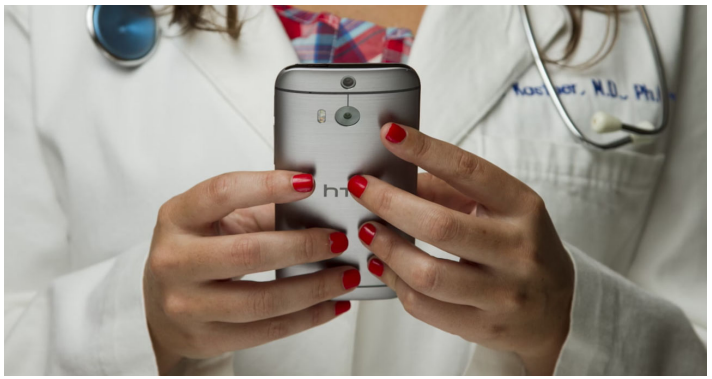
AI Assisted Messaging

Smart CME Learning

Generative Appeals

Documentation with Ambient Scribes

- **Voice-enabled tools** that draft visit notes
  - Work via *computer microphone* or *smartphone app*
- Reduce typing, keep focus on patient
- Physician reviews/edits before signing



Ambient Scribes System Types

EHR Integrated Platforms (Epic/Cerner)

Examples:

Microsoft Dragon Copilot

ABRIDGE

Pros: Seamless workflow

Cons: Higher cost, IT-dependent

Standalone Platforms (Web-Based)

Example:

Freed

Pros: Flexible, browser-based

Cons: Manual copy/paste, less seamless

AdventHealth & Dragon Copilot

Workflow

Smartphone recorder → drafts in Epic in real time→ physician review/sign

Microsoft Dragon Copilot

Implementation

- Stepwise rollout
- Pilots in high-documentation specialties
- Ongoing clinician feedback loops
- Champion physicians

Use At Scale

- Over **2,000 clinicians** live on Microsoft Dragon Copilot since 2024
- Deployed across multiple specialties, including Gastroenterology

Outcomes Reported

86% physician burnout

80% patient experience

75% less likely to leave clinical practice

(Sources: Becker's Hospital Review, CIO.com)

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Generative CME Learning & Research

Commercial Generative AI

Used by millions of users worldwide for drafting, brainstorming, and productivity.

Risk in Medicine:

Not HIPAA-compliant, prone to errors → **unsafe for direct clinical use.**

Medical-Specific AI Platforms

OpenEvidence®

- Pulls from trusted journals (NEJM, JAMA)
- Generates evidence-linked answers
- **CME/MOC credit**

Consensus

- Summarizes **peer-reviewed research articles** for education and research
- Tracks new therapies and trial

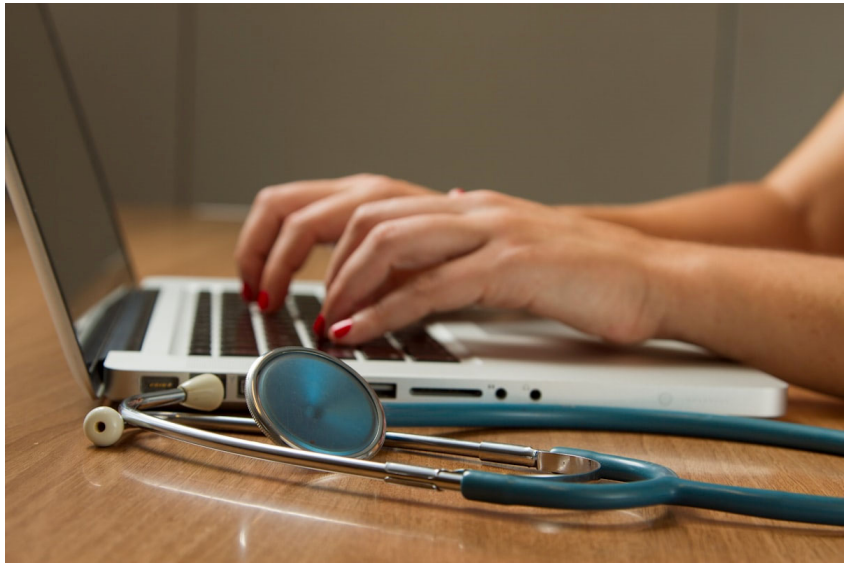
Generative AI for Prior Auth & Appeals

The Challenge:

- 90% of physicians report care delays
- 80% see patients abandon care

How AI Helps:

- Drafts appeal letters
- Supported by guideline-based citation
- Speeds turnaround
- Reduces clerical burden



Platforms:

OpenEvidence

doximity

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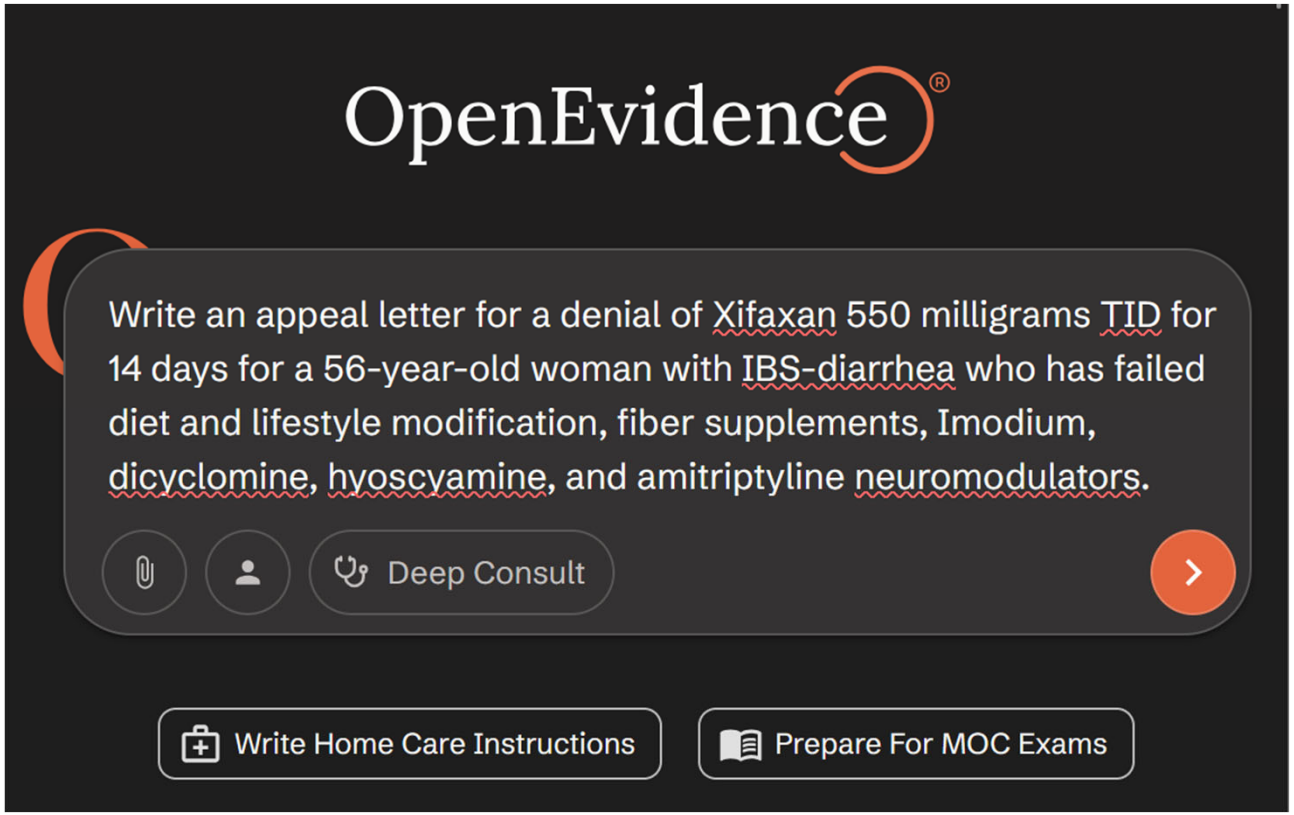
Generative Appeals: Step 1 — The Query



Be specific:

- Drug & Dose
- Indication
- Denial reason
- Prior treatments

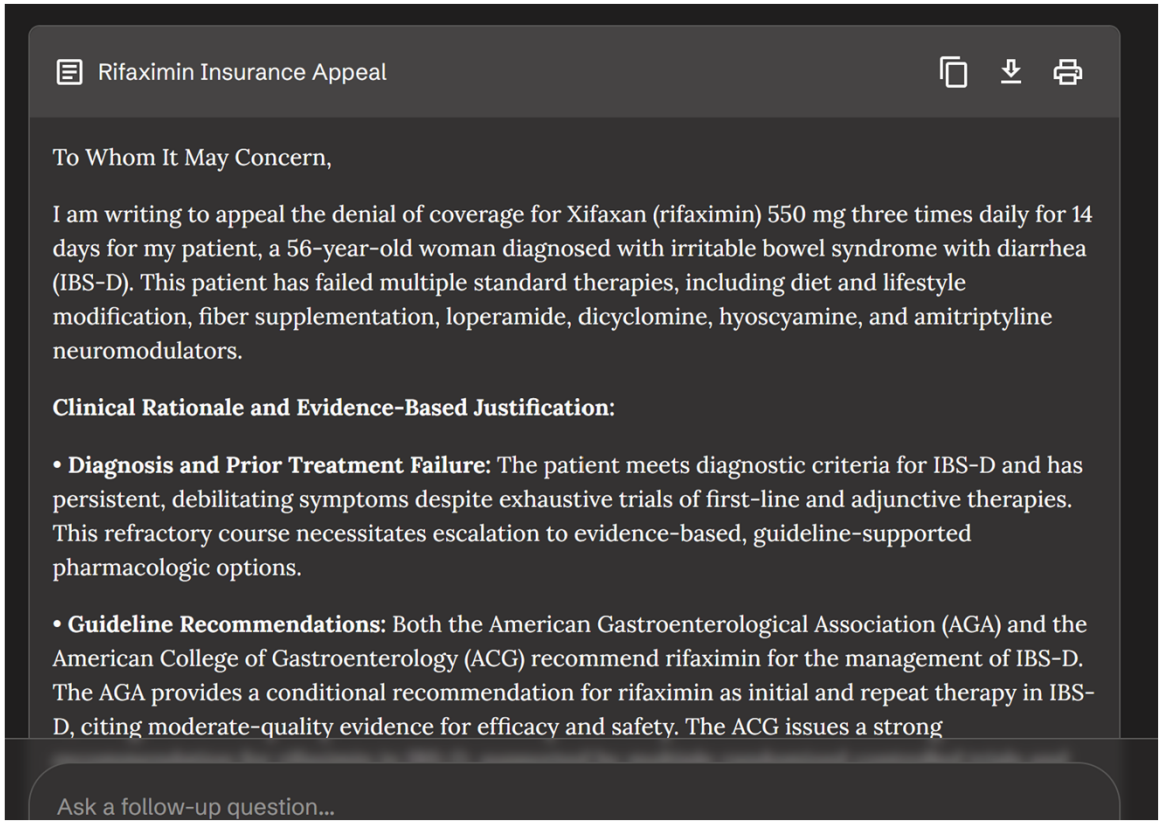
Privacy Tip:

- Avoid patient HPI
- Check HIPAA compliance

Applies to:

- *Procedures*
- *Medical Support Letters*
- *Work/school accommodations*

Generative Appeals: Step 2 - Using EHR



Don't retype HPI

Auto-populate from chart!

SmartPhrase Templates:

Header: patient HPI (auto-filled)

Body: AI-generated appeal letter (evidence + citations)

Footer: signature + institutional letterhead

Result → Standardized, efficient, physician-reviewed appeal letter

AI Assisted Messaging

Usually built into larger platforms (EHRs, AI apps)

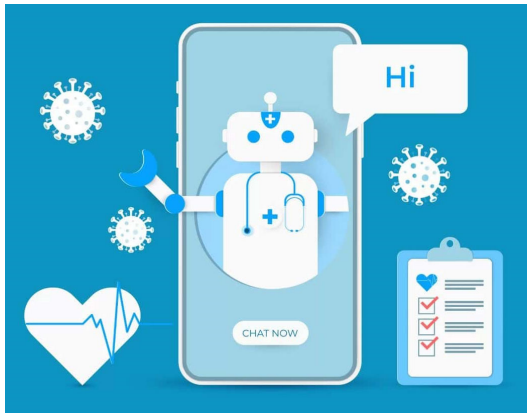
- **Best use:** targeted portal messaging
- **Benefits:** saves staff time, standardizes responses, improves patient access

Options:

- **Epic ART** → EHR-native drafts portal responses w/ chart context
- **Doximity / OpenEvidence** → generate patient-friendly replies for copy/paste

AdventHealth & NavGI 360 chatbot → colonoscopy prep

- Call line with automated responses built from a curated FAQ
- Reduced call volume, fewer last-minute cancellations



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Tips on Choice and Use of Chatbots

Vetting Products

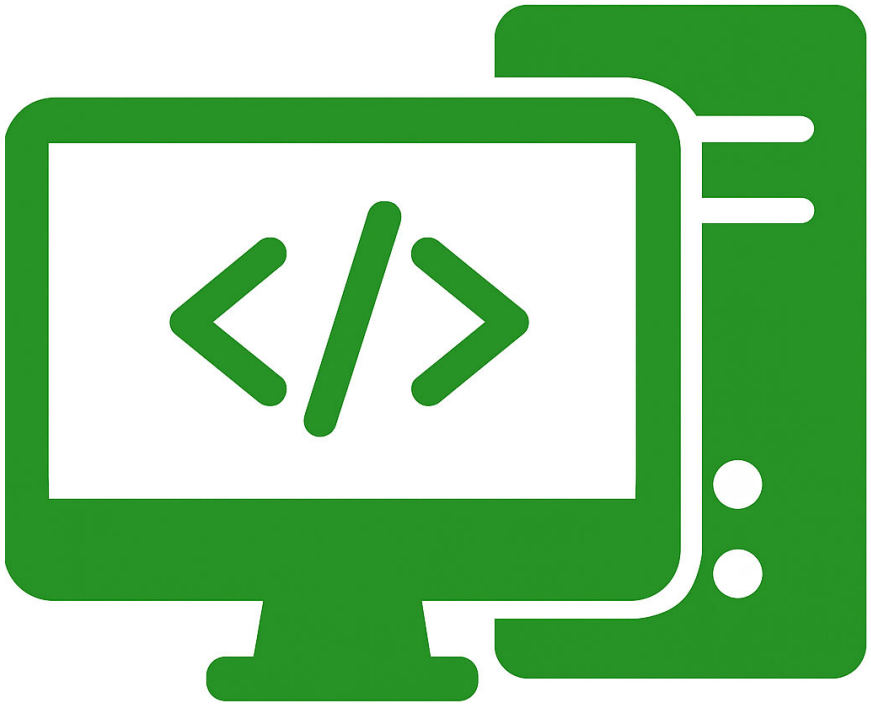
- **BAA signed (HIPAA)** — no PHI without it
- Verify vendor **security & accuracy**
- Choose **task-specific** tools (e.g., prep FAQs)

Risk Mitigation

- **Clinician-curated FAQ** (built with clinical direction)
- **Human fallback** always available
- **Pilot first**, then scale

Integration & Monitoring

- **Embed** in existing workflows
- **Track** usage & unanswered questions
- **Collect** patient feedback
- **Regular clinical review**



Advanced AI Applications

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NLP for Quality Metrics

Challenge

Linking endoscopy + pathology is **manual & error-prone**

Impact → *Metrics incomplete*

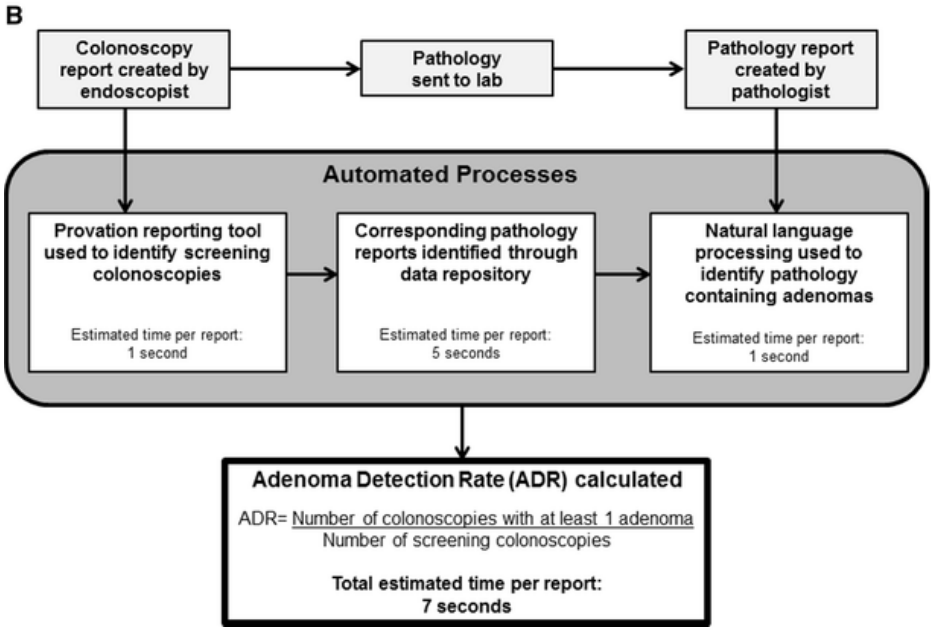
ADR, SSLDR, cecal intubation, withdrawal time, and prep quality

Proof of Concept:

NLP validated for automated quality extraction

Opportunity:

Automates **4 min** → **7 sec** per chart



Nayor, Jennifer, et al. "Natural language processing accurately calculates adenoma and sessile serrated polyp detection rates." Digestive diseases and sciences 63.7 (2018): 1794-1800.

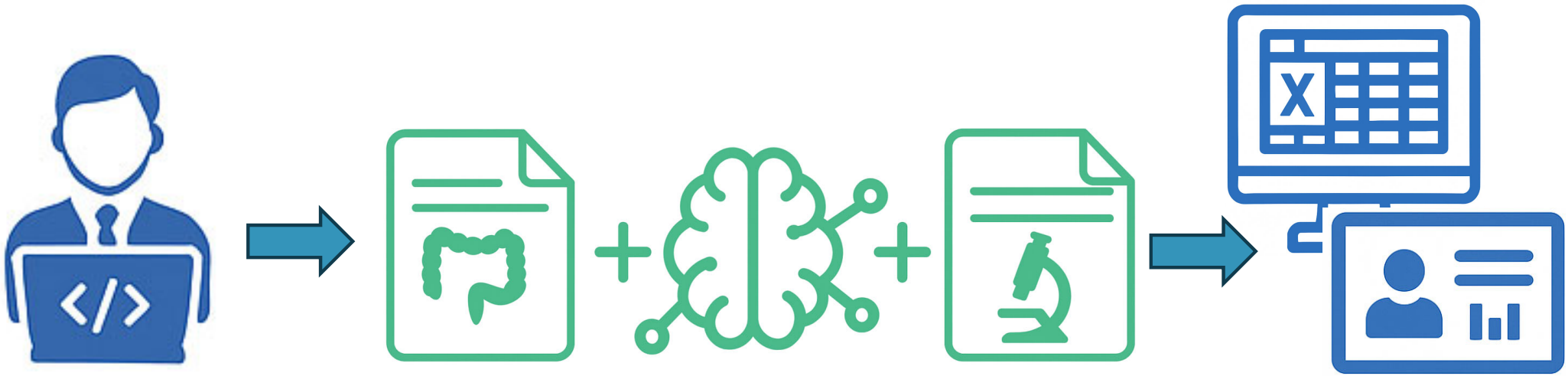
NLP Solution for ADR and SSLDR

What We Did

- Partnered with **coder** (NLP expertise)
- Built NLP tool **to link endoscopy + pathology**
- **Automated data collection and linkage**

Outputs

- **Division-wide metrics** (ADR, SSLDR, cecal intubation, withdrawal times, bowel prep quality)
- Individual **physician report cards**



NLP Impact: Driving Quality & Value

Impact

- Automated, accurate, scalable quality reporting
- Physician-level report cards → accountability
- Identifies division-wide gaps (e.g., prep quality)

Value for Key Stakeholders

- Leadership: real-time dashboards
- Payors: demonstrable metrics for contracts
- Patients: transparency & reassurance

Lessons Learned

- Feasible with right partnerships
- Strong ROI when tied to quality improvement
- Builds foundation for future AI projects

Integration & Strategy

How Do We Integrate AI Into Practice?

Integration varies by **practice setting** based on each's unique challenges & opportunities.

Private Practices

Lean resources, need flexible solutions

Regional / Multi-site Practices

Multiple sites, standardize & coordinate

Large Health Systems

Complex oversight, align with IT and compliance

The Three C's of AI Leadership

Champions - Cornerstone of AI success

- Clinicians who identify opportunities, test solutions, and advocate for adoption
- *Necessary for success in every organization (single site practice to large health systems)*

Committees - Structured Collaboration

- *Small specialty departmental group or Multi site practices*
- Bring together champions, IT, operations, and legal for vetting and governance

Councils - Enterprise-level Coordination

- *Health Systems with multiple divisions and campuses*
- Align AI strategy across service lines, ensure compliance, & prevent "reinventing the wheel"

How Do We Build Champions?

Identify

- Early adopters
- Problem-solvers
- Informatics-minded clinicians

Support

Executive Education

- Harvard
- MIT
- Hopkins

Professional Societies

- ASGE - AI in GI Scholars
- AGA Committee for GI Innovation & Technology

Conferences

- ASGE Annual Global GI & AI Summit (September)
- AI-Med (November)
- Other Regional AI in GI conferences

Promote

- Protected time & recognition
- Visibility in leadership forums
- Cross-department opportunities

Outcome: Champions fuel a **culture of innovation**

Anticipating and Mitigating AI Risks

Risk	Example	Mitigation
Errors & hallucinations	*AI scribe invents diagnoses*	Human review before signing
Security & HIPAA	*Free AI tool w/o BAA may expose PHI (aka Shadow AI)*	Vendor vetting & BAA approval (use only system-approved tools)
Workflow disruption	*Extra clicks/log-ins slow clinic*	Pilot first, refine workflows

Committees & Councils: Scaling AI in Practice

Committees

- Specialty or departmental level
- Align projects, share lessons learned, promote consistency

Example: Endoscopy Innovation Committee piloting AI polyp detection tools before rollout

Councils

- Enterprise-level oversight
- Prevent redundancy, ensure compliance
- Scale successful projects system-wide

Example: Clinical AI Advisory Board

AdventHealth Clinical AI Advisory Board

- Meets quarterly
  - Clinicians, researchers, IT, and operations leaders
- Updates
  - AI research, Epic AI roadmap, enterprise strategy
- Critical feedback
- Use-case evaluation
- Scale solutions across system

Keys to Scaling AI Successfully

- Start small, scale smart
- Empower champions
- Build structures to fit your practice
- Anticipate risk, plan oversight
- Leverage shared solutions

Path Forward with AI

AI in GI is **practical & here now** — scribes, appeals, NLP quality metrics

Clinicians must lead adoption, oversight, and innovation

Empower **champions**, start small, scale with strategy

Focus tools to **reduce burden, improve care, & demonstrate value**

AI in GI is *not about replacing* physicians. It's about **empowering us** to deliver better, more efficient, and patient-centered care.

Thank you

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Question 1

Three departments are negotiating separately with different scribe vendors, creating duplication and uneven safeguards.

Which action by an enterprise council adds the greatest value?

A. Let each department proceed to encourage competition

B. Publish a list of “banned” products without review

C. Centralize review for compliance/BAA, standardize evaluation metrics, and scale the best option system-wide

D. Defer all decisions to the vendor’s marketing team

Question 2

A clinician needs to answer portal messages efficiently and wants to explore generative AI tools to save time.

What is the primary advantage of using an EHR-integrated generative AI tool instead of a standalone web chatbot?

A. Auto-sends replies without clinician review

B. Guarantees 100% accuracy

C. Keeps PHI within a BAA-covered environment & pulls chart context to reduce copy-paste errors

D. Allows use of any external data source without restrictions