

## AI @ Health care

Dr. Nicolaus Henke

Halden, May 3<sup>rd</sup> 202



### What to take away from this talk?

1. Too much hype, but also real potential

2. Healthcare is a good target for Al products, but not a good enterprise Al player

3. Healthcare has some regulatory practices useful for AI products

4. Risks are significant

5. Real players must invest helping regulation else what they build might not be viable

## AI @ Healthcare

#### 1. Al Potential

2. Healthcare Challenges

3. Al hype and concerns in healthcare

4. Examples of progress

5. LLMs in Healthcare as per May 3<sup>rd</sup>,
2023

Nicolaus: Hey GPT-4, what did the McKinsey report on the global potential of AI say?

GPT-4: The McKinsey Global Institute (MGI) report "Artificial intelligence: the next digital frontier?" (2017), identified the biggest opportunities for AI across different sectors. According to the report, the biggest opportunities for AI are:

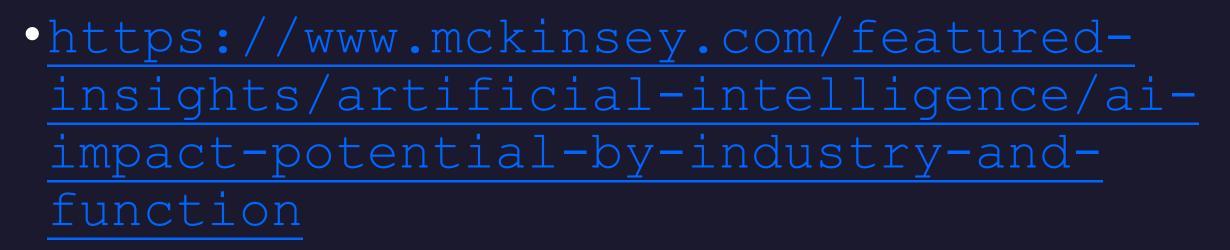
- 1. Improving healthcare outcomes: AI has the potential to improve healthcare outcomes by enabling more accurate diagnoses, personalized treatments, and better disease prevention. The report estimates that AI could create \$200 billion in annual value for the healthcare industry by 2026.
- 2.Enhancing retail operations: AI can improve retail operations by optimizing pricing, inventory management, and customer experience. The report estimates that AI could create \$250 billion in annual value for the retail industry by 2026.
- 3.Streamlining supply chains: AI can optimize supply chain operations by predicting demand, improving inventory management, and enhancing logistics. The report estimates that AI could create \$1.3 trillion in annual value for the supply chain and logistics industry by 2030.
- 4. Improving financial services: AI can improve financial services by enhancing fraud detection, risk management, and customer experience. The report estimates that AI could create \$250 billion in annual value for the financial services industry by 2026.
- 5.Enhancing industrial manufacturing: AI can optimize manufacturing processes, improve product quality, and reduce downtime. The report estimates that AI could create \$3.7 trillion in annual value for the manufacturing industry by 2025.

Human score: 4/10 Covers headlines ok, misses the research question (lift of DL over ML by use case/industry function)

Nicolaus: Thanks, can you also share the link to the tool they published where people can look up the details?

GPT-4: McKinsey Global Institute (MGI) report "Artificial intelligence: the next digital frontier?" (2017), co-authored by Nicolaus Henke and others, included an interactive tool called the "AI Impact Potential Simulator." This tool allows users to estimate the potential economic impact of AI on their industry, region, and functional area based on MGI's research.

• The tool is available on the McKinsey website at the following link:



• To use the tool, simply select your industry, region, and functional area, and the tool will provide an estimate of the potential impact of AI on your industry in terms of revenue and cost savings by 2030. The tool also provides a breakdown of the key AI use cases and applications for your industry

Human score: 8/10 Answers the questions without having to read ads

#### 1. AI Potential

2. Healthcare Challenges

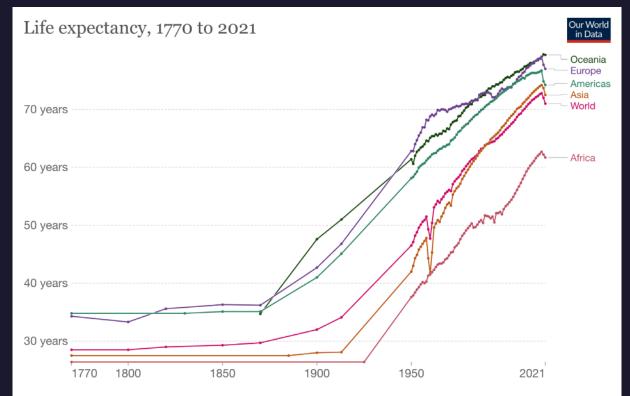
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#### Healthcare Success



Source: UN WPP (2022); Zijdeman et al. (2015); Riley (2005) OurWorldInData.org/life-expectancy • CC BY Note: Shown is the 'period life expectancy'. This is the average number of years a newborn would live if age-specific mortality rates in the current year were to stay the same throughout its life.

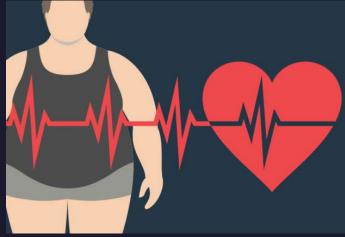
### Healthcare Challenge (1/2)

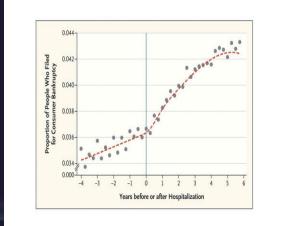


Half OECD-historic rate: GDP + 1.0						OECD-historic rate: GDP + 2.0					
OECD	2005	2030	2050	2080	2100	OECD	2005	2030	2050	2080	2100
USA	15.3%	19.5%	23.7%	31.8%	38.7%	USA	15.3%	24.9%	36.7%	65.6%	96.8%
Switzerland	11.6%	14.8%	18.0%	24.1%	29.3%	Switzerland	11.6%	18.8%	27.8%	49.8%	73.4%
France	11.1%	14.2%	17.2%	23.1%	28.0%	France	11.1%	18.0%	26.6%	47.6%	70.2%
Germany	10.7%	13.7%	16.6%	22.2%	27.0%	Germany	10.7%	17.4%	25.6%	45.9%	67.7%
Belgium	10.3%	13.1%	16.0%	21.4%	26.0%	Belgium	10.3%	16.7%	24.7%	44.2%	65.2%
Austria	10.2%	13.0%	15.8%	21.2%	25.8%	Austria	10.2%	16.6%	24.4%	43.8%	64.5%
Portugal	10.2%	13.0%	15.8%	21.2%	25.8%	Portugal	10.2%	16.6%	24.4%	43.8%	64.5%
Greece	10.1%	12.9%	15.7%	21.0%	25.5%	Greece	10.1%	16.4%	24.2%	43.3%	63.9%
Canada	9.8%	12.5%	15.2%	20.4%	24.8%	Canada	9.8%	15.9%	23.5%	42.0%	62.0%
Australia	9.5%	12.1%	14.7%	19.7%	24.0%	Australia	9.5%	15.4%	22.8%	40.8%	60.1%
Iceland	9.5%	12.1%	14.7%	19.7%	24.0%	Iceland	9.5%	15.4%	22.8%	40.8%	60.1%
Netherlands	9.2%	11.7%	14.3%	19.1%	23.2%	Netherlands	9.2%	14.9%	22.0%	39.5%	58.2%
Denmark	9.1%	11.6%	14.1%	18.9%	23.0%	Denmark	9.1%	14.8%	21.8%	39.0%	57.6%
Norway	9.1%	11.6%	14.1%	18.9%	23.0%	Norway	9.1%	14.8%	21.8%	39.0%	57.6%
Sweden	9.1%	11.6%	14.1%	18.9%	23.0%	Sweden	9.1%	14.8%	21.8%	39.0%	57.6%
New Zealand	9.0%	11.5%	14.0%	18.7%	22.7%	New Zealand	9.0%	14.6%	21.6%	38.6%	56.9%
Italy	8.9%	11.4%	13.8%	18.5%	22.5%	Italy	8.9%	14.5%	21.3%	38.2%	56.3%
Luxembourg	8.3%	10.6%	12.9%	17.3%	21.0%	Luxembourg	8.3%	13.5%	19.9%	35.6%	52.5%
UK	8.3%	10.6%	12.9%	17.3%	21.0%	UK	8.3%	13.5%	19.9%	35.6%	52.5%
Spain	8.2%	10.5%	12.7%	17.0%	20.7%	Spain	8.2%	13.3%	19.6%	35.2%	51.9%
Hungary	8.1%	10.3%	12.6%	16.8%	20.5%	Hungary	8.1%	13.2%	19.4%	34.8%	51.2%
Japan	8.0%	10.2%	12.4%	16.6%	20.2%	Japan	8.0%	13.0%	19.2%	34.3%	50.6%
Turkey	7.6%	9.7%	11.8%	15.8%	19.2%	Turkey	7.6%	12.3%	18.2%	32.6%	48.1%
Finland	7.5%	9.6%	11.6%	15.6%	18.9%	Finland	7.5%	12.2%	18.0%	32.2%	47.4%
Ireland	7.5%	9.6%	11.6%	15.6%	18.9%	Ireland	7.5%	12.2%	18.0%	32.2%	47.4%
Czech Republic	7.2%	9.2%	11.2%	15.0%	18.2%	Czech Republic	7.2%	11.7%	17.3%	30.9%	45.5%
Slovak Republic	7.1%	9.1%	11.0%	14.8%	17.9%	Slovak Republic	7.1%	11.5%	17.0%	30.5%	44.9%
Mexico	6.4%	8.2%	9.9%	13.3%	16.2%	Mexico	6.4%	10.4%	15.3%	27.5%	40.5%
Poland	6.2%	7.9%	9.6%	12.9%	15.7%	Poland	6.2%	10.1%	14.9%	26.6%	39.2%
Korea	6.0%	7.7%	9.3%	12.5%	15.2%	Korea	6.0%	9.7%	14.4%	25.7%	38.0%

### Healthcare Challenges (2/2)











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#### 1. Al Potential

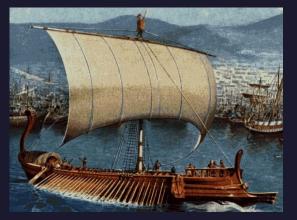
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#### ■ AI Hype – we have been here before



Homer's Autonomous Ship 700 BCE



DaVinci Automaton 1495 AD



Mechanical Turk 1770 AD



Turing et al 1950s



Cancer diagnosis automaton 2015



Typical med sim suite 2023

### nd we should step back



#### PAUSE THE SS Experiment

#### Pause Giant Al Experiments: An Open Letter

We call so all it takes to converting passes for at passi it months the being of A systems must passe fultory GPT-4



Mech EL 2019

\* 1 8 11

An opportunal with human managethiae mainlighters are prior protocold take in elements and humanity, an advance by witherware mean LM<sup>2</sup> and a subconsingled by talk A fails.<sup>12</sup> If a classe in the analysis meaning at a subconsing A introduces, A classified A count managethia protocol charge in the Network with an inform, and thermal protocol for and managethia in commensues are are an another taken taken. A ratio solution is and a subclass management is not adapted in an operation protocol taken taken taken and a subclass management is not adapted by over those power travels have taken to non- with used that out-of-subclass management is an adapted by over those power is digitar historic travels on out- with used taken to an out- of subclass main adapted as an adapted power to power the digitar historic travels on out- with used that their out- of subclass mainters of powers in which receives.



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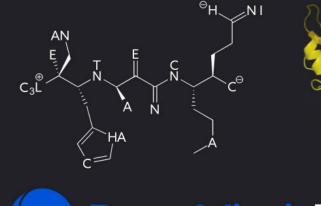
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## **Protein Folding Al**



DeepMind Breakthrough

Source: Deepmind



Source: Rockley Photonics



Source: Cherish Healthcare

Take a virtual tour of your hospital



Source: Little Journey



Source: Oxford Medical Simulation

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N: So how can LLMs help doctors and nurses to have more time for patients?

GPT-4: Large Language Models (LLMs) like GPT-4 can help doctors and nurses have more time for patients and reduce their workload in several ways. Here are some potential applications:

1. Medical documentation: (abbreviated)

2. Diagnostic support: (abbreviated

3. Treatment planning: (abbreviated

4. Medical research: (abbreviated)

5. Medical education and training: (abbreviated)

6. Mental health support: (abbreviated)

By leveraging LLMs in these various ways, doctors and nurses can reduce their administrative burden and focus on providing personalized, high-quality care to their patients. However, it is important to note that the use of LLMs in healthcare should be carefully monitored and regulated to ensure patient privacy, data security, and ethical considerations are adequately addressed.

Human score: 3/10: great headlines and warning, no idea about how hard to do

### So, what to say about AI@Healthcare?

1. Hyping about AI is a common condition some well-trained humans and chatbots share. BUT, real opportunities in healthcare are ahead: Workforce capacity building, better and easier workflows, medical error reduction, expanded access. Hopes exist on productivity, but jury is out.

2. Almost no healthcare player will be great at enterprise MLOPs any time soon. But can we build apps or products to solve it for them, often by combining ML with VR, AR, sensors, radar – plus some automated middleware integrations with the most common systems of record (eg EPIC, Cerner, Daedalus).

3. Healthcare has useful regulatory processes in place which could help to keep this safe (1) clinical guidelines, e.g. who can diagnose or treat what condition 2) prospective randomized controlled trials to test safety and efficacy for approval of new products, and 3) ongoing real world evidence tracking.

4. BUT – Healthcare regulation is slow and expensive, while AI is moving very fast. Very significant risks of misuse, misinformation, bad actors, exist, e.g. fraudulent fake medical evidence confusing doctors, payers, patients or regulators which could even kill people

5. Don't wait for AI players to teach alignment to their AI. Tech and healthcare leaders (and their investors like NBIM) have a joint self-interest to help build regulatory capacity as bad actors and fake evidence would destroy the usefulness and adoption of what they themselves are trying to build.