

# CREATING TOMORROW'S HEALTH

## *Foundational Factors Critical to Responsible AI: Ethics, Equity and Data*

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### Susan Dwyer, PhD

Associate Professor of Philosophy  
University of Maryland College Park

### Stephen J. Konya III, BAA

Senior Advisor to the Deputy National Coordinator, and  
Innovation Portfolio Lead for the Office of the National  
Coordinator for Health IT (ONC), U.S. Department of Health  
and Human Services (HHS)

### Denis Newman-Griffis, PhD

Data Scientist | National Institutes of Health Clinical Center  
Lecturer (Assistant Professor) in Data Science | University of Sheffield

### Jessica Skopac - PhD, JD, MA

Senior Principal , Chief Engineer  
Division of Healthcare Payment, Innovation, and Quality  
The MITRE Corporation



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**Session Moderator:**  
**Jessica Skopac, PhD, JD, MA**

Senior Principal Health Policy Analyst  
The MITRE Corporation

**Susan Dwyer, PhD**

Associate Professor of Philosophy  
University of Maryland College Park

**Stephen J. Konya III, BAA**

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of Health and Human Services (HHS)

**Denis Newman-Griffis, PhD**

Lecturer (Assistant Professor) in Data  
Science, University of Sheffield  
Data Scientist, National Institutes of  
Health Clinical Center

# *Conflicts of Interest*

## Susan Dwyer, PhD

- No conflicts of interest reported

## Stephen J. Konya III, BAA

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## Denis Newman-Griffis, PhD

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## Jessica Skopac - PhD, JD, MA

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# *Agenda*

- Background
- Current State of AI Regulation
- Potential Impacts of AI on Vulnerable Populations
- Data Integrity Implications for Equity
- Ethical Considerations

# *Learning Objectives*

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

- Describe factors that are foundational to the development of AI solutions, including ethics, biased data & data quality related factors
- Explain how foundational factors impact the development & effectiveness of AI solutions
- Apply knowledge about ethics, biased data & data related factors that impact real-world examples of AI
- Compare integrations of AI into clinical practice in terms of their adherence to foundational principles of ethical & effective AI

# *Current State of AI Regulation*

**Stephen J. Konya III, BAA**

Senior Advisor to the Deputy National  
Coordinator, and Innovation Portfolio  
Lead for the Office of the National  
Coordinator for Health IT (ONC)

**Predictive AI (aka Predictive Analytics):** Predictive analytics is the use of data to predict future trends & events. It uses historical data to forecast potential scenarios that can help drive strategic decisions.  
(<https://online.hbs.edu/blog/post/predictive-analytics>)

**Algorithm:** A clearly specified mathematical process for computation; a set of rules that, if followed, will give a prescribed result.  
(NIST SP 800-107 Rev. 1)

**Artificial Intelligence (AI):** a machine-based system that can, for a given set of human-defined objectives, make predictions, recommendations, or decisions influencing real or virtual environments.  
(15 U.S.C. 9401 (3))

**Machine Learning:** a set of techniques that can be used to train AI algorithms to improve performance at a task based on data.  
(EO 14110 §75195 (3)(t))

**Generative AI:** class of AI models that emulate the structure & characteristics of input data in order to generate derived synthetic content. This can include images, videos, audio, text, & other digital content.  
(EO 14110 §75193 (3)(b))

# Definitions

# *Challenges of Regulating Technology: Lessons Learned from Health IT Standards*

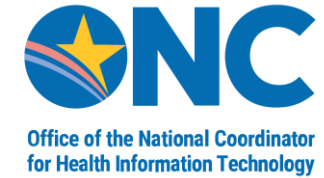
**Specific enough to  
be meaningful**



**Broad enough to  
evolve with  
technology**



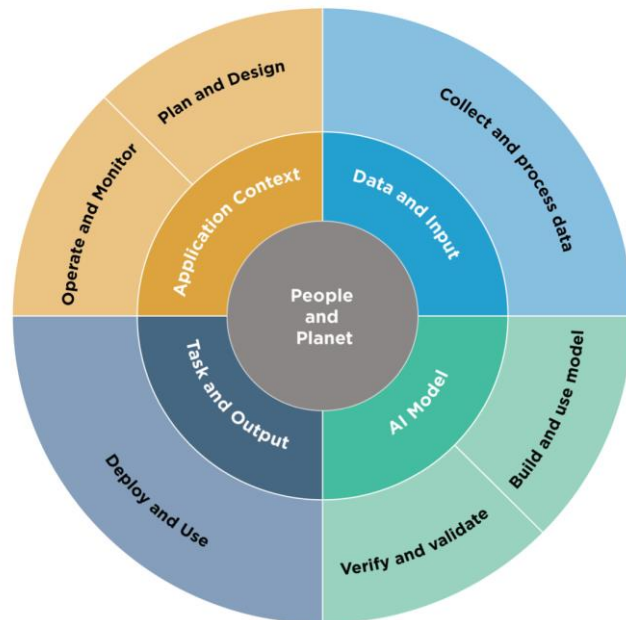
# Cross-Agency Health AI Regulatory Activities



Applicable Federal Policies		
Nondiscrimination in Health Programs & activities Proposed Rule (section 1557 of the Affordable Care Act)	CDS & Device Software Function-related Guidance Documents	ONC Health IT Certification Program (HTI-1 rulemaking)
Who Must Comply?		
Health care provider & health plan using AI to support decision-making in covered health programs & activities	Manufacturer of device software functions (e.g., AI-enabled software that meets the definition of a medical device)	Developers of certified IT that supply a predictive decision support interventions (DCI) as part of its Health IT Module
What Must Be Done?		
Not use clinical algorithms in any discriminatory ways (§ 92.210), covered entities may be held liable for decisions made in reliance on clinical algorithms	Require FDA-approval for demonstrating the device software function's safety & effectiveness	Provide transparency information about predictive DSIs to clinical customers & engage in risk management practices

# Cross-Agency Health AI Regulatory Activities continued

## National Institute of Standards & Technology AI Risk Management Framework (1/2023)



High Level AI Risk Management Activities

<https://nvlpubs.nist.gov/nistpubs/ai/NIST.AI.100-1.pdf> page 10

## CMS Medicare Advantage (MA) Rule (4/2023)

MA organizations must:

“ ensure that they are making **medical necessity determinations based on the circumstances of the specific individual...as opposed to using an algorithm** (p.235) ”

“ must comply with amended § 422.566(d)...which requires that a **denial based on a medical necessity determination must be reviewed by a physician or other appropriate health care professional** (p.235) ”

<https://federalregister.gov/d/2023-07115>

# Executive Branch AI Activities

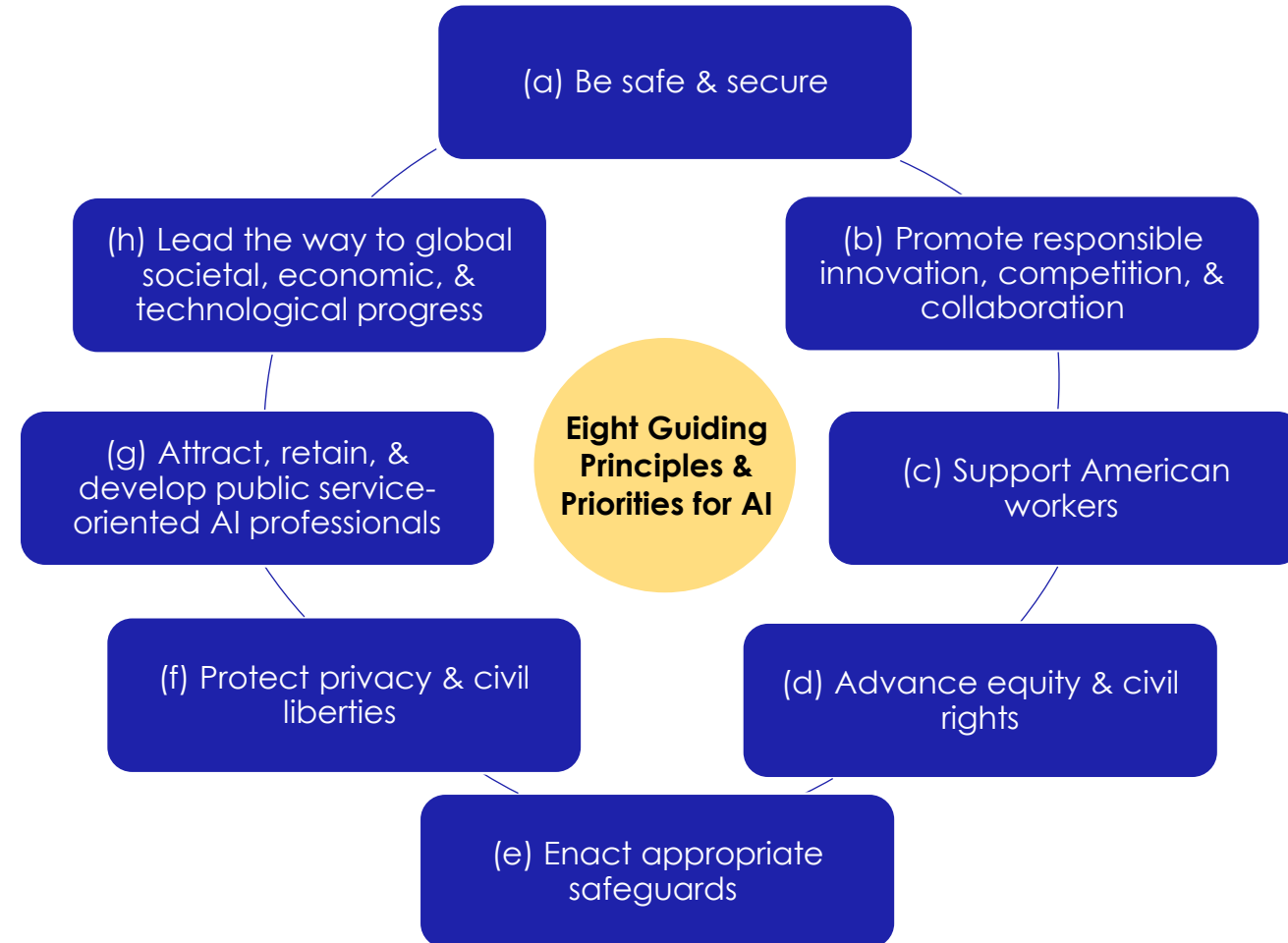
## Executive Order 13960 (12/2020)

• Agencies shall be guided by the following:

- ✓ **Lawful & Respectful of Our Nation's Values**
- ✓ **Purposeful & Performance-driven**
- ✓ **Accurate, reliable, & effective**
- ✓ **Safe, Secure, & Resilient**
- ✓ **Understandable**
- ✓ **Responsible & Traceable**
- ✓ **Regularly Monitored**
- ✓ **Transparent**
- ✓ **Accountable**

<https://www.federalregister.gov/documents/2020/12/08/2020-27065/promoting-the-use-of-trustworthy-artificial-intelligence-in-the-federal-government>

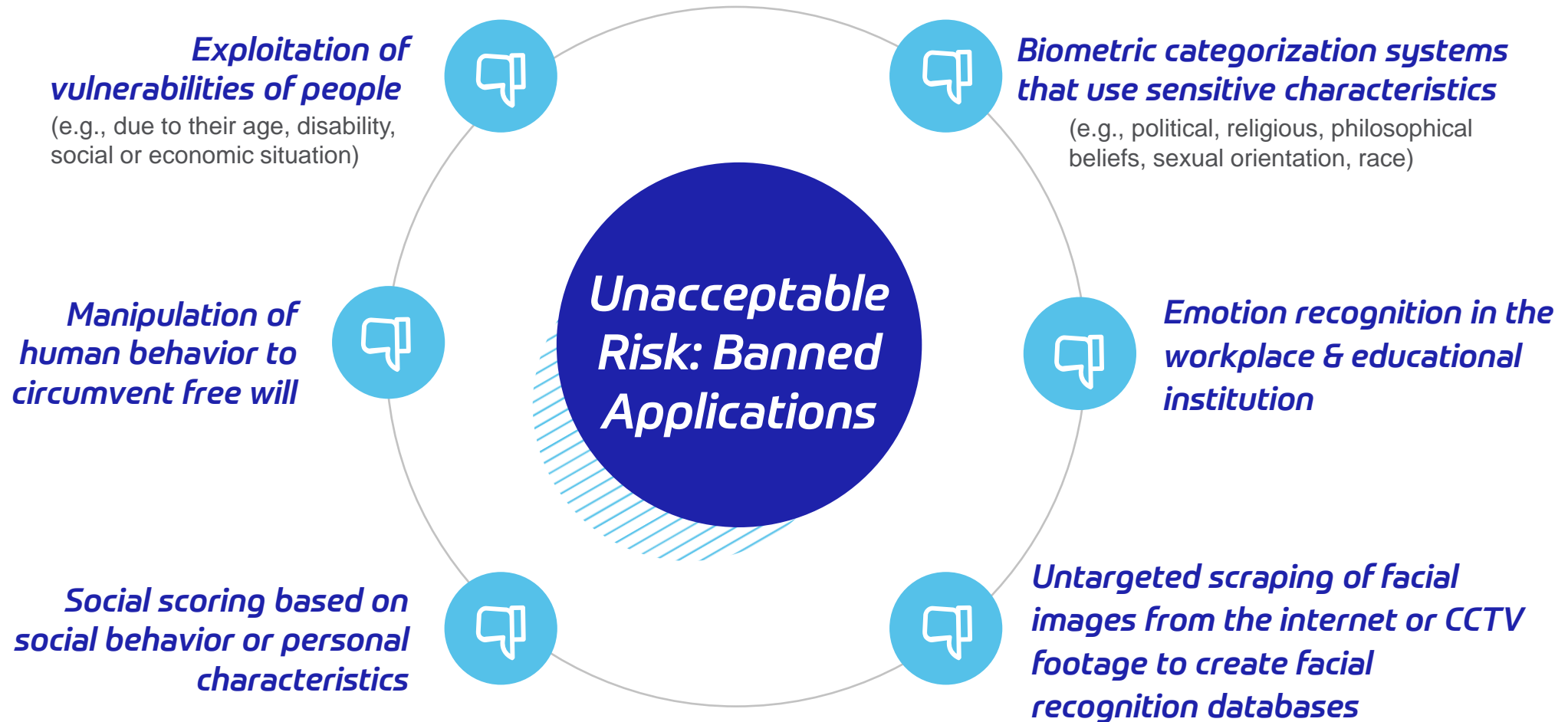
## Executive Order 14110 (10/2023)



<https://www.federalregister.gov/documents/2023/11/01/2023-24283/safe-secure-and-trustworthy-development-and-use-of-artificial-intelligence>

# Overview of European Union Regulation (9/2023)

## Artificial Intelligence Act: Deal on Comprehensive Rules for Trustworthy AI



### Levels of Risk:

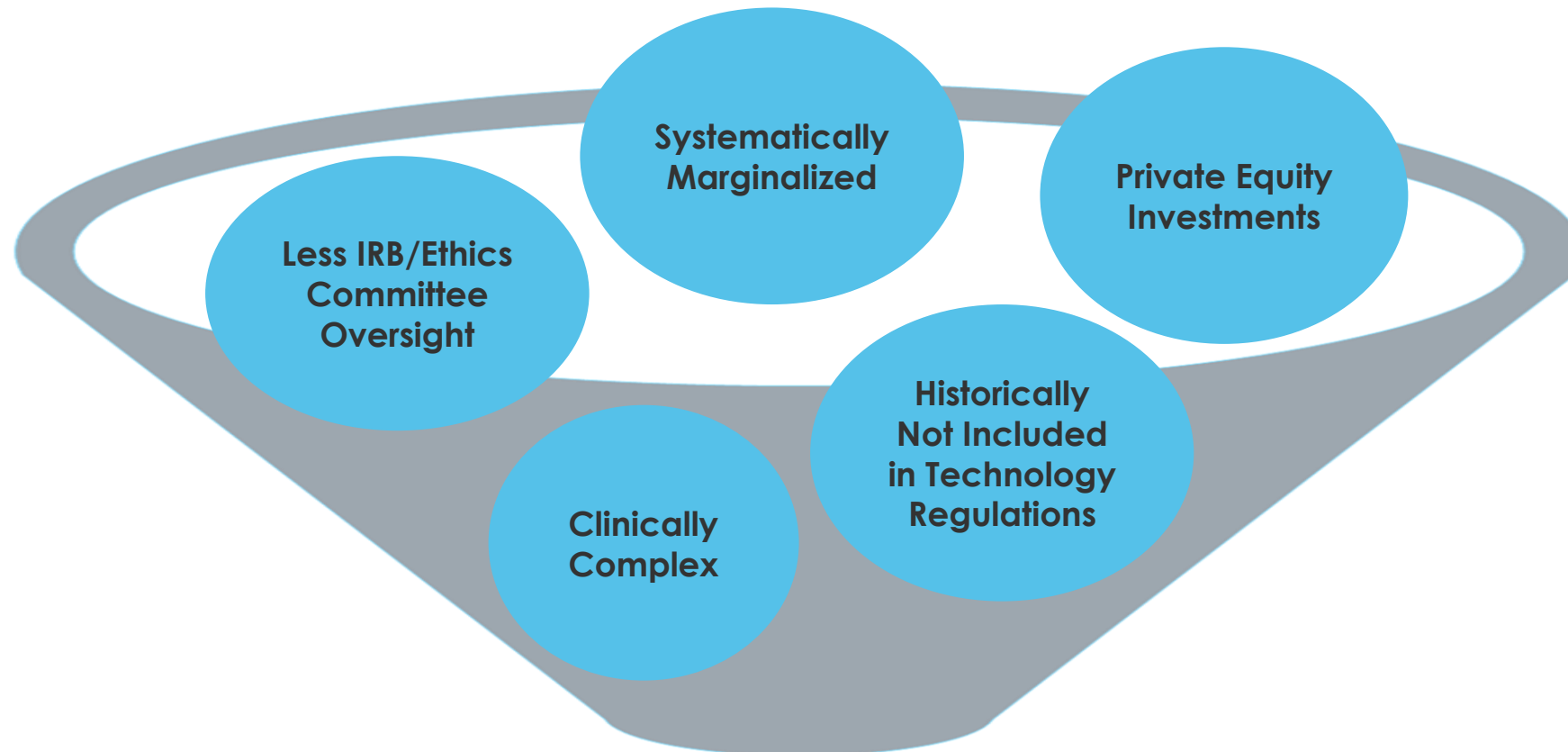
- Unacceptable
- High
- Limited
- Minimal

# *Potential Impacts of AI on Vulnerable Populations*

**Jessica Skopac, PhD, JD, MA**

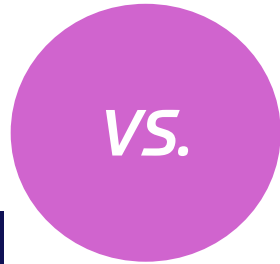
Senior Principal Health Policy Analyst  
The MITRE Corporation

# *What Makes Post Acute Care (PAC) Consumers Particularly Vulnerable?*



# Untangling "Truthiness" and "Trustworthiness" in AI

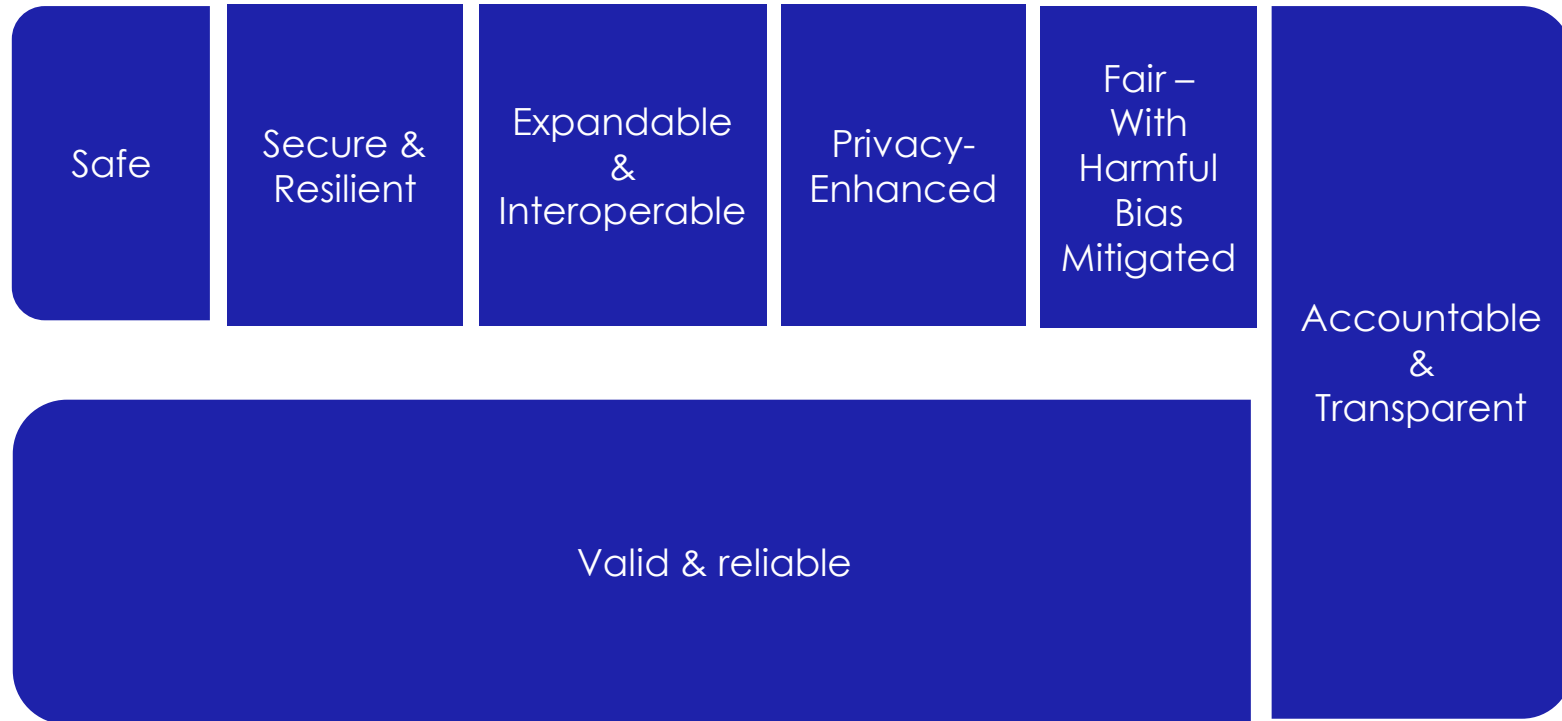
## "Truthiness"



## Trustworthiness

"the belief in what you feel to be true rather than what the facts will support"

- Stephen Colbert

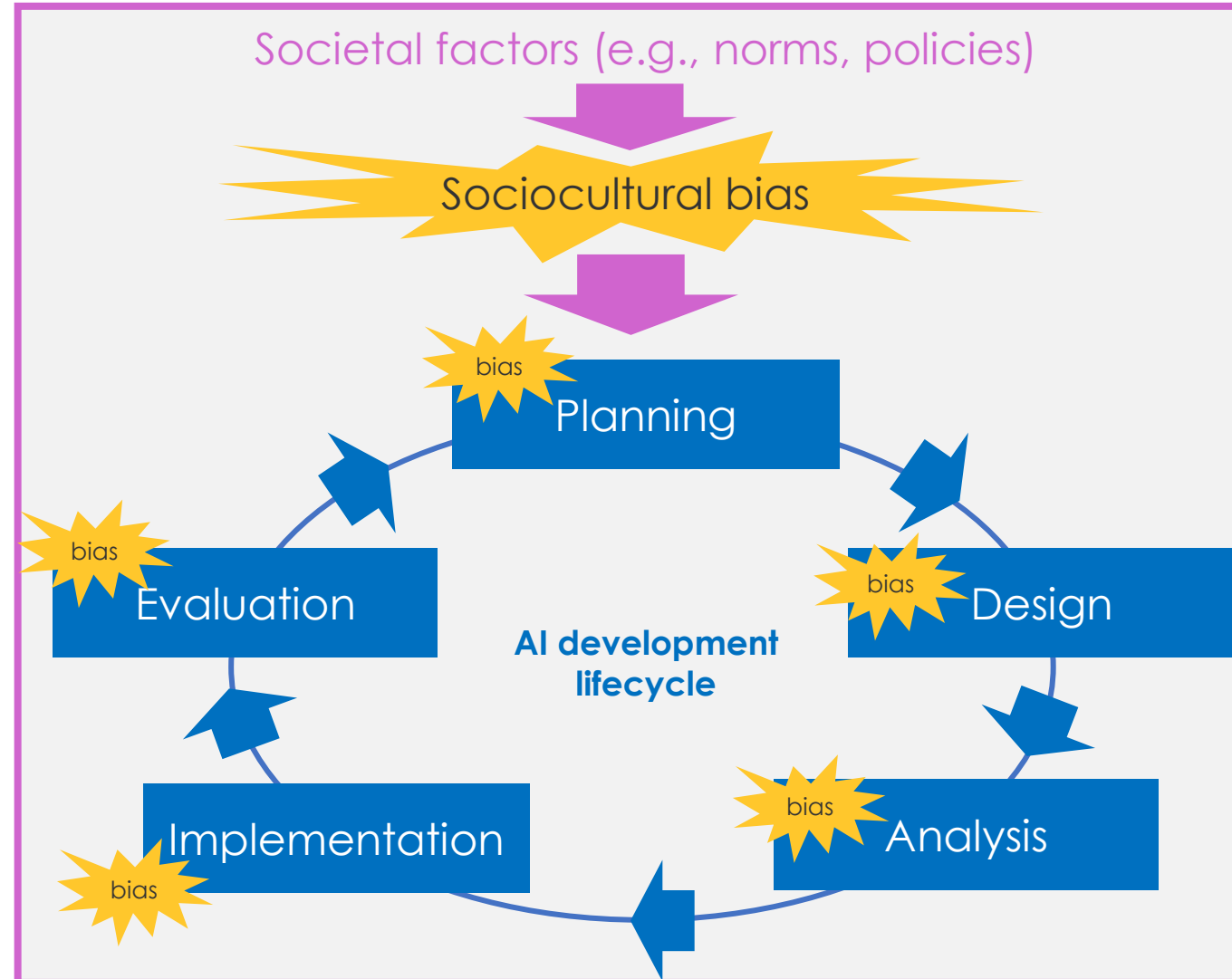


<https://www.oed.com/search/dictionary/?scope=Entries&q=truthiness>

[https://airc.nist.gov/AI\\_RMF\\_Knowledge\\_Base/AI\\_RMF/Foundational\\_Information/3-sec-characteristics](https://airc.nist.gov/AI_RMF_Knowledge_Base/AI_RMF/Foundational_Information/3-sec-characteristics)

# Emerging Points of Failure in AI

- AI is flawed when trained with incomplete or problematic data
- AI itself is not flawed, but AI is deployed in a way that
  - Unintentionally results in disproportionate impacts to vulnerable populations
  - Intentionally & systematically disproportionately impacts vulnerable populations
  - Is inconsistently integrated into the workflow, resulting in inconsistent, inequitable outputs





# Example: PaidLeave.ai to Help Consumers Identify Resources for Paid Family Leave in New York



- Paid leave is underutilized
  - Lack of awareness of benefits
  - struggle with administrative burden to access benefits
- PaidLeave.ai pilot to help parents in New York state access & apply for paid family leave benefits
  - Uses a human-like voice
  - helps parents maximize benefits & provides an action plan to complete & submit their claim



*“PaidLeave.ai is a powerful model for how generative AI can change the way we approach customer service for good. This is a big step forward in helping people more easily access the benefits they need to care for their families...”*

Craig Newmark, founder of Craigslist



*“PaidLeave.ai is a clear, high-impact example of how AI can help deliver public good.”*

Julie Samuels, President & Executive Director of Tech: NYC

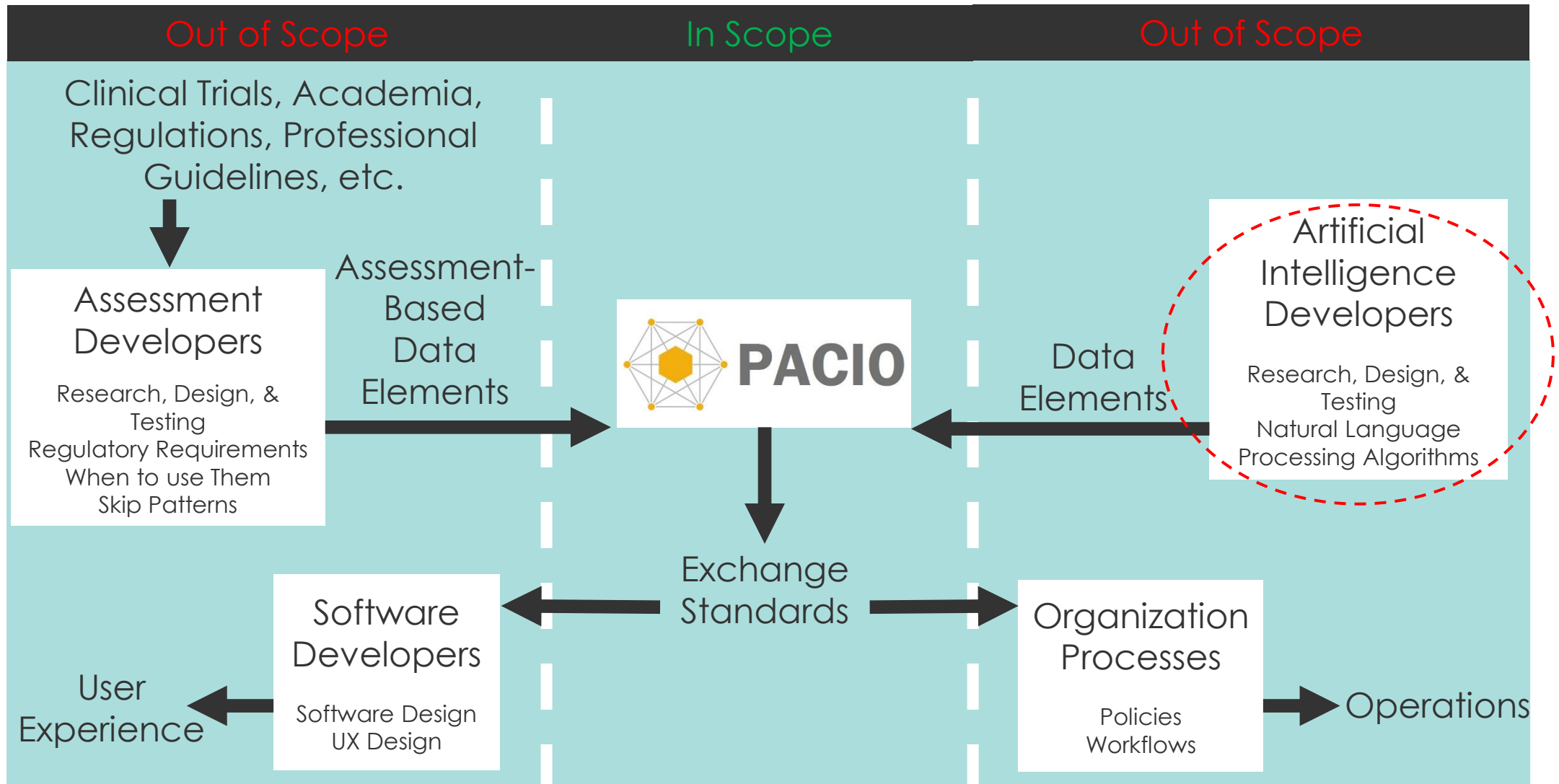
**Tools like PaidLeave.ai could easily be adapted to identify resources for PAC services rather than Paid Family Leave**

# Example of Laying a Foundation for Responsible AI with Standards: PACIO Project

Established February 2019, the PACIO Project is a collaborative effort between industry, government & other stakeholders, with the goal of establishing a framework for the development FHIR implementation guides to facilitate health information exchange.



# PACIO Project: Scope



# *Data Integrity Implications for Equity*

**Denis Newman-Griffis, PhD**

Lecturer (Assistant Professor) in Data Science

<sup>1</sup>University of Sheffield

<sup>2</sup>National Institutes of Health Clinical Center

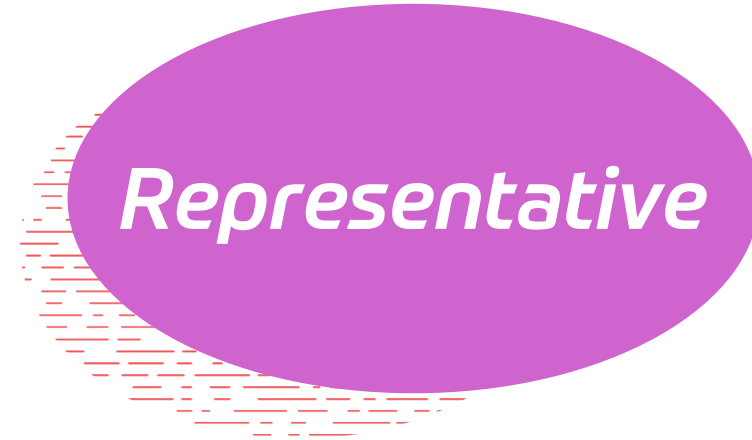
# *Why Use AI?*

- Learn from patterns in data
- Deliver better quality, more efficient service

# *Our Data and Analytics Must Be:*

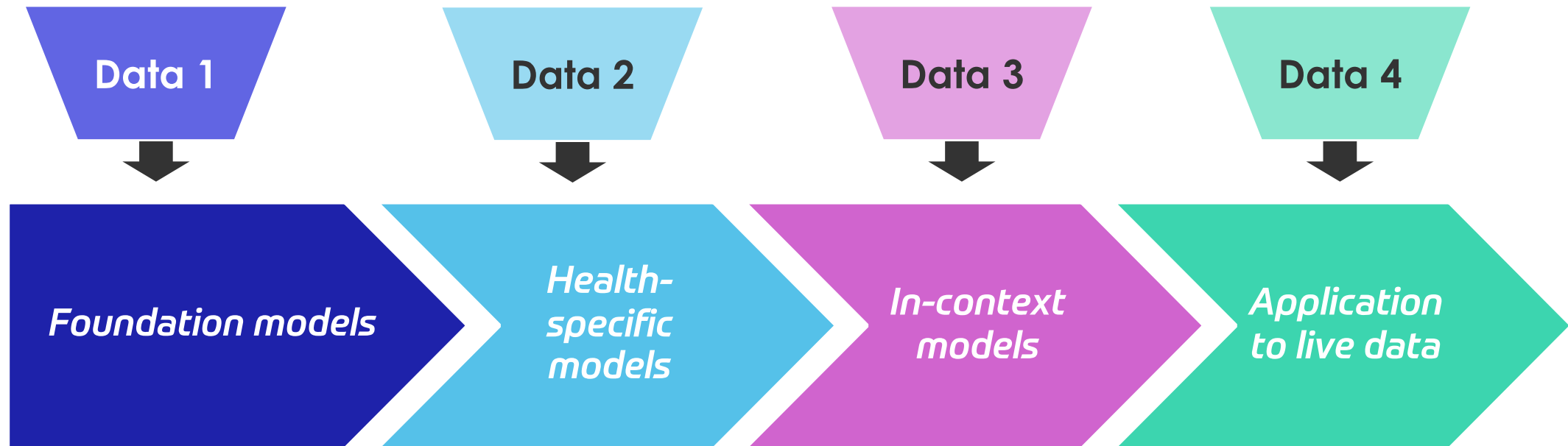


- Does it mean what we think it does?
- Does it tell us what we want it to?



- Does it represent the people we are serving?
- Does it tell us what is important to them?

# Today's AI Workflows: Many Entry Points for Data



- Non-health data
- Trained to do something else

- **Health** data
- Trained to do something else

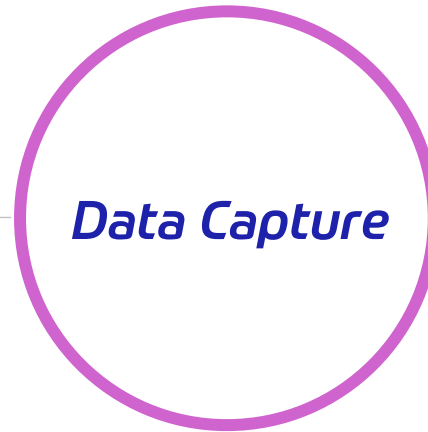
- **Health** data
- Trained to do **target task**

- **Health** data
- Trained to do **target task**
- **Actually being used!**

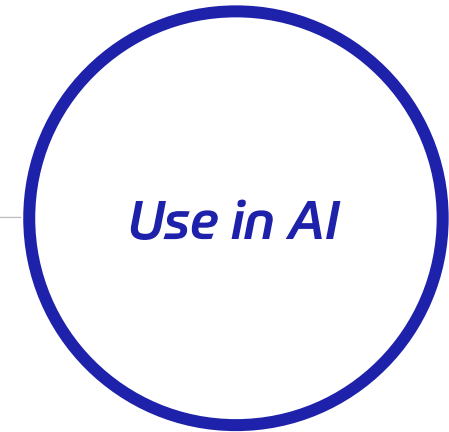
# *Stages of Data Risk*



from **Person**  
to **Information**



from **Information**  
to **Data**



from **Data**  
to **Insight**



# Example: Risks in Measurement

- Race-blind algorithm for estimating health risk
- Based on estimated cost of care
- But less is spent on Black patients!
- Result: **racially-biased care**

## RESEARCH ARTICLE

### ECONOMICS

# Dissecting racial bias in an algorithm used to manage the health of populations

Ziad Obermeyer<sup>1,2\*</sup>, Brian Powers<sup>3</sup>, Christine Vogeli<sup>4</sup>, Sendhil Mullainathan<sup>5\*†</sup>

Obermeyer Z, Powers B, Vogeli C, Mullainathan S. Dissecting racial bias in an algorithm used to manage the health of populations. Science. 2019;366(6464):447-453. doi:10.1126/science.aax2342

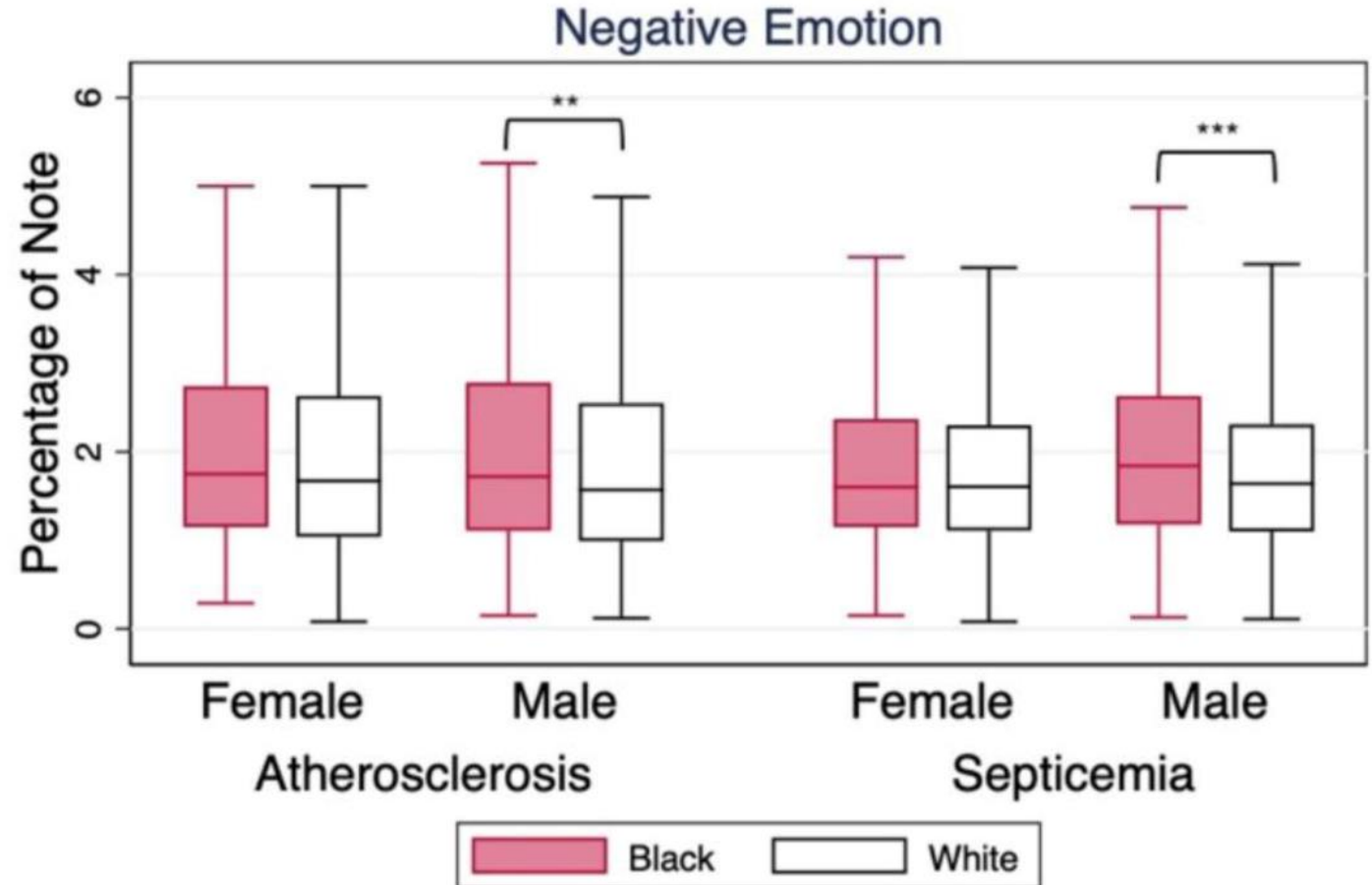
## *Key Questions: Measurement*

*Data are not neutral...  
...and may not tell you what  
you think!*

- How reliably is this data point captured?
- Am I confident it tells me what it should?

## Example: Risks in Data Capture

- Provider biases can affect **quality** and **experience** of patient interaction
- They also affect **recorded data!**
- Different tone in EHR notes for White vs Black patients
- Result: **Biased readers and algorithms**



Penn, J, Newman-Griffis, D. Half the picture: Word frequencies reveal racial differences in clinical documentation, but not their causes. AMIA (2022).

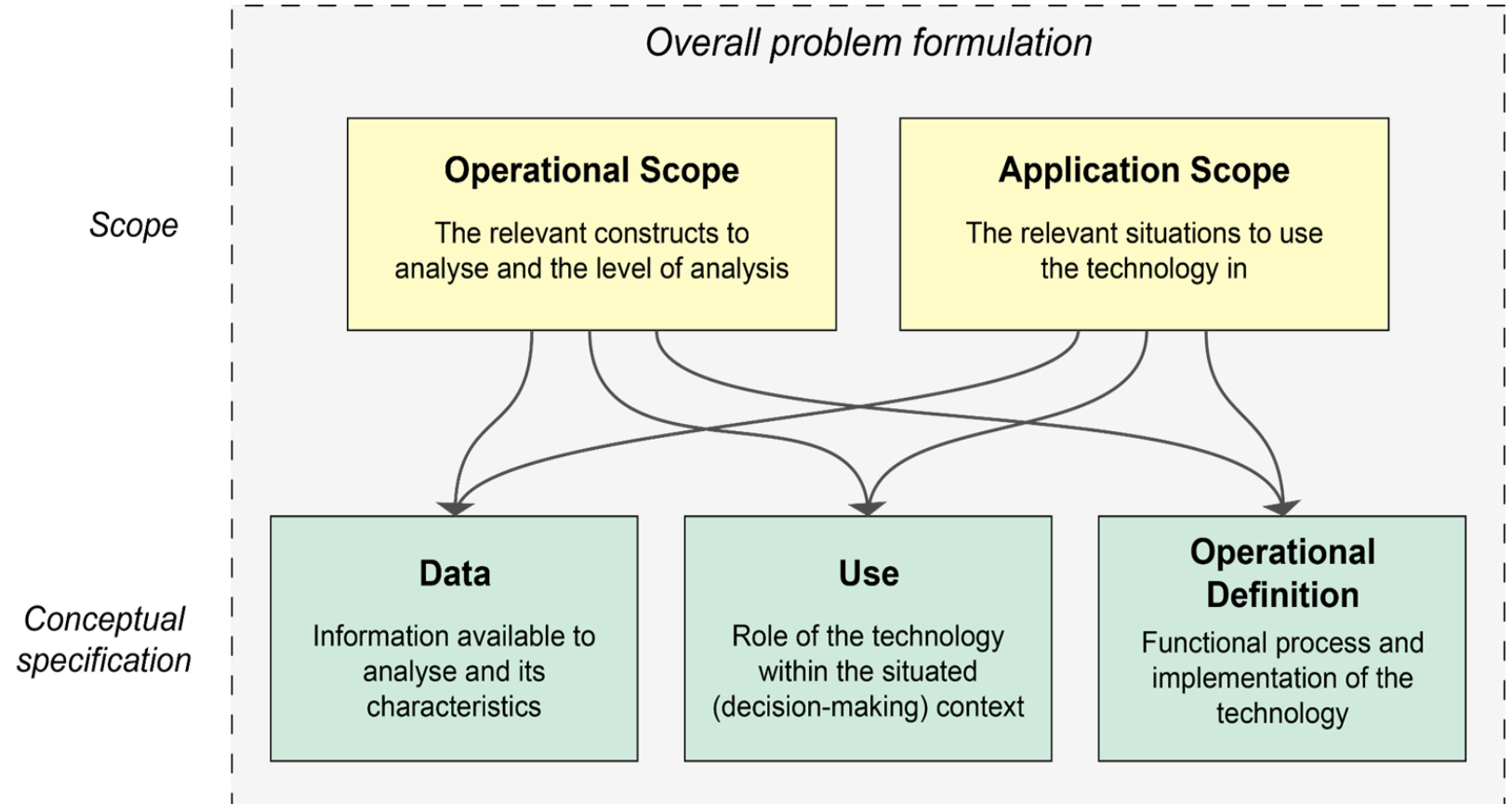
## *Key Questions: Data Capture*

*What we choose to record  
and how it affects the AI  
using our data*

- Are data recorded the same for all my patient populations?
- Whose perspective does my data represent?

# Example: Risks in Use of AI

- Many different ways to define and measure **disability**
- Many design decisions in building AI systems
- AI designers' definitions may **not match** providers OR patients!
- Result: **incompatible and harmful AI systems**



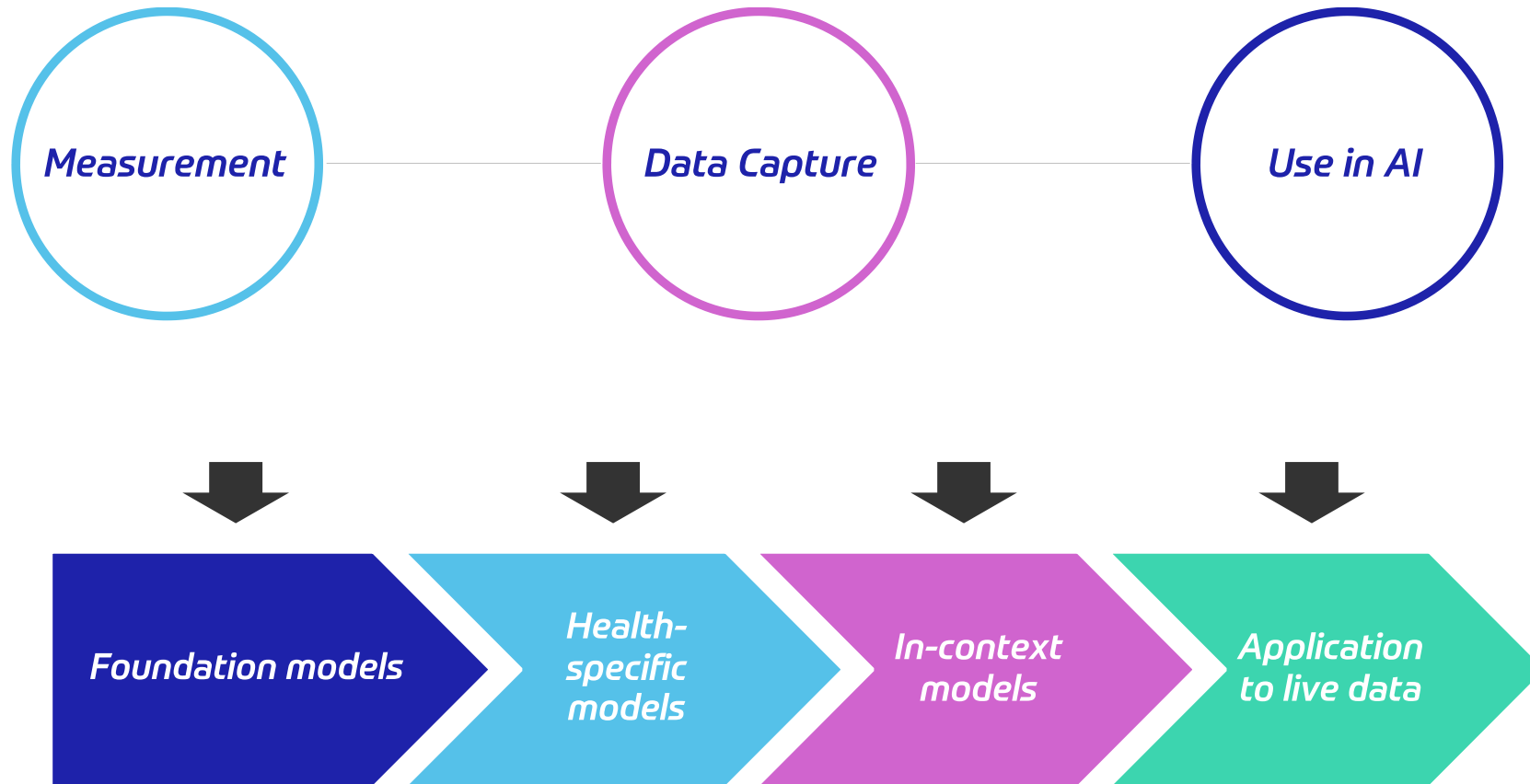
Newman-Griffis, D, et al. Definition drives design: Disability models and mechanisms of bias in AI technologies. *First Monday* (2023).

## *Key Questions: Use in AI*

*AI systems are full of  
invisible design decisions  
about data and patients*

- How does my AI implementation operationalize health and care?
- What information am I emphasizing and why?

# *Data Risks Affect Every Stage of Today's AI Pipeline*



# *Tools to Assess Data & AI Integrity*

1

## *Data auditing*

- Consistent quality across populations
- Data history in underlying models

2

## *No assumptions in AI design*

- Clear agreement on definitions
- Feedback cycles and oversight throughout
- Involve patients!

3

## *Evaluate in context*

- Effects on **your** process with **your** patients
- More than just AI accuracy!

4

## *Monitor & mitigate*

- Continuous improvement
- Measure for bias, respond and adjust



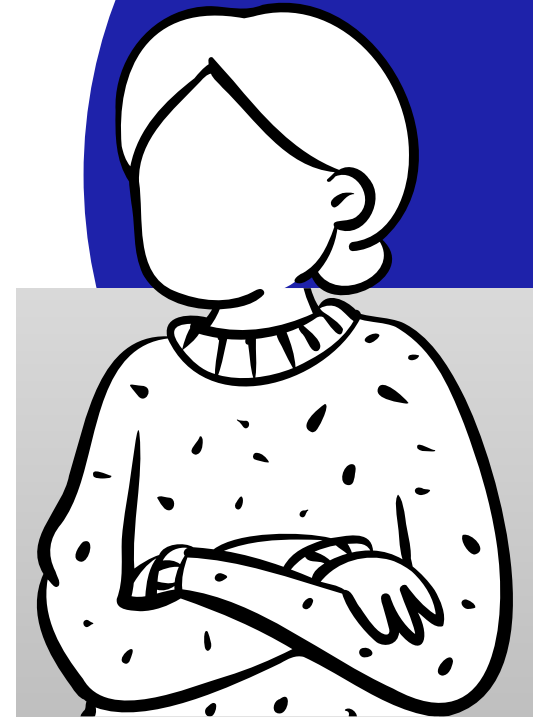
# *Ethical Considerations: Use of AI in Post-Acute Care of the Elderly*

**Susan Dwyer, PhD**

Associate Professor of Philosophy  
University of Maryland College Park

## Case Study: B

- 81-year-old female lives alone
- Around 12am: Falls in bathroom
- Around 8am: Discovered by a friend
- Ambulance transports her to hospital
- Conditions: Bleeding duodenal ulcer, diverticulitis, Type II diabetes, anemia, severe dehydration, low blood pressure, confusion, disoriented
- Discharged after 6 days
- At home: weak, frightened, cannot drive; overwhelmed



# Issues & Questions & Context



## Issues

- Living & health circumstances can quickly change
- Medical, psychological, spiritual disruptions
- Absence of engaged family
- Lack of plans

Pew Research Center. 2019/ "Religion and Living Arrangements Around the World". Associated Press-NORC Center for Public Affairs Research. 2021. "Long Term Care in America: Americans Want to Age At Home".



## Questions

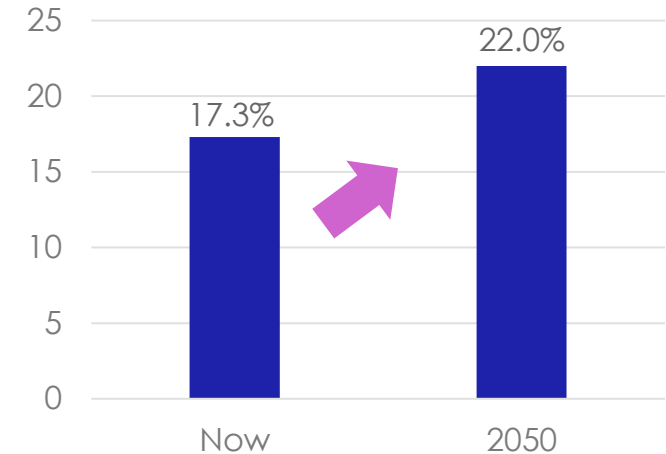
- How are such individuals to be assisted & supported?
- What role can AI-driven systems play here?
- What ethical considerations ought designers of such systems take into account?



## Elements

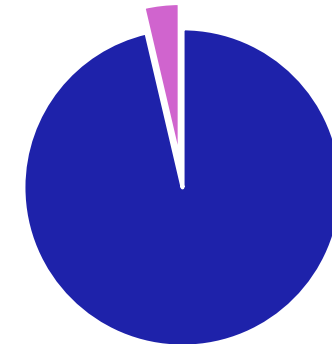
- Rapid growth of older adults in post-acute care
- Current eldercare crisis in USA
- Increase in pressure to deploy AI to manage eldercare
- Few Americans have eldercare insurance

Older adult % of the US population



<https://www.prb.org/resources/fact-sheet-aging-in-the-united-states>

**Only 3%** of Americans have long term care insurance



<https://www.limra.com/en/newsroom/industry-trends/2022/do-consumers-really-understand-long-term-care-insurance/>

# Obvious Needs

## Newly-needed specialists

- Referrals
- Appointments



## Medical records

- Accurate
- Up-to-date
- Sharable with healthcare providers & caregivers



Adequate post-acute care for older adults

## Therapy providers

- Referrals
- Appointments



## Medications

- Dispensing
- Management



## Discharge orders

- Clear
- Understandable
- Actionable



*Family/friends may not be able/willing to support care needs*

# *If Appropriately Designed, AI Can:*

1

## ***Support care coordination***

AI-supported platforms can help share & analyze information

2

## ***Facilitate self-care engagement***

AI can support ongoing patient/caregiver education, recommend plans of action, deliver reminders/nudges

3

## ***Support home-based care***

AI assistive robots can monitor daily activities, report anomalous behaviors, provide alerts to caregivers, offer 'company' & cognitive engagement

***No healthcare technology can be appropriately designed unless its designers' pay attention to substantive ethical issues***

# AI Ethical Principles

- 1** *Transparency & accountability*
- 2** *Justice & fairness (non-discrimination)*
- 3** *Non-maleficence*
- 4** *Responsibility*
- 5** *Privacy*
- 6** *Safety & security*
- 7** *Freedom & autonomy*

All can be deployed in the design of AI systems for post-acute care

# *Familiar Ethical Considerations*

## **Elder-centered AI**

The principle-based approach to designing ethics into AI will need to be rethought from the perspective of the elderly & with attention to the varied dimensions late in life



## **Autonomy**

Respecting the wishes, decisions, & bodily integrity of competent adults has been a central plank of bioethics from the beginning

- The desire "help" & "support" older adults must be tempered with respect for such individuals to refuse that help & support
- The risk is that AI systems will default to a particular conception of what is "best" for such patients

## **Privacy**

Respecting patient privacy is also baked into bioethics & into law

- It's not unusual for conditions that a person has kept secret from family (if in the picture) &/or friends to be revealed in emergency situations, leaving the elder to contend with intense feelings of embarrassment or shame in addition their health & living needs
- The risk is that AI systems will default to revealing all the data it 'considers' pertinent.

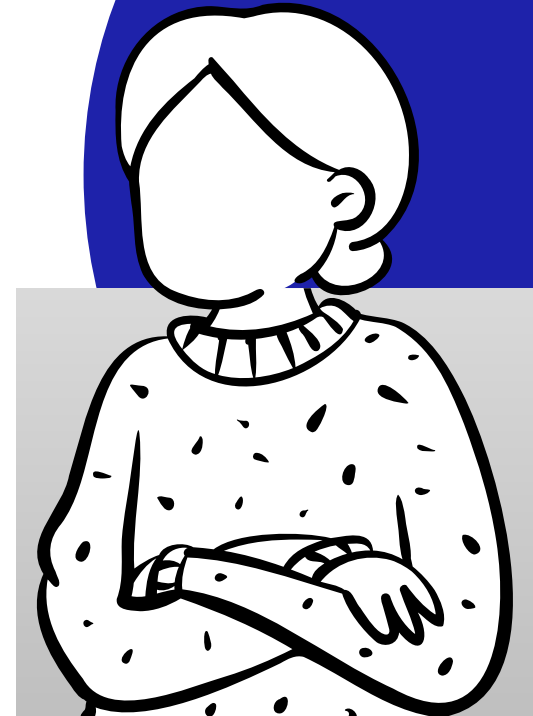
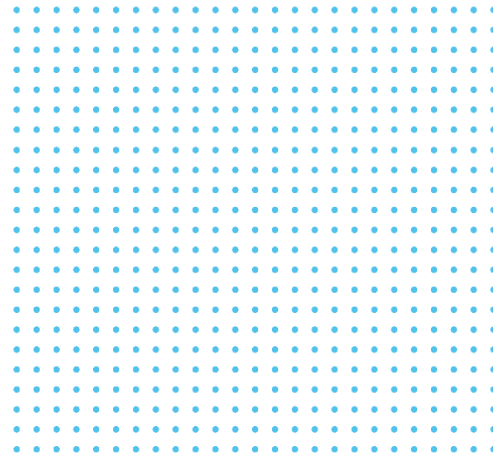
# *Something is Still Missing*

Remember B

- Acute health crisis
- Little agency
- Does not understand what to do
- Multiple significant disruptions

These bring up thoughts of mortality for B

- We all die, each death is different





# Implications

## *Confrontation With Mortality*

- Post-acute care goes beyond practicalities
- Impacts patient, family, friends

## *Lack of Patterns*

- Few patterns in dying
- Yet patterns fuel AI

## *Desire for Control over Dying*

- Want control over dying process
- Do not want/need AI involved

# Two Options to Pursue to Build Appropriate Datasets



- **Benefits:** access to ground truths about what is needed & wanted from all parties concerned; reduced reliance on assumptions; increased trustworthiness of systems
- **Challenges:** assuring equal epistemic authority on panels; translating qualitative data to computable data; protecting against vested interests



- Little known about ethical concerns of patients & families
- Cho et al. (2020):
  - tension & disagreement between patients & family
  - disagreement & lack of communication with healthcare providers
  - uncertainty about limited decision-making capacity
  - lack of knowledge of end-of-life care & planning
- Generalities emerge that might permit AI-supported scenario tools

Cho et al. 2020, "Patient and Family Descriptions of Ethical Concerns," *The American Journal of Bioethics* No. 6, 52-64.

Bennett V et al. 2023. "Development of a Lived Experience Panel to inform the design of embedded pragmatic trials of dementia care interventions." *Journal of the American Geriatrics Society*. 2023.

# *Discussion & questions*

# *Thank you*

## *Contact information*

**Dr. Jessica Skopac** - [jskopac@mitre.org](mailto:jskopac@mitre.org)

**Dr. Denis Newman-Griffis** - [d.r.newman-griffis@sheffield.ac.uk](mailto:d.r.newman-griffis@sheffield.ac.uk)

**Dr. Susan Dwyer** - [dwyer@umd.edu](mailto:dwyer@umd.edu)

**Stephen Konya III** – [stephen.konya@HHS.gov](mailto:stephen.konya@HHS.gov)

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