



Healthcare AI Governance

“...identify health care services for which there are substantial variation in practice patterns or high utilization trends in Washington state, without producing better care outcomes for patients, that are indicators of poor quality and potential waste in the health care system.”

PROBLEM STATEMENT:

Artificial intelligence (AI) is already embedded across patient-clinician interactions, clinical care, operations, and health plan functions. Yet adoption can outpace the capacity to evaluate tools before use and ensure data security, validate performance across populations, monitor outcomes, and pause or override unsafe healthcare recommendations. Guidance is rare on how clinicians should navigate conversations about AI with patients, both about their personal use and its integration into healthcare systems. Existing AI implementation in healthcare has been found to perpetuate and worsen disparities,ⁱ be deployed across systems without local validation or assurance of user competency,ⁱⁱ lack monitoring infrastructure for operational and patient health outcomes,ⁱⁱⁱ and influence access to care without meaningful human review.^{iv} Governance and ethical AI frameworks based on expert panel consensus are emerging across the country, including in Washington state. A consensus-based framework for AI governance applicable across Washington’s healthcare ecosystem can drive safer, more equitable, and accountable use of AI for Washingtonians.

DOES THE TOPIC HAVE (CHECK ALL THAT APPLY):

- | | |
|---|---|
| ☒ VARIATION IN CARE | ☒ SAFETY CONCERNS |
| ☒ HIGH COST AND POOR OUTCOMES | ☒ EQUITY CONCERNS |

PROPOSED SCOPE:

- Consensus-based practices for AI inventory and accountability
- Procurement and vendor transparency recommendations
- Local and subgroup validation
- Human oversight recommendations, including override and appeal pathways
- Privacy and data stewardship guarantees
- Performance monitoring with go/no-go thresholds for deployment, including specific monitoring for impacts to health equity
- Patient and community-engagement in governance
- Patient-clinician communication about personal and systems-level AI use in health

Out of scope: Governance for specific kinds of AI implementation, AI uses unrelated to patient care delivery (e.g., internal finances, operations, etc.),

EVIDENCE-BASED IMPACT STRATEGY:

Clinicians/Care Teams: maintain Meaningful human review; education and training on appropriate use of AI; communication framework for having conversations about personal use of AI to inform healthcare decisions and communicating health system use of AI

Delivery Systems, Plans, and Purchasers: Integrate AI into existing governance structures as possible; identify responsible parties for oversight; adopt go/no-go thresholds, monitoring standards, and vendor transparency requirements; end-users, patient, and community engagement requirements in governance

Payers: Establish vendor transparency requirements in contracts, data-use and ownership protects, audit rights, human-in-the-loop requirements in utilization review

State Agencies: Require AI governance with contracted parties; state-level monitoring of deployment and use across systems

AVAILABLE DATA FOR MONITORING AND EVALUATION:
Good Machine Learning Practice for Medical Device Development: Guiding Principles; HCA Artificial Intelligence Ethics Framework Mayo Clinic-TREWS machine-learning based early warning monitoring program; AI in Medicine (AIM) Harvard Stanford FURM framework FDA Artificial Intelligence-Enabled Device Software Functions: Lifecycle Management and Marketing Submission Recommendations Office of the National Coordinator for Health Information Technology (ONC) Final Rule
POTENTIAL PARTNERS:
HCA; DOH; UW; WSHA; Providence
HOW COULD THE BREE UNIQUELY IMPACT THE HEALTH OF WASHINGTONIANS
The Bree could convene Washington patients, clinicians, delivery system representatives, plans, purchasers, and state agencies to align expectations and priorities for AI governance in healthcare, synthesize and adapt local and national recommendations into a framework applicable across the healthcare ecosystem, develop a roadmap for governance framework implementation at the organizational level, and promote safer, more transparent, and equitable AI use for Washingtonians.

ⁱ Obermeyer, Z., Powers, B., Vogeli, C., & Mullainathan, S. (2019). Dissecting racial bias in an algorithm used to manage the health of populations. *Science*, 366(6464), 447–453. <https://doi.org/10.1126/science.aax2342>

ⁱⁱ Wong A, Otles E, Donnelly JP, et al. External Validation of a Widely Implemented Proprietary Sepsis Prediction Model in Hospitalized Patients. *JAMA Intern Med*. 2021;181(8):1065–1070. doi:10.1001/jamainternmed.2021.2626

ⁱⁱⁱ Ostermayer, D. G., Braunheim, B., Mehta, A. M., Ward, J., Andrabi, S., & Sirajuddin, A. M. (2024). External validation of the Epic sepsis predictive model in 2 county emergency departments. *JAMIA open*, 7(4), ooae133. <https://doi.org/10.1093/jamiaopen/ooae133>

^{iv} Mello MM, Rose S. Denial—Artificial Intelligence Tools and Health Insurance Coverage Decisions. *JAMA Health Forum*. 2024;5(3):e240622. doi:10.1001/jamahealthforum.2024.0622