Al in the Clinical Setting

Ally Salim Jr Inspired Ideas | Dr. Elsa



Healthcare Challenges in Tanzania

1:20,000 Tanzania's physician to patient ratio

- + 75% of physicians live in urban areas
- + Poor resources and lack of training for rural providers
- + Lack of specialists in the country
- + High patient loads & overworked doctors



Integrated, Intelligent Healthcare





Dr. Elsa is an Al-powered Health Assistant for healthcare providers

About Dr. Elsa

- Built for lower cadres healthcare workers at **village dispensaries and clinics**
- Provides healthcare workers with symptom assessment, health decision support, & next steps recommendations
- Supports **accurate data collection** and patient assessment according to national guidelines

About Dr. Elsa

- Currently being tested for pediatric populations (ages 0-14)
 in Bagamoyo, NCD's in Arusha, and Cervical Cancer in Dar
 Es Salaam.
- **Goals:** Decrease misdiagnoses, decrease antibiotics misuse, decrease time and money spent in the care system while increasing healthcare worker credibility/confidence, and improve health outcomes

Workflow

Step 1 Patient goes to a healthcare facility





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Doctor enters patient details

Step 2

Step 3 Al makes calculations in background

Step 4 Evidence Based Decisions



Ugonjwa Dhani Kutokana na dalini pamoja na umri, tunadhani mgonjwa huyu anasumbuliwa na:

Pneumonia (70.48%) Upper respiratory tract infection (22.66%) Bronchopneumonia (21.29%) Malaria (0.18%) Tuberculosis (0.04%)

Requirements & Considerations

Towards Standardization



The technology is the easy part.

Data Challenges & Considerations

- Relevant, consistent, and high-quality data is scarce
- Acquiring data is **expensive and time consuming**, since most of it is currently in paper format
- The **heterogeneity of diseases and treatment options** from an East African context
 - Prevalence of diseases in different areas
 - How symptoms manifest in different areas and people
 - Language umbrella terms used for different symptoms

Data Recommendations

- Standardization assessments should be inclusive of diseases and outputs that are relevant to the tools being assessed
- Treatment or triage recommendations must be relevant
 to the tools being assessed
- Standardization benchmarking tools, *if using AI*, **must** be trained on **relevant data**.

Al Performance Challenges & Considerations

- Standardize the definition of "Performance" in the clinical setting
- Requirement for the AI to exhibit interpretability,
 explainability, and transparency to healthcare workers and other stakeholders
- Incorporating meta-data such as clinicians suspicions and patient background information into the AI thought processes

Al Performance Recommendations

- **Direct and unrestricted access** to the government and its health ministries
- Develop **custom criteria** for AI decision judgement that includes condition seriousness, severity and proportionally disqualifies models based on the types of errors made.
- Discourage the use of **Black Box Models**.

Clinical Integration Considerations

- Understanding health workflow and how to implement in a fragmented system
- Understanding the digital challenges with implementation in areas with poor digital infrastructure.
- Understanding the technology literacy rates and ensuring tools are not cumbersome to use, leading to misuse.
- Awareness of clinician over-reliance on digital tools that might develop over time.

Clinical Integration Recommendations

- Ensure Al **performance is not affected by external factors** like execution environment and internet availability.
- Involve clinicians at both deployment and at specialist levels *at every stage* of development.
- Sensitize clinicians on **accountability** and the underlying technologies.

Thank you for your support! Questions?

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