



AUGMENTED INTELLIGENCE

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DIS October 2022

Created with DALL-E, Sept 21, 2022.

CONFLICTS

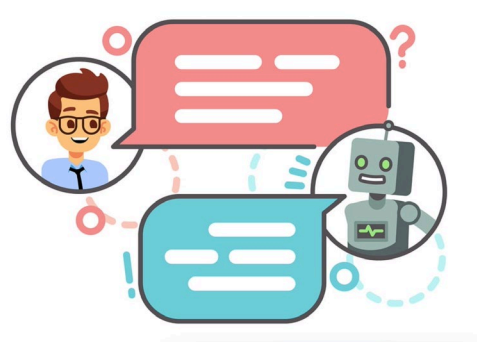
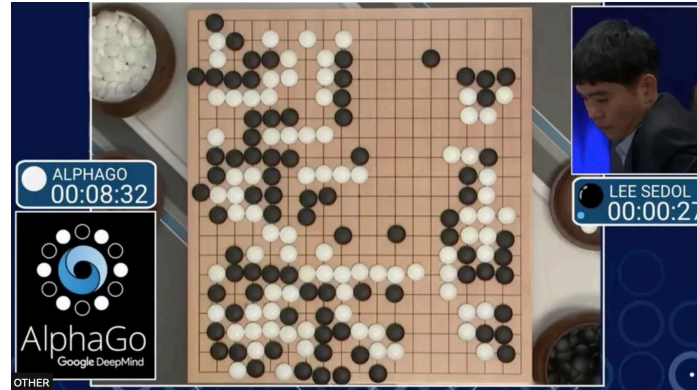
AAD Augmented Intelligence Committee (Deputy Chair)

L'Oreal (Advisor)

NOIE (Advisor)

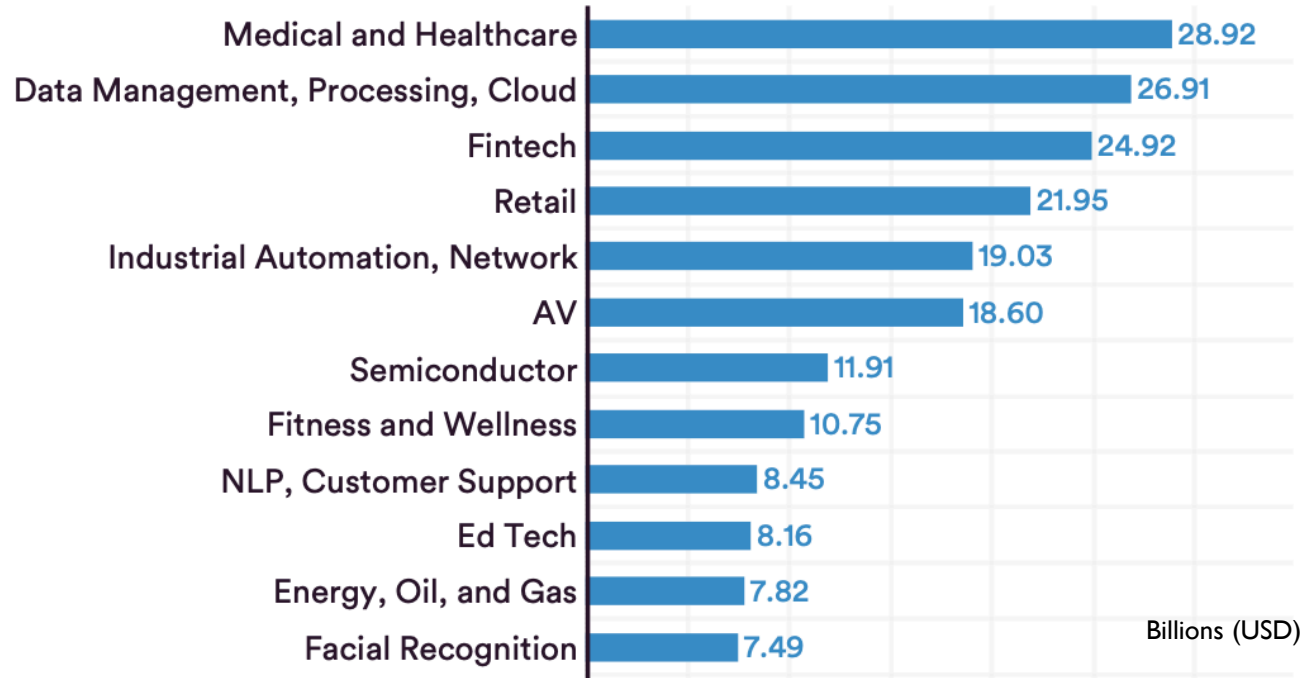
ARTIFICIAL INTELLIGENCE (AI)

The ability of a computer or robot to perform tasks commonly associated with intelligent beings.



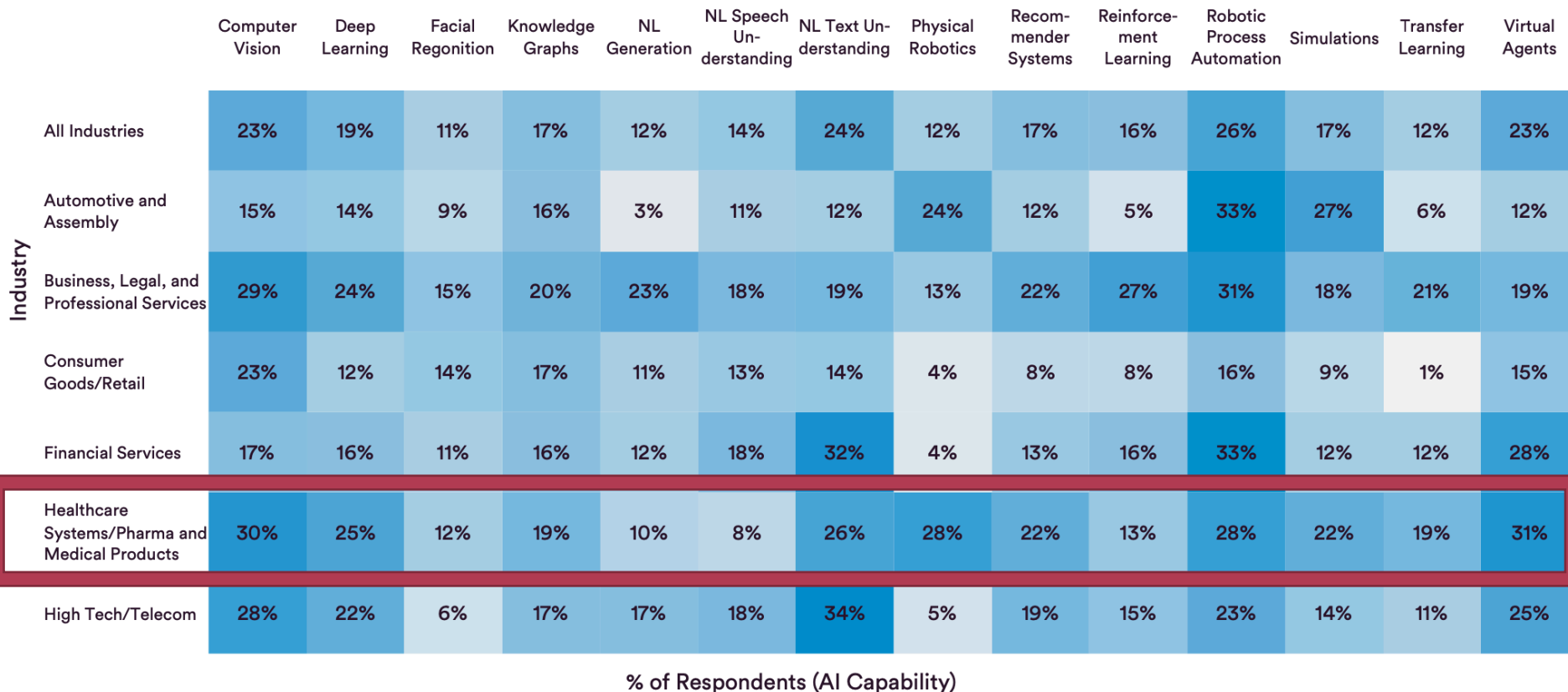
PRIVATE INVESTMENT in AI by FOCUS AREA, 2017–21 (SUM)

Source: NetBase Quid, 2021 | Chart: 2022 AI Index Report



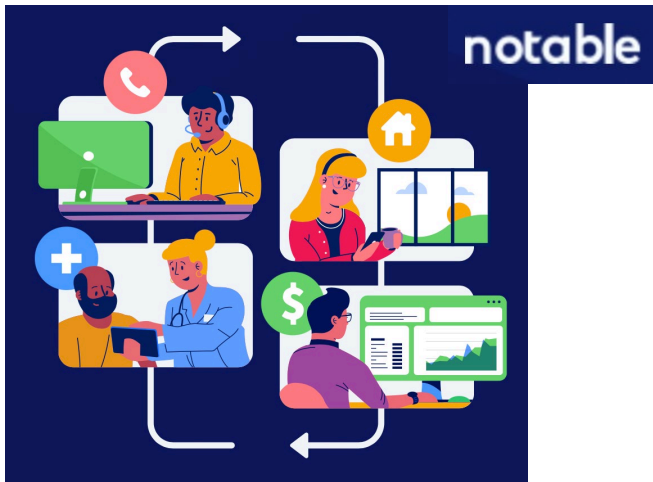
AI CAPABILITIES EMBEDDED in STANDARD BUSINESS PROCESSES, 2021

Source: McKinsey & Company, 2021 | Chart: 2022 AI Index Report

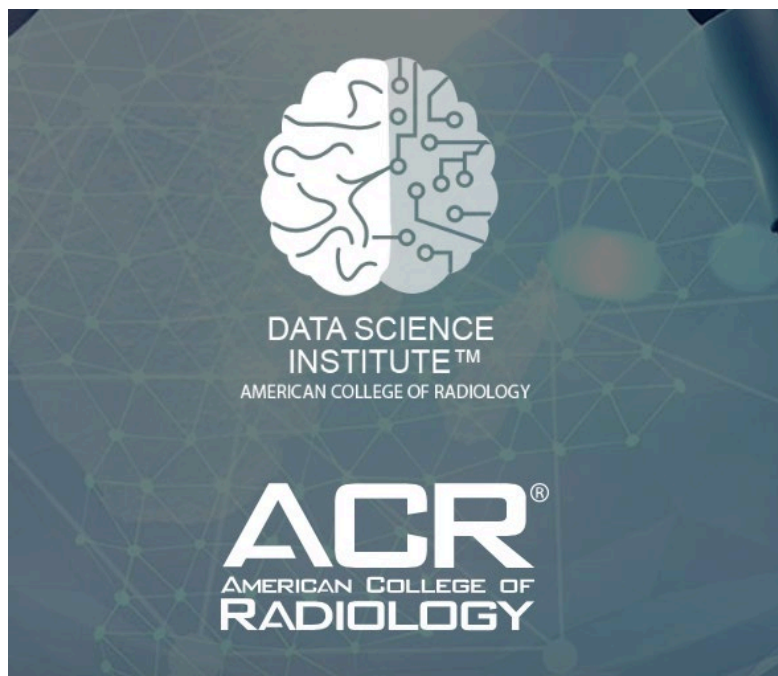


Daniel Zhang, Nestor Maslej, Erik Brynjolfsson, John Etchemendy, Terah Lyons, James Manyika, Helen Ngo, Juan Carlos Nieves, Michael Sellitto, Ellie Sakhaee, Yoav Shoham, Jack Clark, and Raymond Perrault, "The AI Index 2022 Annual Report," AI Index Steering Committee, Stanford Institute for Human-Centered AI, Stanford University, March 2022.

Figure 4.3.3



Scheduling, intake, documentation, prior auth, payment

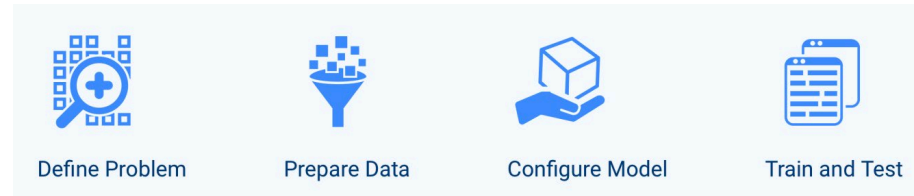


Suki®

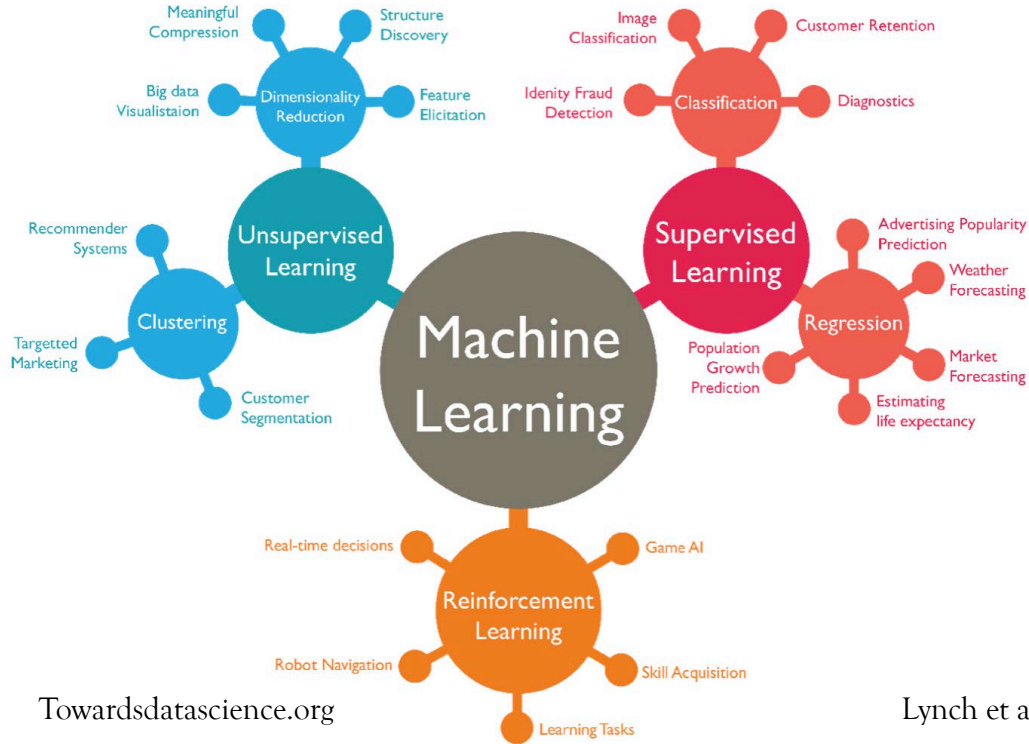
Dragon speech recognition
documentation



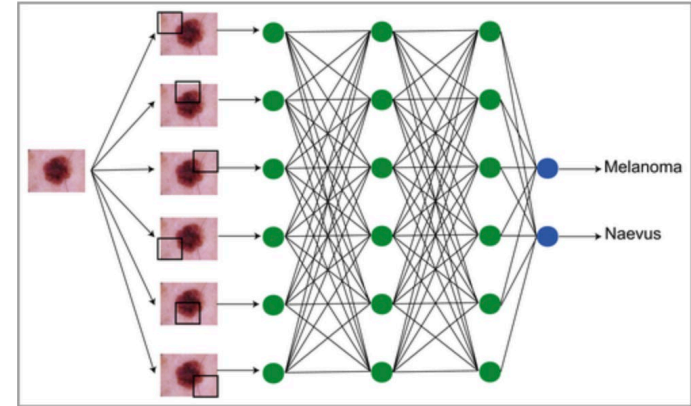
Using AI to create work schedules significantly reduces physician burnout



AI



Neural Networks



AI REALITY



Rising interest in
computer vision tasks



Cheaper and faster to
train image classification



More affordable &
higher performing

CLINICIAN SENTIMENT

Digital health

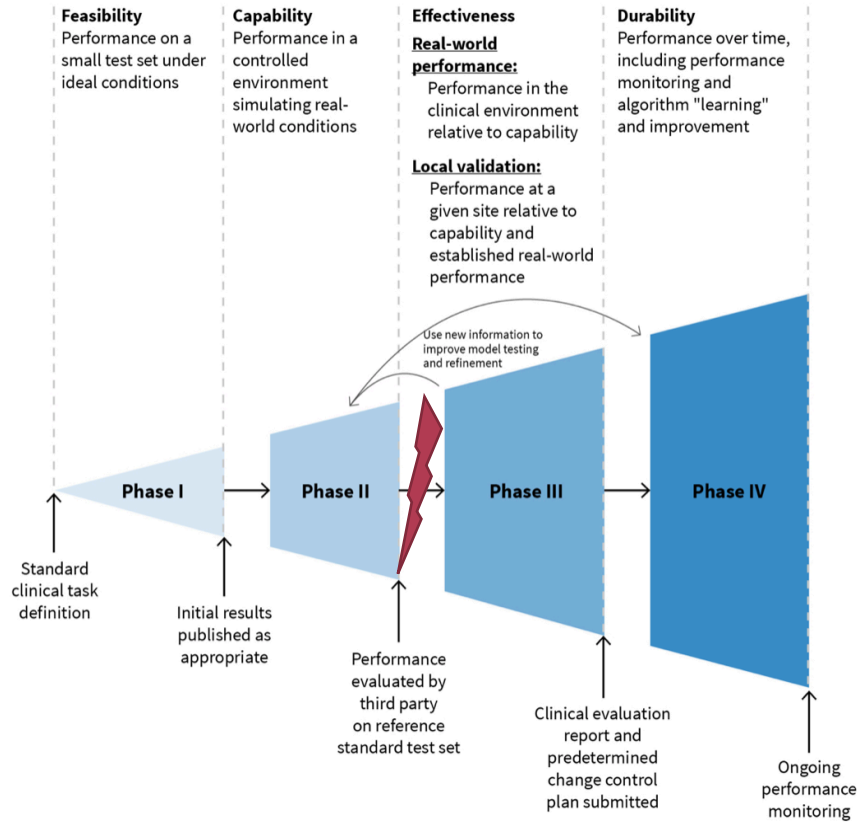
.....will enable **positive transformation** (70%)

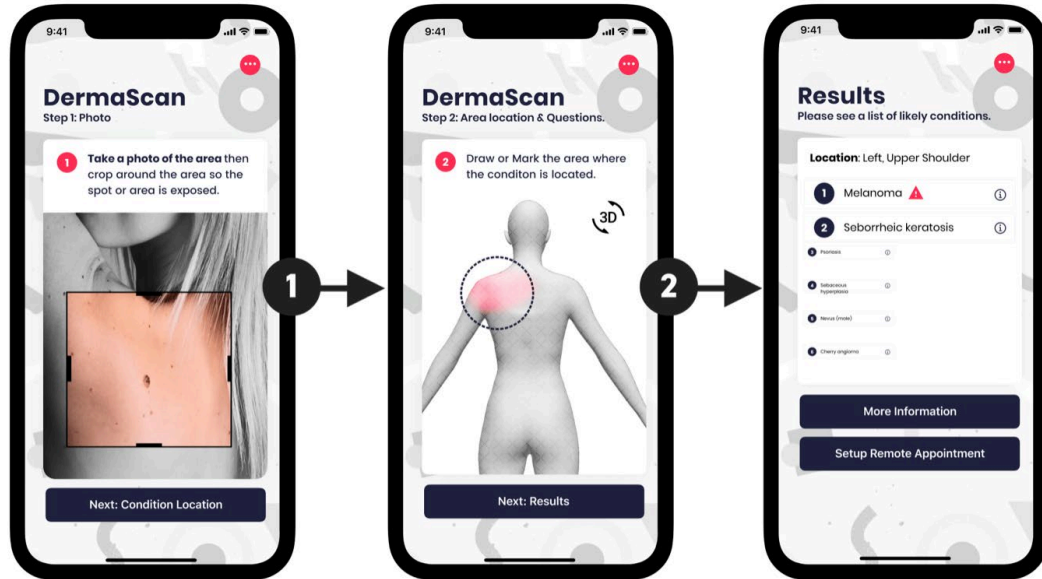
.....will be a challenging **burden** (69%)

.....will exacerbate health **inequalities** (64%)

56% expect to make most decisions with AI-enabled clinical decision support.

CODE-TO-CLINIC CHASM





DERM IMPLICATIONS

- No FDA-approved Derm AI solutions at this time
- Significant industry interest
- Active leadership in
 - ...research
 - ...advocacy
 - ...education

HOT TOPICS



Data



Ethics

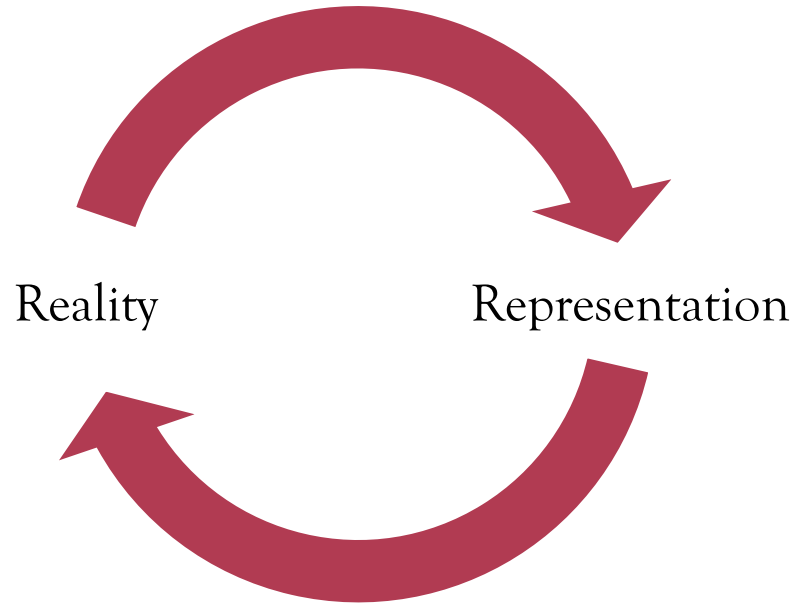
Past Data → AI → Future Prediction

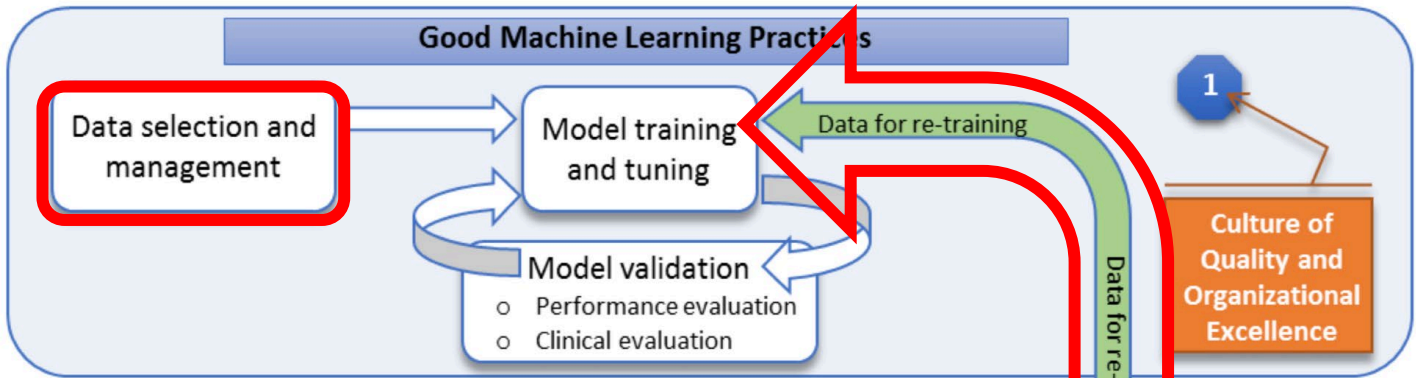
Quantity & Quality

Correct labelled

Diverse, representative

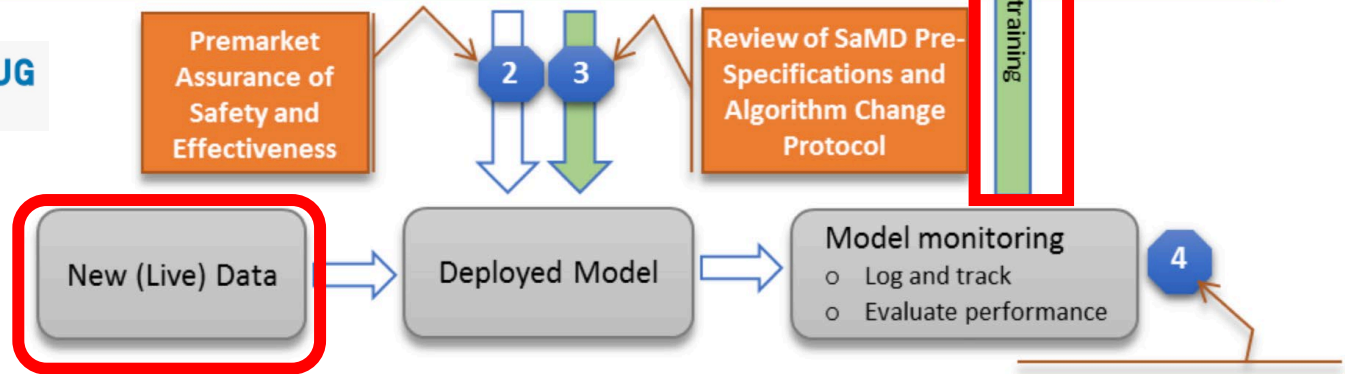
DATA COLLECTION IS FOUNDATIONAL





FDA U.S. FOOD & DRUG ADMINISTRATION

Total Product Life Cycle



Legend



Figure 2: Overlay of FDA's TPLC approach on AI/ML workflow

DATA = FOUNDATION

Noisy

Lacks diversity

Regional

Racial

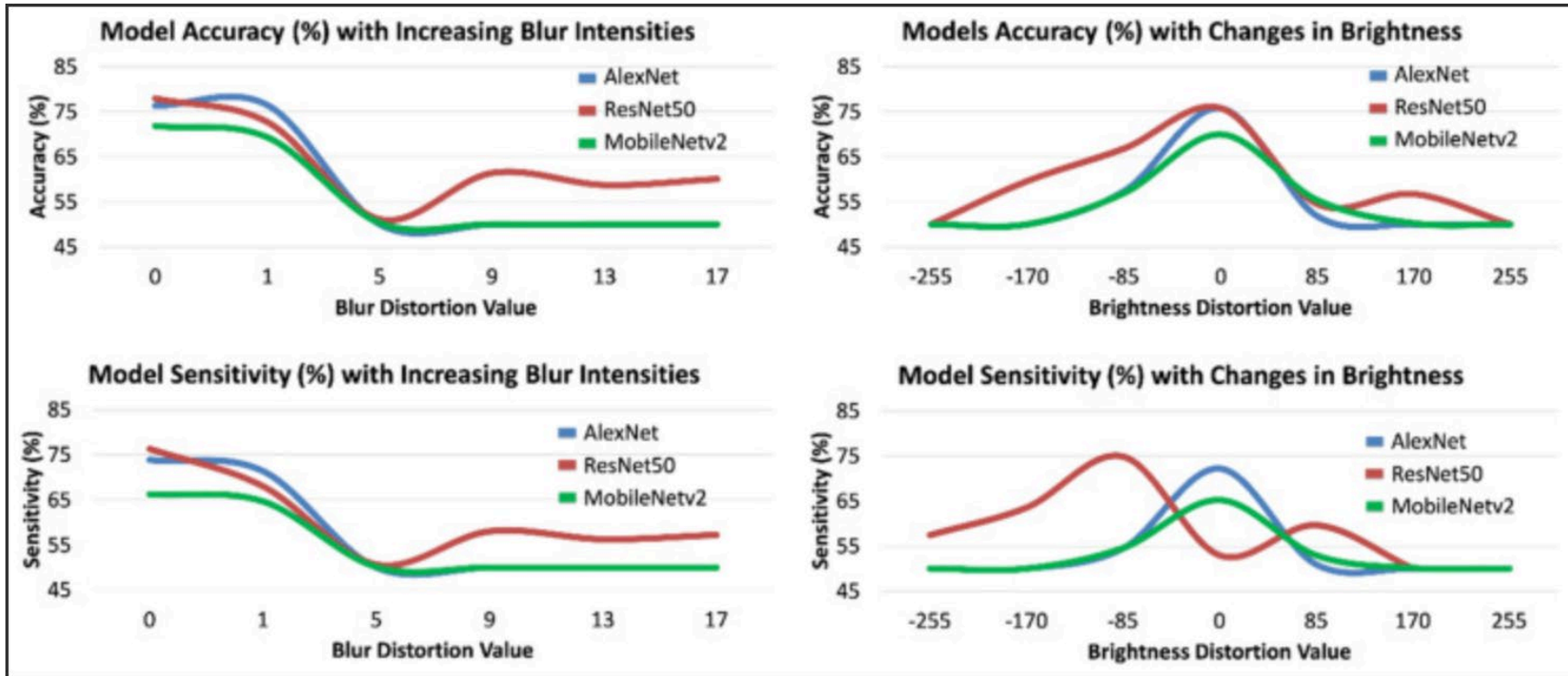
Economic

Siloed

Labelling can be subjective,
human-intensive.

AI = Math Model + Data





DATA

Consent

Privacy

Security

Standards

Bias

Drift

Good Machine Learning Practice for Medical Device Development: Guiding Principles

October 2021

**Multi-Disciplinary Expertise Is Leveraged
Throughout the Total Product Life Cycle**

**Good Software Engineering and Security
Practices Are Implemented**

**Clinical Study Participants and Data Sets Are
Representative of the Intended Patient
Population**

Training Data Sets Are Independent of Test Sets

**Selected Reference Datasets Are Based
Upon Best Available Methods**

**Model Design Is Tailored to the Available Data
and Reflects the Intended Use of the Device**

**Focus Is Placed on the Performance of the
Human-AI Team**

**Testing Demonstrates Device Performance
During Clinically Relevant Conditions**

**Users Are Provided Clear, Essential
Information**

**Deployed Models Are Monitored for
Performance and Re-training Risks are Managed**

SPIRIT-AI

Reporting Guidelines for Clinical
Trial Protocols for Interventions
Involving Artificial Intelligence

The SPIRIT-AI Extension

CONSORT-AI

Reporting Guidelines for Clinical
Trial Reports for Interventions
Involving Artificial Intelligence

The CONSORT-AI Extension

ETHICS

Consent & Choice

Transparency &
Explainability

Bias, Fairness, & Equity

TECHQUITY & THE DIGITAL DIVIDE

Data Disparities

Older

Non-White

ESL

Lower income

Rural

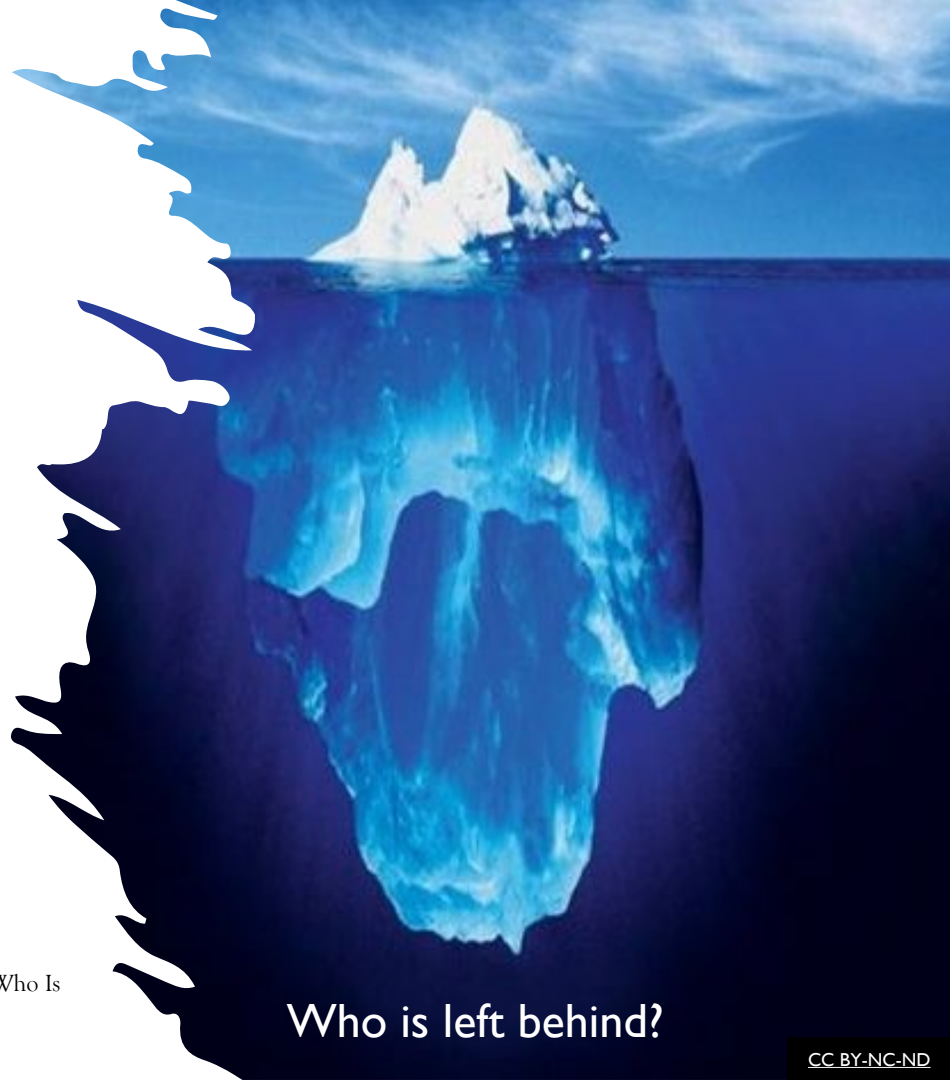
Uninsured or underinsured

AI Algorithmic Bias

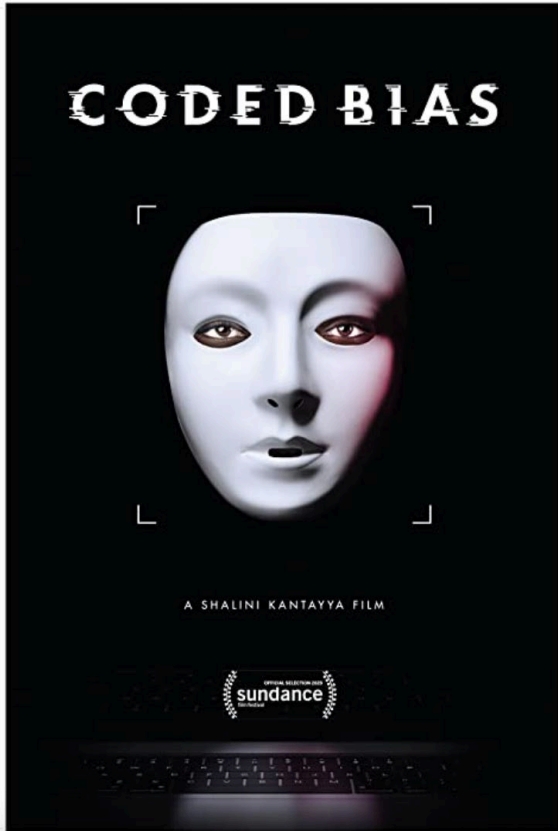
Representational harm

Allocative

Jonathan H. Cantor, Ryan K. McBain, Megan F. Pera, Dena M. Bravata, Christopher M. Whaley, Who Is (and Is Not) Receiving Telemedicine Care During the COVID-19 Pandemic, American Journal of Preventive Medicine, Volume 61, Issue 3, 2021, Pages 434-438.



Who is left behind?



Joy Buolamwini. Algorithmic Justice League.

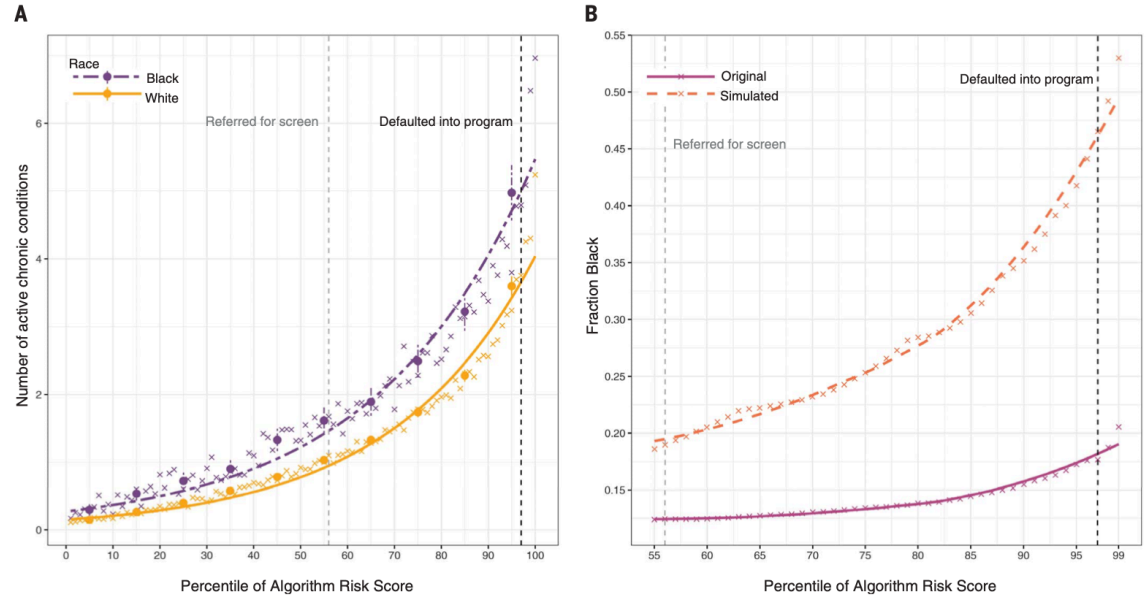
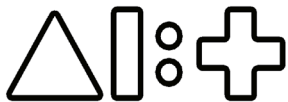


Fig. 1. Number of chronic illnesses versus algorithm-predicted risk, by race. (A) Mean number of chronic conditions by race, plotted against algorithm risk score. (B) Fraction of Black patients at or above a given risk score for the original algorithm ("original") and for a simulated scenario that removes algorithmic bias ("simulated": at each threshold of risk, defined at a given percentile on the x axis, healthier Whites above the threshold are

replaced with less healthy Blacks below the threshold, until the marginal patient is equally healthy). The × symbols show risk percentiles by race; circles show risk deciles with 95% confidence intervals clustered by patient. The dashed vertical lines show the auto-identification threshold (the black line, which denotes the 97th percentile) and the screening threshold (the gray line, which denotes the 55th percentile).

Obermeyer Z, Powers B, Vogeli C, Mullainathan S. Dissecting racial bias in an algorithm used to manage the health of populations. *Science*. 2019 Oct 25;366(6464):447-453.



AI for Health

An ITU Focus Group
In collaboration with WHO

ETHICS AND GOVERNANCE OF ARTIFICIAL INTELLIGENCE FOR HEALTH

WHO GUIDANCE





AUGMENTED INTELLIGENCE

The synergy between human +AI.

Focus on AI's assistive role to enhance human intelligence and the physician/patient relationship rather than replace it.

AAD Position Statement, 2019

OUR ROLE & RESPONSIBILITY

Human in the loop

Domain expertise

- Define the task
- Determine intended, appropriate, and meaningful use
- Data strategy (collect, curate, label/annotate)
- Intentional inclusivity

Patient trust

North Star: safe, fair, trustworthy

DERM PERSPECTIVES ON AI & AUI

- 46% believe AI will positively impact dermatology practice
- 64% believe AUI will positively impact dermatology practice
- Top 3 potential benefits: Improve triage (66%), increase access (47%), quicker diagnosis (31%)
- Top 4 potential risks: Lack follow-up (54%), lack control (47%), human deskilling (42%)
- 57% would use an AI-enabled diagnostic tool for skin lesions (if comparable accuracy)
- If human vs AI diagnosis differed (benign vs malignant), 76% were more likely to biopsy
- If human vs AI diagnosis differed (malignant vs benign), 8% were less likely to biopsy
- 75% would use an AI-enabled skin lesion monitoring tool
- Top 3 challenges to implementation: disrupt patient-provider relationship (54%), accuracy (53%), liability (47%)

OUR
PATIENTS

Literacy

Safety

Consent & Choice

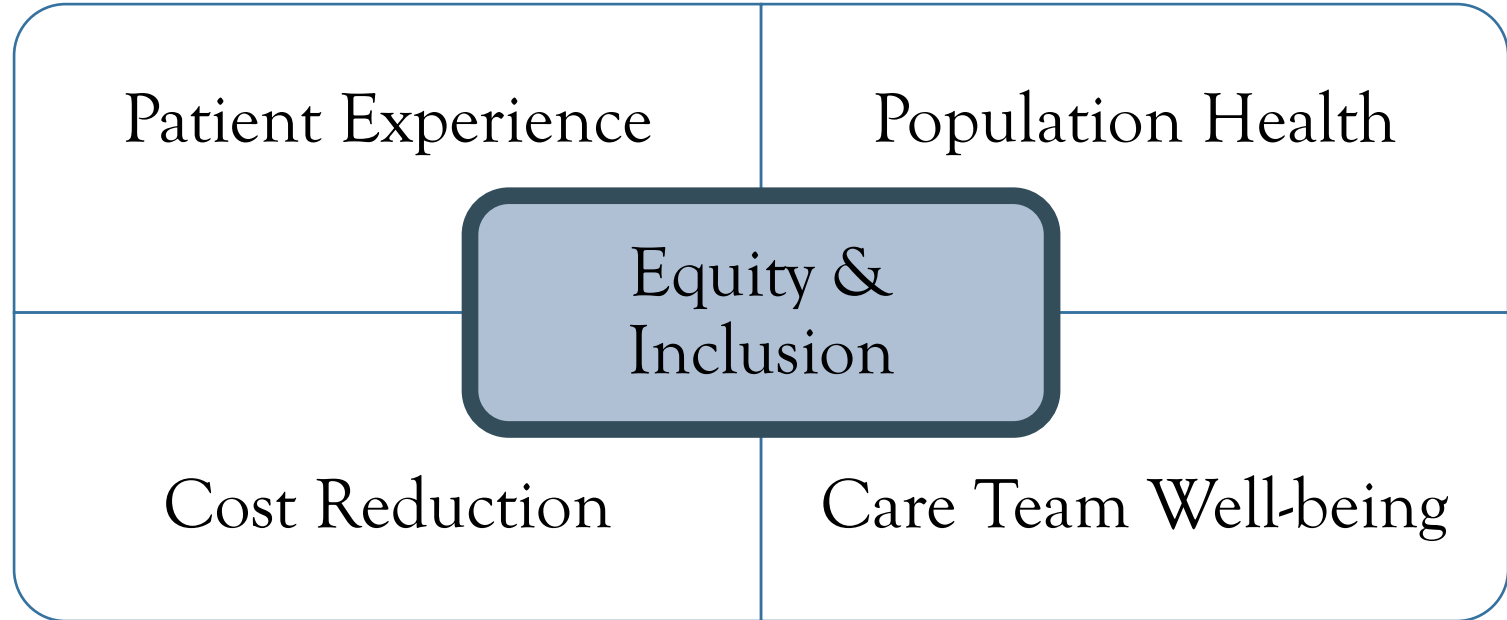
Transparency, Explainability

Cost

Care Coordination

Connection & Trust

QUINTUPLE AIM





Identify core values and priorities

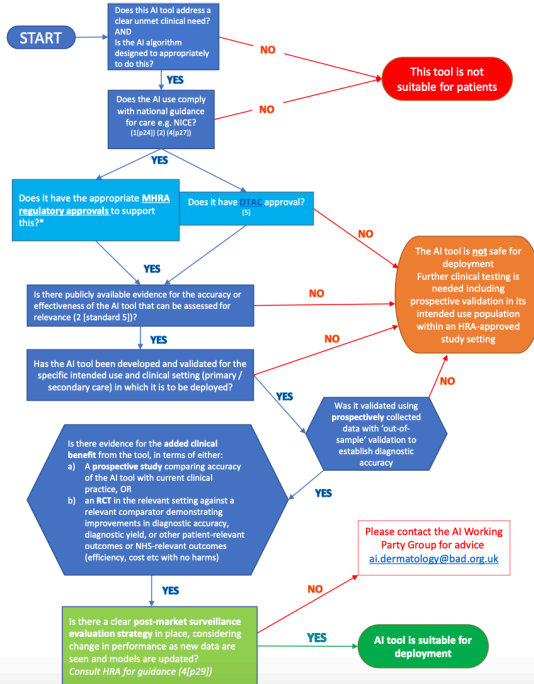
Anticipate and address concerns

Educate ourselves and our patients

Collaborate within and beyond medicine



FLOWCHART TO DETERMINE IF AN ARTIFICIAL INTELLIGENCE (AI) TOOL IS APPROPRIATE FOR CLINICAL DEPLOYMENT IN DERMATOLOGY



REGULATION

State

NUMBER of STATE-LEVEL PROPOSED AI-RELATED BILLS in the UNITED STATES by STATE, 2021

Source: Bloomberg Government, 2021 | Chart: 2022 AI Index Report

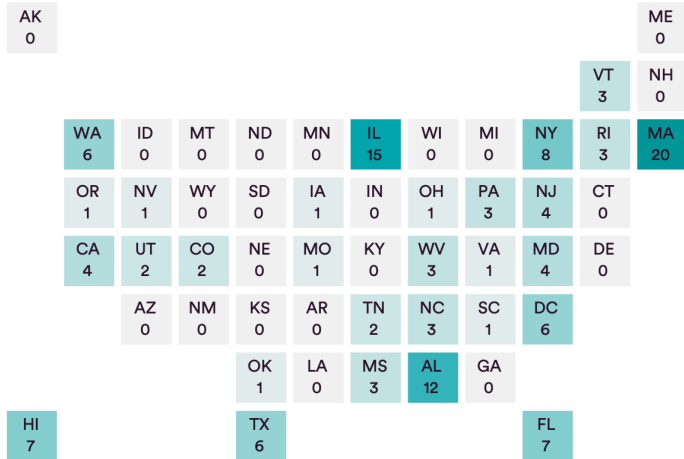


Figure 5.1.6

Federal

NUMBER of AI-RELATED BILLS in the UNITED STATES, 2015–21 (PROPOSED vs. PASSED)

Source: AI Index, 2021 | Chart: 2022 AI Index Report

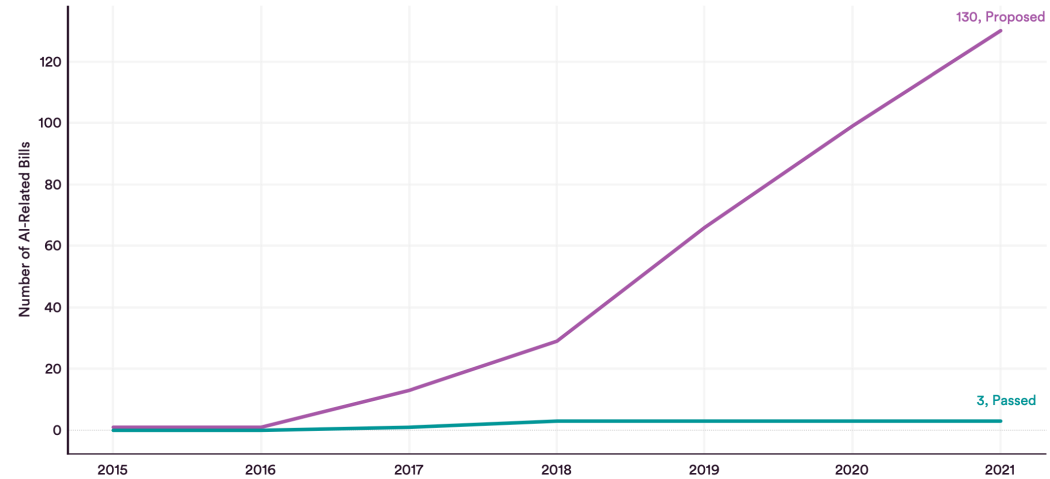


Figure 5.1.3

SUMMARY

AI has potential for significant **benefit or harm**.

Dermatologists can **shape the trajectory** of augmented intelligence and **set standards** by curating **data**, infusing **ethics**, and honoring patient and societal **trust**.

We must **proactively** integrate our values and priorities in the design and deployment of AuI that is appropriate and **clinically meaningful**.

Education and **collaboration** will amplify our impact through AuI.

MEDICINE IS EVOLVING FROM A
CLINICAL SCIENCE SUPPORTED BY
DATA TO A DATA SCIENCE SUPPORTED
BY CLINICIANS.

- Pamela Spence
The Economist
December 2, 2020