AI Care Standard™

for Patient Communication

CORE PILLARS

The Problem

Patient-facing AI is spreading rapidly across healthcare, but regulatory standards have not kept up.

Existing AI frameworks focus on technical performance and backend risk, not on the safety, clarity, and appropriateness of patient communication. As a result, AI can confuse patients, overstep clinical boundaries, undermine trust, and introduce real safety and liability risk.

Healthcare needs a clear, defensible standard that defines how AI should behave when communication itself becomes care.

The AI Care Standard™: Overview

The AI Care Standard™ for Patient Communication establishes a modern, practical framework for the responsible use of artificial intelligence in patient-facing communication.

As AI becomes increasingly embedded in healthcare workflows, this standard defines clear expectations to ensure AI-generated communication is accurate, safe, transparent, and aligned with clinical care teams.

The AI Care Standard™: Definition

For the purposes of the AI Care Standard, “patient-facing AI” is limited to:

- AI that communicates directly with patients, or
- AI that mediates, generates, or meaningfully shapes provider communication with patients

This clear scope is essential to managing adoption risk, liability exposure, and patient safety.

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What's Out of Scope

This framework is designed to complement—not replace—clinical judgment, regulatory requirements, or established professional standards of care. It applies only to AI systems that communicate directly with patients or meaningfully shape provider-to-patient communication.

AI that is used solely for internal analytics, administrative automation, operational decision support, or other backend clinical functions is intentionally out of scope.

The AI Care Standard™: Methodology

The methodology used in creating the AI Care Standard was designed to ensure the Standard reflects real-world conditions and tradeoffs, not abstract ideals, and to give organizations confidence in using it to guide decision-making.

The AI Care Standard was informed by:

- In-depth 1:1 interviews with 20+ health system, policy, safety, patient experience, and AI innovation leaders
- Structured cohort discussions and facilitated Roundtable sessions
- Explicit stress-testing of real-world adoption, safety, and liability scenarios
- Iterative review and refinement based on expert feedback

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AI Care Standard Core Pillars™

The AI Care Standard™ defines best practices for patient-facing AI systems and does not replace clinical judgment, regulatory requirements, or professional standards of care.

1. Safe & Clinically Accurate
2. Situationally-Appropriate Responses
3. Clear, Closed-Loop Communication
4. Trust & Patient-Specific Accommodation
5. Patient Autonomy + Empowerment
6. Disclosure of Identity & Training Limitations
7. Truth & Evidence-Based
8. Optimization of Care Team Workflow
9. Acknowledgement of Limits & Confidence Levels
10. Continuous Oversight & Improvement

PILLAR #1

Safe & Clinically Accurate

Communicate with patients, families, and caregivers in a way that optimizes health, prevents harm and ensures all information delivered is clinically accurate, evidence-based, and aligned with the care team.

KEY SAFEGUARDS

- Never fabricate or infer diagnoses, plans, or results.
- Acknowledge gaps, ambiguities, or contradictions in the record.
- Detect documentation errors and surface them safely.
- Ensure all information reflects current, evidence-based medical guidance.
- Rely on high-quality, clinically credible sources and diverse, generalizable training data, avoiding outdated, non-expert, or consumer-health sources.
- Provide excerpts or traceable references when appropriate.
- Test models rigorously (research + shadow mode) before patient use; audit continuously for drift.
- Maintain safeguards against prompt manipulation and inappropriate instructions.
- Never direct patients to take clinical action without explicit authorization from the patient's care team.

PILLAR #2

Situationally-Appropriate Responses

Respond appropriately to psychological cues and conversational dynamics.

KEY SAFEGUARDS

- Detect medical, emotional, and social urgency and respond with appropriate escalation.
- Handle sensitive contexts (cancer, pregnancy loss, trauma, genetic conditions) with care.
- Recognize abnormal conversational patterns (delirium, delusions, substance use, impaired judgment).
- Redirect harmful or high-risk intent toward emergency resources immediately.
- Adjust tone and content based on a patient's mental, emotional, and functional state.
- Validate model behavior across all clinically relevant subgroups (age, language, population).

PILLAR #3

Clear, Closed-Loop Communication

Assess the patient's understanding of key information; identify communication gaps and adapt accordingly.

KEY SAFEGUARDS

- Assess understanding of critical information using simple confirmation methods.
- Rephrase or simplify content when the patient signals confusion.
- Close communication loops for medications, follow-up instructions, and red flags.
- Use plain language tailored to cognitive level and health literacy.

PILLAR #4

Trust & Patient-Specific Accommodation

Adapt to the communication needs of patients at an individualized level.

KEY SAFEGUARDS

- Automatically adapt to language preference and communication modality.
- Offer accessibility supports (large text, screen-reader compatibility, voice narration).
- Default to simple, plain-language explanations.
- Infer reading level and adjust accordingly.
- Consider cost sensitivity and social determinants where relevant.

PILLAR #5

Patient Autonomy & Empowerment

Facilitate and validate patient curiosity and need to understand their own health and care-related options.

KEY SAFEGUARDS

- Validate patient curiosity and their right to understand options clearly.
- Present balanced, evidence-based explanations without intentionally biasing patient decisions.
- Use only high-quality clinical literature; avoid general internet medical advice.
- Reinforce that final decisions must be discussed with a clinician.
- Maintain provenance logs showing neutral sourcing and evidence trail.

PILLAR #6

Disclosure of Identity & Training Limitations

Make clear when communicated content is generated by AI.

KEY SAFEGUARDS

- Patients must always know when AI—not a human—generated the information.
- Patient-facing AI tools (e.g., chatbots) must clearly introduce themselves as AI.
- UI elements should label AI-generated outputs consistently.
- Provide alternatives to AI when ethically appropriate
- AI must honor programmable ethical boundaries.
- AI systems must disclose clinically relevant training limitations (e.g., trained only on adult data).

PILLAR #7

Truth & Evidence-Based Information

Claims made by AI always traceable to primary sources, including clinical data and medical/scientific literature.

KEY SAFEGUARDS

- Every AI-generated claim must be traceable to clinical notes or evidence.
- Provide links or excerpts from source material for patient verification.
- Maintain metadata and lineage (author, timestamp, section type).
- Ensure transparency of reasoning and information sources.
- Expose source list and data lineage to administrators AND optionally to patients.

PILLAR #8

Optimization of Care Team Workflow

Patient-facing AI must not degrade clinical workflows and where possible, it should create additional human capacity for higher-value care.

KEY SAFEGUARDS

- AI should reduce, not add to, clinician workload and patient-management steps.
- Address sensitive issues without creating unnecessary escalations or distrust.
- Support the provider–patient relationship through aligned messaging.
- Acknowledge patient frustration constructively.

PILLAR #9

Acknowledgement of Limits, Confidence Levels & Reproducibility

Only communicate clinical information about a patient when direct supporting evidence is available in the source health record data.

KEY SAFEGUARDS

- Do not infer diagnoses or clinical decisions without direct evidence.
- Establish strict minimum data thresholds for generating clinical content.
- Use “I don’t know” when information is missing or contradictory.
- Halt or stop responses when ambiguity or risk is detected.
- Patient-facing AI systems should give consistent answers to the same question in the same context, and clearly defer to a human when they cannot.

PILLAR #10

Continuous Oversight & Improvement

Employ continuous oversight to monitor performance and tool drift.

KEY SAFEGUARDS

- Use automated and human monitoring to detect performance drift.
- Roll back or adjust models promptly when readability or accuracy worsens.
- Continuously refine prompts, models, and workflows as new tools emerge.
- Track multiple performance dimensions: accuracy, clarity, tone, appropriateness.
- Oversight should track performance over time, including before and after model updates, vendor changes, or core technology changes.