Four Strategies for Getting Your Care Teams on Board With AI

A Discussion Guide for your Leadership Team

As health systems continue to make headway on AI implementation, they are navigating the complex challenge of getting physicians and nurses on board with adopting AI-enabled workflows. Based on conversations with physician and nursing executives during The Health Management Academy's Spring Forums, this discussion guide outlines their challenges and potential solutions for getting buy-in, including examples from fellow health systems on how they're garnering support and alleviating skepticism.

In this piece you will learn:

- ✓ **Physicians are skeptical but willing to find benefits from AI**
- ✓ **Nurses need a seat at the table before committing to AI**
- ✓ **Health systems still have time to build buy-in with care teams through four key steps**

Physicians are skeptical but willing to find benefits from AI

***"Success with AI all comes back to if physicians are willing to change the way we practice medicine."* – CPE, Leading Health System**

- Reducing administrative burden for physicians is a top priority for both CIOs and clinical leaders. Therefore, in addition to back-office uses, some of the top AI use cases health systems are piloting today are clinical documentation and in-basket messaging.
- But clinical leaders have indicated that they are encountering resistance from physicians because:
  - AI requires physicians to fundamentally change their approach to clinical work.
  - Physicians are concerned that the productivity gains of AI could lead to greater workloads in the future and further exacerbate burnout.
  - Physicians have understandable concerns about how AI will impact patient privacy and the patient-physician relationship.
- With that said, most physicians are not completely averse to AI. There is a healthy spectrum of physicians who *want* to take advantage of its benefits but have concerns about how it will impact their work in the future.
  - In an American Medical Association (AMA) survey of 1081 physicians, 30% were more excited than concerned about AI, 29% were more concerned than excited, and the majority—41%—were equally excited and concerned.
    - In the same survey, 54% of physicians were enthusiastic about using AI for documentation while 48% were enthusiastic about automating prior auth.
    - However, 62% of physicians stated they hadn't yet adopted AI for clinical decision support or admin work. This lack of adoption is likely driven by skepticism and is a natural byproduct of being early in the adoption process.

Nurses need a seat at the table before committing to AI

***"Our EMR's AI capabilities are so physician focused. Everything just gets passed onto nurses and it doesn't work for them."* – CNIO, Leading Health System**

- CNEs and CNIOs stated that frontline nurses have been largely excluded from the AI implementation process and decisions about where AI will be used. This is leading nurses to feel less valued and like they won't have input on an initiative that will significantly impact their work in the future.
- Moreover, current AI solutions on the market are primarily physician-focused. Therefore, when health systems begin to pilot AI for reducing clinical administrative work, the solutions are often incompatible with nurses' workflows.

    - For example, one CNE discussed how documentation tools that use dictation software for physicians aren't structured for use in flow sheets where most nurses spend time.
- As a result, there is a misunderstanding among many nurses that AI is being used to replace them. Fifty-four percent of nursing students say they're worried about AI's impact on job security.
- This misunderstanding, combined with legitimate concerns about AI's potential to introduce bias and compromise patient safety, has led to some nurses and nursing unions loudly protesting the use of AI.
- But like physicians, nurses have varying sentiments towards AI and the loudest skeptics do not represent the majority. Rather, it seems that many are just unsure about what impact AI will have.
    - According to a survey by Cross Country Healthcare of 1,127 nursing professionals and students, 53% of nurses aren't comfortable with using AI and two-thirds of employed nurses say they lack experience with AI technology.
        - This may, in part, reflect confusion about what AI really is. Many nurses are already working with AI-powered sepsis alert systems, fall risk prediction algorithms, and more. If nurses believe that all AI tools are unproven, they may overly fear worst-case scenarios.
    - According to CNIOs, younger nurses who are more acclimated to tech are more comfortable and excited about the prospect of AI in nursing. In contrast, tenured nurses are more reluctant, including some in leadership roles.
- Ultimately, nursing leaders agreed they need to more intentionally advocate the benefits of AI to their nurses to ensure nurses feel confident and secure while using these solutions.

Health systems still have time to build buy-in with care teams. Here's how:

1. Create an open dialogue with clear messaging on the rationale of your AI use cases

- Provide clear, transparent messaging on how your organization is approaching AI implementation and the reasoning for the use cases you chose.
- Leverage your CHROs, CPEs, and CNEs to develop and execute the strategy for organizational messaging. This reinforces a system-wide approach to implementation.
- Give physicians and nurses an opportunity to share their questions and concerns, while maintaining an open dialogue as implementation continues.
- Engage physician and nurse champions early.
    - Survey results show most physicians incorporate tech when their peers do. Therefore, engaging with physicians and nurses who want to be early adopters in the pilot process and governing committees can help address the concerns of skeptical colleagues.

Peer example: One Leading Health System had their CHRO spearhead the messaging and rationale behind the org investments in AI. When they started piloting documentation and inbox messaging tools, the messaging focused on how these tools would give providers more time for the work they enjoyed—being with their patients, rather than on time-consuming administrative tasks. By positioning the new tech as an asset, care teams were more open to piloting.

2. Bring nurses to the table

- Get nursing leaders to advocate for more nursing-specific AI use cases, have nursing stakeholders included in governance, and help them make the case (as the technology is available) to encourage frontline nurses to use AI.
- Make sure frontline nurses are involved in piloting nursing-centric solutions so you can get their feedback.

Peer example: One Leading Health System incorporated auto-populating capabilities in EMR flowsheets, reducing nurses' documentation time by 23% with nurses saying, **"please never take this away, it makes our assessments so much faster to document"**. By focusing on reducing time-consuming, redundant work that is unique to nursing, nurses will feel seen and valued on an organizational level and be more amenable to future changes related to AI

3. Start with high-impact, low-risk solutions

- Begin with AI applications that have a significant positive impact but minimal risk. Gradually expanding AI adoption based on successful outcomes will build employees' confidence using new tech.
- Don't immediately try to increase workload (e.g., panel sizes) due to productivity improvements as this will alienate clinicians and make them not trust that time gains will significantly reduce burnout.

Peer example: One Leading Health System focused on use cases that would improve physician satisfaction and reduce their cognitive overload. Based on physicians' feedback, they piloted solutions for their biggest stressors: documentation and in-basket messaging. Being solution oriented about their pain points, they established good will with physicians. In turn, they were receptive to AI, learned how to use it quickly, and were impressed with how it reduced the effort that normally goes into documentation and in-basket messaging.

4. Overinvest in building AI literacy through training

- Successful adoption of AI is contingent on teaching people how to use it correctly. Therefore, it is critical to invest in training to educate all employees on the best ways to use AI and on their role as stewards of data integrity.
- Educating and upskilling your clinical workforce improves the likelihood that your health system will fully realize the ROI of AI, and skepticism will be minimized because employees will understand its role in augmenting their work.
- Make sure employees have resources they can rely on beyond the training stage. This includes leveraging your industry partner to provide technical support for employees after initial adoption and incorporating AI education in professional development and onboarding curricula.

Peer example: One CPE with a documentation pilot analyzed their EMR data to see how much time physicians spent on documentation. After engaging those who had lower performance scores in one or two hours of training, their pilot scores for time savings improved by 25-50%.