

Evaluating the Use of Artificial Intelligence in Outpatient Palliative Care

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PROBLEM STATEMENT

- There are limited data on the use of AI in outpatient palliative care (PC) documentation, which differs significantly from other specialties.
- The Abridge AI tool is an AI-powered ambient listening documentation tool that uses language models to convert clinician conversations to structured notes to help improve efficiency.
- The Emory Supportive Care Clinic (SCC) is one of the first outpatient palliative medicine clinics to utilize the Abridge AI tool for documentation.

PROJECT DESCRIPTION

- ① Quality improvement study using a moderated discussion.
 - ① Goal: Understand the **barriers, opportunities, and experiences** of outpatient PC clinicians on the use of **ambient AI-assisted documentation**.
- ② Outpatient palliative clinicians participated in the recorded discussion and completed the post-discussion questionnaire.
- ③ The recording was summarized, and five key domains were identified.

RESULTS

- **Participant Demographics**
 - Five participants were consented and completed the survey
 - Median age range: 35-44 years
 - 100% (n=5/5) female
 - 60% (n=3/5) attending physicians, 40% (n=2/5) advanced practice providers
 - Post-graduate medical experience ranging from six to 29 years, median of ten years.

RESULTS

Representative quotes from the five identified domains

Effectiveness: *Participants thought AI would effectively capture and organize patient encounter content into helpful, structured notes. However, they found it missed a lot of PC content.*

“I was hopeful it would be something that would make my workflow easier. And I think that a lot of ways that has...but ...it misses a lot of the important content that's important to palliative care.”

Concerns: *Participants shared multiple concerns surrounding the lack of personalization in notes, low trust in AI, medico-legal issues, privacy, and creating unwanted space between the provider and patient by using AI.*

“There's nothing unique in there, and **it's not my voice.** “

“**I have zero trust**, zero trust zero...[there is] no way at all that this thing is going to know what's important to me.

“**[I am] worried about the medical legal issues...**because it's recording in the room”

“**[What is] important to me is my relationship with my patients...and as soon as something gets in the way of that... That's the sacred space for me...** it's not acceptable to me. “

“**We don't allow patients to record us, but we can record them, and we don't have to ask permission...** I find that troubling”

Frequency of use: *participants reported low use of AI given concerns.*

“I, for the record, have not used Abridge either because I it just seemed it was **just one more thing to add into my workflow.**”

“**I don't feel I need it, but I also feel like something is lost if I use it.**”

Accuracy: *participants felt that AI missed or didn't fully capture content.*

“**It either misses things or doesn't fully capture everything...**so it takes extra time.“

Future directions: *participants felt that more support from corporate structure and institutional IT, better integration with the electronic medical record would help increase use and effectiveness.*

“**There needs to be more support...** from the corporate structure that's around us...I'm happy to contribute, but...**something that is given in exchange** for for my efforts to to help improve this thing...if you're totally maxed out with your responsibilities...you **have to start prioritizing...my survival and ... being a healthy person is more important to me than than improving this AI software.**”

“**[AI needs to have] better integration with EPIC.** “

“**[AI needs to] have good support for it... on the IT side.**”

- **When asked: "how satisfied are you with your current method of creating and editing notes?" most participants (40%, n=2/5) reported feeling "neither satisfied nor dissatisfied"**

DISCUSSIONS

- Low trust in AI and worries surrounding ethical and medico-legal issues were reported.
- All providers shared a hope that AI would improve workflow, however, felt it was not yet ready to be adopted due to barriers in support, time, and inability to consistently capture what is important to PC.

INSIGHTS

- Clinical AI documentation tools, like Abridge, may require a sensitivity to the nuances of outpatient palliative care before broad implementation.
- Greater collaboration between AI documentation platforms and PC providers is needed to enhance workflow efficiency, improve clinical efficacy, and foster provider buy-in.