

ML is here. AI is coming.

How will the medical profession change in the next 10 years and what opportunities will it create for healthcare innovators?

Data democratization and liberation does for medical science what social media did for news

Shahid N. Shah



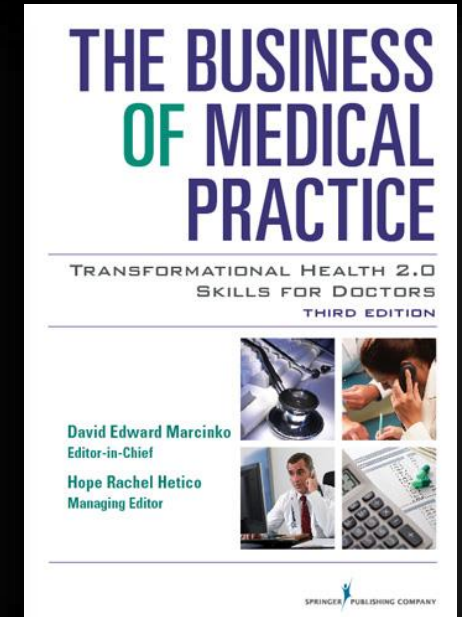
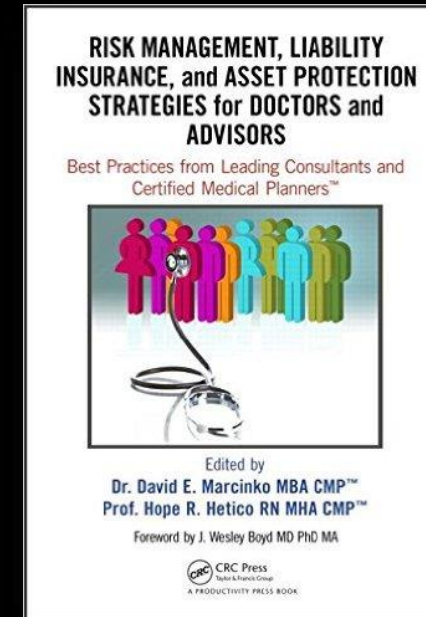
Netspective
EXTENDING THE ENTERPRISE



Who is Shahid?



- Chairman of the Board of Netspective Communications, Publisher at Netspective Media and serial entrepreneur.
- Angel investor, board member, in several digital health and Internet startups.
- 32+ years of software engineering and multi-site healthcare system deployment experience in Fortune 50 and public sector (Fed 100 winner).
- 15 years of healthcare IT and medical devices experience (blog at <http://healthcareguy.com>)
- 15 years of technology management experience (government, non-profit, commercial)



BREAKING NEWS

**Amateur scientists locate
cancer linkages**

**Homemaker working on
'data puzzles' discovers
cure for common cold**

**15 year old student discovers cure for rare disease
while gaming.**

**College student finds link between Alzheimer's disease
and climate change as part of class assignment**

Computer creates treatment for prostate cancer

Technology has digitized our experiences

Last and past decades

Digitize
mathematics &
engineering

Digitize maps,
literature, news

Digitize
purchasing,
social networks

Predict crowd
behavior

Gigabytes and petabytes, all sharable

This and future decades

Digitize
biology

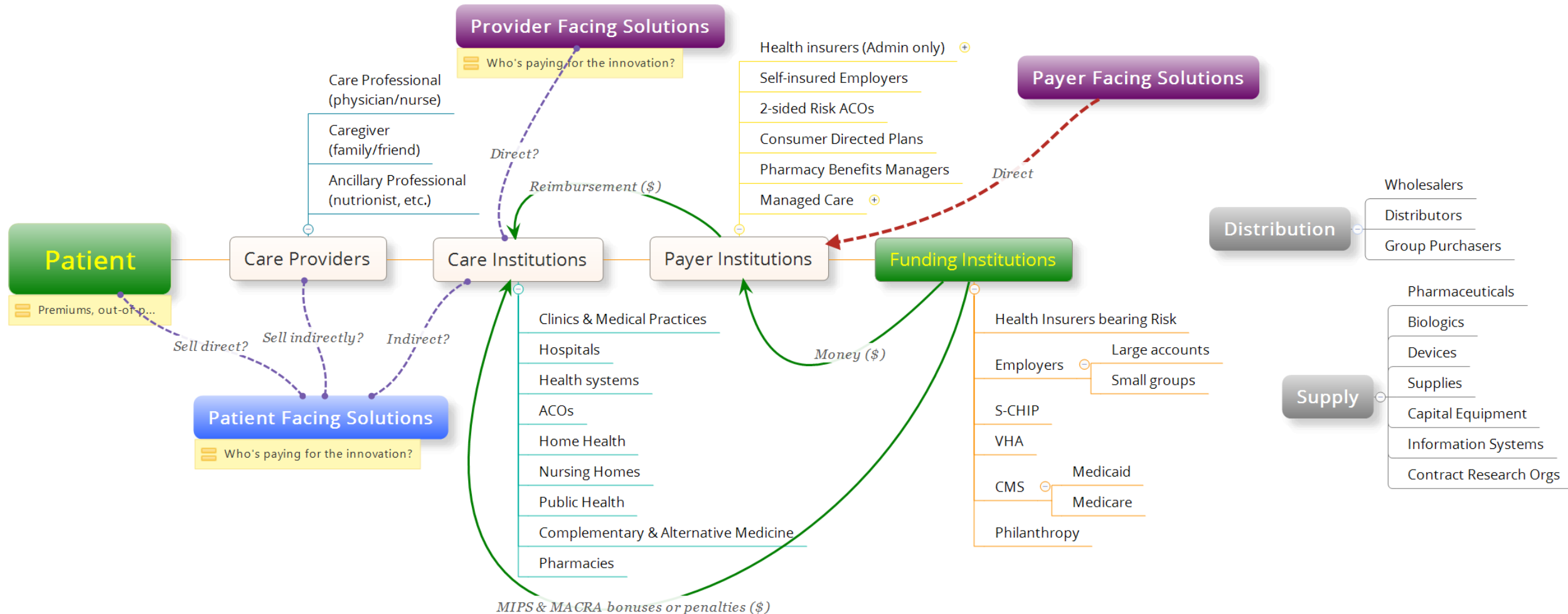
Digitize
chemistry

Digitize
physics

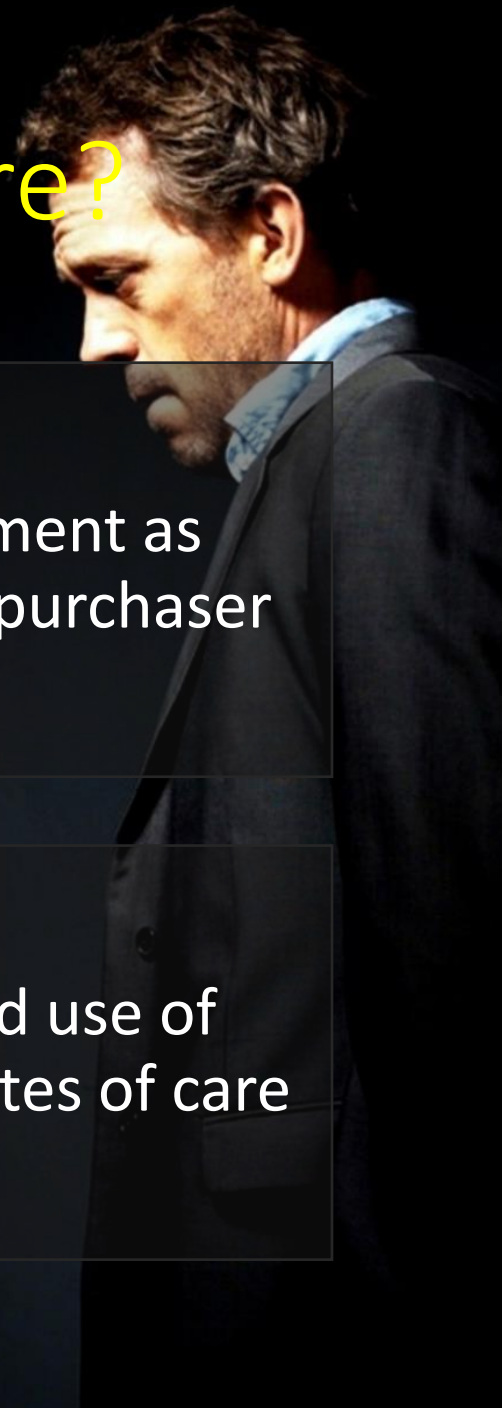
Predict human
behavior

Petabytes and exabytes, not shareable

Machine Learning and AI in healthcare will be slowed by *intermediated business models*, *misunderstood regulations* such as HIPAA / FDA QSR and *protective regulations* such as licensure and credentialing.



What's **not** going to change in healthcare?



Do no harm, safety first, and reliability effect on standard of care

Statutory craft & regulatory burdens increase over time

Government as dominant purchaser

Outcomes based payments
intermediation & pricing pressure

Eminence & consensus driven decisions as collaboration increases

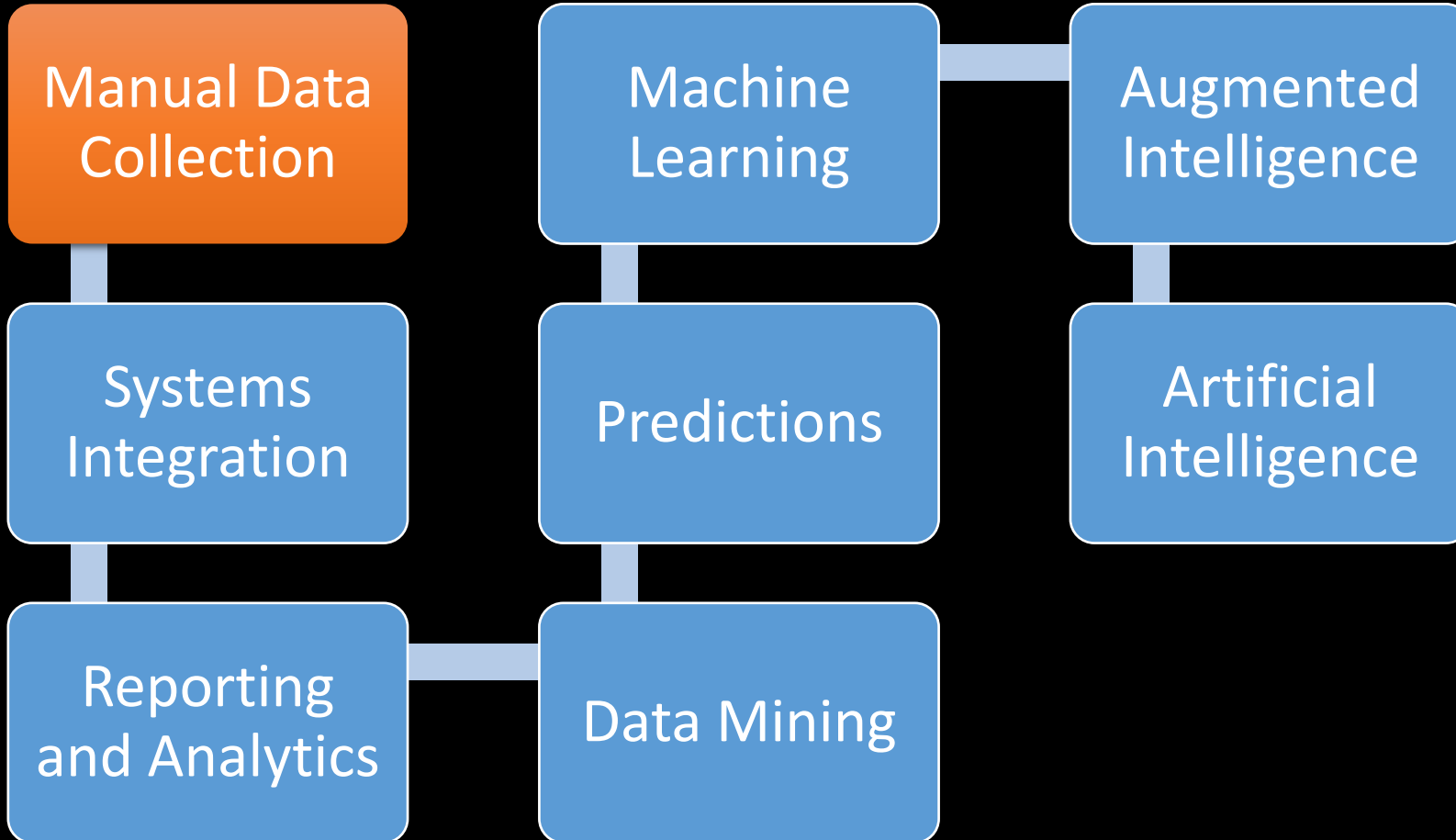
Increased use of alternate sites of care

Regulations and data privacy will hold AI at bay...only for a little while



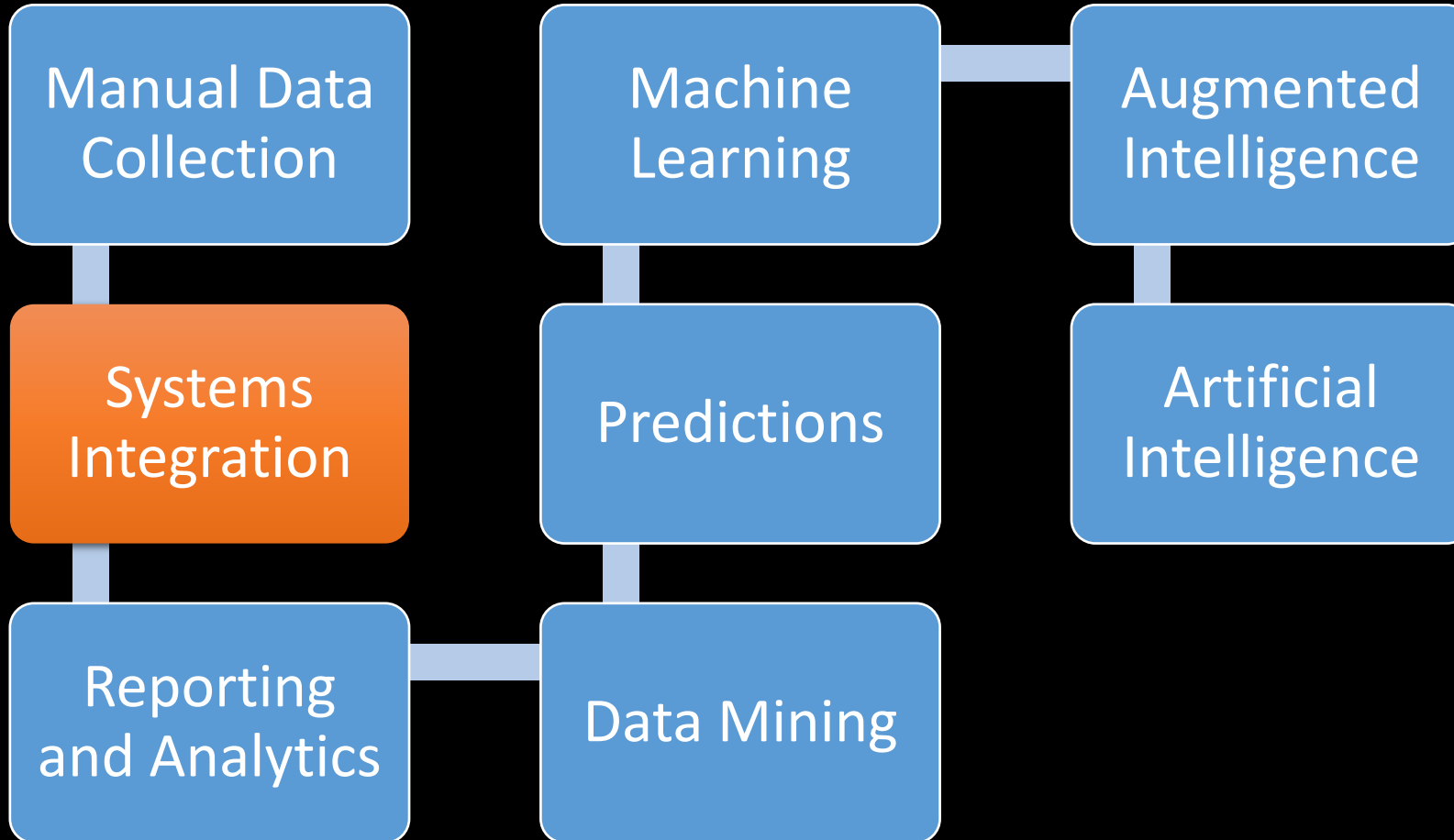
The Digital Transformation Spectrum

Docs and nurses
as clerical staff
TODAY

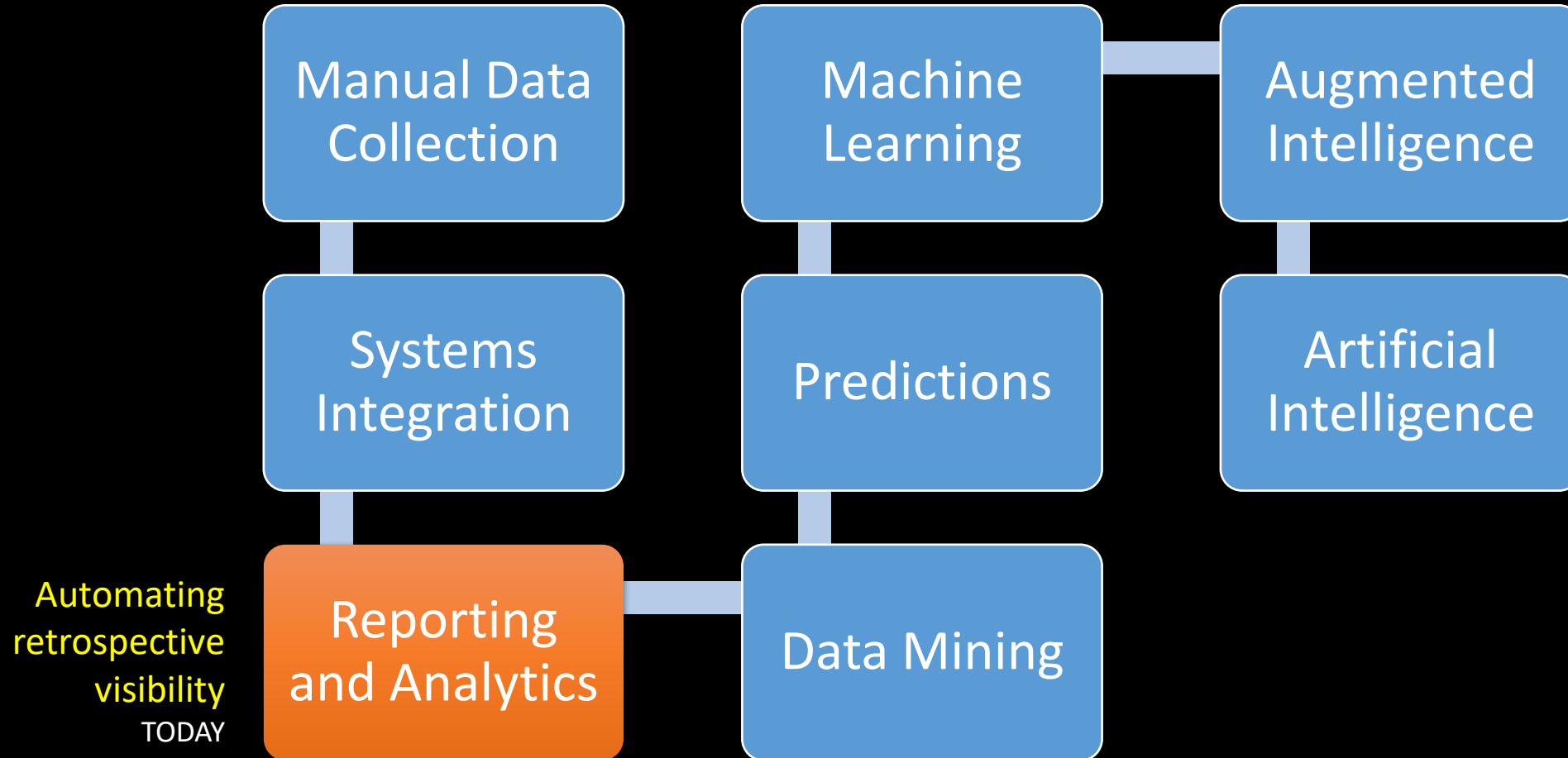


The Digital Transformation Spectrum

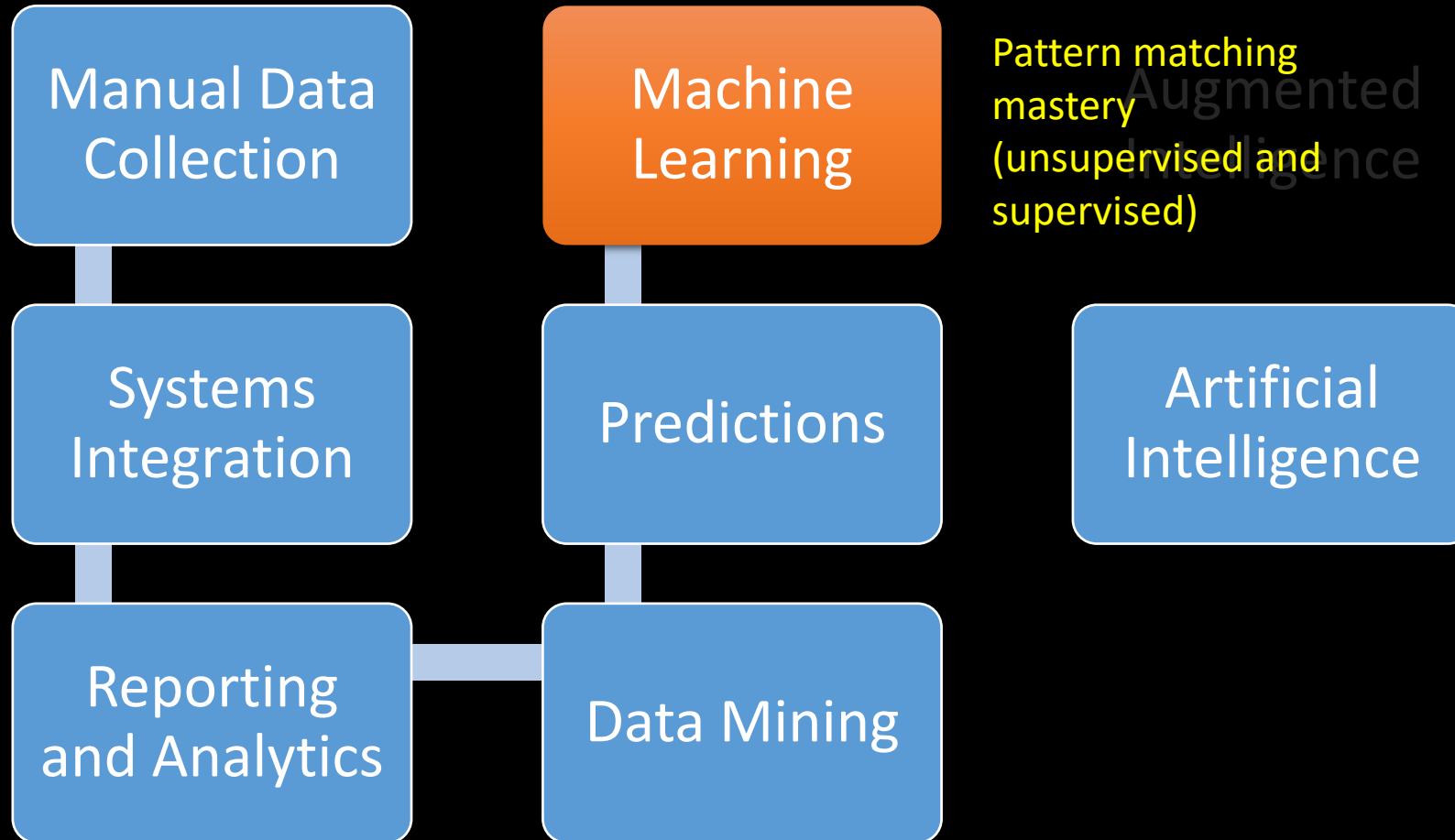
PGHD, Med Device
Connectivity
TODAY, ACCELERATING



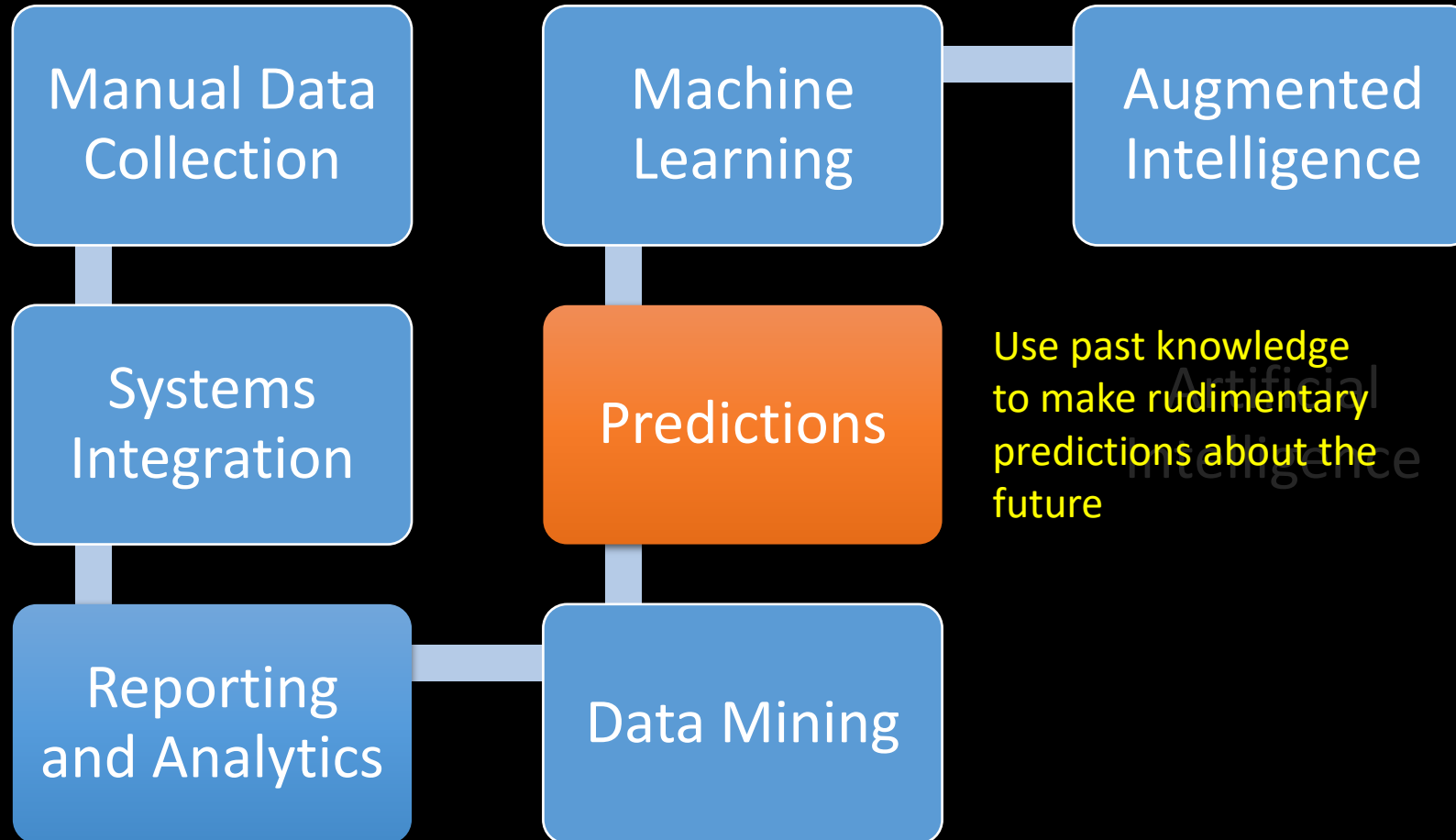
The Digital Transformation Spectrum



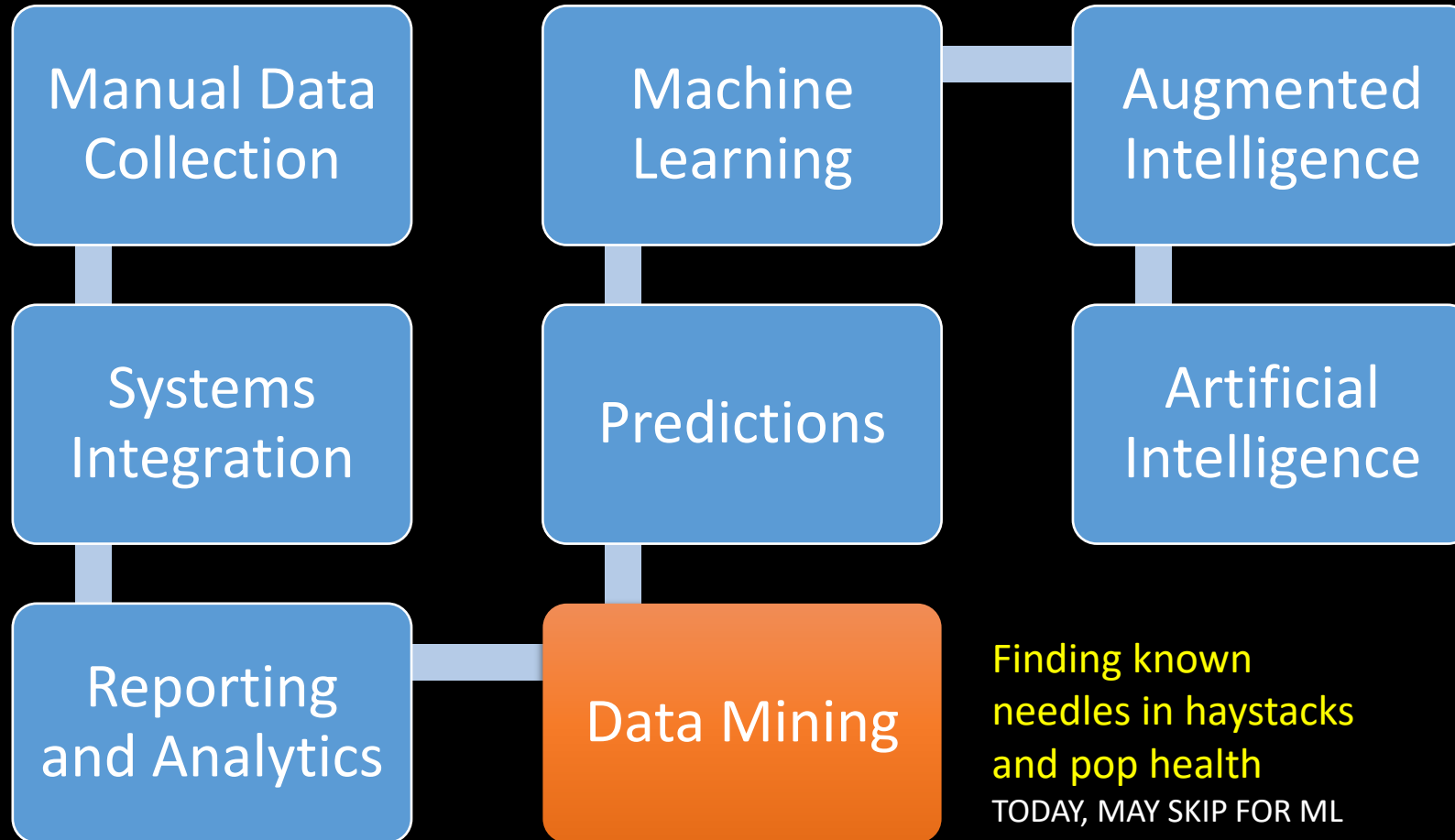
The Digital Transformation Spectrum



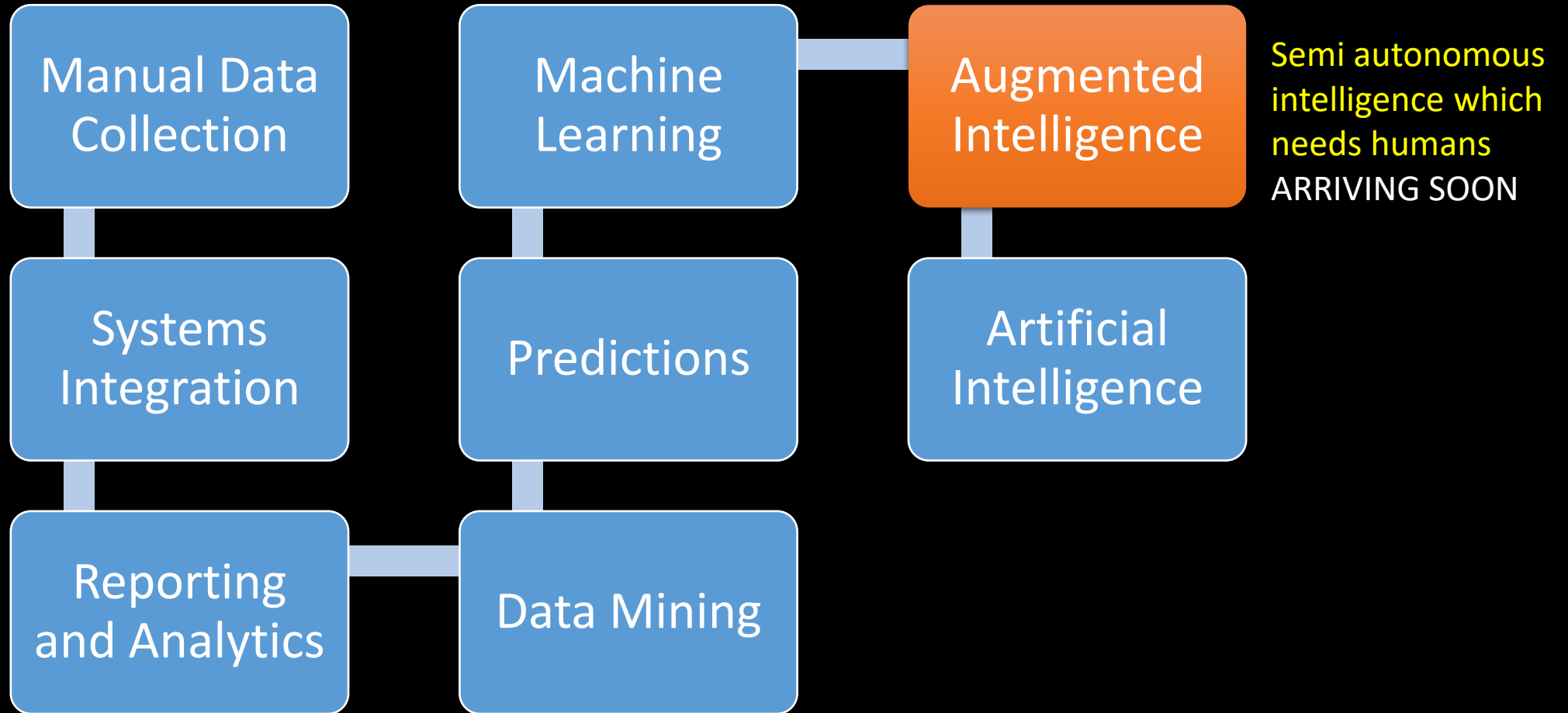
The Digital Transformation Spectrum



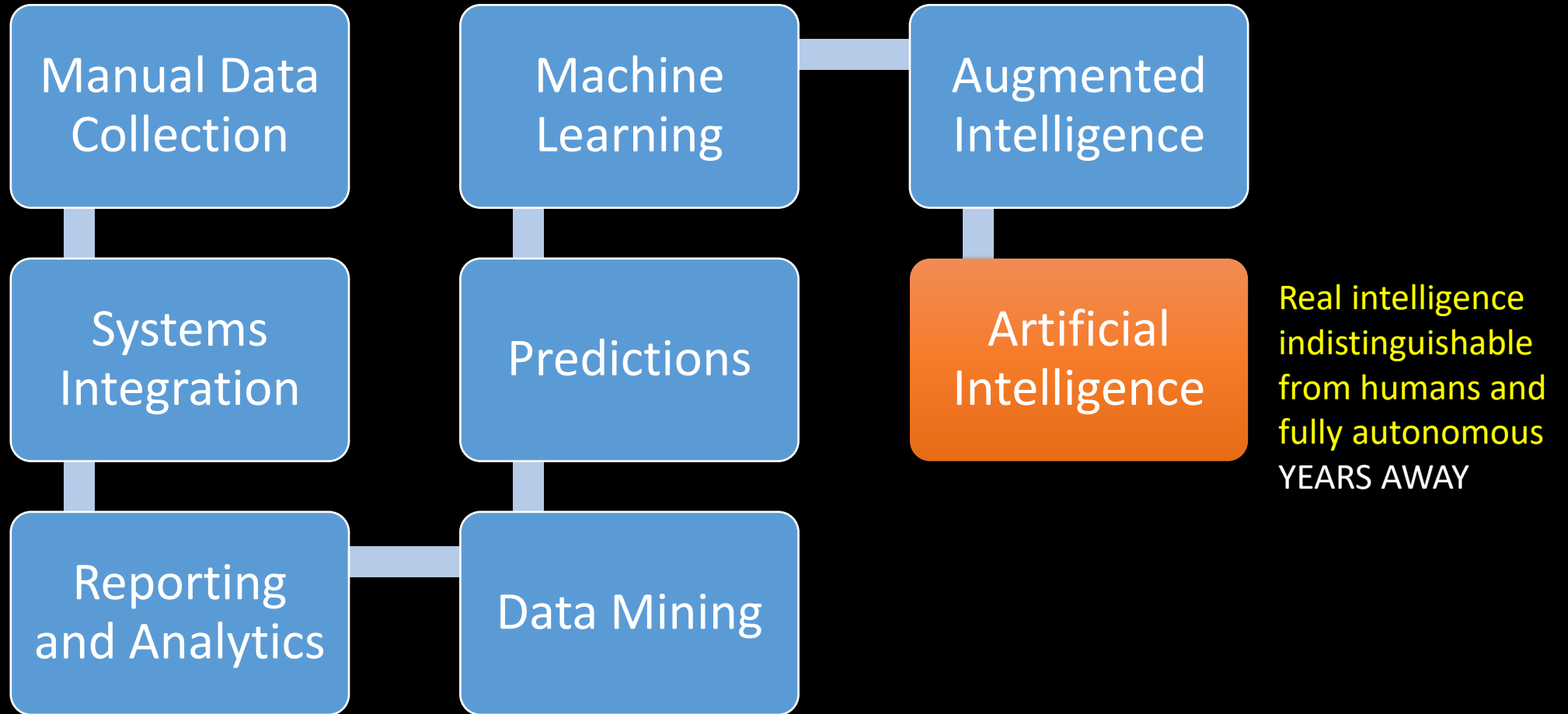
The Digital Transformation Spectrum



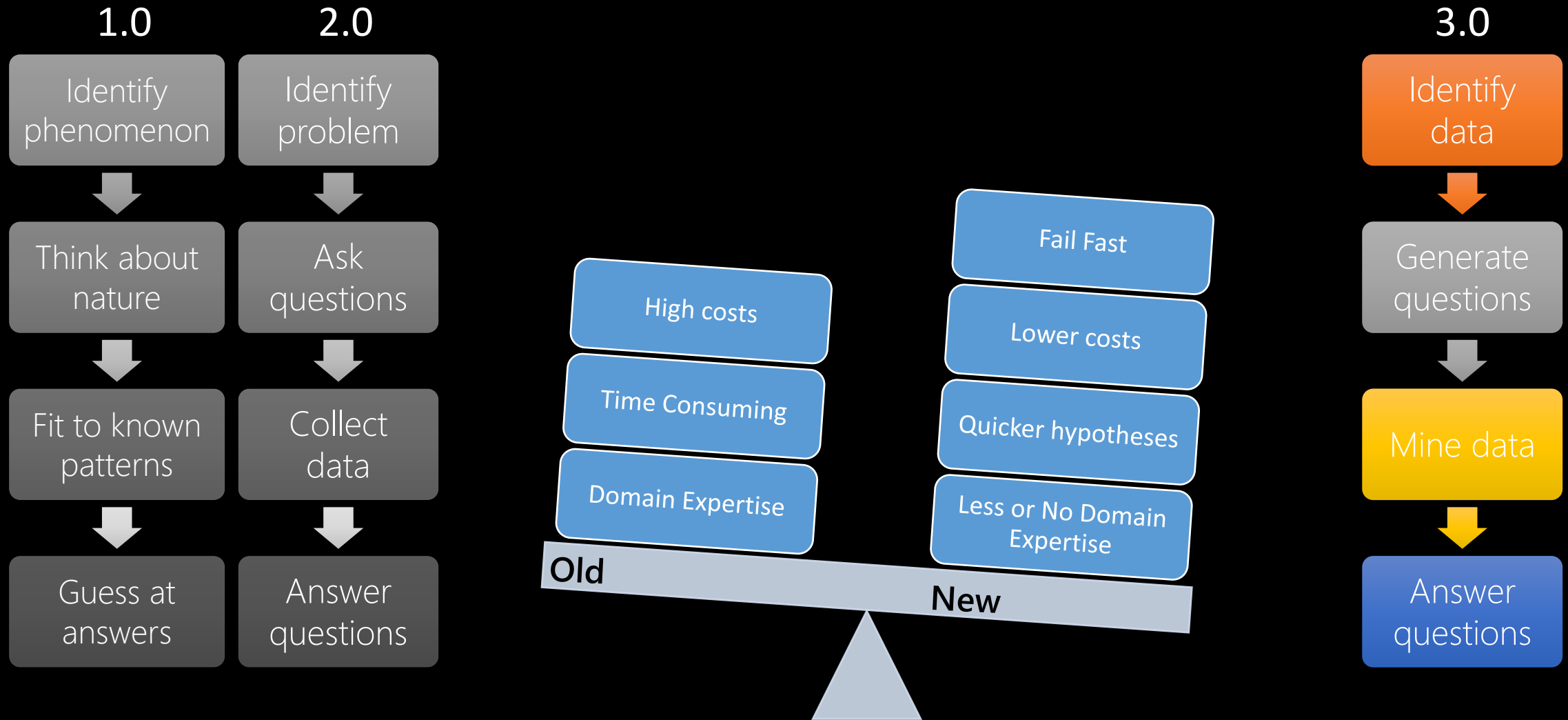
The Digital Transformation Spectrum



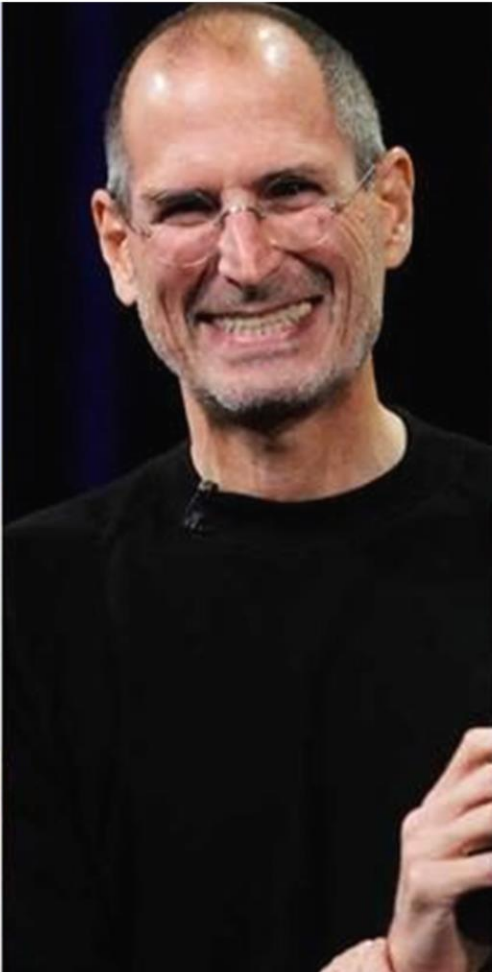
The Digital Transformation Spectrum



Data ushering in Scientific Method 3.0 .



How will we know if we've reached 3.0?



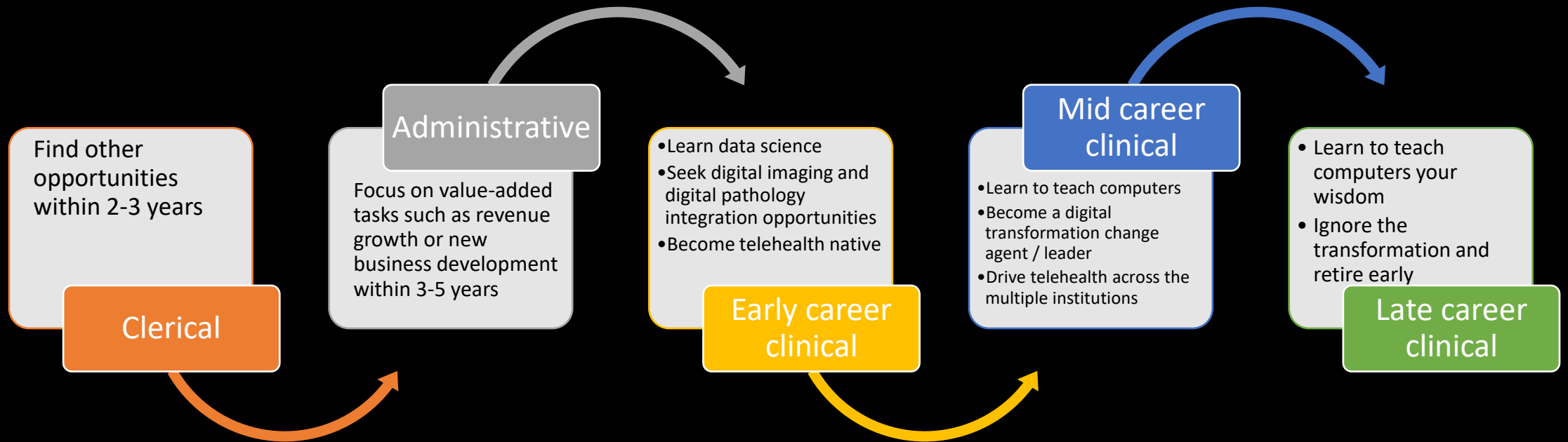
**RESPONSIBLE
AND
ACCOUNTABLE**





OUTCOMES MATTER

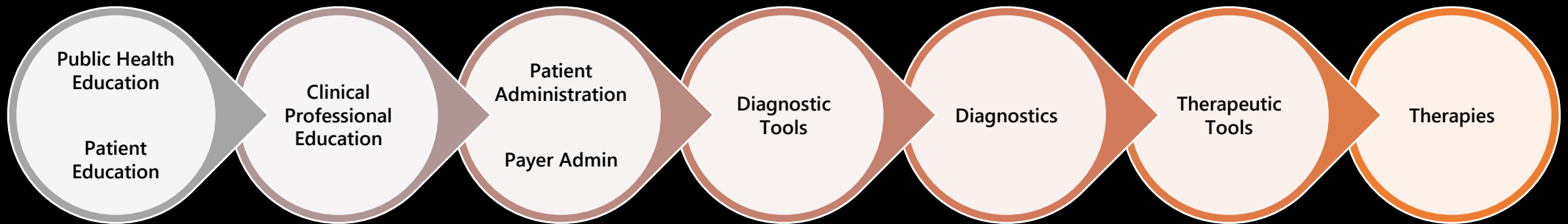
How will medical roles evolve or be eliminated?



Where ML and AI are applicable (care)

Least Regulation

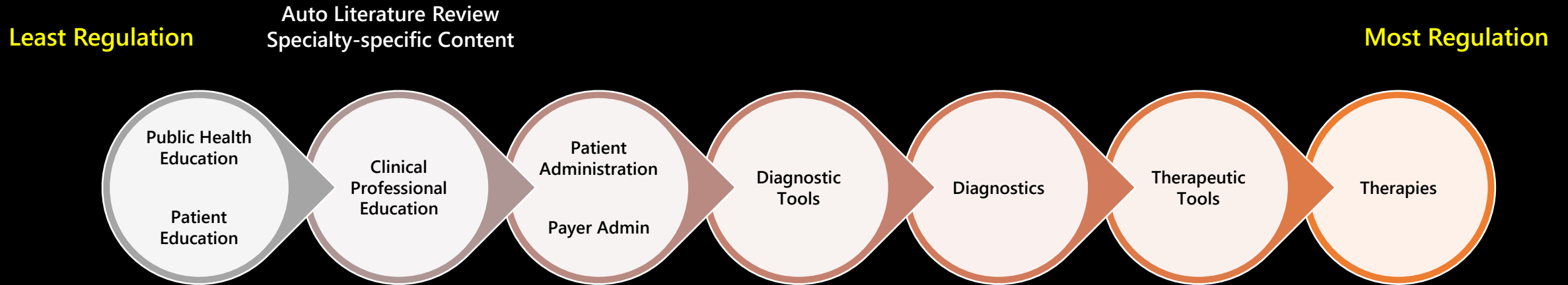
Most Regulation



Cohort specific
Personalized

Risk Data Sharing

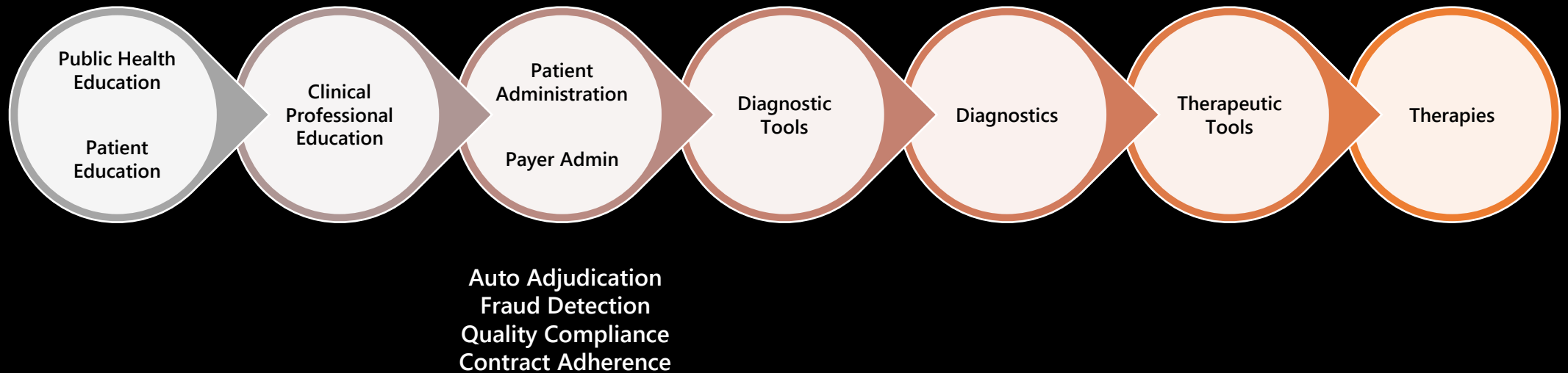
Where ML and AI are applicable (care)



Where ML and AI are applicable (care)

Least Regulation

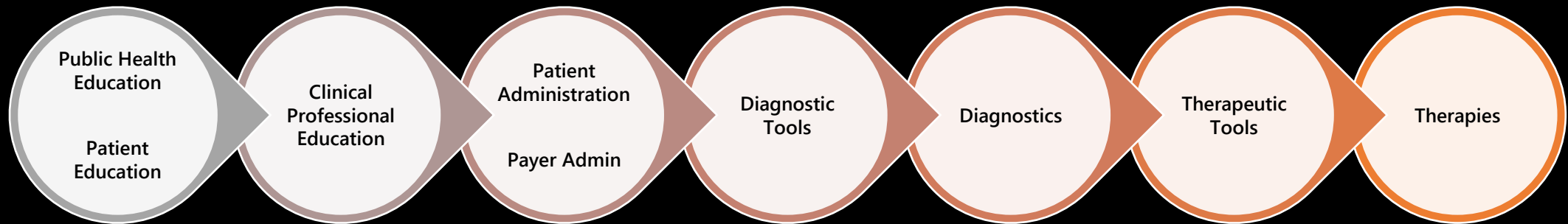
Most Regulation



Where ML and AI are applicable (care)

Least Regulation

Most Regulation

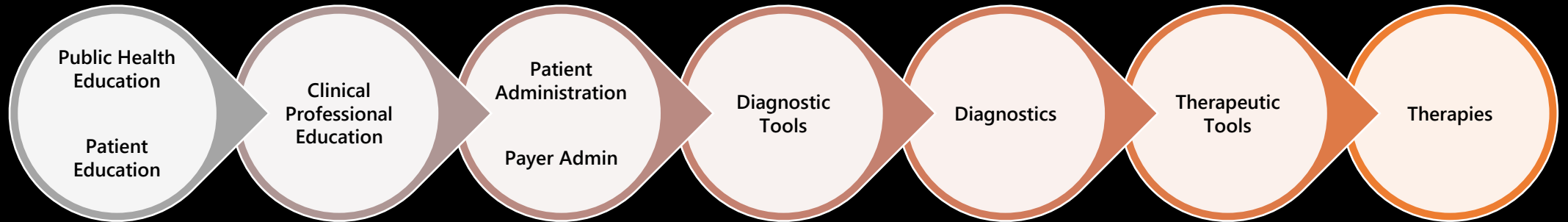


Patient Self Diagnostics
Unlicensed Pro Diagnostics
Digitally and Heuristically Guided Diagnostics

Images (self, guided, consulted)
Labs and Chemistry (self, guided, consulted)
Multi-omics (self, guided, consulted)
Molecular Biology

Where ML and AI are applicable (care)

Least Regulation



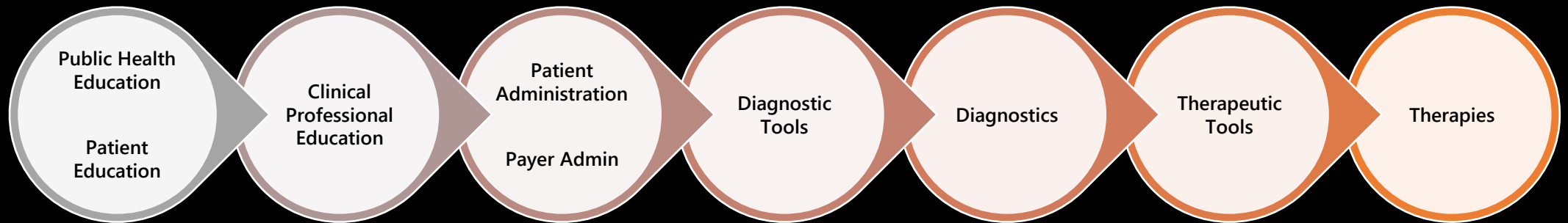
Auto Triage for Low-risk
Augmented Triage for Higher risk
Infection control / Anti-microbial Stewardship
Consulted Tele Diagnostics
Med Device Continuous Diagnostics

Most Regulation

Where ML and AI are applicable (care)

Least Regulation

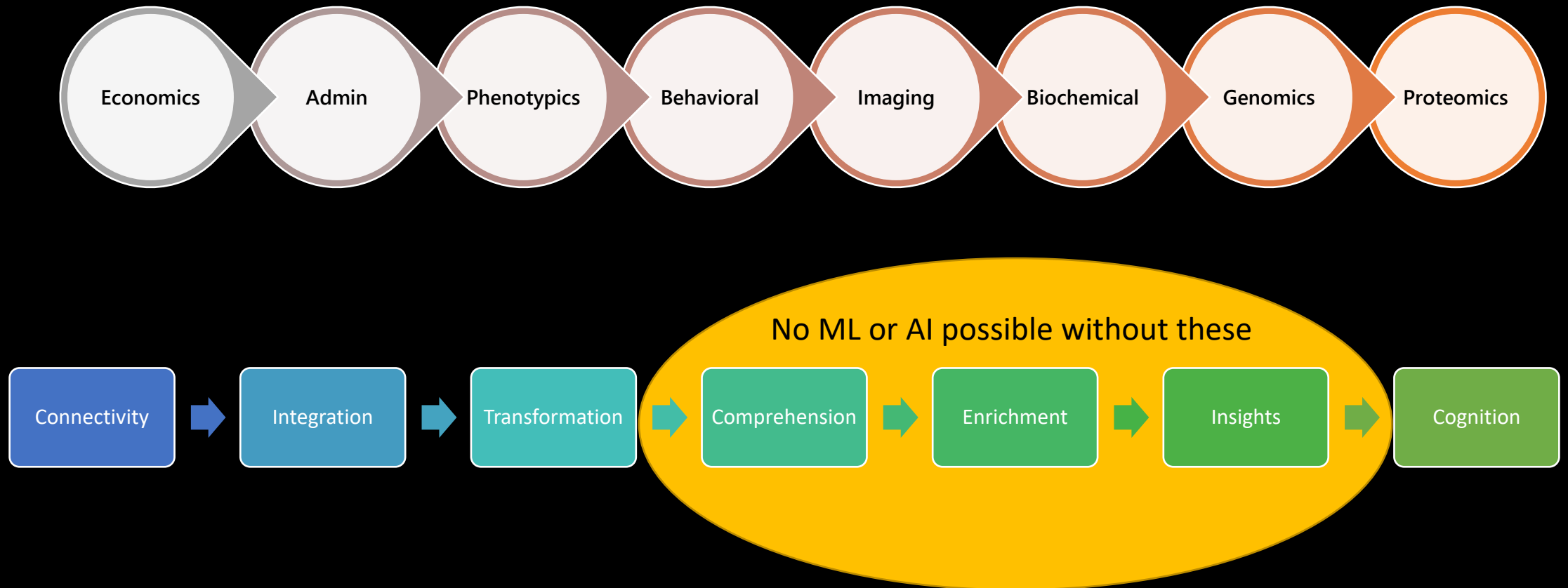
Most Regulation

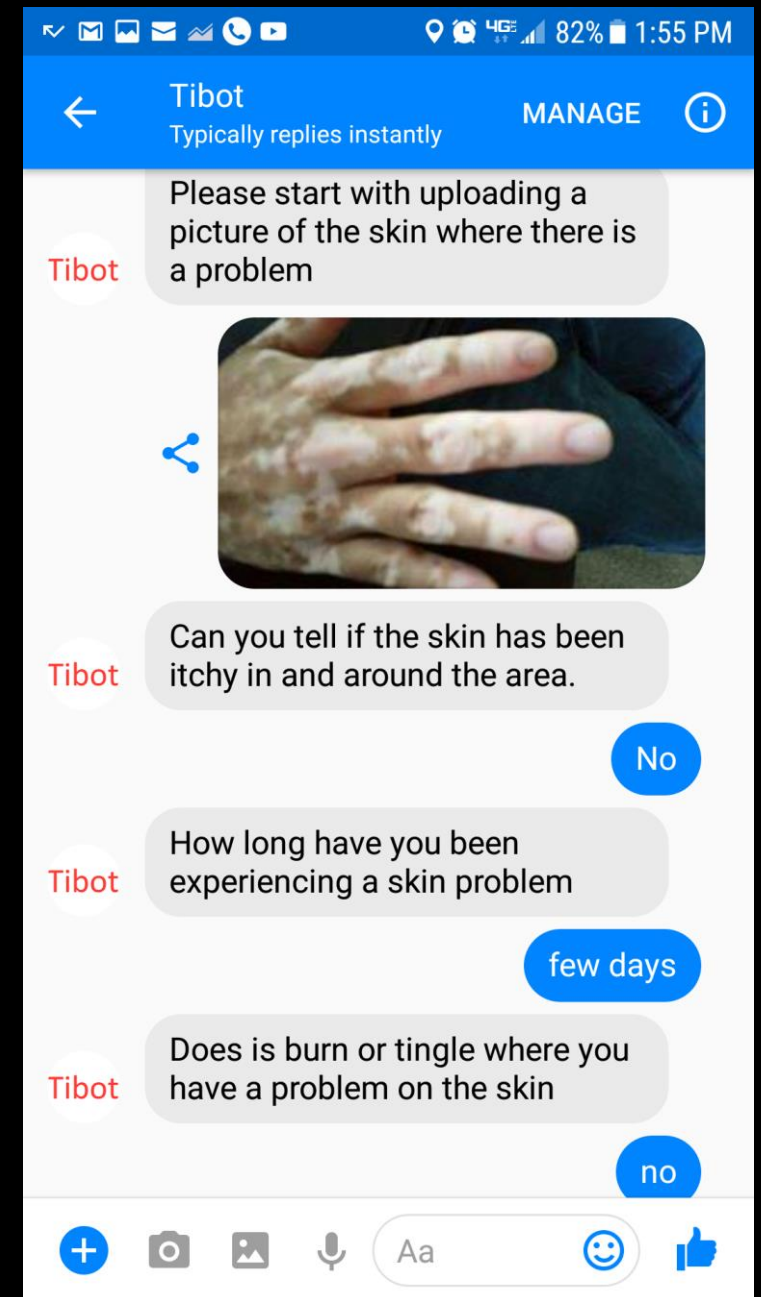
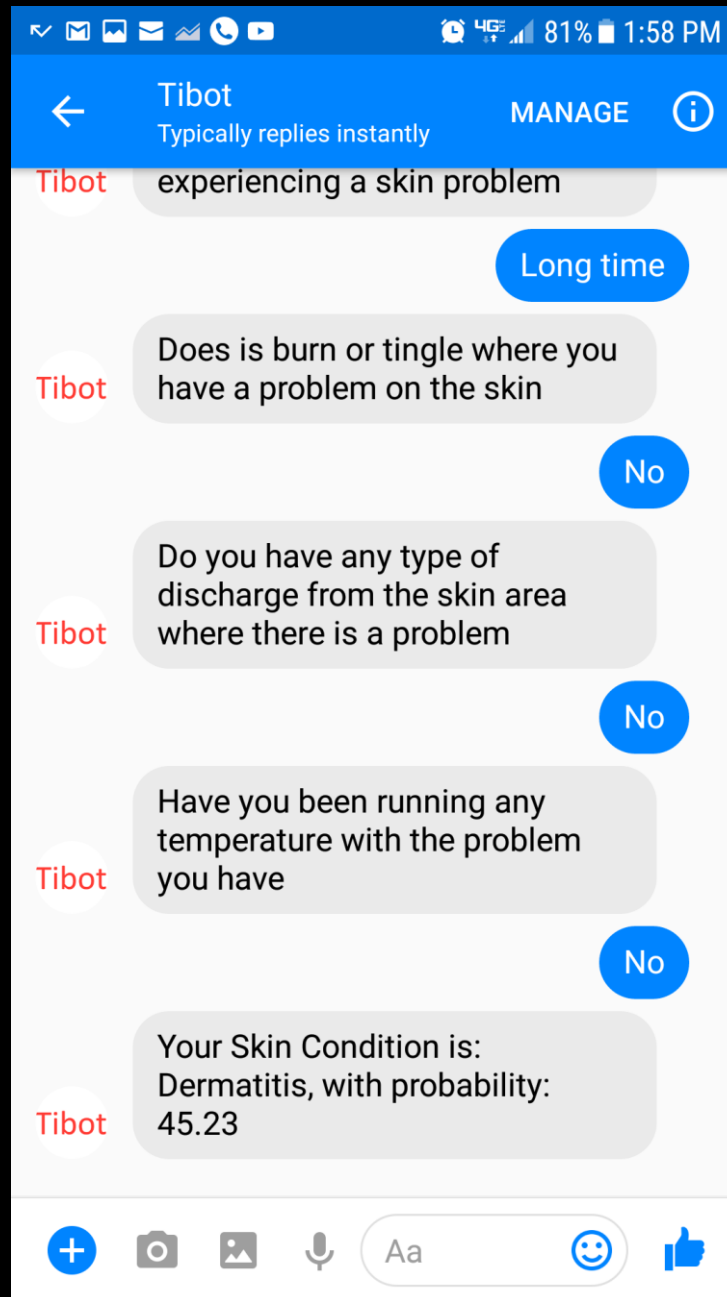
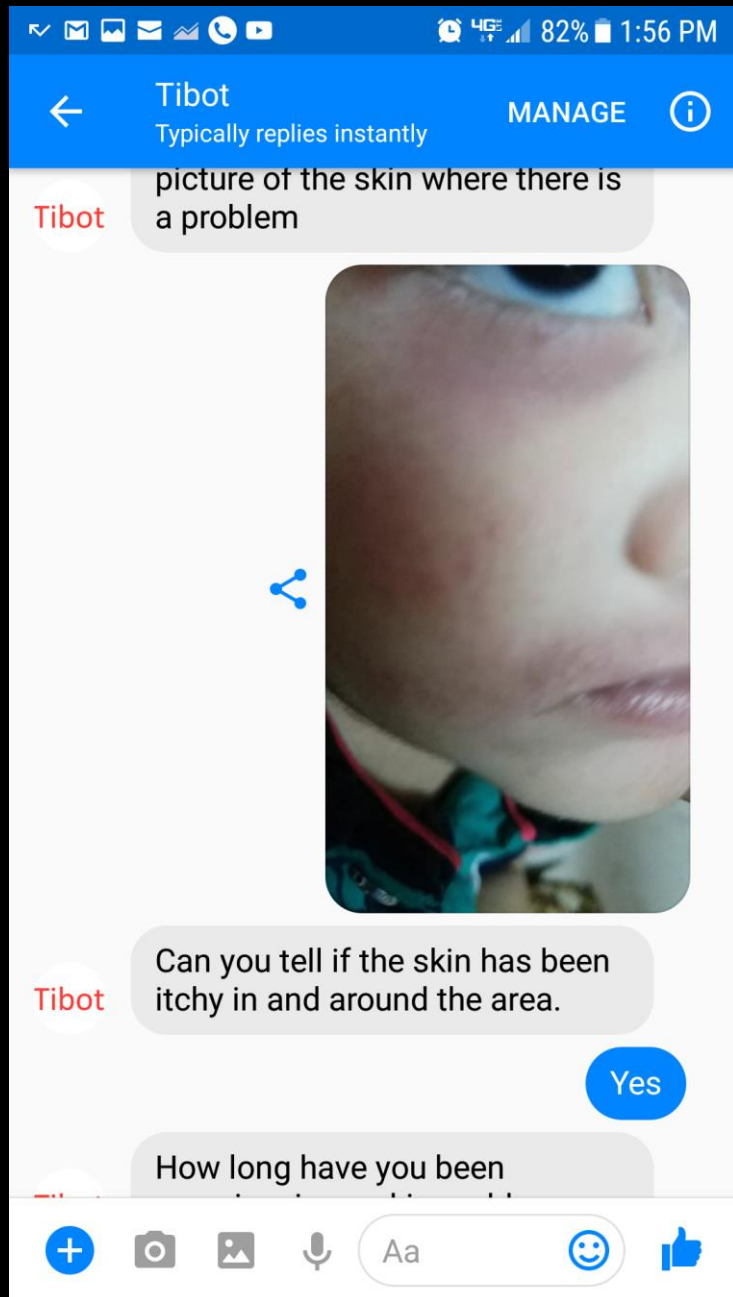


Physical
Mental (chat, VR, etc.)
Digital (nutritional, etc.)

Clinical Research ("systematic review automation")
Drug Development
Clinical Discovery (unattended and digital)

Where ML and AI are applicable (data)







BENEFICO
Health Plan

Preferred Triple Double

Health Plan (39576) 903-36784-02

Member of
Benefico Global Corp.

Group Number: 967999990

USA Friends with Benefits

Member Name

DENISE FRANK

DEPENDENTS

NATHAN FRANK

JENNIFER FRANK

MICHAEL FRANK

Payer ID 397889704S

AmeriHealth
Freedom

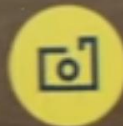
Rx Bin: 993766GM

COPAY: Office/Spec
\$25/\$40

Copay: Tier 1/2/3
\$10 \$30 \$40

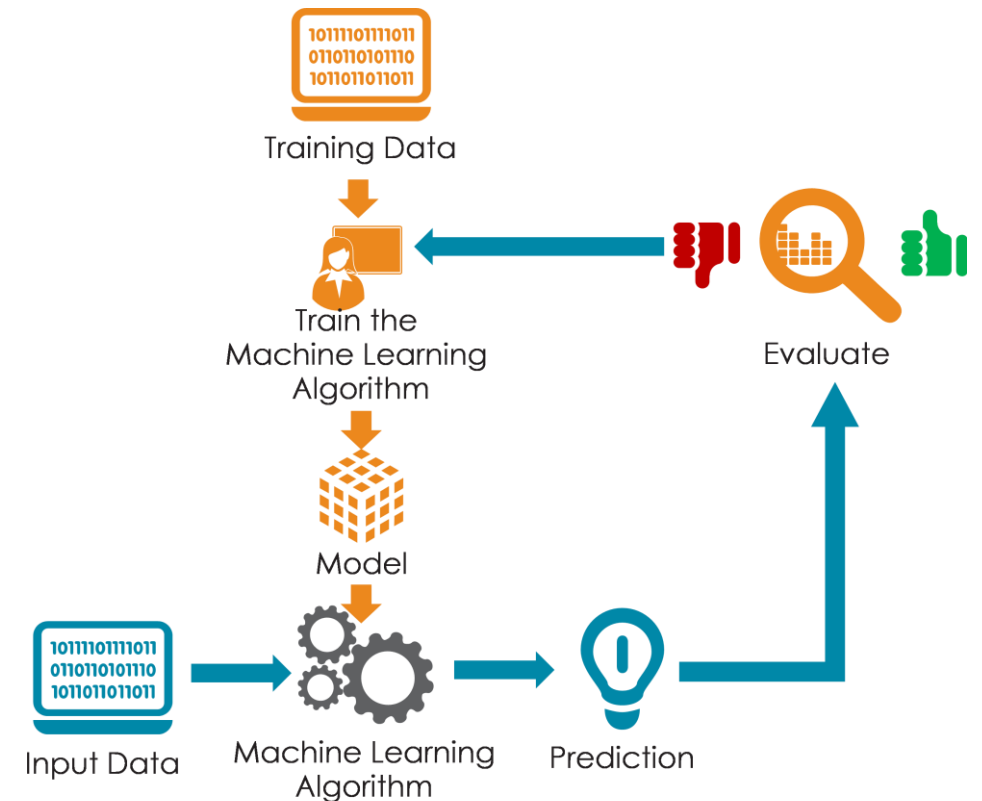
10-100876-Y

Underwritten By GreenValleyHealth of the Green Valley, Inc.



How should machines go through medical training?

Which medical school will have the first machine learning algorithm training department?



HOW CAN WE BEAT AI?

$$L_v = (i)K_c + (v)S_{PJ} + C^2 + (a)T_i^2 + R_{PFU} + E(wo)$$

Here's the formula that can keep you relevant

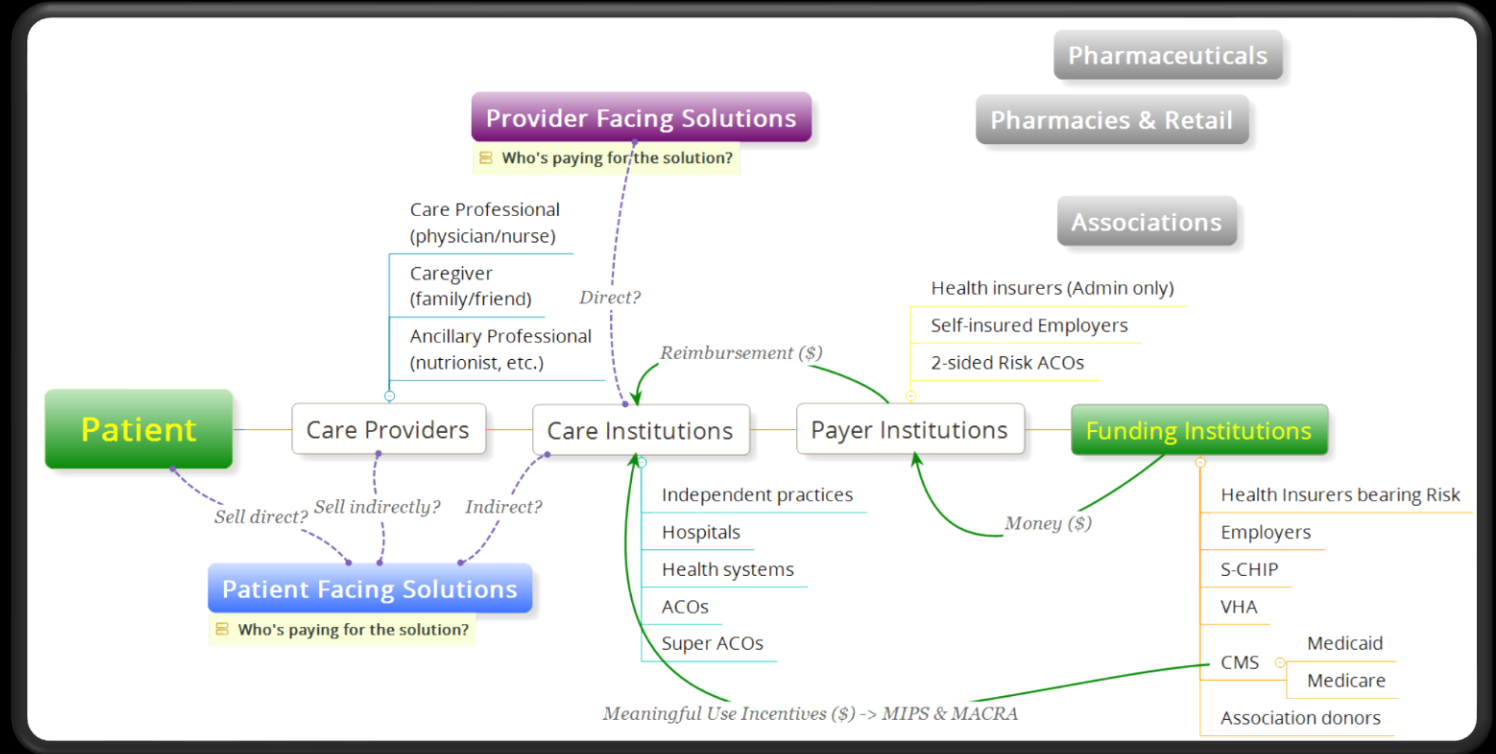
$$L_v = \frac{K_c + S_{pj} + C^2 + (a)T_i^2 + R_{pfu} + E_{wo}}{SQ}$$

L_v → Leadership value = *(target a large number greater than 1)*

- K_c → inquisitive knowledge of industry led by curiosity about why things are the way they are +
- S_{pj} → visionary strategy informed by problems to be solved and jobs to be done +
- C^2 → communication & coordination +
- $(a)T_i^2$ → application of actionable transformative technology fully integrated into complex workflows +
- R_{pfu} → understanding performance, financial, and utilization risk (shared, one-sided, two-sided)
- E_{wo} → execution through workforce optimization
- SQ → status quo is a constant, the size of which depends upon your organization. It means do no harm, focus on patient safety, reliability, intermediation, & maintain eminence and consensus based decision making

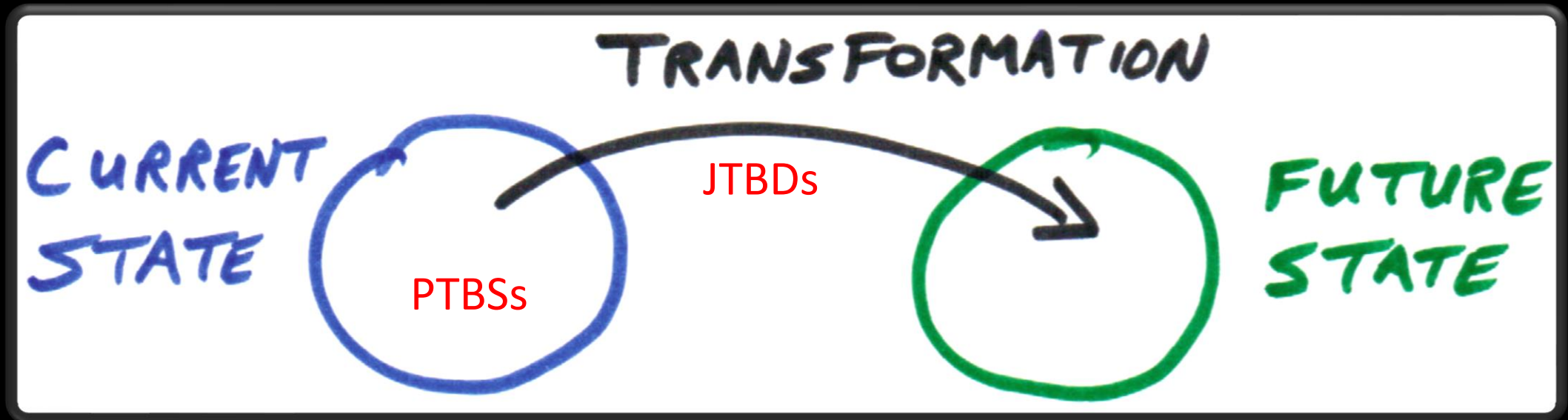
Inquisitive knowledge of healthcare industry led by curiosity

WONDER WHY



$$L_v = (i)K_c + (v)S_{PJ} + C^2 + (a)T_i^2 + R_{PFU} + E(wo)$$

Visionary strategy informed by PTBSs & JTBDs



$$L_v = (i)K_c + (v)s_{PJ} + C^2 + (a)T_i^2 + R_{PFU} + E(wo)$$

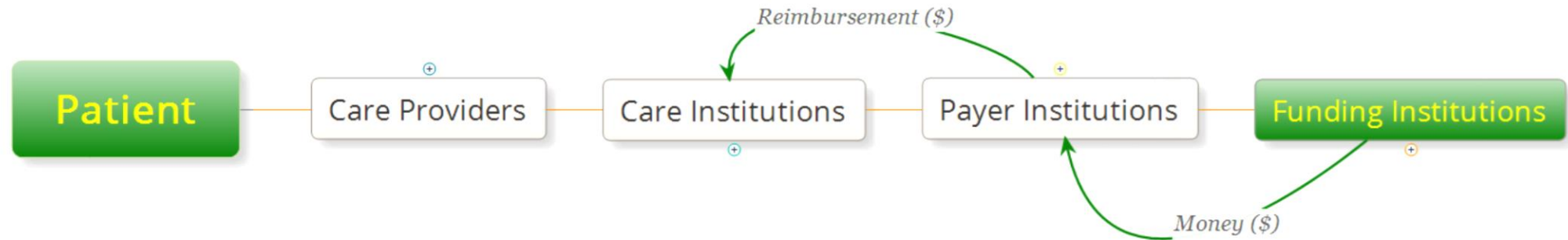
Coordination and communication



$$L_v = (i)K_c + (v)S_{pi} + \mathbf{C^2} + (a)T_i^2 + R_{PFU} + E(w_o)$$

**Actionable transformative technology fully
integrated into workflows**

$$L_v = (i)K_c + (v)S_{PJ} + C^2 + (a)T_i^2 + R_{PFU} + E(wo)$$



Financial Risk is shifting from payers more to providers and patients

Utilization Risk is being shared

Performance Risk is now borne by providers

$$L_v = (i)K_c + (v)S_{PJ} + C^2 + (a)T_i^2 + \mathbf{R_{PFU}} + E(wo)$$



Execute with ruthless attention to workforce optimization

$$L_v = (i)K_c + (v)S_{PJ} + C^2 + (a)T_i^2 + R_{PFU} + \mathbf{E(wo)}$$

“Learn how to craft strategy, apply it to corporate culture, master workforce change management, and you’ll be in demand for life.”

-Shahid Shah ☺



$$L_v = (i)K_c + (v)S_{PJ} + C^2 + (a)T_i^2 + R_{pFU} + E(wo)$$

Thank You.

Find this and many other of my decks at
<http://www.SpeakerDeck.com/shah>

ML is here. AI is coming.

How will the medical profession change in the next 10 years?

@ShahidNShah
shahid@shah.org



Netspective
EXTENDING THE ENTERPRISE

