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Medizinmanagement &

■ ■ ■ ■ Digitales Prozess- und Technologiemanagement

Digital health interventions

Risk-benefit assesmant and emerging trends

From Imagination to Tech-Innovation



“ Without leaps of imagination, or dreaming, we lose the excitement of possibilities. Dreaming, after all, is a form of planning. ” (Gloria Steinem)

Before rockets were engineered, they were imagined. Before artificial intelligence became reality, sentient machines lived in stories. Science fiction and speculative literature do more than entertain—they challenge assumptions, ignite curiosity, and stretch the boundaries of what we dare to build.



Literature as a blueprint for innovation

Writers envision futures that engineers strive to realize



Ideas before technology

Fiction often predicts—and accelerates—technological breakthroughs



Cultural compass

Stories shape public perception, ethical debates, and societal readiness for innovation



Electric-powered submarines in *Twenty thousand leagues under the sea* - 1870

Dr. Leonard McCoy's Diagnostic Tools



Medical Tricorder

A handheld scanning device used to quickly assess a patient's condition. Non-invasive and fast / Provided detailed biological data / Could detect diseases, injuries, and even alien physiology

Biobed

Located in the Enterprise's sickbay, these diagnostic beds had built-in sensors. Monitored vital signs in real time / Detected pathologies, internal injuries and organ function / Often displayed data on overhead monitors

Medical Computer Systems

McCoy uses advanced computers to analyze data and synthesize treatments

Dr. Leonard McCoy's Diagnostic Tools → 2026



Medical Tricorder

AI-Powered Diagnostic Wearables (watches, rings) which monitor heart rate, blood pressure, glucose, oxygen saturation and even detect arrhythmias or sleep apnea

AI-Enhanced Point-of-Care Testing (POCT) Kits that analyze blood, urine, or saliva instantly

Biobed

Smart Medical Beds with Integrated Monitoring and Contactless Biometric Sensors

Medical Computer Systems

AI-Powered Diagnostic that analyzes complex medical data and suggests treatments

Robotic compounding system for CTX

3D printers for tailor-made pills “Nespresso machine for Pills”

Overview



Themen

- **Would you trust AI?**
- Ziele der digitalen Transformation im Krankenhaus
- Umsetzung im Krankenhaus
- Changemanagement
- Fazit und Ausblick



ChatGPT as Your Doctor

AI-powered support for better health decisions.



Knowledge.

Access reliable, up-to-date medical information.



Understand.

Get clear explanations tailored to your situation.



Support.

Explore possible diagnoses, differential diagnoses and treatment options.



Empower.

Save time on what matters most: your health.



What could be causing my symptoms?



I can help you explore possible causes based on the information you share.



Which tests should I consider?



Based on your symptoms, here are some tests that might be useful...



What are my treatment options?



Here are several treatment options to discuss with your healthcare provider.



Private

Your conversations are confidential.



Evidence-based

Responses are grounded in trusted medical sources.



Not a replacement

for professional care. Always consult a doctor.



Available 24/7

Support whenever you need it.

DR. GPT



Dr. GPT: Results



I can't diagnose it definitively from a photo, but this looks most consistent with a small patch of dry, irritated skin such as:

- **Hand eczema / irritant dermatitis** — common on the backs of hands; can appear as a scaly, slightly lighter patch with fine cracking.
- **Tinea corporis (“ringworm”)** — a superficial fungal infection; usually forms a more defined ring with a raised scaly border and some central clearing.
- **Psoriasis** — less likely from this image, but small plaques can occur on hands with thicker silvery scale.
- **Post-inflammatory dry patch** from friction, soaps, sanitizer use, or a healed minor injury.

What I notice in the image:

- Small round-to-oval pale patch
- Fine surface scale/dryness
- No obvious ulceration, bleeding, or dark pigmentation
- Borders are somewhat indistinct rather than sharply ring-shaped

Things you can try first if it's mild and recent:

- Use a thick fragrance-free moisturizer (petrolatum, ceramide cream) several times daily.
- Avoid harsh soaps/sanitizers directly on the spot.
- If itchy or inflamed, a short course of OTC 1% hydrocortisone twice daily for up to 1 week may help **unless** it becomes more ring-shaped (steroids can worsen fungal infections).
- If it develops a clearer circular border or spreads outward, consider an OTC antifungal such as clotrimazole twice daily for 2–4 weeks.

You should get it checked if:

- It enlarges, spreads, or persists beyond a few weeks
- Becomes painful, bleeds, crusts, or ulcerates
- You notice rapid change in color or shape
- Multiple lesions appear
- You're immunocompromised or diabetic

A dermatologist or primary care clinician can usually distinguish these quickly with an exam and, if needed, a simple skin scraping test for fungus.

Would you trust an AI with your health?



Who has used a AI or health app before?



Who would trust an AI diagnosis?



What concerns you the most?

Would you trust an AI with your health?



- 62% trust medical AI



- 78% accept AI as a second opinion

- Main concerns: transparency & data privacy



(Global Health Data Institute. (2026). Patient Trust and Acceptance of Medical AI: A 43-Country Survey. GHDI Reports)

Interactive Exercise: AI Benefits & Risks Wall



Opportunities and risks of AI in healthcare

Instructions:

Take notes

Write one benefit or one risk of AI in healthcare on any note

Come to the front and place your notes under one of the categories

Human & Cultural

Acceptance, trust,
fear of replacement,
change resistance

Legal & Ethical

Data protection,
transparency,
liability

Technical & Organizational

Data quality,
system integration,
scalability

What Are Digital Health Interventions



Digital Health Interventions are technology-based tools and services designed to improve health outcomes, support clinical decision-making, and enhance healthcare delivery through data, connectivity, and automation.

Key elements:

Technology-enabled care: digital tools integrated into healthcare workflows

Data-driven decisions: analytics, AI, and real-time monitoring

Patient empowerment: apps, self-tracking, remote support

Scalable interventions: reach large populations efficiently

Examples: Telemedicine, wearables, AI-assisted diagnostics, digital therapeutics, health apps, predictive analytics, Electronic health records, ...

Why Digital Health Is Booming



- Aging population
- Workforce shortages
- Rising healthcare costs
- Big Data
- AI progress
- Pandemic effects
- Personalized medicine

Medical and societal benefits



- Early diagnosis
- Better prevention
- Personalized treatments
- Faster diagnostics
- Rural access
- Efficiency
- Cost reduction

Example for Applications
AI skin-cancer detection
Smartwatch ECG
Mental-health chatbots

Asklepios & aidoc aiOS



Platform for AI-based radiology software

- ✓ AI-based decision support system
 - ✓ 28 hospital locations
 - ✓ Analysis of CT and X-ray images
 - ✓ Detection of critical findings
(cerebral hemorrhage, LE, fractures, etc.)
 - ✓ Quality assurance in diagnosis
 - ✓ Prioritises time-critical cases in worklist
- Relevant Reduction in **diagnosis - treatment time**



<https://www.aidoc.com/platform/care-coordination/>



<https://www.asklepios.com/sylt/reha/>

Internet of Medical Things (IoMT)

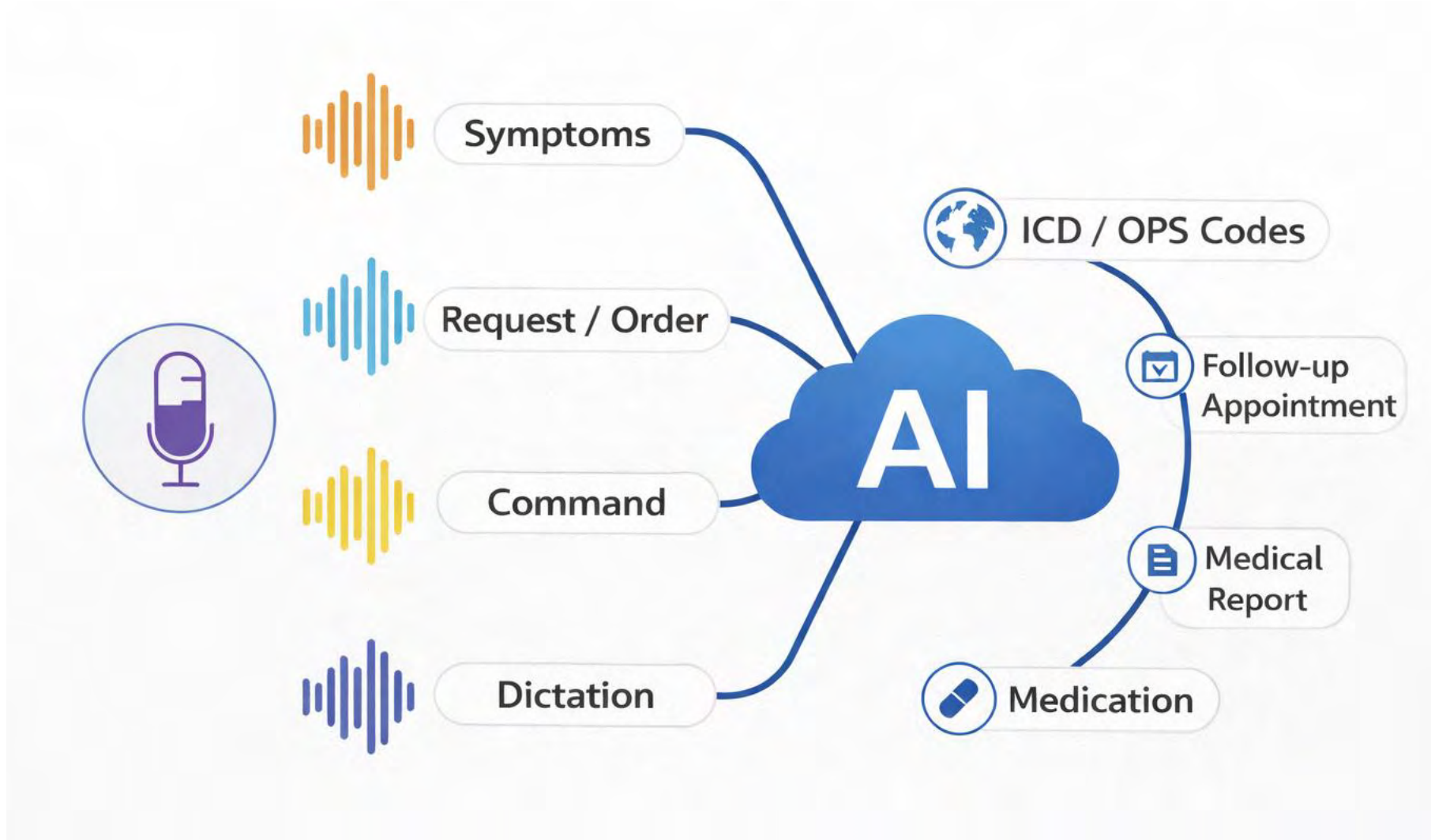


„The Invisible Interface“ – Ambient Computing

- ❖ **Sensor patches** for continuous vital sign monitoring
 - ❖ **Smart textiles:** clothing that measures breathing, heart rate and temperature
 - ❖ **Wearables** for everyday use (rings, bracelets, watches)
 - ❖ **Smart Beds:** e.g. automatic positioning adjustment to prevent pressure sores
 - ❖ **Infusion technology:** automated drug delivery, high precision dosing, error prevention
 - ❖ **Video data / thermocamera, motion sensors, light / temperature /noise levels**
- **Zero-Interaction-Design:** data flows automatically into hospital systems
- **Ambient Intelligence:** rooms respond to patient condition



Physician-Patient conversation – innovation through language: AI transforms medical processes





ICD-10 Codes

- **J18.9** — Pneumonia, unspecified
- **R05.1** — Chronic cough
- **R06.02** — Shortness of breath
- **R50.9** — Fever, unspecified (history)

Procedure Codes (U.S. CPT-style equivalents)

- **71046** — Chest X-ray, 2 views
- **99213** — Established patient office visit (moderate complexity)
- **94010** — Spirometry (optional, if performed)





Chest X-ray Order (for EHR / practice management system)

Exam: Chest X-ray, PA and lateral (2 views) **Clinical question:**

- Rule out pneumonia
- Evaluate for infiltrates, consolidation, or pleural effusion

Clinical information:

- Persistent productive cough for 4 weeks
- Yellow-green sputum
- Shortness of breath on exertion
- Right-sided pleuritic chest pain
- Fever reported last week

Priority: Same day





Laboratory Order

Tests requested:

- Complete Blood Count (CBC)
- C-reactive protein (CRP)
- Procalcitonin
- Erythrocyte Sedimentation Rate (ESR)
- Basic Metabolic Panel (BMP)
- Liver function tests (AST, ALT, GGT)
- Random glucose
- Sputum culture + sensitivity (if sample available)

Clinical indication: Suspected bacterial pneumonia; persistent productive cough; dyspnea; pleuritic chest pain; fever history.





Follow-up Appointment Entry

Patient: Mr. Turner **Reason:** Review chest X-ray and lab results

Timing: In 2–3 days **Duration:** 10 minutes **Notes:** Advise patient to return earlier if symptoms worsen (increasing fever, shortness of breath, chest pain).





Short Clinical Letter (Physician Summary)

Clinical Summary Letter

Patient: Mr. Turner **Date:** Today **Physician:** Dr. Harris, Attending Physician

Reason for Visit: Persistent cough

History: The patient reports a productive cough for approximately four weeks, with yellow-green sputum, nocturnal worsening, exertional dyspnea, and right-sided pleuritic chest pain. Fever occurred one week ago. No smoking history. No known chronic lung disease.

Assessment: Findings are suspicious for community-acquired pneumonia, likely right-sided. Patient appears mildly symptomatic but hemodynamically stable.

Diagnostics Ordered:

- Chest X-ray (PA + lateral)
- CBC, CRP, ESR, Procalcitonin, BMP, LFTs
- Sputum culture (if obtainable)

Plan: Await imaging and laboratory results. If pneumonia is confirmed, initiate antibiotic therapy. Recommend rest, hydration, and avoidance of physical exertion. Follow-up in 2–3 days.

Sincerely, Dr. Harris



Why AI in Medicine? (Overview)



- Growing medical data volumes



- Need for faster, more accurate diagnostics

- Reduction of administrative burden



- Improved clinical decision-making

- Foundation for personalized medicine



AI Improves Diagnostic Accuracy



- 90–98% accuracy in radiology & dermatology
- +11% sensitivity in early lung cancer detection
- Skin cancer detection at dermatologist level

(Müller, T., Zhang, Y., & Patel, R. (2025). AI-Enhanced Diagnostic Accuracy in Thoracic Oncology. *Nature Medicine*, 31(4), 455–463)

- Stroke detection 4.2 minutes faster
- 30% faster STEMI detection in EMS
- ER waiting times reduced by up to 20%

(Yamada, K., Fischer, B., & Ahmed, L. (2024). Artificial Intelligence in Acute Stroke Triage: A Real-World Performance Study. *Stroke*, 55(11), 2981–2990)

AI Enables Personalized Medicine



- Genomic analysis 10× faster
- Faster identification of actionable mutations
- Therapy response prediction up to 85% accuracy

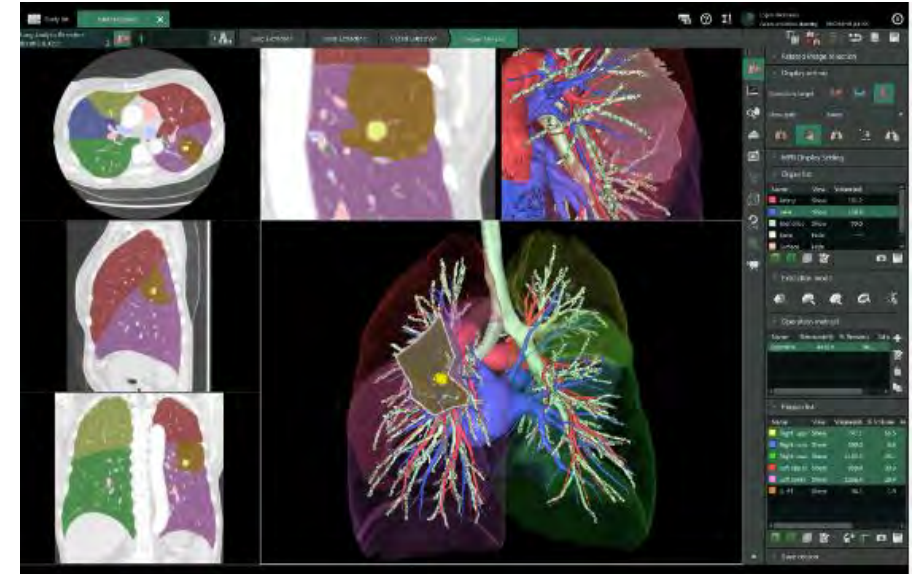
(Hernandez, P., Li, Q., & Steiner, F. (2026). Deep Learning Approaches for Precision Oncology: Advances in Genomic Interpretation. Cell Genomics, 4(1), 1–14)

3D-reconstruction



Synapse 3D Lung Analysis

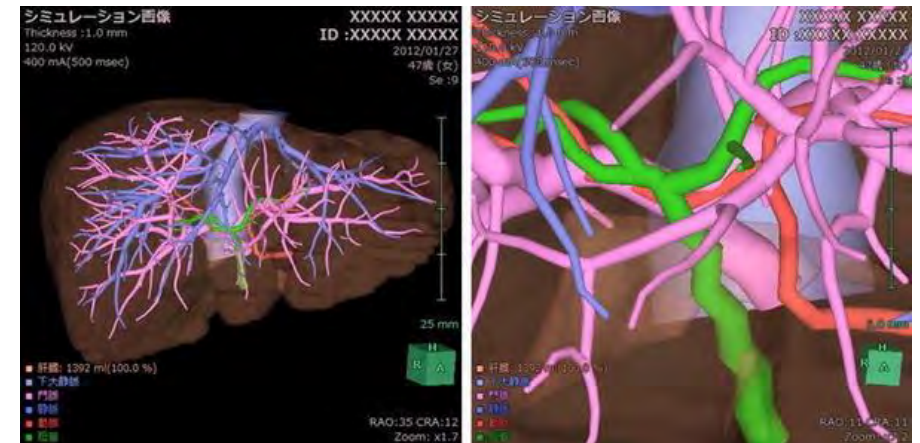
3D visualization of the lung through automatic extraction of lung structures. Segmentation of vascular and bronchial territories enables realistic lung resection simulations for preoperative planning



<https://ifdesign.com/de/winner-ranking/project/synapse-3d/237103>

Synapse 3D Liver Analysis

Extraction of the liver and surrounding vessels from contrast-enhanced CT/MR data and subsequent 3D representation. Also includes a function for simulating hepatectomies



https://www.researchgate.net/figure/3D-simulation-imaging-by-the-Synapse-Vincent-system-Fuji-Film-All-vessels-in-the-liver_fig3_311504606

AI Reduces Clinical Workload



- Saves 2.4 hours/day in documentation
- Reduces administrative workload by 30–50%
- Decreases burnout indicators

(Schneider, L., & O'Connor, M. (2026). Impact of AI-Driven Clinical Documentation on Physician Workload: A Longitudinal Study. *Journal of Medical Systems*, 50(2), 112–124)

AI Outperforms Stanford Radiologists in Chest X-Ray Diagnostics



The Breakthrough: An AI system developed by JF Healthcare won Stanford's global CheXpert chest-x-ray competition, outperforming experienced radiologists in detecting lung diseases.

How Good Was the AI?

The AI achieved an AUC of 0.926

Human radiologists scored lower on the same tasks

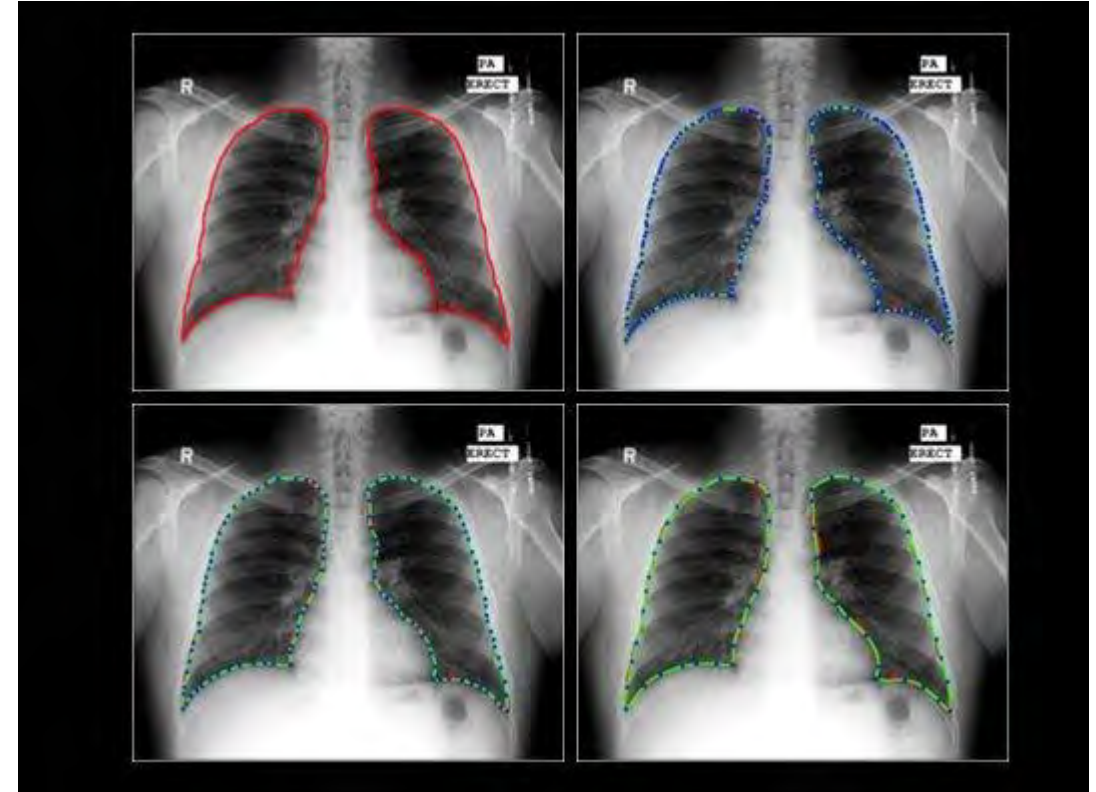
The model was trained on 300,000+ chest X-rays from rural hospitals

AUC is a score between 0 and 1:

1.0 → Perfect (never wrong)

0.5 → Random guess (like flipping a coin)

0.926 → Excellent (expert-level performance)



<https://hitconsultant.net/2019/08/22/ai-tech-beats-radiologists-in-stanford-chest-x-ray-diagnostic-competition/>

Herausforderungen bei der Einführung von KI in der Klinik



Menschlich & Kulturell

- **Akzeptanz im Team:** KI wird teils als Bedrohung, nicht als Unterstützung wahrgenommen
- **Vertrauen in die Technologie:**
Fehlende Erfahrung führt zu Unsicherheit, „Black Box“-Modelle stoßen auf Skepsis
- **Veränderungsbereitschaft:** Kliniken sind komplexe Organisationen mit etablierten Routinen



Rechtlich & Ethisch

- **Datenschutz & DSGVO:** Umgang mit sensiblen Patientendaten erfordert höchste Sorgfalt
- **Transparenz & Nachvollziehbarkeit:** „Black Box“-Modelle stoßen auf Skepsis
- **Haftungsfragen:** Wer trägt die Verantwortung bei Fehlentscheidungen?



Technisch & Organisatorisch

- **Datenqualität & -verfügbarkeit:** Fragmentierte, unvollständige oder nicht strukturierte Daten erschweren die Modellbildung
- **Systemintegration:** KI muss sich nahtlos in bestehende IT- und Klinikprozesse einfügen
- **Skalierbarkeit:** Pilotprojekte funktionieren – aber wie sieht es im Regelbetrieb aus?

Challenges of Implementing AI in Hospitals



Human & Cultural Challenges

- **Team acceptance** — AI is sometimes seen as a threat rather than support
- **Trust in technology** — Limited experience and “black-box” models create uncertainty
- **Readiness for change** — Hospitals are complex systems with deeply established routines

Legal & Ethical Challenges



- **Data protection & GDPR** — Handling sensitive patient data requires maximum care
- **Transparency & explainability** — Black-box models raise skepticism and ethical concerns
- **Liability** — Who is responsible when AI makes a wrong decision?

Technical & Organizational Challenges



- **Data quality & availability** — Fragmented, incomplete, or unstructured data complicate model development
- **System integration** — AI must fit seamlessly into existing IT systems and clinical workflows
- **Scalability**

The dark side of Digital Health



Risks Overview

- Data Privacy & Security
 - Sensitive health data
 - Cyberattacks
 - Commercial data use
- Bias & Fairness
 - Non-representative datasets
 - Misdiagnosis for minorities
- Transparency & Explainability
 - Black-box AI
 - Liability questions

The dark side of Digital Health



Risks Overview

- Human Interaction
 - Dehumanization
 - Trust vs automation
- Overreliance on AI
 - Blind trust
 - Automation complacency

Gender Bias in Medicine



Cardiovascular Disease

- Women experiencing heart attacks are more frequently misdiagnosed because clinical standards are historically based on male symptom patterns.
- Delayed diagnosis contributes to worse outcomes for female patients.
- **Underrepresentation in Research** Women have long been underrepresented in clinical trials and biomedical datasets.
- This creates biased medical standards that affect diagnostics and treatment recommendations.

Consequences

- ⚠ Delayed diagnosis
- ⚠ Inadequate treatment decisions
- ⚠ Higher risk of complications
- ⚠ Structural healthcare inequality

AI Bias in Healthcare



When Algorithms Reinforce Medical Inequality

- **Evidence from AI Studies Diagnostic AI Bias** Medical AI systems trained on historical healthcare data can reproduce existing discrimination patterns.
- Studies show reduced diagnostic accuracy for women and underserved populations.
- **Key Findings** AI models were found to underdiagnose liver disease in women at significantly higher rates than in men.
- Risk prediction systems showed systematic disparities affecting female patients.

Why This Happens ⚠️ Biased training datasets

- ⚠️ Historical inequalities in medical records
- ⚠️ Lack of fairness testing
- ⚠️ Limited diversity in AI development teams

AI Bias in Healthcare



Requirements for Responsible AI

- ✓ Representative datasets
- ✓ Bias audits before deployment
- ✓ Explainable AI systems
- ✓ Gender-sensitive validation

Bias Hunt



In this exercise we analyze a small dataset to uncover hidden biases in an AI system.

The goal is to understand how AI can treat different groups unequally — not because it wants to, but because of imbalanced or poor-quality training data.

Look for patterns such as:

Age bias — Are older patients misclassified more often?

Gender bias — Does the AI perform differently for men vs. women?

Ethnicity bias — Are some groups under-represented or misdiagnosed?

The exercise shows that AI is only as fair as the data it learns from — and that identifying bias is a crucial step before using AI in real clinical settings.

Bias Hunt



Age	Gender	Ethnicity	Diagnosis	AI Outcome
82	F	White	Pneumonia	Missed
79	F	White	Pneumonia	Missed
76	M	Asian	Pneumonia	Missed
74	F	Black	Pneumonia	Missed
68	F	White	Pneumonia	Missed
65	M	Black	Pneumonia	Missed
59	M	White	Pneumonia	Correct
55	F	Asian	Pneumonia	Correct
48	M	White	Pneumonia	Correct
44	F	Black	Pneumonia	Correct
38	M	White	Pneumonia	Correct
35	M	Asian	Pneumonia	Correct
29	F	White	Pneumonia	Correct
27	M	Black	Pneumonia	Correct

Bias Hunt

What pattern do you see? Is the AI fair? What could cause this? How would you fix it?



Age	Gender	Ethnicity	Diagnosis	AI Outcome
82	F	White	Pneumonia	Missed
79	F	White	Pneumonia	Missed
76	M	Asian	Pneumonia	Missed
74	F	Black	Pneumonia	Missed
68	F	White	Pneumonia	Missed
65	M	Black	Pneumonia	Missed
59	M	White	Pneumonia	Correct
55	F	Asian	Pneumonia	Correct
48	M	White	Pneumonia	Correct
44	F	Black	Pneumonia	Correct
38	M	White	Pneumonia	Correct
35	M	Asian	Pneumonia	Correct
29	F	White	Pneumonia	Correct
27	M	Black	Pneumonia	Correct

Liability in Clinical AI — Who Is Responsible?



I. Clinical Responsibility (Human Oversight)

Clinicians remain accountable for decisions made with AI support

AI is a decision-support tool, not a replacement

Misuse or blind trust in AI can still be considered medical negligence

II. Manufacturer Responsibility

Developers must ensure safety, accuracy, and regulatory compliance.

Faulty algorithms, poor training data, or misleading performance claims can lead to product liability

III. Hospital / Institution Responsibility

Hospitals must ensure proper integration, staff training, and risk management

Failure to implement safeguards or monitor AI performance can create organizational liability

IV. Legal & Regulatory Framework

EU AI Act: High-risk medical AI requires transparency, monitoring, and human oversight

GDPR: Misuse of patient data can trigger severe penalties

Liability remains a shared model — still evolving in law and practice

Regulatory & Ethical Frameworks



GDPR The EU's core data-protection law. Defines how personal health data may be collected, stored, processed, and shared. Focus on privacy, consent, and data minimization.

EU AI Act The world's first comprehensive AI regulation. Classifies AI systems by risk. Medical AI is High-Risk, requiring strict rules on safety, transparency, monitoring, and human oversight.

Medical Device Regulation (MDR) Defines when software counts as a medical device. Most diagnostic AI tools fall under this. Requires certification, clinical evidence, and quality management.

Regulatory & Ethical Frameworks



Informed Consent Patients must understand how and why their data is used — especially when AI is involved. Transparency is mandatory.

Accountability Determines who is responsible when AI makes an error: doctor, hospital, or manufacturer. Still a major open question in regulation.

Ethics by Design Ethical principles are built into the system from the start: fairness, safety, transparency, bias control, and human oversight

Scenario A — AI Triage System



A hospital uses an AI tool to prioritize emergency-room patients.
The AI is not fully explainable but shows high accuracy.

Allowed?
Restricted?
Prohibited?

Scenario B — Health App Sharing Data



A fitness app shares heart-rate data with an insurance company to offer “risk-based pricing.”

Allowed?
Restricted?
Prohibited?

Scenario C — AI Diagnostic Tool



A startup launches an AI skin-cancer detection app directly to consumers without medical certification.

Allowed?
Restricted?
Prohibited?

Digital health



Digital Health is:

not only opportunity

not only risk but a balance of innovation, safety & ethics.

ROI in digital health



How can the benefits of digital investments be measured?

- ✓ **Economic:** Process costs ↓, hospital stay ↓, OR-capacity ↑, Human resources
- ✓ **Clinical:** Fewer errors, better outcomes, reduced revolving door effect
- ✓ **Operational:** Time savings for nursing staff/doctors, fewer duplicate examinations
- ✓ **Patient experience:** Shorter waiting times, digital and transparent communication
- ✓ **Strategic:** Employer attractiveness, compliance, innovative capacity

ROI - Calculation

$$\text{ROI} = \frac{(\text{Net Profit}) \times 100}{\text{Investment}}$$



Practical Exercise: Calculating ROI in Digital Health



A hospital invests €500,000 in a new AI-based diagnostic system. After one year, the hospital reports:

Category	Example Benefits	Estimated Annual Savings (€)
Economic	Reduced process costs, shorter hospital stays	180,000
Clinical	Fewer diagnostic errors, better outcomes	70,000
Operational	Time savings for staff, fewer duplicate exams	100,000
Patient Experience	Shorter waiting times, improved communication	50,000
Strategic	Higher staff satisfaction, innovation reputation	30,000

Total Net Profit: €430,000

Practical Exercise: Calculating ROI in Digital Health



Use the formula:

$$\text{ROI} = \frac{(\text{Net Profit}) \times 100}{\text{Investment}}$$

Practical Exercise: Calculating ROI in Digital Health



Use the formula:

$$\text{ROI} = \frac{(\text{Net Profit}) \times 100}{\text{Investment}}$$

$$= (430,000 \times 100) / 500,000 = 86\%$$

An ROI of 86% means that the hospital recovered 86% of its investment value through measurable benefits within one year. It's a very strong return, showing that the digital investment was highly effective economically and operationally.

Discussion:

Which benefit category contributes most to ROI?

How could intangible benefits (e.g., trust, reputation) be measured?

What data would you need to make this calculation more accurate?

ROI in the Clinical Setting — Beyond Money



What ROI Usually Measures

Financial returns — cost savings, reduced length of stay, fewer repeat exams

Operational efficiency — time saved, workflow improvements, reduced bottlenecks

Intangible Benefits (Often More Important)

Clinical quality Fewer diagnostic errors, faster detection, improved patient safety

Staff satisfaction Less administrative burden, reduced burnout, more time for patients

Patient experience Shorter waiting times, clearer communication, higher trust

Reputation & competitiveness Being seen as an innovative, high-quality hospital

Strategic positioning Building digital capabilities for future AI tools and data-driv

Why ROI in Healthcare Is Different

Benefits are multidimensional (clinical, operational, human, strategic)

Many gains are hard to quantify but crucial for long-term success

ROI must include risk reduction, not just revenue

Hospitals operate under tight regulations and ethical constraints



Emerging Topic: Human–AI Collaboration in Clinical Decision-Making



Why this matters

AI is transforming how clinical decisions are made — not by replacing clinicians, but by reshaping roles, workflows, and responsibilities.

Key Dimensions of Collaboration

Division of tasks

AI excels at pattern recognition; humans excel at context, ethics, and ambiguity.

Trust calibration

Neither blind trust nor over-skepticism works — clinicians must learn when to rely on AI and when to override it.

Shared decision-making

AI becomes a “second opinion,” influencing diagnostics, triage, and treatment planning.

Workflow integration Collaboration only works when AI fits seamlessly into clinical routines.

Emerging Topic: Human–AI Collaboration in Clinical Decision-Making

Benefits of Strong Human–AI Collaboration

- Higher diagnostic accuracy through complementary strengths
- Reduced cognitive load for clinicians
- More consistent decisions across teams
- Improved patient outcomes and safety

Core Insight

The future of medicine is not AI vs. humans —it is AI + humans, and the quality of collaboration determines the quality of care.

HUMAN

-  Empathy
-  Creativity
-  Ethics
-  Context & Wisdom

AI

-  Data Processing
-  Pattern Recognition
-  Speed & Scale
-  Consistency

STRONGER TOGETHER.
COMPLEMENTARY, NOT COMPETING.



Thank you for your attention

