

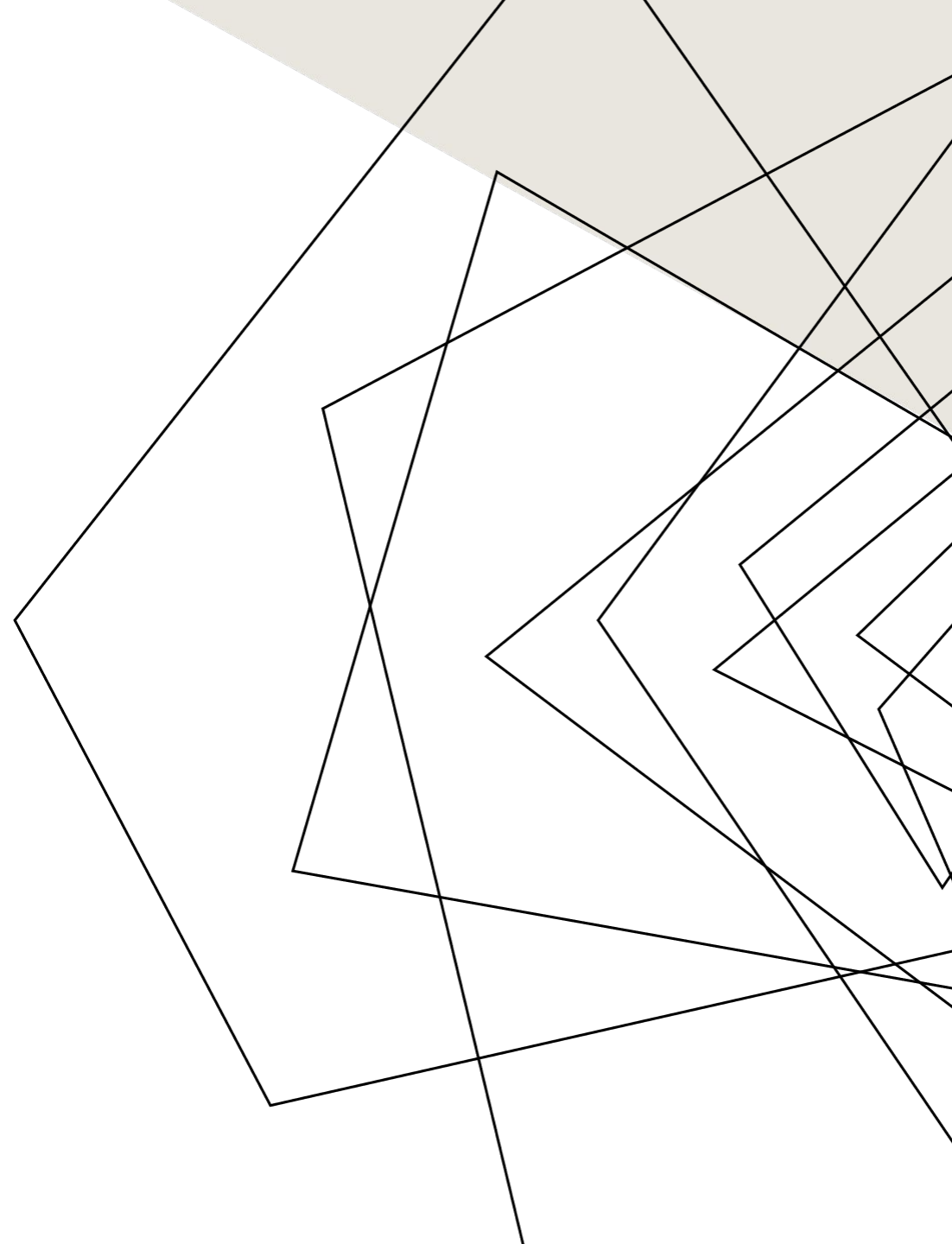
The background features a series of white, overlapping, irregular geometric shapes and lines that create a complex, abstract pattern. These lines vary in length and orientation, some forming closed polygons while others are open, creating a sense of depth and movement. The overall effect is a modern, minimalist aesthetic.

AI AND DOCUMENTATION

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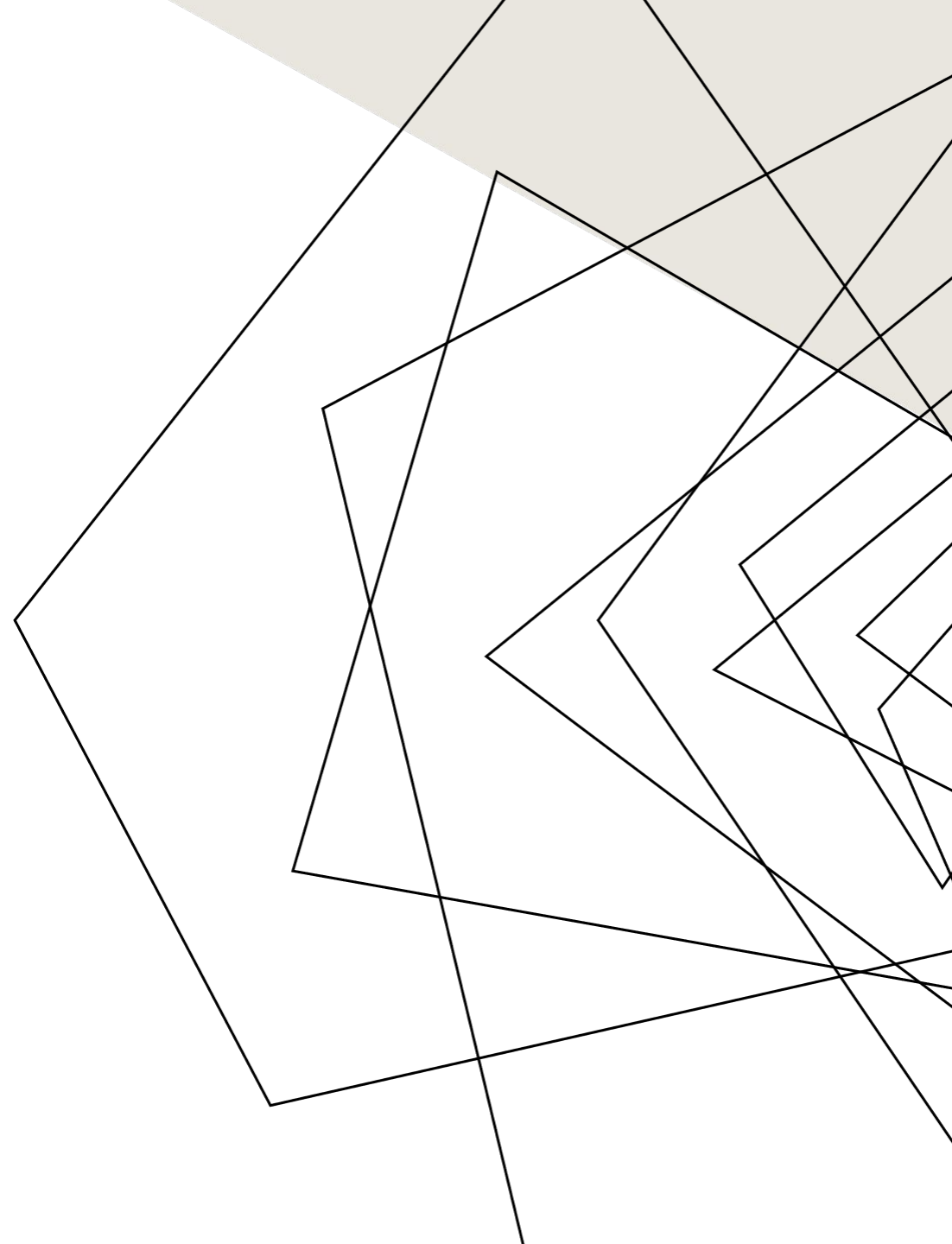
DISCLOSURES

I have no disclosures to share. I have no monetary or professional stock in Oracle or Cerner and am only giving my personal experience and independent opinions



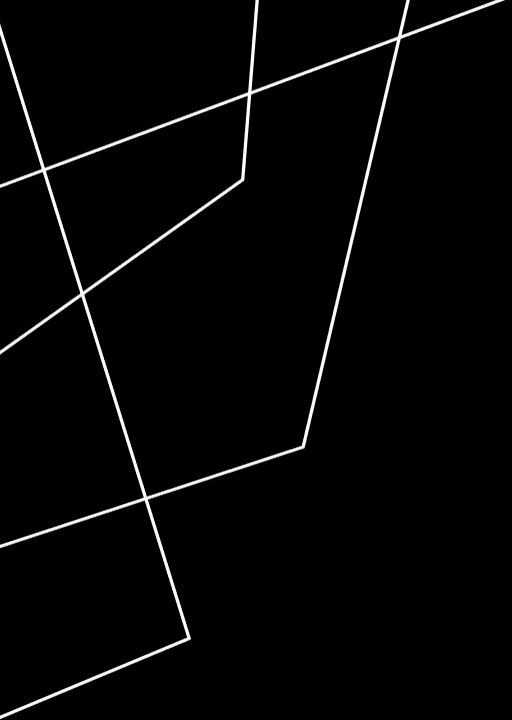
ABOUT ME

- BS in Biology with minors in Philosophy & Religion as well as Business Administration
- MS in Microbiology & Immunology from Tulane University School of Medicine
- MD from University of Illinois College of Medicine, Rockford, IL
- Residency at University of Missouri Department of Family & Community Medicine



MY PERSONAL STARTING POINT

- AI is scary
- New to the job
- New to leadership
- I want control
- Too much to do, not enough time
- New documentation load
- Burnout
 - More to come



INITIAL CONSIDERATIO NS

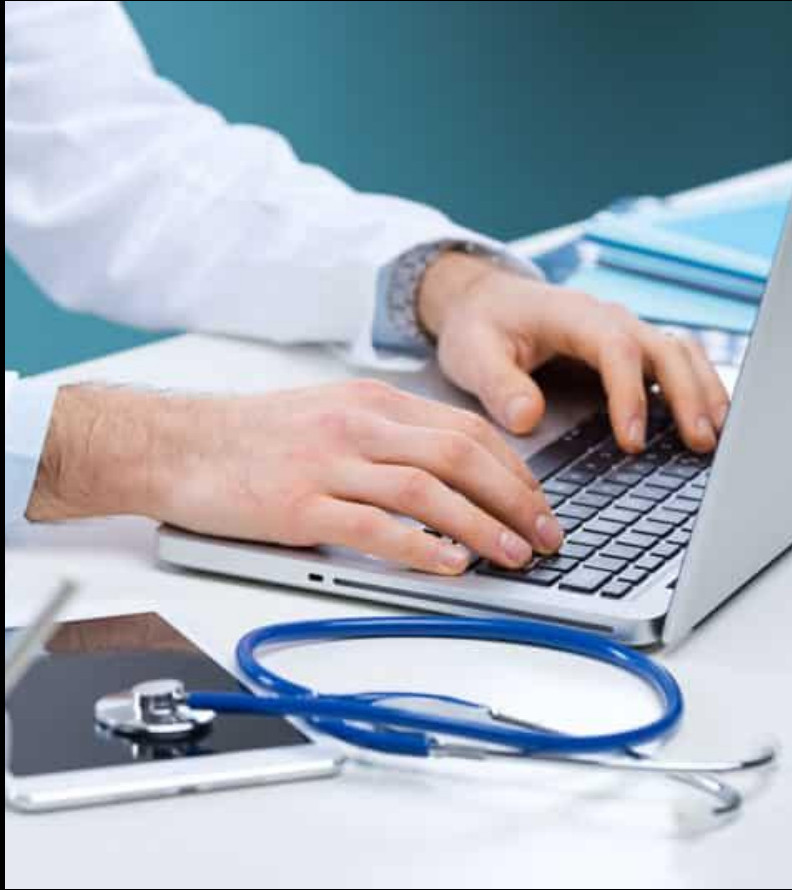
FEARS AND CONCERNS

- Personal Concerns
- Patient Concerns
- Ethical Concerns



NEED IN HEALTHCARE

- Burnout
 - 2/3 of US physicians have at least one symptom of burnout
 - Increased by COVID
 - Increased by documentation necessity
- Volume of patients needing to be seen
- Inefficiency in utilization of EHR



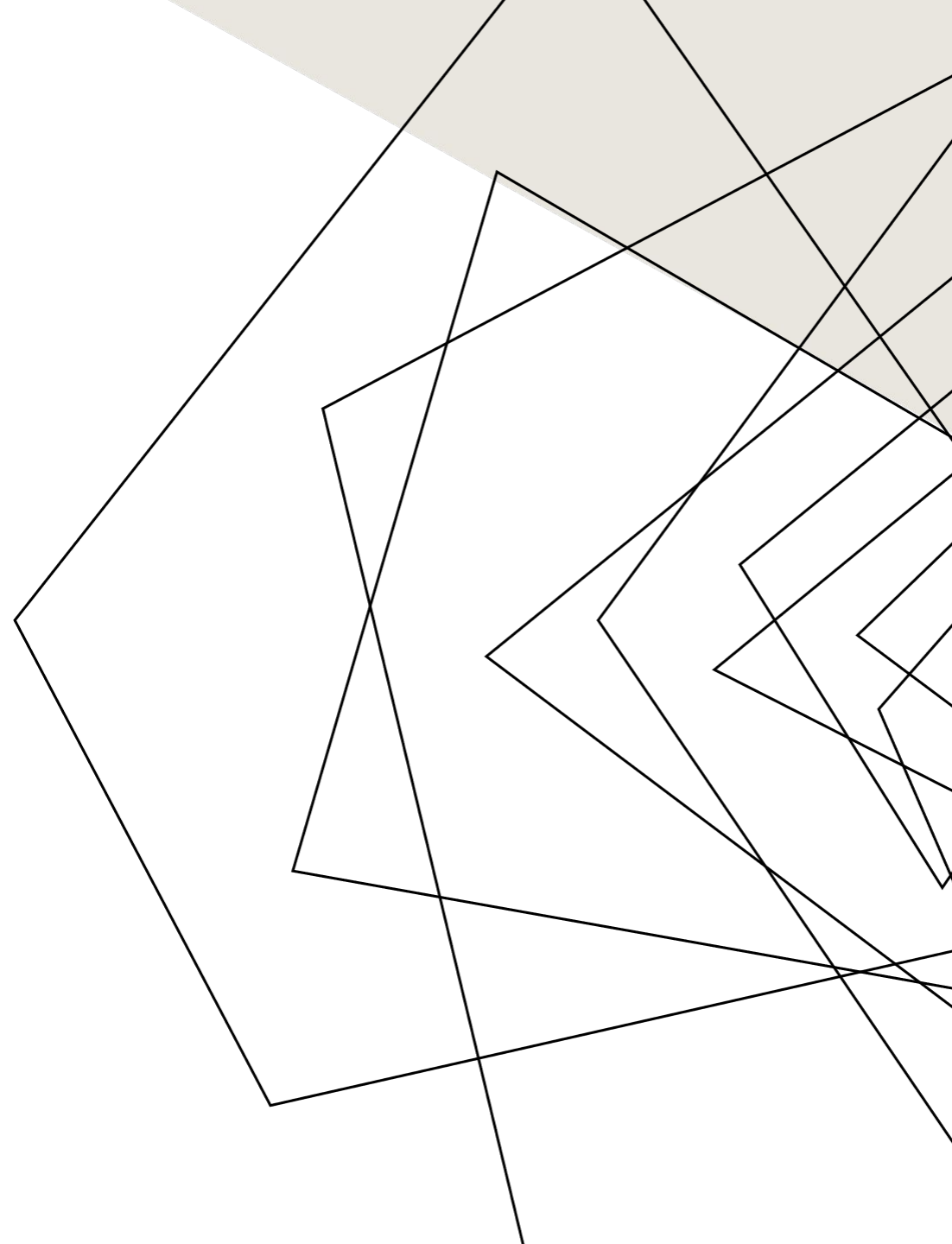
EXAMPLE

79 year old female with extensive medical history

- Mild memory issues
- Personal connection

HOW IT WORKS

- App on phone or other device
- Verbal consent for each encounter
- Record encounter
- **Generate Note**
 - Multiple options for generation
 - Which sections of the note are you going to utilize
- **PROOF READ**



DELIVER TOOLS THAT LISTEN, SO PHYSICIANS CAN TOO

Oracle Health Clinical AI Agent



Save time to focus on patient care by automating administrative tasks

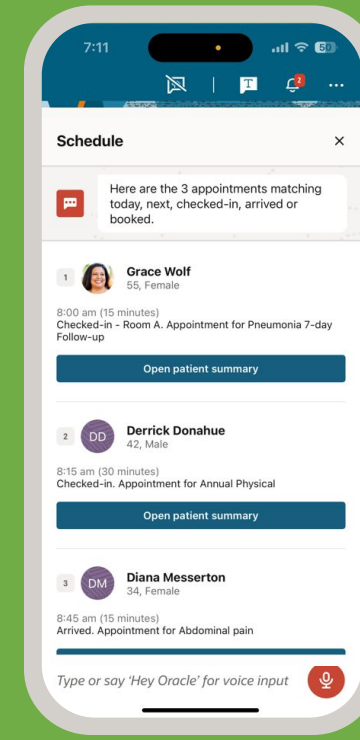
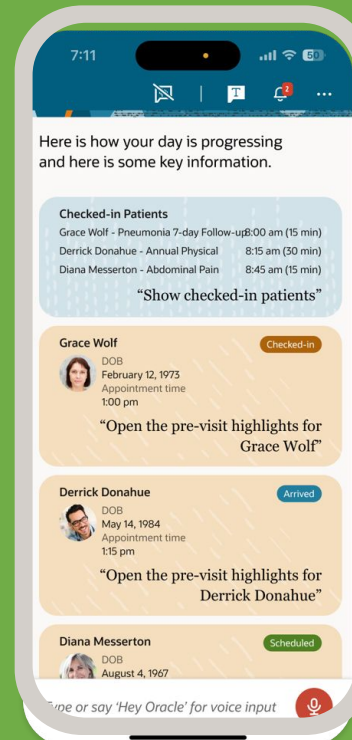


Simplify documentation at the point of care by drafting clinical notes



Limit administrative burnout by facilitating clinical documentation

Reimagine EHR experiences Clinical assistance



"Show me my schedule, do I have any free time today?"

"Can you pull up the patient's last 3 HGB A1C's?"

"Show me my last note."



HPI

Patient is a 79-year-old female presenting today for a follow-up visit.

Memory Issues:

The patient reports experiencing memory problems, which she noticed worsening until the end of October. She mentions difficulty remembering to make phone calls and often forgetting whom she has called. She also forgot about today's appointment until reminded by her daughter, Becky. Despite these issues, the patient initially feels that her memory has been improving recently but later expresses doubt about this improvement. She recalls that her memory was significantly worse when she first moved to her current location.

Sleep Disturbances:

The patient reports significant sleep disturbances, stating that she does not sleep well at night. She mentions that she sleeps like every other night, with some nights where she does not sleep at all. She takes one PM medication to aid sleep but avoids taking two as it makes her feel drugged the next day. She also consumes two to three beers or a glass of wine before bed, hoping it will help her sleep, though it sometimes has the opposite effect and revs her up.

Dizziness:

The patient reports that her dizziness has improved since she stopped wearing shoes at home and now wears socks, which she believes helps her balance better.

Back Pain:

The patient experiences severe back pain, particularly in the lower back where she had surgery. She finds it difficult to perform daily activities such as making her bed, which exacerbates her pain, and changing sheets once a week is particularly challenging. She recalls that physical therapy post-surgery was helpful, but she has not engaged in it recently and expresses reluctance to resume due to previous extensive therapy sessions. She currently manages her pain by taking three 650 mg Tylenol at a time, which she acknowledges helps but is aware of the potential harm to her liver. She sometimes takes them at bedtime with one PM medication. She also mentions that walking outside is challenging due to the cold weather and concerns about slipping.

Dermatological Issues:

The patient is scheduled to see a dermatologist for a follow-up on a skin condition affecting her legs. She previously received a tube of cream that significantly improved the condition within a week and a half, reducing the redness and thickness of the affected areas. The cream cost \$80. She is uncertain if the improvement will be sustained and plans to discuss it with her dermatologist.

A&P

Memory loss

- Continue monitoring memory function.
- No new interventions at this time.

Insomnia

- Advised patient to avoid taking more than one PM medication at night.
- Discussed the importance of physical activity during the day to improve sleep quality.
- Advised against excessive alcohol consumption before bedtime.

Chronic back pain

- Advised patient to limit Tylenol intake to two 650 mg tablets at a time, not exceeding this dosage.
- Suggested taking two 650 mg tablets initially and then another one 4-6 hours later if needed.
- Discussed the potential benefits of walking more to help with back pain and improve sleep.

Dermatitis

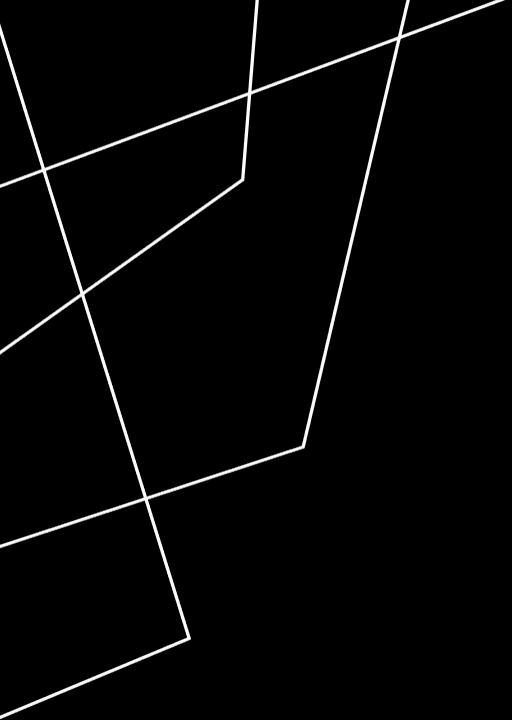
- Continue using the prescribed cream for leg dermatitis.
- Follow up with the dermatologist as scheduled.

Healthcare maintenance

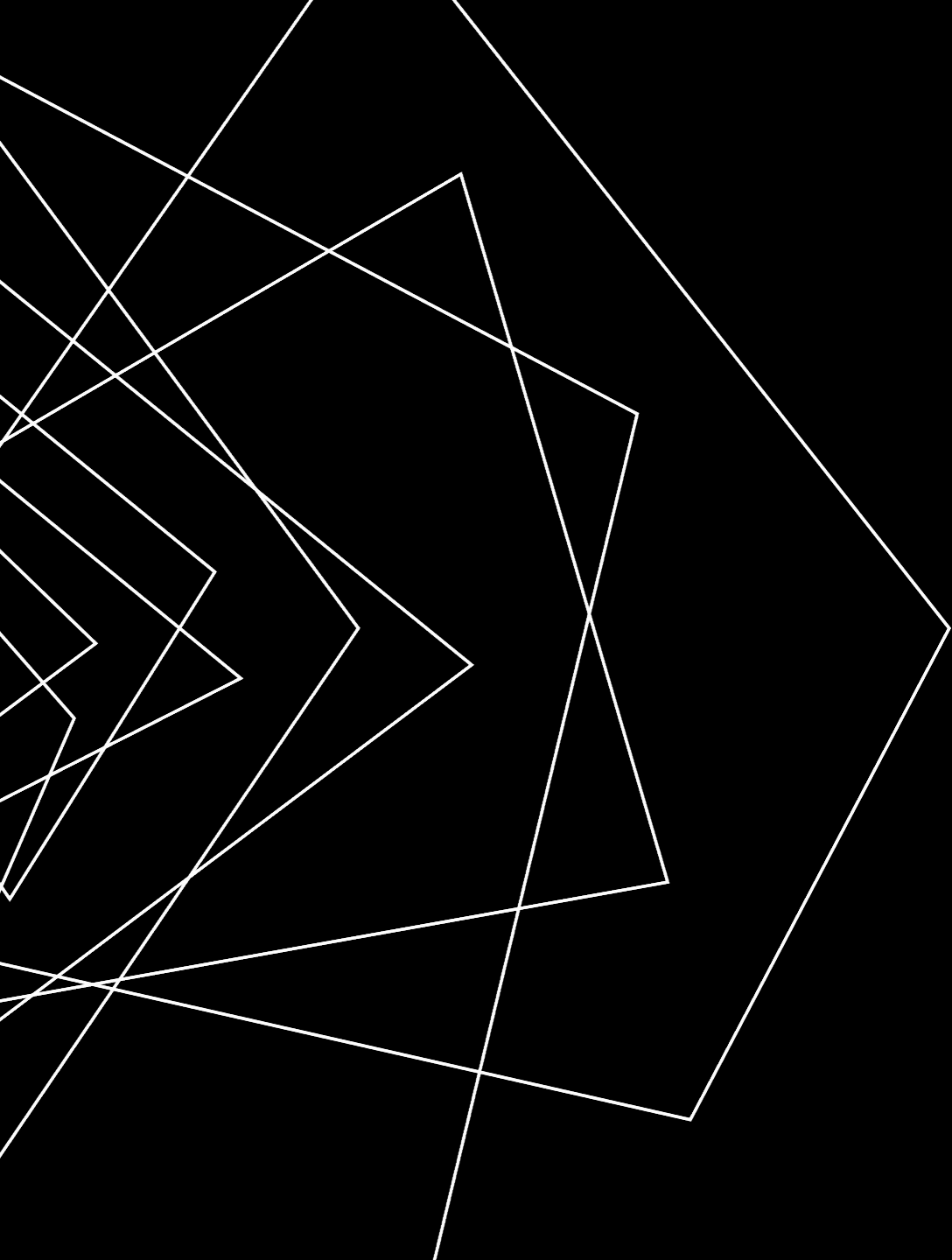
- Plan to conduct annual blood work during the next visit.
- Scheduled follow-up visit in January or February to review overall health and progress.

BENEFITS & CONCERNS

- Proof read, proof read, proof read
- New workflow
- Limitations of specific tools
 - Opportunities for improvement
- Less PJ time/less mentally exhausting PJ time



QUESTIONS?



THANK YOU

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