Healthcare Artificial Intelligence C-Suite Overview





2025



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TOOLKIT OVERVIEW

1. Preparing Your Organization for AI in Rural and Community Healthcare
2. Retreat Agenda & Preparation
3. Half-Day Executive Strategy Session: Building an Al-Ready Enterprise
4. Sample Document: AI Vision Statement & Guiding Principles
5. Sample Document: Pilot Use Cases – Prioritization & Assignment
6. Sample Document: Al Governance Charter
7. Sample Document: Communication Plan for Staff & Board
8. Sample Document: AI Workforce Literacy Plans

Preparing Your Organization for Al in Rural and Community Healthcare

Al isn't a threat — **it's your next strategic advantage.** With workforce shortages, Medicaid funding cuts, and administrative overload, now is the time for leadership to plan how Al can strengthen your operations, sustain your workforce, and improve access.

Quick Facts:

- U.S. physician shortage: ~140,000 FTEs (ASPE 2024)
- Healthcare worker shortfall by 2028: 100,000+ (AHA 2024)
- 80% of physicians want AI to reduce admin burden (AMA 2024)

Top AI Opportunities for Rural and Safety-Net Providers

- Automated coding & billing → reduce denials, faster payments
- Prior authorization automation → fewer delays, higher approval rates
- Pre-visit clinical summaries → more efficient encounters
- Patient-portal assistants → faster replies, better engagement
- Al "agents" → automate up to 80% of repetitive tasks

Leadership Actions (Start Now) - Checklist

- 1. Hold a half-day AI strategy retreat with executive leaders.
- 2. Create a clear Al vision statement aligned with your mission.
- 3. Invest in staff up-skilling and communicate transparently that AI secures jobs by reducing burnout.
- 4. Define governance and assign an AI executive sponsor.
- 5. Track ROI and staff well-being metrics from day one.
- 6. Identify 2 pilot projects with high impact and low risk.

Why This Matters:

Al enables sustainability, not replacement. With declining birth rates and aging populations (U.S. Census Bureau 2024), workforce shortages are structural. Strategic Al adoption gives your staff the support they need and your organization the resilience to thrive.

Takeaway:

Start now — prepare your enterprise for a smarter, leaner future Lead locally — strengthen your mission and access for your community.

Retreat Agenda and Preparation

Here's a **Half-Day Executive AI Strategy Session Agenda** designed specifically for rural and community health provider leadership teams (e.g., CEOs, COOs, CFOs, CMOs, CIOs, CHROs, Compliance Officers, and Board representatives).

It guides your C-Suite through defining an **AI vision, mapping organizational readiness, identifying near-term pilots, and establishing governance and workforce alignment** — all grounded in the realities of shrinking resources, staff shortages, and sustainability challenges.

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Half-Day Executive Strategy Session: Building an Al-Ready Enterprise

Recommended Participants: C-Suite executives, senior directors, and key clinical/operational leaders

Duration: 4 hours

Purpose: To align leadership around a shared Al vision, identify high-value use cases, and define governance and workforce strategies for responsible, sustainable adoption.

Session Goals

By the end of this session, participants will:

- Understand why AI readiness is critical amid workforce shortages and reimbursement pressures.
- Establish a shared vision and guiding principles for AI within their organization.
- Identify top 1–3 near-term Al use cases that align with mission and resource capacity.
- Define governance, accountability, and workforce upskilling needs.
- Agree on next steps and 30-day deliverables to move from planning to action.

Agenda and Pre-Session Preparation

1. Distribute Reading Materials:

- a. CTRC "C-Suite Al Leadership Toolkit"
- b. CTRC Blog: "Why Rural Providers Must Begin Their Al Innovation Strategy Today"

2. Ask Participants to Reflect On:

- a. What are your biggest administrative and clinical pain points?
- b. What worries you most about AI adoption?
- c. Where could AI free up staff time or improve access?

3. Bring Data:

- a. Staffing turnover and vacancy rates
- b. Patient volume, denials, and financial metrics
- c. Examples of manual processes ripe for automation

4. Post-Session Deliverables (Within 30 Days)

- a. Al Vision Statement & Guiding Principles approved by leadership.
- b. Pilot Use Cases prioritized and assigned.
- c. Al Governance Charter drafted (including oversight structure and ethics safeguards).
- d. Communication Plan prepared for staff and board.
- e. Al Workforce Literacy Plan launched (training, FAQs, talking points).

Recommended Materials to Support the Session

- Flip chart or virtual whiteboard (for vision statement drafting)
- Readiness & Value Matrix worksheet
- Al Use-Case Examples Handout
- Governance Charter Template
- Workforce Upskilling Checklist

Al Vision Statement & Guiding Principles

Organization: [Name of Hospital or Health Center]

Approved By: Executive Leadership Team

Date: [Insert Date]

Al Vision Statement

"By 2028, [Organization Name] will responsibly integrate artificial intelligence (AI) tools that enhance clinical quality, operational efficiency, and staff well-being.

Our goal is to use AI to extend access to care, reduce administrative burden, and sustain our workforce—while maintaining local control, human oversight, and community trust."

Guiding Principles

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Principle	Commitment
Human Oversight	Every AI tool supports—not replaces—human judgment. Clinical and operational decisions remain staff-led.
Transparency	Staff and patients will know when and how AI is used in care delivery or operations.
Privacy & Security	Al use will fully comply with HIPAA, Medi-Cal, and California privacy laws.
Access & Fairness	Al adoption will focus on improving access to underserved populations and avoiding bias.
Sustainability	Al will be deployed where it strengthens the organization's long-term financial and workforce viability.
Accountability	Each Al use case will have a named sponsor, validation plan, and measurable outcomes.

Commitment

Pilot Use Cases - Prioritization & Assignment

Objective: Identify and test 1–3 small-scale, high-impact AI pilots within 6 months.

Approved By: Al Oversight Committee

Date: [Insert Date]

Pilot Name	Purpose	Department/ Lead	AI Type	Timeline	Metrics for Success
AI Coding Assistant	Automate coding validation for primary care visits to reduce denials.	Revenue Cycle / CFO	Operational	Q2 2025	20% reduction in coding rejections; staff time saved.
EHR Note Summarization (In-Basket Assistant)	Reduce clinician burnout by summarizing messages and notes.	Clinical Operations / CMO	EHR- Embedded	Q3 2025	30% reduction in inbox time; positive staff satisfaction survey.
AI Scheduling Optimization	Improve access to specialty care using predictive appointment models.	Access / COO	Operational	Q3-Q4 2025	10% improvement in appointment fill rates.

Pilot Oversight: CIO, Compliance Officer, and Department AI Champion meet monthly to review progress.

AI Governance Charter

Purpose: Establish oversight and accountability for Al systems and tools used across [Organization Name].

Scope: Applies to all AI tools used in clinical, administrative, and operational workflows, including EHR-embedded, productivity, third-party, and business automation tools.

Governance Structure

Role	Responsibility
Al Oversight Committee (AIOC)	Approves new use cases, reviews risks, and monitors outcomes quarterly.
Chief Medical Officer (CMO)	Ensures clinical safety and alignment with care standards.
Chief Information Officer (CIO)	Oversees system integration, data security, and vendor compliance.
Compliance & Privacy Officer	Ensures regulatory compliance and privacy protection.
Department AI Champions	Lead pilot activities and frontline engagement.

Ethics & Safeguards

- All Al systems will undergo risk classification (Clinical / Operational / Productivity).
- Staff and patients must be informed when Al is in use.
- Each tool will include human-in-the-loop review for high-impact tasks.
- The organization prohibits use of AI for staff surveillance or disciplinary actions.
- Vendors must sign a Data Stewardship Addendum affirming HIPAA compliance and non-reuse of data for external model training.

Reporting

- Quarterly AIOC summary to the Board of Directors.
- Annual "Al Safety and Impact Report."

Communication Plan for Staff & Board

Goal: Ensure all stakeholders understand the purpose, scope, and safeguards of AI adoption.

Audiences

- Board of Directors Strategic context, risk management, ROI
- Executives & Department Leaders Oversight responsibilities
- Clinical & Operational Staff How Al supports their work
- Patients & Community Partners Transparency and reassurance

Core Messages (Draft)

- 1. Al adoption is a strategy for sustainability, not staff reduction.
- 2. Our goal is to reduce administrative burden, lower cost, and improve access.
- 3. All Al systems include human review and transparency safeguards.
- 4. Staff input drives every pilot and evaluation.

Channels

Channel	Frequency	Responsible Lead	Notes
CEO All-Staff Email	Launch + quarterly updates	CEO / HR	Include link to Al FAQ page.
Staff Town Hall	Quarterly	COO / CIO	Use plain-language slides and demos.
Department Huddles	Monthly	Managers	Focus on local use cases.
Board Briefing	Quarterly	CEO / CMO	10-minute update on Al progress and ROI.
Patient Newsletter / Website	As Needed	Communications	Highlight community benefits and safeguards.

Feedback Loop

- Anonymous staff form for AI feedback/concerns (Google Form).
- Department AI Champions collect frontline input for quarterly review.

Al Workforce Literacy Plan

Objective: Build AI literacy and confidence among staff through no-cost, role-appropriate training.

PHASE 1

Awareness (Month 1-3)

- Launch: CEO message + internal AI FAQ ("What is AI?" "What AI tools do we use?")
- Resources: CTRC webinars, Al literacy videos, 30-minute "Al in Practice" lunch-and-learns.

PHASE 2

Foundational Literacy (Month 4–6)

- Training: 1-hour online course covering:
 - o Al basics (machine learning, generative Al, EHR-embedded tools)
 - Privacy & safe use (HIPAA and DLP reminders)
 - o Real examples from health centers and rural hospitals and clinics
- Outcome: 90% of staff complete course; staff survey shows improved understanding.

PHASE 3

Role-Based Skills (Month 6–9)

Role	Focus Area	Training Source (Free)
Clinical	Documentation, triage, CDS	CTRC Training videos, CTRC use-case sessions
Operations	Scheduling, telehealth automation	CTRC Boot Camp, internal demos
Billing	Claims automation	Vendor-led quick guides
IT	Integration, data privacy	Al safety webinars
HR/Admin	Analytics, recruitment tools	CTRC workforce webinars

PHASE 4

Sustainment (Month 9-12)

- Establish AI Champions in each department.
- Add Al literacy to annual staff competencies.
- Host annual "Al in Action" showcase with success stories.

KEY METRICS

- Training completion rate
- Staff confidence improvement (survey)
- Reported reduction in manual workload
- Improved staff retention and morale

Learn More About Al In Healthcare

The rapid increase in advanced artificial intelligence (AI) systems and applications in healthcare has occurred seemingly overnight. Clinicians, operational staff, and provider leadership may not be aware that they are utilizing an AI system, may not know what questions to ask, nor know what policies, procedures, processes, and professional training should be in place to ensure that such systems drive improved health outcomes, reduce the burden on their teams, and increase overall sustainability.

View our <u>introductory guides and website</u> to support these efforts:

<u>Healthcare Al: Foundation</u> - Basics of Al, its benefits, risks, and compliance for safe use..

<u>Healthcare Al: Vendor Checklist</u> - How to vet Al tools for safety, fairness, and compliance.

<u>Healthcare Al: Governance Guide</u> - Create policies and roles for ethical, secure Al use

<u>Healthcare Al: Unintended Impact</u> - Identify and reduce risks and biases in Al deployment.

View our introductory videos to support these efforts:

<u>Healthcare Al Bootcamp</u>		
Healthcare Al Overview and Vision	Where Al Meets Care	
Starting the AI Healthcare Journey	Al in Action: Radiology, Diagnostics & Personalized	
How Al Works: Methods, Models & Real-World	<u>Medicine</u>	
<u>Functions</u>	Al and Regulation: Policies, Ethics, and Oversight	
Bringing AI to Life in Healthcare	Securing the Future of Healthcare Al	
Understanding the AI Lifecycle	The Dual Edge of Gen AI in Healthcare	

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