

Welcome to the

California Telehealth Resource Center 14th Annual Digital Health Summit

Bridging the Gap: Digital Health and AI for Smarter Care, Stronger Teams,
and Sustainable Healthcare

*From Promise to Practice: Preparing Care Teams for
Generative AI in the Next Year*



Jonathan H. Chen MD, PhD

4:00 – 4:45pm (PT)

Disclaimer



This session is purely for informational purposes.

The California Telehealth Resource Center has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed during the Summit.

The California Telehealth Resource Center (CTRC) and all resources and activities produced or supported by the CTRC are made possible by grant number U1UTH42520-01-01 from the Office for the Advancement of Telehealth, Health Resources and Services Administration, DHHS. This information or content and conclusions are those of the CTRC and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Summit Sessions

8:30 am

Opening Remarks | Setting the Vision:
Digital Health, AI, and the Future of a
Sustainable Health Ecosystem

9:00 am

Opening Keynote | Setting the
Foundation: Statewide Digital Health
Priorities under California's Rural
Health Transformation Program

10:00 am

From Clinic to Community: Scaling
Chronic Disease Management Beyond
the Visit

11:00 am

From Innovation to Sustainability:
Payment and Policy Pathways That
Make Digital Care Scalable

1:00 pm

Trust Is Built, Not Bought: Making AI
Safe and Defensible in Clinical Care

2:00 pm

Building What Lasts: Rural Digital
Health Sustainability in Practice

3:00 pm

Clinical AI That Delivers: Evidence,
Workflow Fit, and What Actually
Changes Care

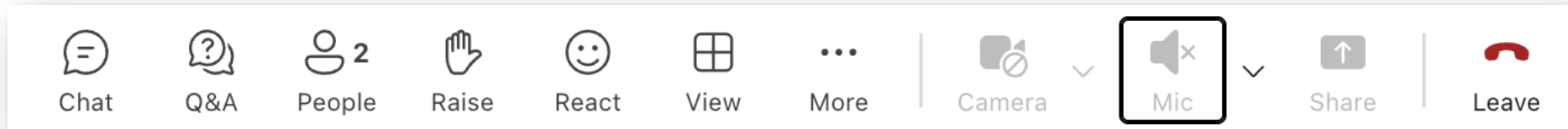
4:00 pm

Closing Keynote | From Promise to
Practice: Preparing Care Teams for
Generative AI in the Next Year

[Register Here](#)

All times are in Pacific Time Zone (PT).

Microsoft Teams Tips



Open the Chat

Please open the chat and use it liberally; we want to hear from you!

Raise your Hand or React

Attendees will have an opportunity to ask questions. Raise your hand or send reactions!

Muted on Entry

You are muted on entry.

Session Recording

Today's session is being recorded! Keep an eye out for attendee announcements when recordings are available.

Thank You, CTRC Funders



Established in 2006, the California Telehealth Resource Center (CTRC) exists to share **unbiased, no-cost digital health resources and consultative support services** with providers and patients located across all 58 California counties and beyond. As part of a collaboration of 12 regional and 2 national Telehealth Resource Centers, CTRC is **committed to implementing digital health programs for rural and underserved communities.**

The work of the CTRC would not be possible without funding and support from the Health Resources and Services Administration's **Office for the Advancement of Telehealth** and the **CA State Office of Rural Health**, part of the Department of Health Care Access and Information.

From Clinic to Community: Scaling Chronic Disease
Management Beyond the Visit

Meet Your Presenter

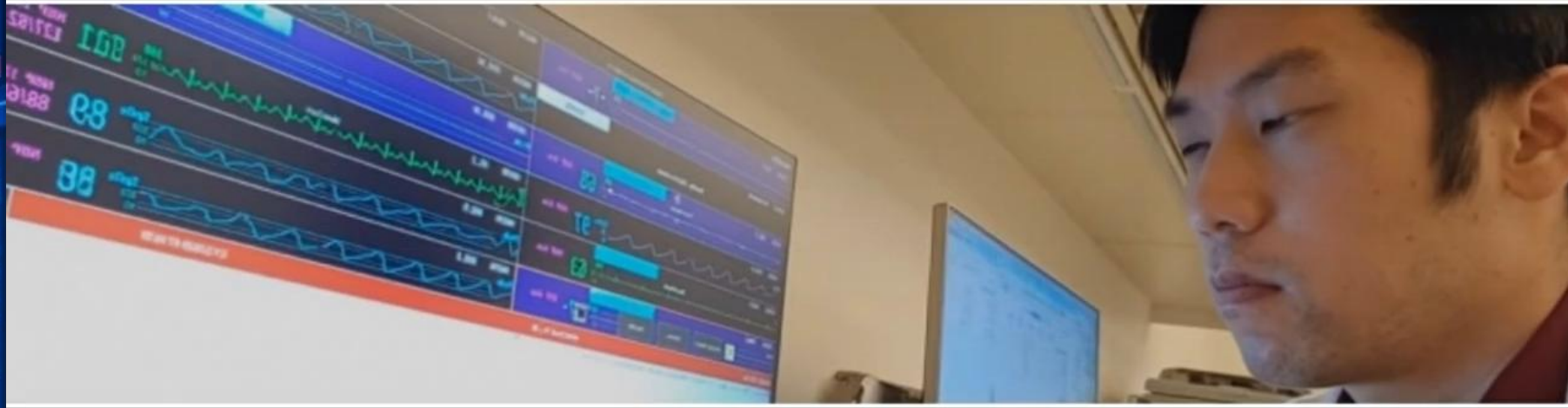


Jonathan H. Chen MD, PhD

**Associate Professor Director for Medical
Education in Artificial Intelligence Stanford
Division of Computational Medicine +
Division of Hospital Medicine + Clinical
Excellence Research Center Department of
Medicine + Biomedical Data Science**



AI in Medicine



Real Magic or Illusory Imitation?

Veo



Jonathan H. Chen MD, PhD @jonc101x
Director for Medical Education in Artificial Intelligence
Stanford Division of Computational Medicine
+ Division of Hospital Medicine + Clinical Excellence Research Center +
Biomedical Data Science + ARISE Healthcare Network Founding Lead



Acknowledgements

- Students + Collaborators
- ARPA-H PACT (Physician-AI Collaborative Teaming)
- NIH/National Institute of Allergy and Infectious Diseases (1R01AI178121-01)
- NIH-NCATS-Clinical & Translational Science Award (UM1TR004921)
- Stanford Bio-X Interdisciplinary Initiatives Program
- Josiah Macy Jr. Foundation (AI in Medical Education)
- Stanford RAISE Health Seed Grant 2024
- NIH - Center for Undiagnosed Diseases (U01 NS134358)
- GrowTherapy Sponsored Research Award

Content does not necessarily represent the views of any agency or institution

Financial disclosures: Reaction Explorer LLC – Co-founder. Expert witness / Consulting / Speaking fees from Younker Hyde MacFarlane, Sutton Pierce, Sykes McAllister, ISHI Health, Cozeva, Gen Re



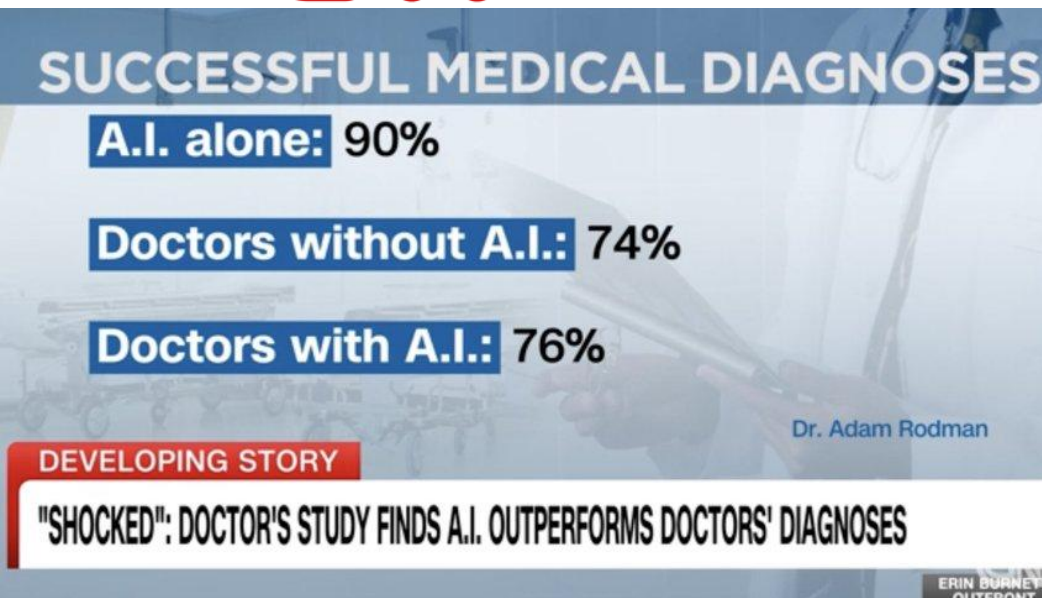
Learning Objectives

1. Recognize the progressive trends of increasing computer capabilities to tackle traditionally human cognitive tasks, and the relative important roles for both in modern healthcare
2. Describe the dangers of AI confabulation / hallucination, and the increasing unreliability of distinguishing real vs. fabricated computer-generated info
3. Define what makes a clinician in the emerging AI era, and what it means for (re)training the healthcare workforce
4. Identify broadly available AI tools that can be used to immediately support work processes

Deepfake Intro







ChatGPT passes exams from law and business schools



By Samantha Murphy Kelly, CNN Business
Updated 1:35 PM EST, Thu January 26, 2023

"Bans are needed," he said.

"After all, when you give a medical doctor a degree, you want them to know medicine, not how to use a bot."

Does Your Teen Recognize A.I.?

Art World Takes On A.I.

Putting A.I. in Charge

A.I. and Hollywood

A.I. Chatbots Defeated Doctors at Diagnosing Illness

abc 7 NEWS 24/7 Live

Can artificial intelligence chatbots outperform human doctors? Here's what new Stanford study found

The study says 'Yes.'

By [Kristen Sze](#)

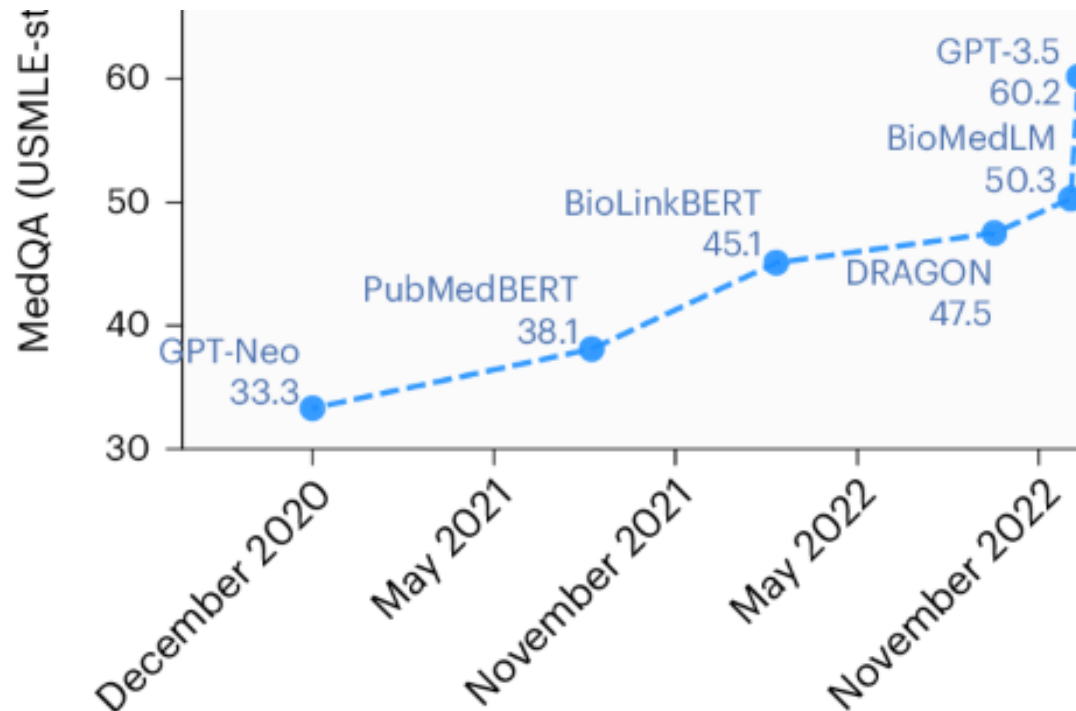
Monday, March 17, 2025



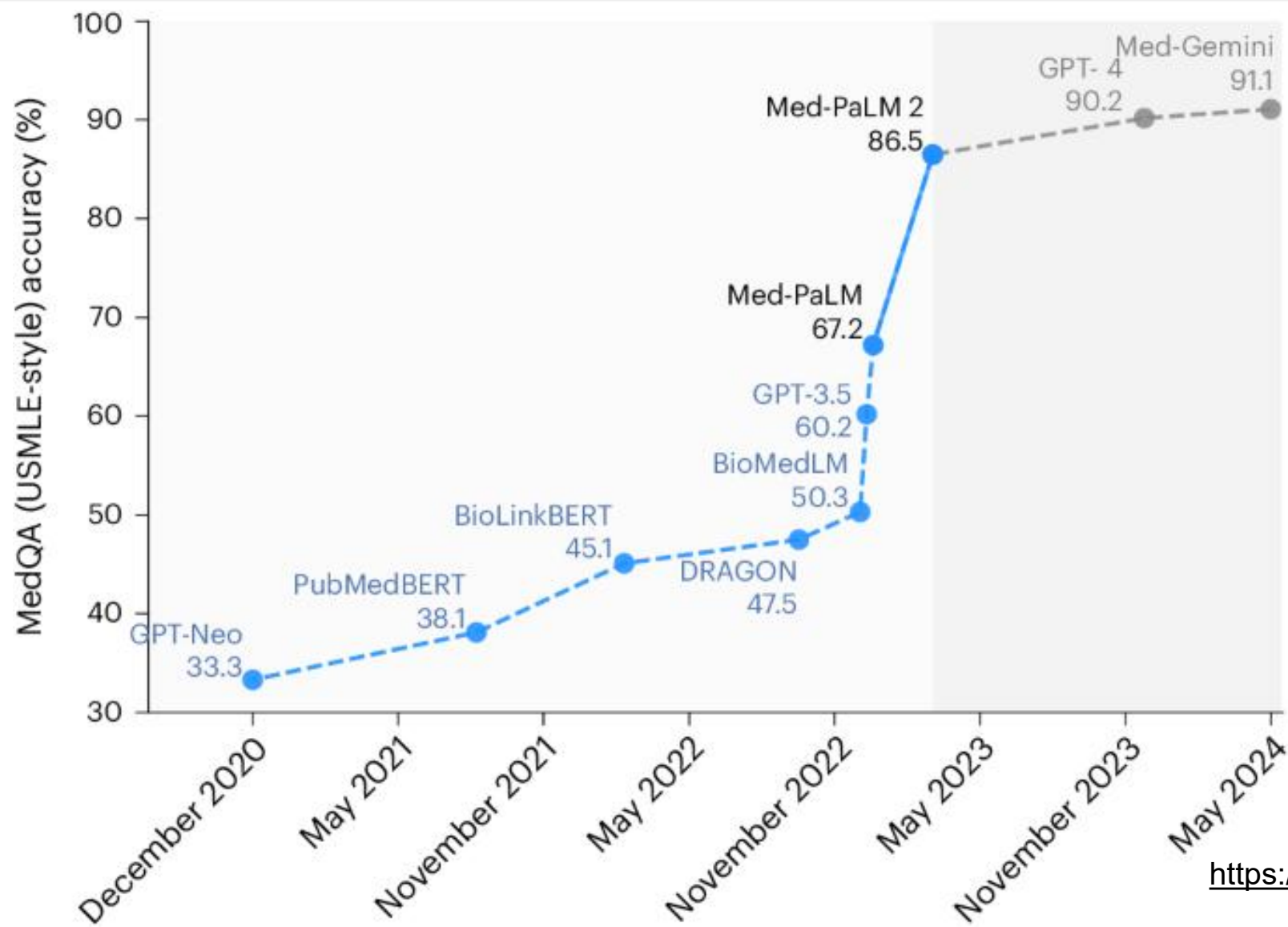
GETTING
ANSWERS

STUDY: AI CHATBOTS OUTPERFORM PHYSICIANS AT DIAGNOSING ILLNESS

Advancing Medical Q&A Accuracy



Advancing Medical Q&A Accuracy



Chatbot vs. Medical Student Clinical Reasoning

PROMPT 1:

A 72 y/o man with a history of hypertension and smoking presented with shortness of breath for two weeks.

The patient was in his usual state of health until about two weeks ago when he noted the gradual onset of shortness of breath. It was initially present only with moderate exertion such as climbing multiple flights of stairs, but now occurs while he walks across the room. He does not feel short of breath at rest, and reports no orthopnea, paroxysmal nocturnal dyspnea, lower extremity swelling, cough, chest pain, or palpitations. He reports that he thinks his weight has remained unchanged during this period, but that he doesn't routinely weigh himself.

Of note, six months ago the patient was hospitalized for four days with COVID, but he thought he had fully recovered from that. The patient is now concerned he may have "long COVID".

He has a history of hypertension and osteoarthritis of the knees.

His outpatient medications include losartan, amlodipine, and occasional ibuprofen.

His immunizations are up to date, including influenza and COVID.

He has no known allergies to medications, food, or environmental factors

His father died at 65 from emphysema. His mother died at 80 from heart disease. The patient also has a 68 year old brother with coronary artery disease and diabetes.

The patient lives with his wife and his brother-in-law in a private home in San Jose. His brother-in-law has Down's syndrome, and they have been caring for him since his wife's parents passed away about five years ago. The patient is an active smoker, currently 1 pack/day. He drinks "a few" beers or mixed alcoholic drinks per week. He denies any history of illicit drug use. He is a retired plumber and suspects he's had occupational exposure to various chemicals over the years, but doesn't know any details. He has not been sexually active for several years. He describes his diet as "pretty bad, I guess. A lot of meat and salt, and probably too many sweets." His last travel out of the Bay Area was a trip to visit his children in Southern California shortly before the COVID pandemic. He has no pets or animal exposures.

Taking all the information you have into account, what are the three most likely diagnosis for this patient's primary complaint of shortness of breath?

Example Tasks

- Summarize the case
- Describe a diagnostic schema and illness script
- Write a prioritized problem list
- Explain key factors that favor possible diagnoses

GRADING RUBRIC 1 (4 points total):

Inclusion of any of the following diagnoses are justifiable to include in a list of the top 4 possibilities, and should receive 1 point each. Additional diagnoses not listed may be justifiable and should receive credit at grader's discretion. Students may list variations of diagnoses as separate items (e.g. multiple forms of ILD, multiple forms of pneumonia, etc...); graders should use their discretion to determine if the variations are sufficiently clinically distinct to receive full credit.

- | | | |
|---|---|--|
| • Pneumonia | • Pulmonary embolism | • COPD |
| • COVID | • Pulmonary hypertension | • Lung cancer |
| • Post-acute COVID syndrome (a.k.a. "Long COVID") | • Heart failure | • Lymphoma |
| • Interstitial lung disease | • CAD / unstable angina | • Other cancer metastatic to lung |
| | • Valvular heart disease (e.g. aortic stenosis) | • Anemia (with long list of possible etiologies) |

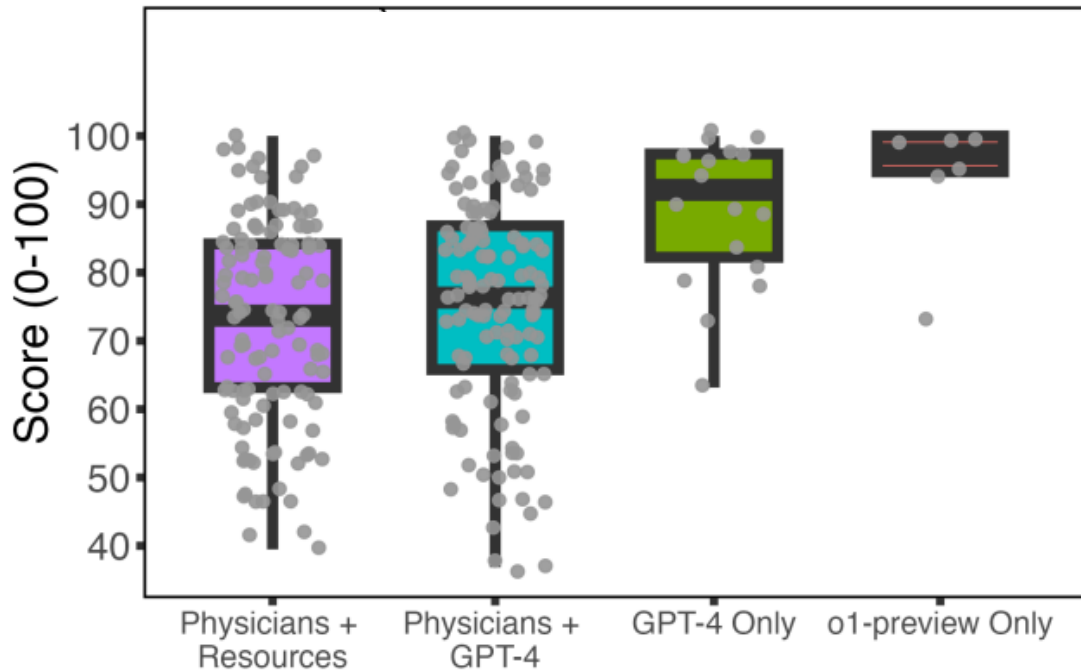
Eric Strong, MD¹; Alicia DiGiammarino, MS²; Yingjie Weng, MHS³; Andre Kumar, MD, MEd¹; Poonam Hosamani, MD¹; Jason Hom, MD¹; Jonathan H. Chen, MD, PhD^{1,4,5}

[Author Affiliations](#) | [Article Information](#)

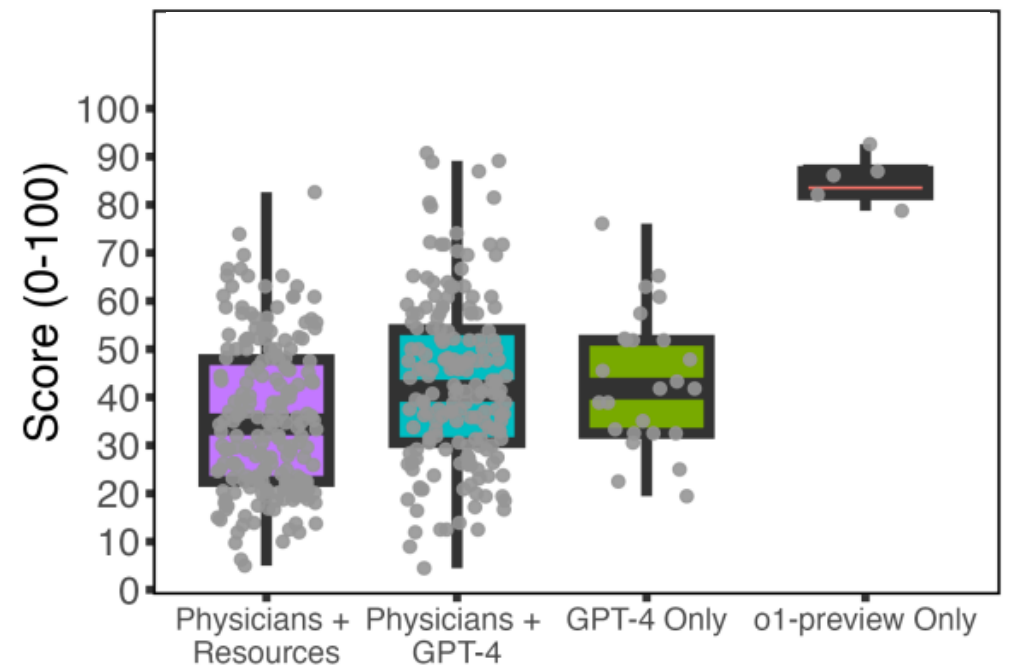
JAMA Intern Med. Published online July 17, 2023. doi:10.1001/jamainternmed.2023.2909

Superhuman Clinical Reasoning?

Diagnostic Reasoning Cases



Management Reasoning Cases



Large Language Model Influence on Diagnostic Reasoning: A Randomized Clinical Trial, *JAMA Network Open* (2024)

GPT-4 assistance for improvement of physician performance on patient care tasks: A randomized controlled trial, *Nature Medicine* (2025)

Performance of a large language model on the reasoning tasks of a physician, *Science* (2026)

AI in Medicine? Why, What, How?

Artificial Intelligence in Health Care

The Hope, the Hype, the Promise, the Peril

CHAPTER 4
POTENTIAL TRADE-OFFS AND UNINTENDED
CONSEQUENCES OF AI

*Jonathan Chen, Stanford University; Andrew Beam, Harvard University;
Suchi Saria, Johns Hopkins University; and Eneida Mendonça, Regenstrief Institute*

PERSPECTIVE

MACHINE LEARNING AND PREDICTION IN MEDICINE

Machine Learning and Prediction in Medicine — Beyond the Peak of Inflated Expectations

Jonathan H. Chen, M.D., Ph.D., and Steven M. Asch, M.D., M.P.H.

Clinical Decision Support and Implications for the Clinician Burnout Crisis

Ivana Jankovic¹, Jonathan H. Chen²

Learning from the EHR to implement AI in healthcare

Christian Rose & Jonathan H. Chen

 Check for updates

VIEWPOINT

DIAGNOSTIC EXCELLENCE

Decoding Artificial Intelligence to Achieve Diagnostic Excellence
Learning From Experts, Examples, and Experience

VIEWPOINT

DIAGNOSTIC EXCELLENCE

Next-Generation Artificial Intelligence for Diagnosis
From Predicting Diagnostic Labels to “Wayfinding”

Invited Commentary

How Chatbots and Large Language Model Artificial Intelligence Systems Will Reshape Modern Medicine Fountain of Creativity or Pandora’s Box?

Ron Li, MD; Andre Kumar, MD, MEd; Jonathan H. Chen, MD, PhD

JAMA
Network | **Open**™

Original Investigation | Health Informatics

Large Language Model Influence on Diagnostic Reasoning A Randomized Clinical Trial

Ethan Goh, MBBS, MS; Robert Gallo, MD; Jason Hom, MD; Eric Strong, MD; Yingjie Weng, MHS; Hannah Kerman, MD; Joséphine A. Cool, MD;
Zahir Kanjee, MD, MPH; Andrew S. Parsons, MD, MPH; Neera Ahuja, MD; Eric Horvitz, MD, PhD; Daniel Yang, MD; Arnold Milstein, MD;
Andrew P. J. Olson, MD; Adam Rodman, MD, MPH; Jonathan H. Chen, MD, PhD

What medicine can learn from game-playing artificial intelligence: The 1 in 10,000 move

THE STATE OF
CLINICAL
AI
(2026)

ARISE NETWORK



[Home](#) > [Journal of General Internal Medicine](#) > [Article](#)

Recommendations for Clinicians, Technologists, and Healthcare Organizations on the Use of Generative Artificial Intelligence in Medicine: A Position Statement from the Society of General Internal Medicine

Add sources

Sources let NotebookLM base its responses on the information that matters most to you.
(Examples: marketing plans, course reading, research notes, meeting transcripts, sales documents, etc.)



Upload sources

Drag & drop or [choose file](#) to upload

Supported file types: PDF, .txt, Markdown, Audio (e.g. mp3)



Google Drive



Google Docs



Google Slides



Link



Website



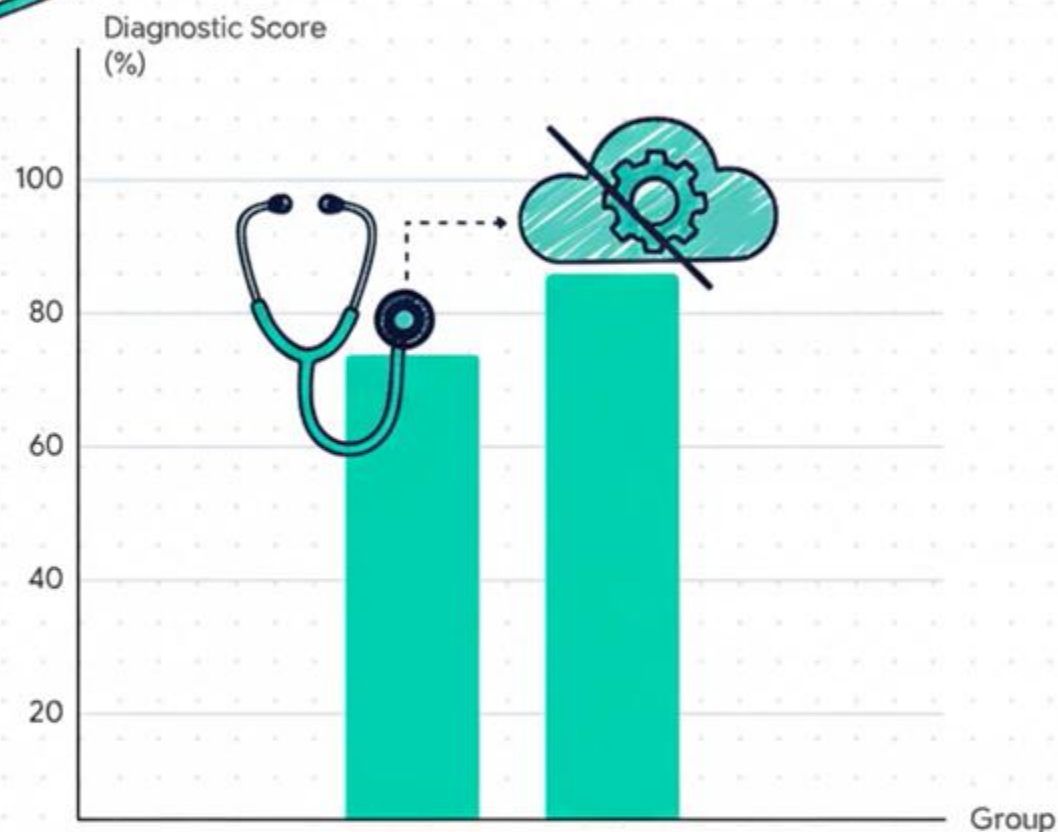
YouTube



Paste text



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Physicians Only

Physicians + LLM



Adding an LLM assistant showed **no significant improvement** in physician diagnostic reasoning.

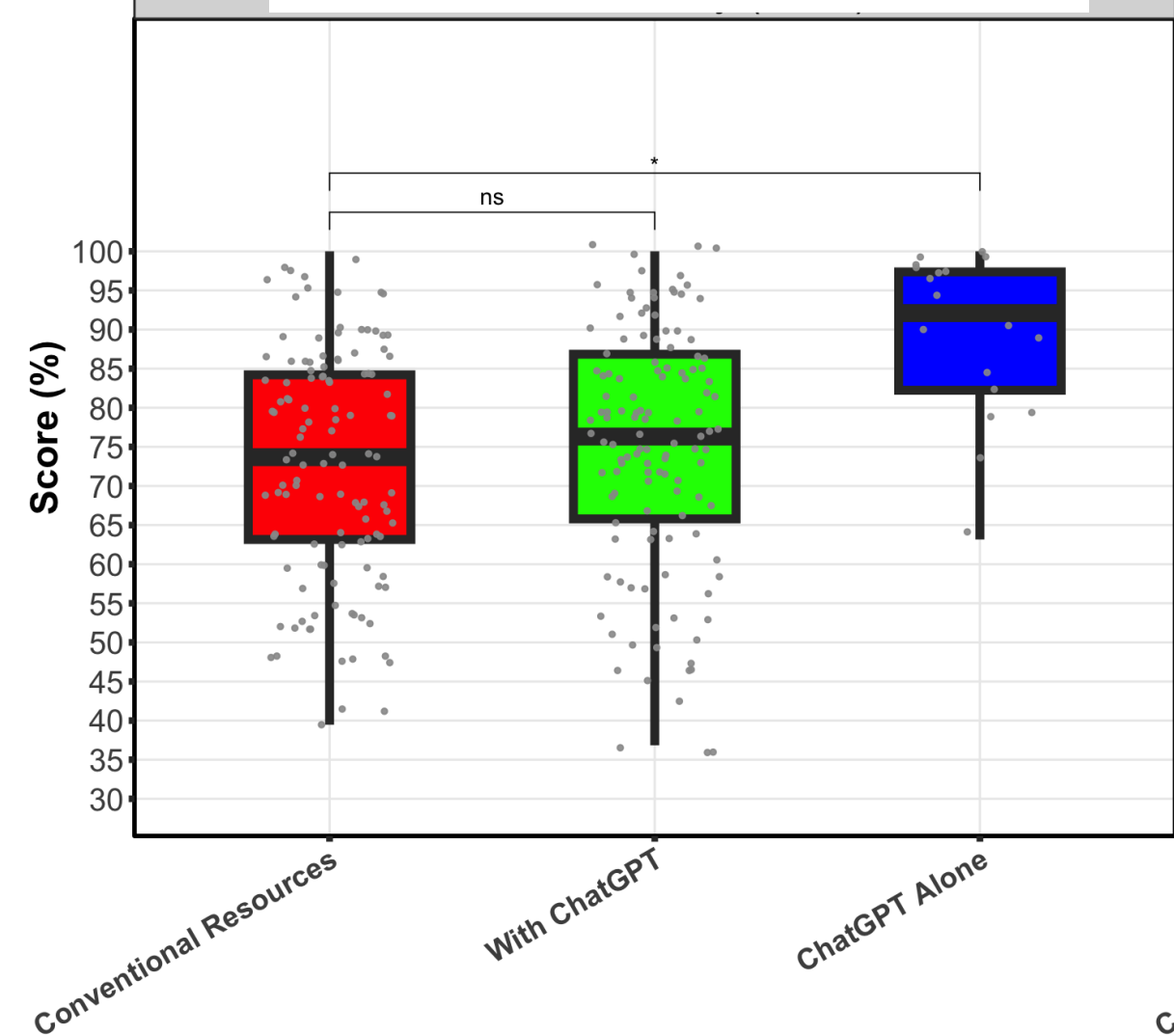


NotebookLM

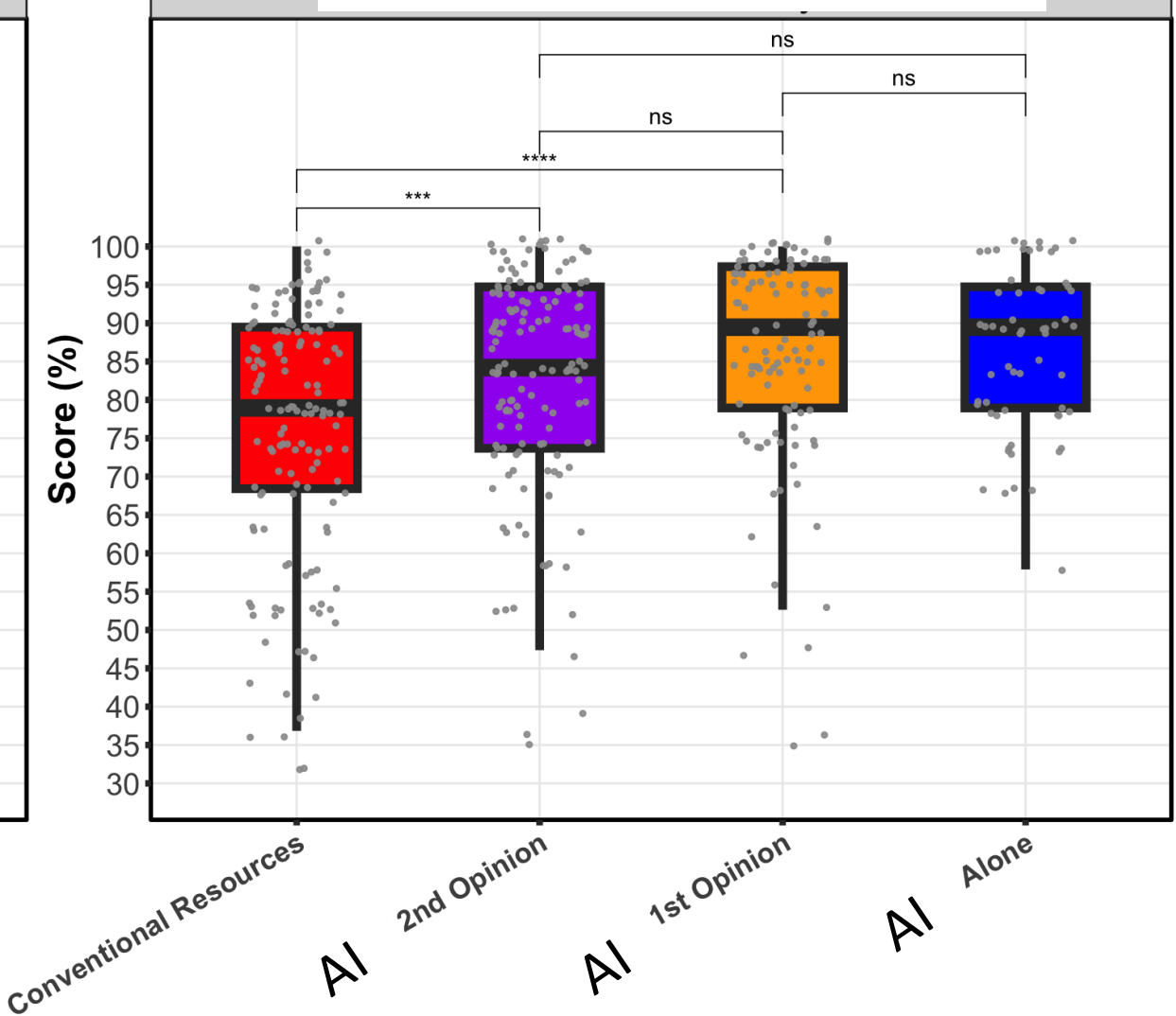
From Tool to Teammate: A Randomized Controlled Trial of Clinician-AI Collaborative Workflows for Diagnosis

Selin S. Everett, Bryan J. Bunning, Priyank Jain, Ivan Lopez, Anup Agarwal, Manisha Desai, Robert Gallo, Ethan Goh, Vinay B. Kadiyala, Zahir Kanjee, Jacob M. Koshy, Andrew Olson, Adam Rodman, Kevin Schulman, Eric Strong, Jonathan H. Chen,  Eric Horvitz
doi: <https://doi.org/10.1101/2025.06.07.25329176>

Diagnostic Reasoning (2024)
GPT-4 era ChatGPT



Tool to Teammate (2025)
Custom Prompted GPT-4



Real Electronic Consults Potential Harm

PCP Question:

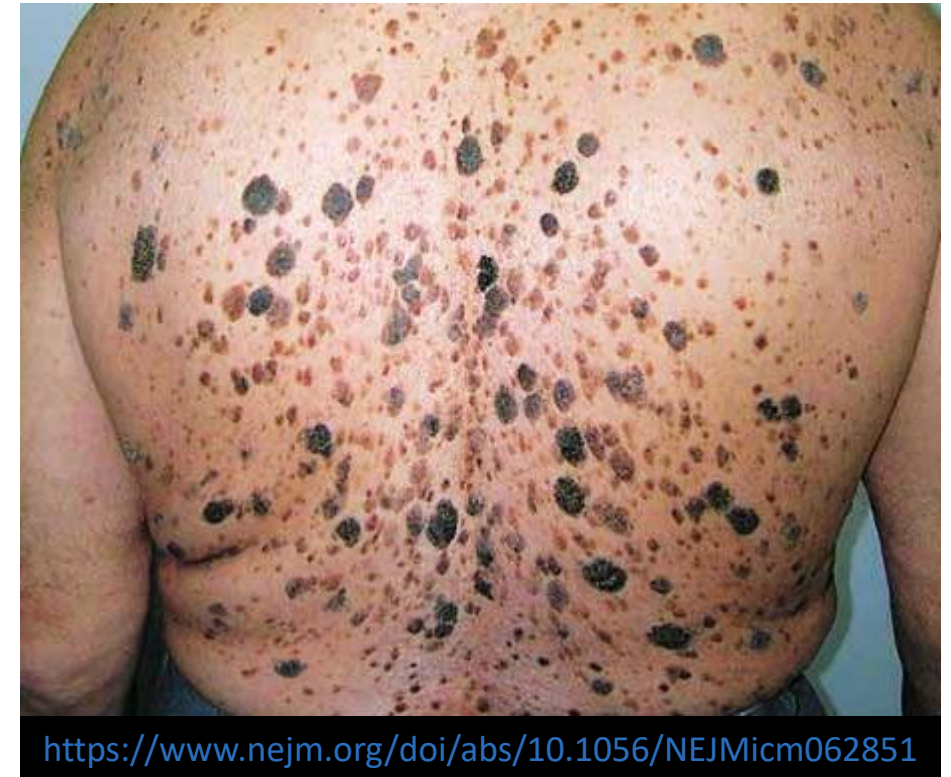
57 yo with COPD (10-pack year history of smoking) presents with many seborrheic keratoses on her back over the last few months. Is this normal?

Specialist Answer:

Sudden eruption can be Leser-Trélat sign.
Ensure age-appropriate cancer screening, including colonoscopy, given association with GI malignancies.

Benchmark Results

- LLMs: Only 20% recommended the above work-up
- Generalist Physicians: None suggested GI workup



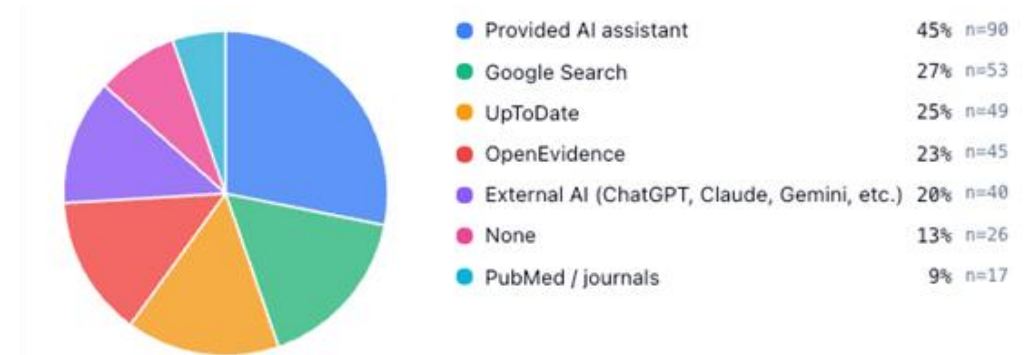
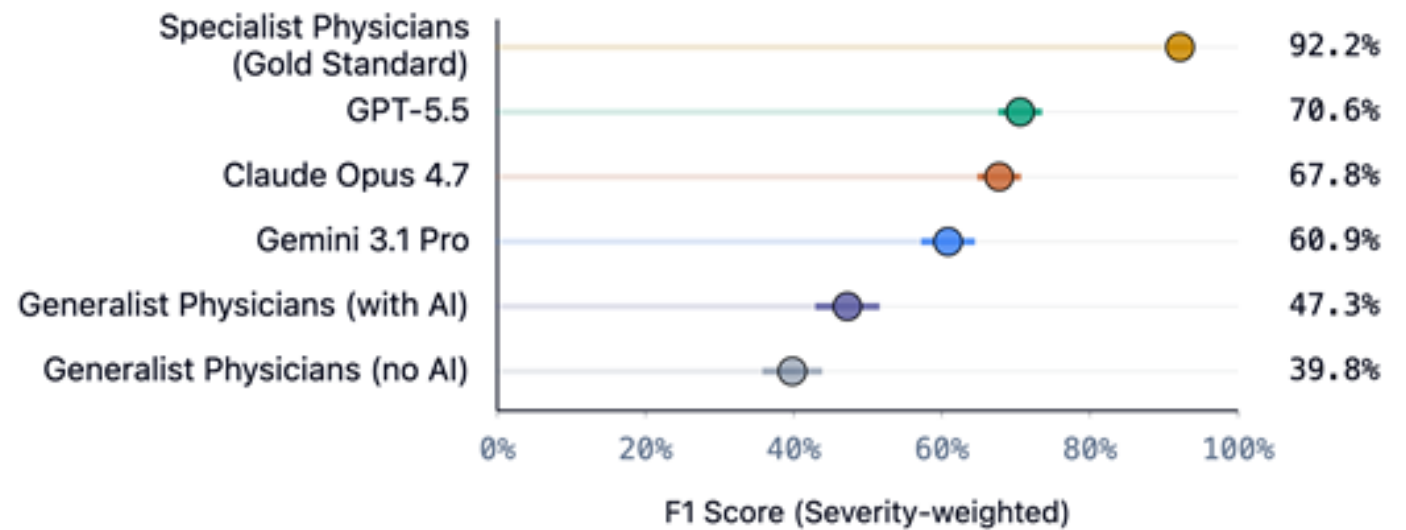
First, do NOHARM Assessing AI *Safety* (not Accuracy)

100 real consults for 10 specialties
12,000+ benefit & harm annotations
100 generalist physician participants
+/- AI assistance

10-20% Potential Severe Harm

77% Severe Errors are **Omission**

RAG & Multi-Agent Reduce Harm



arXiv > cs > arXiv:2512.01241

Computer Science > Computers and Society

[Submitted on 1 Dec 2025]

First, do NOHARM: towards clinically safe large language models

David Wu,* Fateme Nateghi Haredasht,* Saloni Kumar Maharaj, Priyank Jain, Jessica Tran, Matthew Gwiazdon, Arjun Rustagi, Jenelle Jindal, Jacob M. Koshy, Vinay Kadiyala, Anup Agarwal, Bassman Tappuni, Brianna French, Sirus Jesudasan, Christopher V. Cosgriff, Rebanta Chakraborty, Jillian Caldwell, Susan Ziolkowski, David J. Iberri, Robert Diep, Rahul S. Dalal, Kira L. Newman, Kristin Galetta, J. Carl Pallais, Nancy Wei, Kathleen M. Buchheit, David I. Hong, Ernest Y. Lee, Allen Shih, Vartan Pahalyants, Tamara B. Kaplan, Vishnu Ravi, Sarita Khemani, April S. Liang, Daniel Shirvani, Advait Patil, Nicholas Marshall, Kanav Chopra, Joel Koh, Adi Badhwar, Liam G. McCoy, David J. H. Wu, Yingjie Weng, Sumant Ranji, Kevin Schulman, Nigam H. Shah, Jason Hom, Arnold Milstein, Adam Rodman,† Jonathan H. Chen,† Ethan Goh†

*Co-first authors, †Co-last authors

Preprint



Leaderboard



Retrieval Augmented Generation

OpenEvidence®

UpToDate
Expert AI

AMBOSS

doximity
DoxGPT

maximum recommended initial opioid dose for chronic pain



References

Expanded question: **What** is the maximum recommended initial opioid dose for chronic pain?

The maximum recommended initial opioid dose for chronic pain varies depending on the guidelines and the specific clinical context. According to the American Society of Clinical Oncology (ASCO) guidelines, the initial opioid dose for chronic pain should be approximately 30 mg of morphine equivalent (MME) per day, with opioids usually initiated during a short course of an immediate-release formulation to establish the effective dose.^[1]

The Centers for Disease Control and Prevention (CDC) guidelines recommend starting opioids at the lowest possible effective dosage, often equivalent to a daily dosage of 20–30 MME/day for opioid-naïve patients.^[2]

For chronic noncancer pain, the American Academy of Neurology (AAN) suggests avoiding doses above 80–120 mg/day MME due to the increased risk of adverse effects.^[3-4]

In summary, the **maximum recommended initial opioid dose for chronic pain** is typically **20–30 MME/day** for opioid-naïve patients, with careful titration based on patient response and clinical factors. ■

1. [Use of Opioids for Adults With Pain From Cancer or Cancer Treatment: ASCO Guideline.](#)

Paice JA, Bohlke K, Barton D, et al.

Journal of Clinical Oncology : Official Journal of the American Society of Clinical Oncology. 2023;41(4):914-930. doi:10.1200/JCO.22.02198.

☆ [Leading Journal](#) ⓘ

2. [CDC Clinical Practice Guideline for Prescribing Opioids for Pain - United States, 2022.](#)

Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R.

MMWR. Recommendations and Reports : Morbidity and Mortality Weekly Report.

Recommendations and Reports. 2022;71(3):1-95. doi:10.15585/mmwr.rr7103a1. Copyright License: CC0

☆ [Leading Journal](#) ⓘ

3. [Opioids for Chronic Noncancer Pain: To Prescribe or Not to Prescribe-What Is the Question?.](#)

Nadeau SE.

Neurology. 2015;85(7):646-51. doi:10.1212/WNL.0000000000001766.

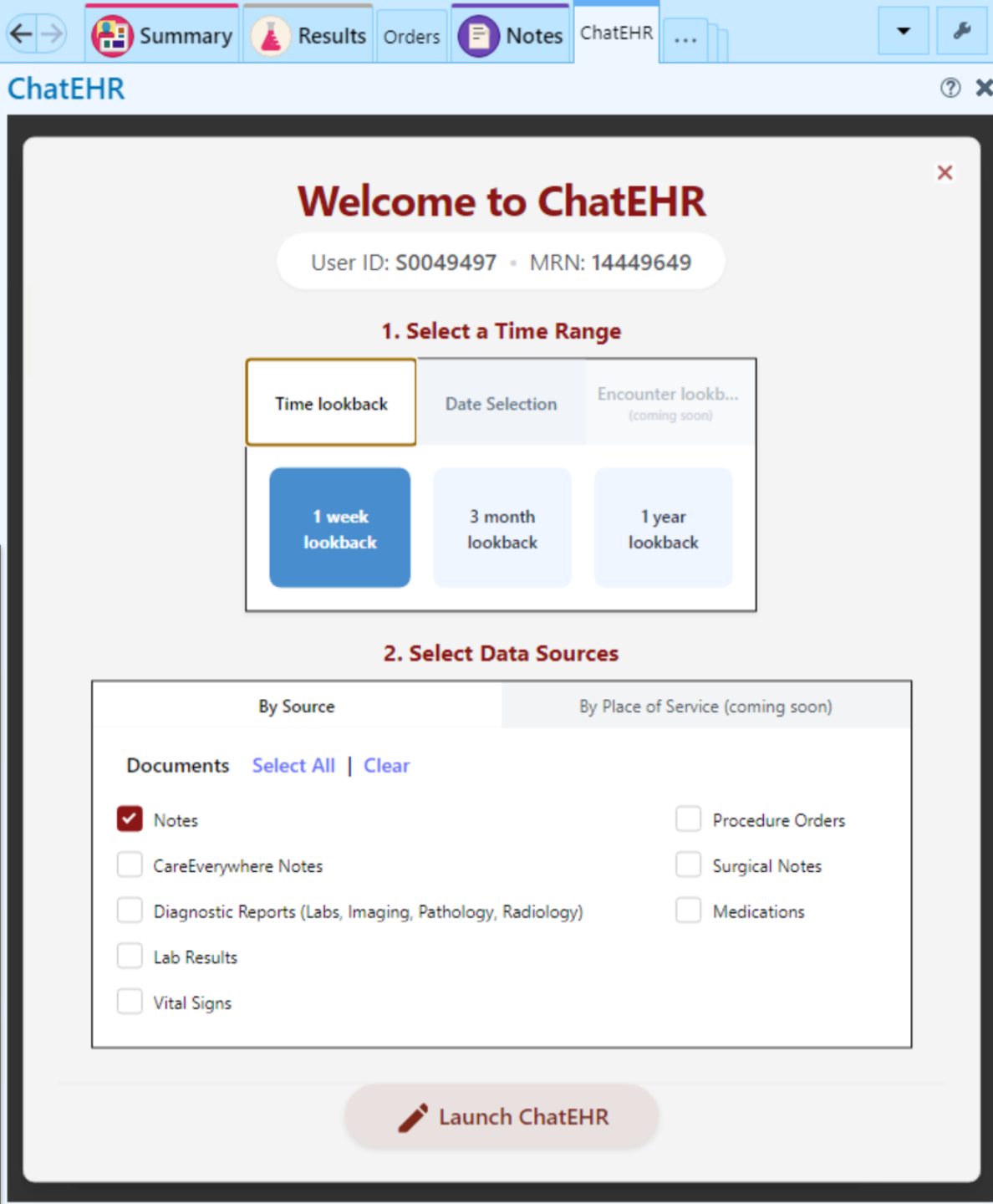
4. [Opioids for Chronic Noncancer Pain: A Position Paper of the American Academy of](#)

Clinicians can ‘chat’ with medical records through new AI software, ChatEHR

By [Hanae Armitage](#)

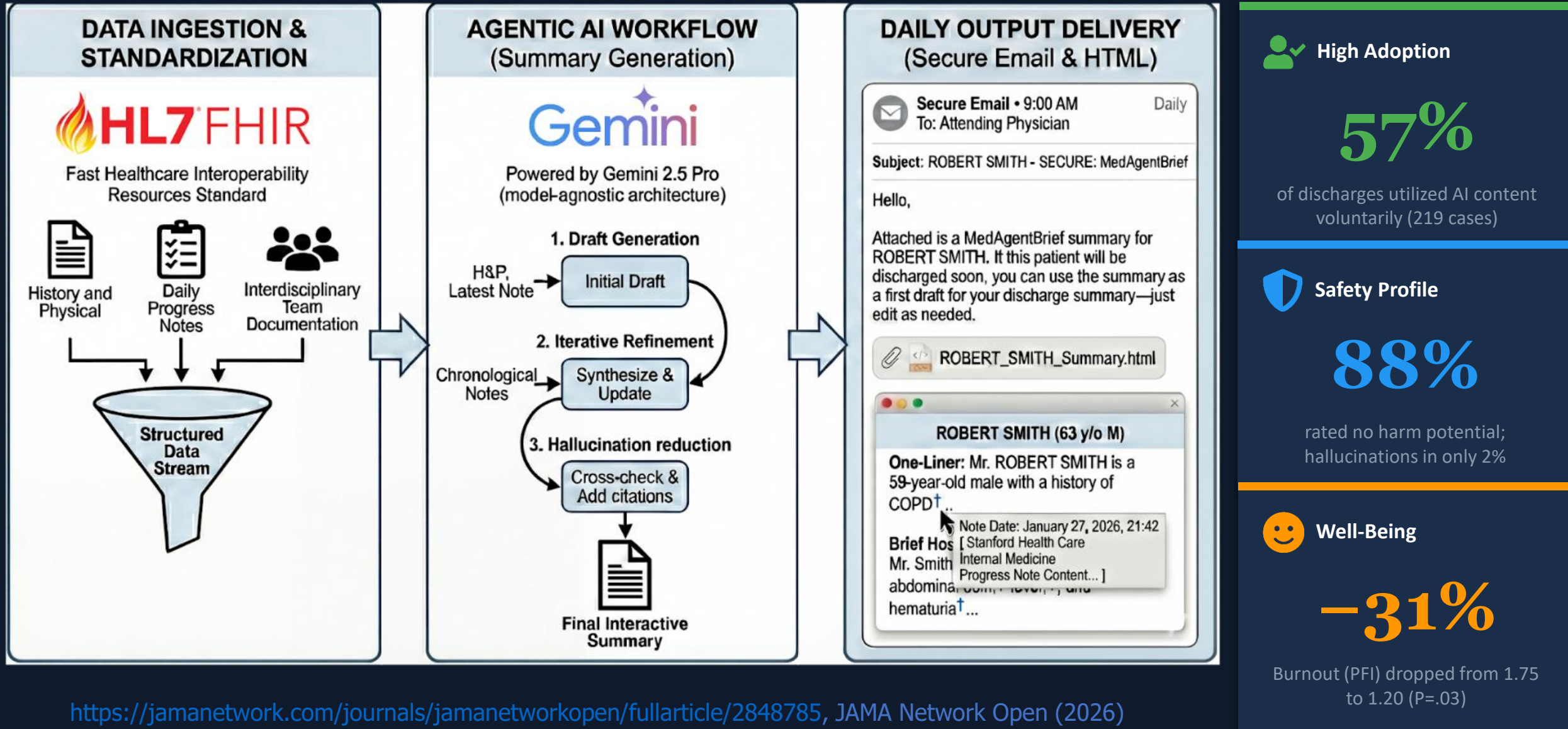
ChatEHR, artificial intelligence software developed at Stanford Medicine, is expediting chart reviews and other tasks by allowing clinicians to ask questions of medical records.

This is m|



MedAgentBrief: Real-World Deployed AI for Hospital Summarization

10-week prospective pilot | 384 discharges | Stanford Sequoia Hospital



SmartAlerts: Machine Learning + Human Interface

>\$200B / year Unnecessary Tests and Procedures (Mostly Lab Tests)

1/4 to 1/2 Inpatient Tests Unnecessary

Randomized Controlled Pilot Trial

9270 admissions across 2 hospitals

15% Decrease in Repetitive Testing

(1.54 vs 1.82 within 52 hours)

No adverse secondary safety effects

Clinician consensus stability thresholds

! Standing Lab Discontinuation: As of 07/08/2024 12:51 pm, this patient's results are predicted to remain **stable** with >90% probability. [Learn more about how stability is calculated.](#)

Complete Blood Count Recent Results

	07/08/24	07/07/24	07/06/24
HGB	0215 7.9▼	0154 8.7▼	0227 7.9▼
WBC	3.9▼	4.2	4.2
PLT	316	311	286

Show recent results

Remove the following orders?

CBC LAB ONE TIME, today at 1300, For 1 occurrence, New collection Order Duration: You will not b...

Apply the following?

Other CBC Frequencies

Provide alternatives

Acknowledge Reason

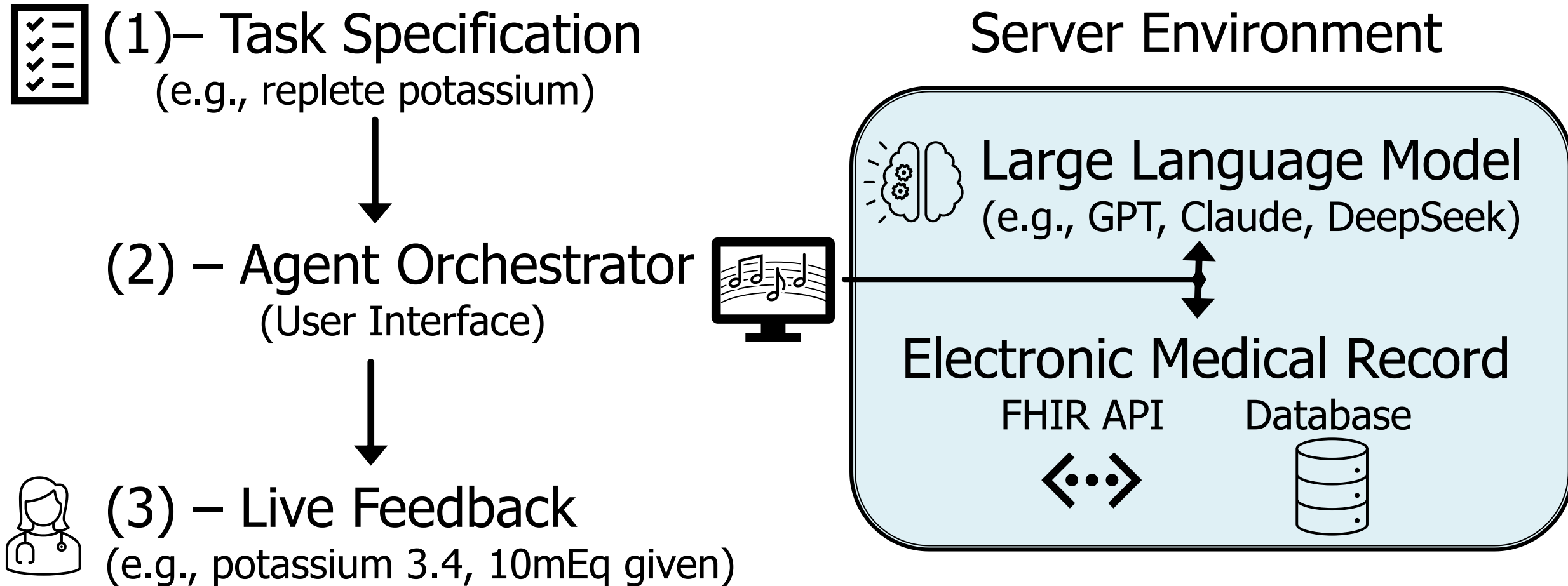
SmartAlert: Implementing Machine Learning-Driven Clinical Decision Support for Inpatient Lab Utilization Reduction

April S. Liang, MD*¹; Fatemeh Amrollahi, PhD*²; Yixing Jiang, BE*²; Conor K. Corbin, PhD³; Grace Y.E. Kim, MS⁴; David Mui, MD, MBA⁵; Trevor Crowell, BA⁶; Aakash Acharya⁷; Sreedevi Mony⁷; Soumya Punathanam⁷; Jack McKeown⁷; Margaret Smith, MBA^{6,8}; Steven Lin, MD^{6,8}; Arnold Milstein, MD, MPH^{8,9}; Kevin Schulman, MD, MBA^{1,9}; Jason Hom, MD¹; Michael A. Pfeffer, MD, FACP^{1,7}; Tho D. Pham, MD¹⁰; David Svec, MD, MBA^{1,11}; Weihai Chu, MD^{1,11}; Lisa Shieh, MD, PhD¹; Christopher Sharp, MD⁸; Stephen P. Ma, MD, PhD*¹¹; Jonathan H. Chen, MD, PhD*^{11,2,9,12}

*Drs. Liang, Amrollahi, and Yixing Jiang contributed equally to this manuscript. **Drs. Ma and Chen contributed equally to this manuscript.

<https://arxiv.org/abs/2512.04354>

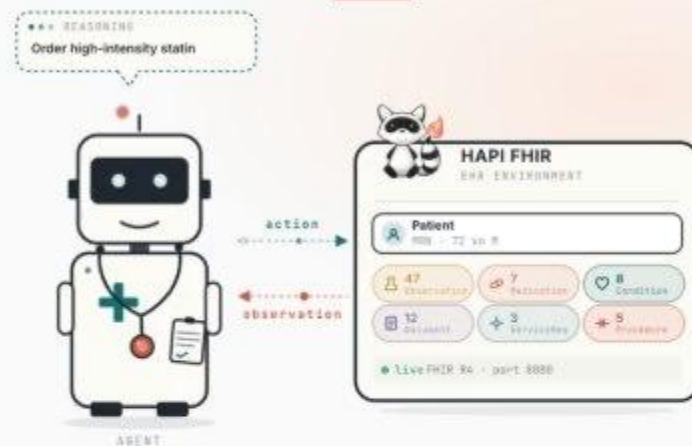
Medical Agentic AI



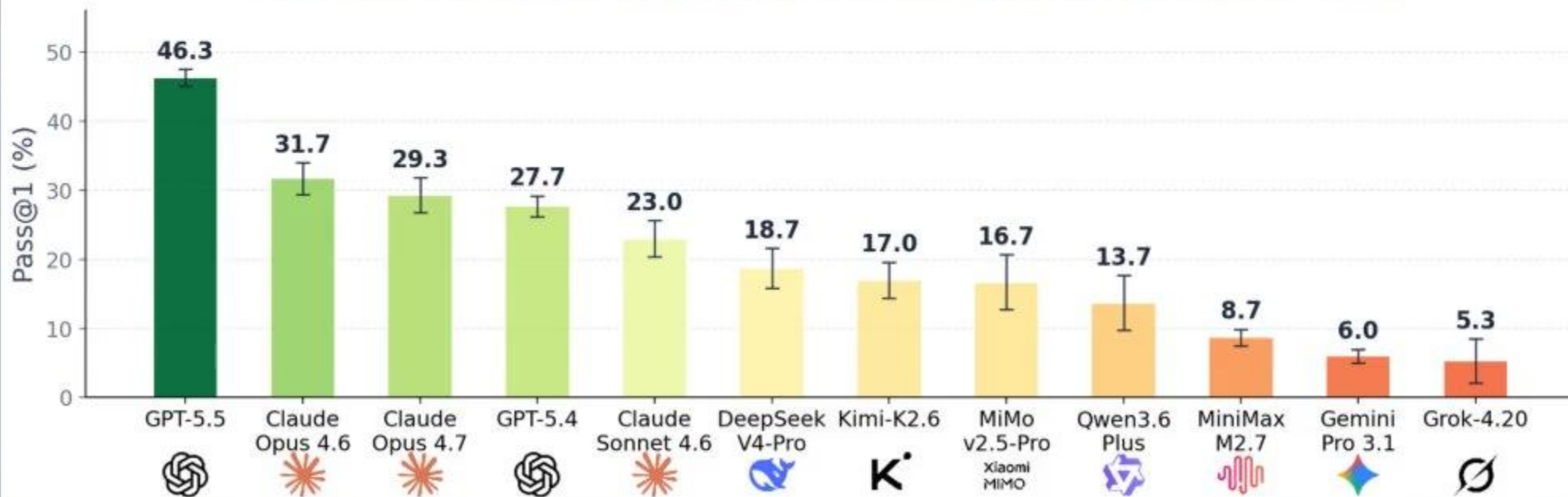
PhysicianBench: Evaluating LLM Agents in *Real-World EHR* Environments



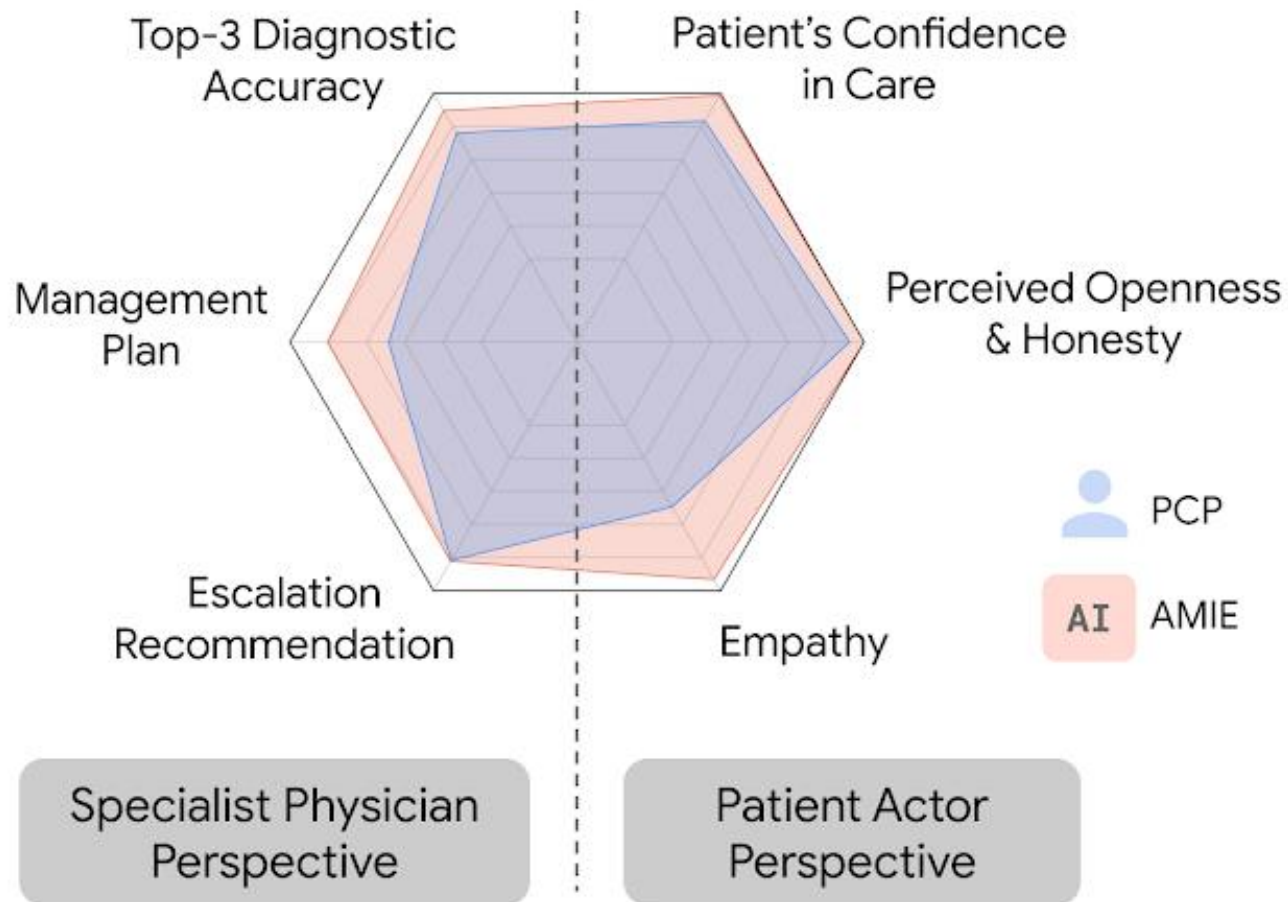
Stanford
University



PhysicianBench: Task Completion Rate (Pass@1, averaged over 3 runs)



Bot vs. Human Empathy?



<https://research.google/blog/amie-a-research-ai-system-for-diagnostic-medical-reasoning-and-conversations/>

<https://www.nytimes.com/2023/06/12/health/doctors-chatgpt-artificial-intelligence.html>



AI AND MACHINE LEARNING

Chatbots outperformed doctors in answering patient questions with accuracy and empathy: JAMA study

By Annie Burky • May 1, 2023 01:57pm

JAMA Internal Medicine

Natural Language Processing

Artificial Intelligence

Google



ChatGPT's responses to patient questions outperform doctors in both empathy and quality, according to a new study. (Getty)

<https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2804309>



AI, TECHNOLOGY & INNOVATION | ISSUE 3 / 2023

Who's training whom?

A physician's surprising encounter with ChatGPT

By Jonathan H. Chen

Illustration by Harry Campbell

November 10, 2023

<https://ai.nejm.org/doi/pdf/10.1056/AIp2400006>

<https://stanmed.stanford.edu/surprising-chatgpt-revelation/>





THE BIG FRAUD —

Deepfake scammer walks off with \$25 million in first-of-its-kind AI heist

Hong Kong firm reportedly tricked by simulation of multiple people in video chat.

BENJ EDWARDS - 2/5/2024, 7:54 AM

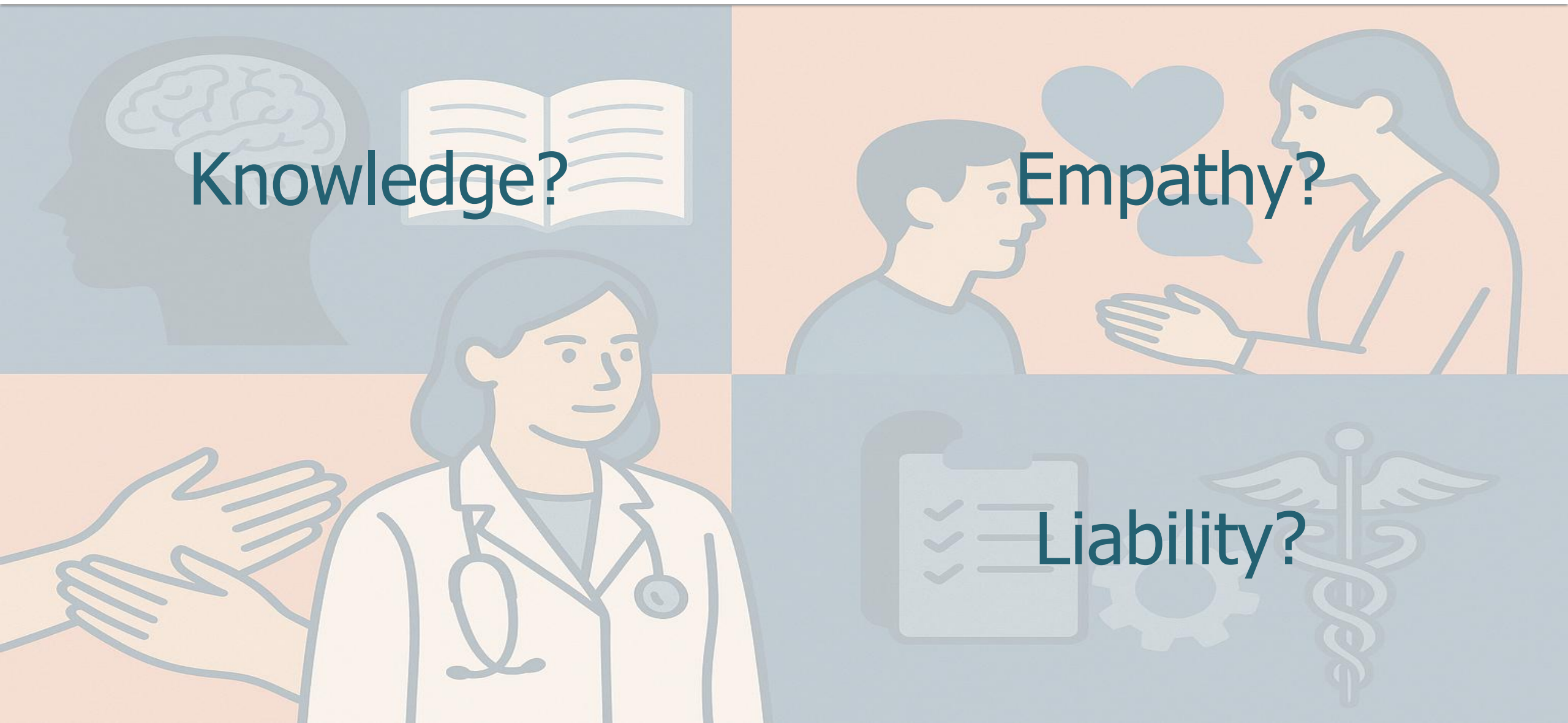


What Makes a Clinician?

Knowledge?

Empathy?

Liability?



What Makes a Clinician?

Competence

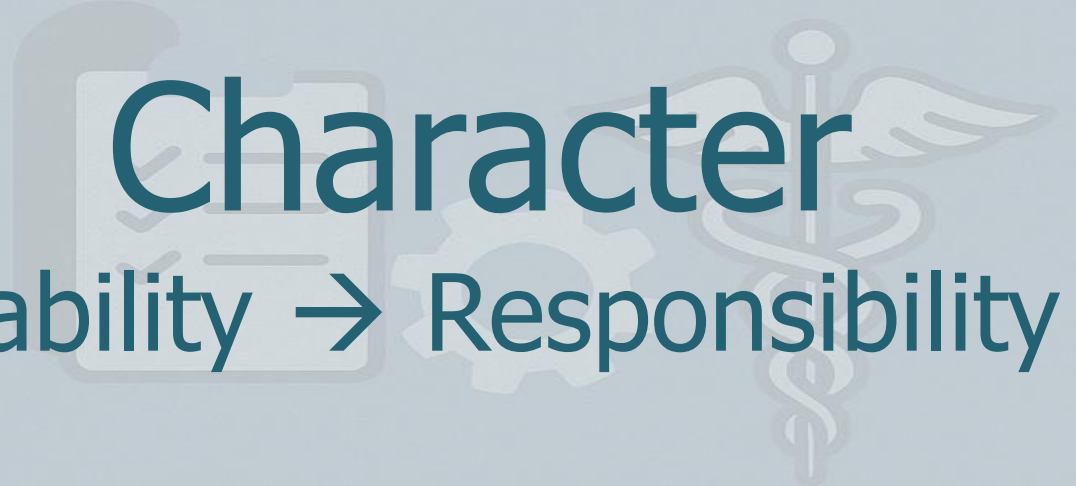
Knowledge → Judgment

Communication

Empathy → Influence

Character

Liability → Responsibility



Replacements?

Any doctor who
COULD be replaced by a computer,
SHOULD be replaced by a computer.
– Warner Slack

While AI is NOT going to replace doctors,
those that learn how to use AI
are likely to replace those who do not.

Acknowledgements

- Students + Collaborators
- ARPA-H PACT (Physician-AI Collaborative Teaming)
- NIH/National Institute of Allergy and Infectious Diseases (1R01AI178121-01)
- NIH-NCATS-Clinical & Translational Science Award (UM1TR004921)
- Stanford Bio-X Interdisciplinary Initiatives Program
- Josiah Macy Jr. Foundation (AI in Medical Education)
- Stanford RAISE Health Seed Grant 2024
- NIH - Center for Undiagnosed Diseases (U01 NS134358)
- GrowTherapy Sponsored Research Award

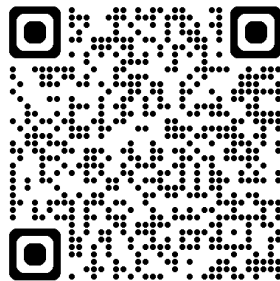
Content does not necessarily represent the views of any agency or institution

Financial disclosures: Reaction Explorer LLC – Co-founder. Expert witness / Consulting / Speaking fees from Younker Hyde MacFarlane, Sutton Pierce, Sykes McAllister, ISHI Health, Cozeva, Gen Re



Self-Directed

- NotebookLM
 - Generate a Document Summary/Podcast
- OpenEvidence / Perplexity
 - Ask Questions
 - Lookup Articles
- ChatGPT, Gemini, Claude, etc.
 - Role Play a Conversation
- Review Foundational Curriculum



Discussion Forum

- Updated Competencies?
 - Skills not replaceable by AI?
 - Skills to deprioritize?
- AI for Clinical Use Policy?
 - Who is responsible for use and missed opportunities?
- AI Direct to Patients?
 - Trust vs. Access?
- Other Uses? Other Risks?

Stanford | Computational Medicine

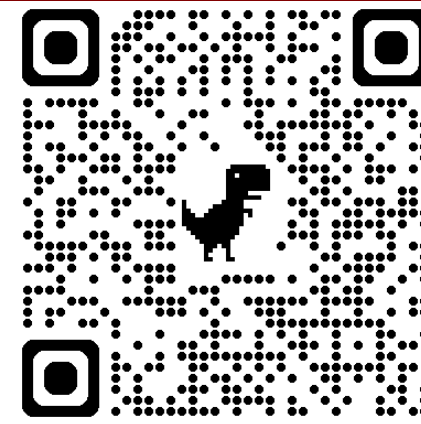
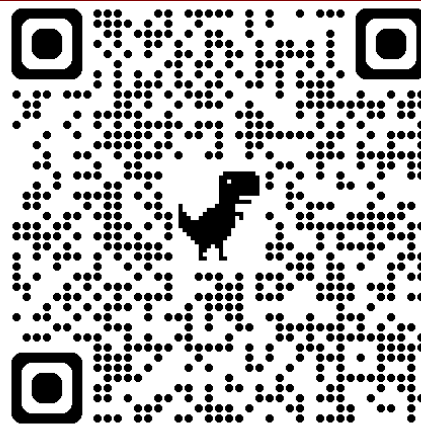


Sign up for info on
upcoming seminars and
opportunities



Stanford AI in Healthcare Leadership and Strategy: from Innovation to Implementation

Hybrid Program | 4 weeks | May - June



AI in Medical Education



Questions?

Ongoing Support



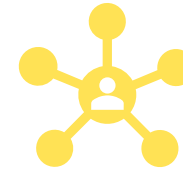
TECHNOLOGY ADVANCES

The technology continues to advance and the evidence base grows.



CONNECT WITH US

Shoot us an email, join us for a webinar, give us a call, visit the website, or even better, sign up for our newsletter to ensure you are informed on updates, events and opportunities.



OUR RESOURCES

DIY kind of person? We have numerous resources and a reliable network to get your answer. We're federally funded so our information and resources are at your disposal.



THE CTRC

CTRC is committed to advancing equitable and sustainable access to our communities via the adoption of digital health services.

INTRODUCING THE 2026 AI COHORT

VIRTUAL SERIES WITH AVAILABLE OFFICE HOURS | NO-COST REGISTRATION



SESSION 1

June 24 | 1:00 pm
CTRC Summit

Trust Is Built, Not Bought: Making AI Safe and Defensible in Clinical Care

SESSION 2

June 24 | 3:00 pm
CTRC Summit

Clinical AI That Delivers: Evidence, Workflow Fit, and What Actually Changes Care

SESSION 3

June 24 | 4:00 pm
CTRC Summit

From Promise to Practice: Preparing Care Teams for Generative AI in the Next Year

SESSION 4

July 29 | 2:00pm

AI Scribes in Action: Real-World Lessons from a Practicing Physician
Yimdriuska Magan, MD, MPH

SESSION 5

Coming Soon

Harnessing AI to Advance Maternal Health Outcomes
Melissa Wong, MD, MHDS

SESSION 6

Coming Soon

From Policy to Practice: Designing an Effective AI Governance Strategy
Maria Liu, Healthcare VP

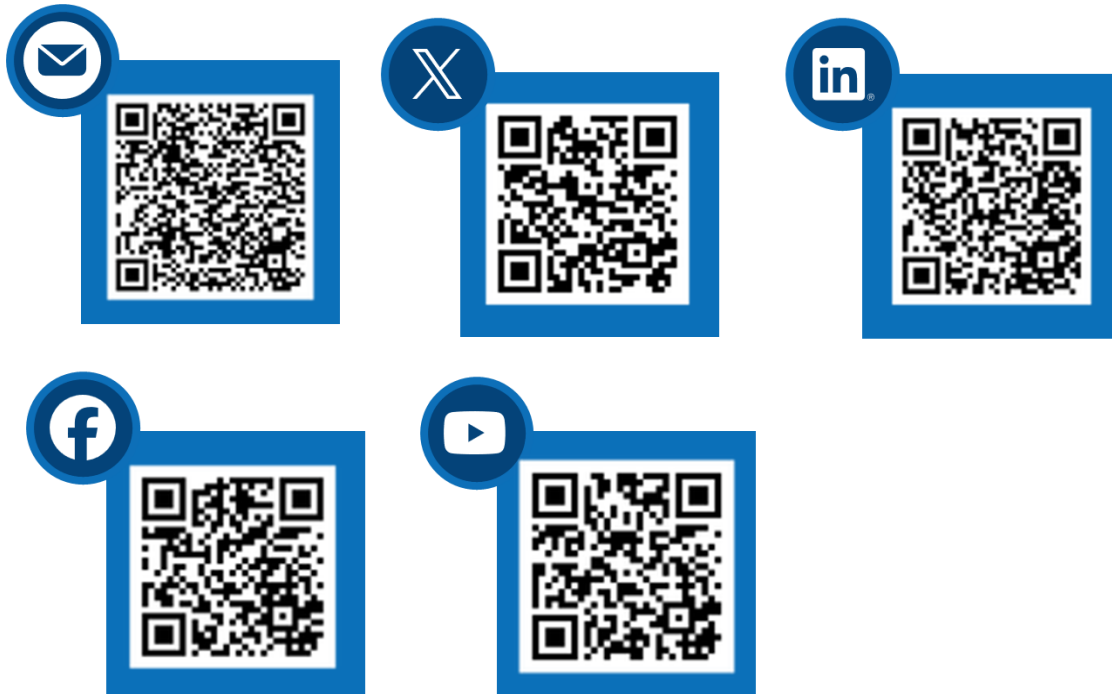
Scan the QR Code or visit HealthcareAIbootcamp.org



We value your input!
Please take a quick minute to complete our exit poll.

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#2026CTRCSummit #2026CTRCDigitalHealthSummit



Thank You



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