

## EXECUTIVE SUMMARY

At the 2023 Annual Meeting of the House of Delegates (HOD), Resolution 609-A-23, “Encouraging Collaboration Between Physicians and Industry in Augmented Intelligence (AI) Development”, was referred. The directives of the referred resolution ask the American Medical Association (AMA) to address physician-centered innovation, specifically in the field of AI and, enhance physician access to the Physician Innovation Network (PIN) community through matchmaking and an advisor network. The following Board of Trustees Report provides detailed information about the AMA’s efforts to ensure the physician voice is front and center in the design, development and use of technology and innovation, including AI, across healthcare, and outlines various ways the AMA is supporting physicians in the implementation and use of these tools. The AMA’s work includes numerous activities in the following areas:

- Engagement between physicians and the AI industry facilitated by the Physician Innovation Network (PIN);
- Advocacy for legislative oversight of health care AI and the development of principles to guide such advocacy;
- Formation of programs and collaborative partnerships with other medical and professional societies, in addition to other stakeholders in the health care AI space;
- Development of educational tools and resources;
- Publication of reports and research; and
- Adoption of multiple related AMA policies

# REPORT OF THE BOARD OF TRUSTEES

B of T Report 28-A-24

Subject: Encouraging Collaboration Between Physicians and Industry in AI Development

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Referred to: Reference Committee F

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## 1 INTRODUCTION

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3 At the 2023 Annual Meeting, the House of Delegates (HOD) referred Resolution 609-A-23,  
4 “Encouraging Collaboration Between Physicians and Industry in Augmented Intelligence (AI)  
5 Development”, for report back at the 2024 Annual Meeting. This resolution was introduced by the  
6 Medical Student Section and asked that our American Medical Association (AMA):  
7

- 8 1. Augment the existing Physician Innovation Network (PIN) through the creation of advisors  
9 to specifically link physician members of AMA and its associated specialty societies with  
10 companies or individuals working on AI research and development, focusing on:  
11
  - 12 a. Expanding recruitment among AMA physician members,
  - 13 b. Advising AMA physician members who are interested in healthcare innovation/AI  
14 without knowledge of proper channels to pursue their ideas,
  - 15 c. Increasing outreach from AMA to industry leaders and companies to both further  
16 promote the PIN and to understand the needs of specific companies,
  - 17 d. Facilitating communication between companies and physicians with similar  
18 interests,
  - 19 e. Matching physicians to projects early in their design and testing stages,
  - 20 f. Decreasing the time and workload spent by individual physicians on finding  
21 projects themselves,
  - 22 g. Above all, boosting physician-centered innovation in the field of AI research and  
23 development (Directive to Take Action); and  
24
- 25 2. Support selection of PIN advisors through an application process where candidates are  
26 screened by PIN leadership for interpersonal skills, problem solving, networking abilities,  
27 objective decision making and familiarity with industry (New HOD Policy).  
28

## 29 BACKGROUND

30  
31 Artificial intelligence focuses on developing smart machines that can perform tasks that otherwise  
32 require human intelligence. Augmented intelligence (AI), a subsection of artificial intelligence,  
33 depends on machine learning (ML) techniques to extract large amounts of data to assist humans in  
34 solving problems.<sup>1,2</sup> It has been used within a wide array of fields and is responsible for innovations  
35 such as web search, targeted content and product recommendations and autonomous vehicles.<sup>1</sup> In  
36 2016, AI projects within medicine attracted more investment than AI projects within any other  
37 sector of the global economy.<sup>3</sup> AI applications within medicine include diagnostics, drug discovery

1 and development, medical documentation and remote treatment. Several recent strides have been  
2 made in this area. For instance, Google developed and trained an AI model to classify images as  
3 diabetic retinopathy and macular edema for adult patients with diabetes, producing implications for  
4 improved detection, diagnosis and treatment of diabetic retinopathy. Additionally, companies have  
5 used ML algorithms to identify drugs that treat neurological diseases.<sup>1</sup>

6  
7 The purpose of AI application to medicine is to supplement—not supplant—the work of health  
8 care practitioners and a misunderstanding of this concept is a major deterrent to the adoption of AI  
9 innovations by clinicians and health systems.<sup>4</sup> It is essential that physicians and members of their  
10 care teams are included across all stages of the development of AI innovations in health care so  
11 such designs best reflect what they find valuable for treating their patients and reducing  
12 administrative and other burdens. The integral role physicians play in the development of health  
13 care AI enables the refinement of clinical algorithms, testing of new clinical tools and research  
14 designed to improve disease management and outcomes.<sup>5</sup> However, research shows that current AI  
15 applications in health care may not sufficiently reflect that they’ve been designed with health care  
16 practitioners at the forefront. Despite physicians’ desire to be consulted on tech decisions, many of  
17 them lack any significant influence on these decisions.<sup>6</sup>

18  
19 It is especially important that efforts to include physicians in the development of health care AI are  
20 diverse and comprise marginalized and minoritized physicians so bias that underlies existing data is  
21 not further entrenched into AI solutions and health inequities are not exacerbated. Further,  
22 equitable inclusion of physicians in the research and development of AI is imperative to its success,  
23 as evidenced by literature on racial concordance in medicine. For example, a 2018 Stanford study  
24 illustrated how Black physicians were more likely to engage with Black men—a patient group with  
25 a historically lower life expectancy—and even collect consent to provide preventive services like  
26 cardiovascular screenings and immunizations.<sup>7</sup> Additionally, research found that a 10% increase in  
27 Black primary care physicians was associated with a 30.61-day increase in life expectancy and a  
28 decrease in all-cause mortality by 12.71 deaths per 100,000 among Black individuals.<sup>8</sup> Despite  
29 such statistics, only 5.7% of physicians in 2023 identified as Black.<sup>9</sup> AI can either improve the  
30 system by filling these gaps or inadvertently worsen current health inequities by reproducing and  
31 normalizing what exists. While increased application of AI in healthcare is expected to reduce bias  
32 and promote health equity by improving evidence-based interventions for marginalized and  
33 minoritized communities, the voices of these physicians must be integrated early and more often  
34 within the development of these tools to truly improve health outcomes for all patients.<sup>10</sup>

## 35 36 DISCUSSION

37  
38 The AMA is committed to ensuring that AI can meet its full potential to advance clinical care and  
39 improve clinician well-being. As the number of AI-enabled health care tools continue to grow, it is  
40 critical they are designed, developed and deployed in a manner that is ethical, equitable and  
41 responsible. The use of AI in health care must be transparent to both physicians and patients, and  
42 positioning the physician voice front and center is critical.

### 43 44 *AMA Physician Innovation Network (PIN)*

45  
46 To address concerns around the lack of the physician voice in health care innovation, the AMA  
47 launched the [Physician Innovation Network](#) (PIN) in 2016. Since then, the network has grown to  
48 over 18,000 users and continues to bring together physicians and health tech companies through its  
49 various offerings.

1 The PIN platform is available for all physicians to join and connect with other stakeholders across  
2 the innovation ecosystem including responding to opportunities posted by digital health and  
3 technology companies seeking feedback from subject matter experts. AMA's [PIN "In Real Life"](#)  
4 (IRL) events launched in 2022 with the purpose of bringing the online platform to life, encouraging  
5 companies to be transparent about their design challenges and hosting diverse physician voices to  
6 create an engaging, live PIN experience. Health tech conferences are not usually the events that  
7 most practicing physicians attend to advance their professional development. However, such a  
8 structure allows physicians to connect with companies live, share clinical problems and expertise  
9 and provide feedback on solutions being developed across the health care industry. The PIN IRL  
10 events will evolve this structure in an iterative fashion as we continue to evaluate physicians' needs  
11 in the changing technological landscape. Further, PIN Community Office Hours occur bi-weekly  
12 and provide an opportunity for subject matter experts across the PIN community to connect with  
13 digital health solutions focused on optimizing patient experience and minimizing physician  
14 burnout.

15  
16 The AMA is engaging PIN Physicians to gather feedback and continue iterating on how to help  
17 bring better solutions to market together. All AMA members are invited to join PIN and should be  
18 ambassadors to their organizations about the platform's ability to link subject matter experts and  
19 solution designers. Companies developing health care solutions enabled by AI and ML are  
20 interacting on PIN. However, it is the individual physician member's decision how they would like  
21 to interact with each company. Some companies post paid opportunities while others are so early in  
22 their development that they only have volunteer opportunities posted. Additionally, the AMA is in  
23 conversations with the World Medical Association to expand the PIN to a global audience.  
24 Applying for PIN IRL engagements is one of the best ways to be involved. As we examine the  
25 successes of PIN and the current clinical technology needs of physicians, the PIN strategy is  
26 continuously re-evaluated to ensure the program's impact is maximized.

### 27 *Advocacy*

28  
29  
30 AI has been an area of focus for AMA advocacy for several years with the first set of advocacy  
31 principles developed in 2018. In addition to interfacing with medical devices, AI is increasingly  
32 used in health care administration and to reduce physician burden, and policy and guidance for  
33 both device and non-device use of health care AI is necessary. Recognizing this, the AMA  
34 developed an updated set of advocacy principles that builds on current AI policy. These [new](#)  
35 [principles](#) address the development, deployment and use of health care AI, with particular emphasis  
36 on:

- 37
- 38 • Health care AI oversight;
- 39 • When and what to disclose to advance AI transparency;
- 40 • Generative AI policies and governance;
- 41 • Physician liability for use of AI-enabled technologies;
- 42 • AI data privacy and cybersecurity; and
- 43 • Payor use of AI and automated decision-making systems.<sup>11</sup>
- 44

45 The AMA also continues to keep track of AI-related legislation and policy coming from both the  
46 congressional bodies, as well as the federal government.

47  
48 Additionally, the AMA plans to research state-based AI policies to better understand local  
49 approaches to policy and regulation for the use of AI across health care stakeholders, including  
50 health care practices, health systems and payers. *AMA research, programs and other resources*

1  
2 The AMA is committed to researching the AI landscape in health care and developing resources to  
3 support physicians in getting involved in the design, development and deployment of these tools  
4 across the industry. In 2023, the AMA completed a [survey](#) to better understand physician  
5 sentiments around AI, including opportunities, current use cases and needs around education and  
6 support for the implementation and use of AI. Of the 1,081 physicians surveyed, 41% responded  
7 that they were both equally excited and concerned about AI. It was also confirmed that physicians  
8 are seeking more information in digestible formats that can help them successfully evaluate and use  
9 these tools in their clinical environments.<sup>6</sup>

10  
11 In February 2024, the AMA released a foundational AI landscape report as part of its Future of  
12 Health work titled, [“The Emerging Landscape of Augmented Intelligence in Health Care”](#). The  
13 report aims to create a common lexicon for augmented intelligence in health care, explore the risks,  
14 identify current and future use cases and provide guidance for physicians looking to leverage these  
15 tools in practice. As part of this research, the AMA completed the previously mentioned survey  
16 designed to capture physician sentiments around AI, held a set of one-on-one interviews with key  
17 stakeholders from across the industry and hosted a specialty society workshop to align on key  
18 priorities across specialties. The report lays the foundation for the development of additional  
19 educational content into specific areas of AI to further support the implementation and use of AI in  
20 practice including, but not limited to:

- 21
- 22 • Practical case studies of where AI is working in practice today.
  - 23 • Issue briefs aimed at deciphering AI policy. For instance, the AMA released a [guide](#) in  
24 2023, providing advice for physicians when considering ChatGPT.
  - 25 • Research on areas where AI is impacting clinician well-being (i.e. documentation burden  
26 reduction, etc.).
  - 27 • Step-by-step educational materials on creating governance structures that support the  
28 successful selection and deployment of AI solutions.
- 29

30 The AMA ChangeMedEd initiative works with partners across the medical education continuum to  
31 help produce a physician workforce that meets the needs of patients today and in the future. As part  
32 of these efforts, an [Artificial Intelligence in Health Care](#) learning series was recently published on  
33 the AMA EdHub. These modules are geared towards medical students and physician learners, and  
34 introduce key concepts related to artificial intelligence and ML in health care. These are developed  
35 in collaboration with medical education partners from across the nation.

36  
37 Further, the AMA and Accreditation Council for Graduate Medical Education (ACGME) have a  
38 shared interest in fostering the use of AI to improve education across a physician’s career. The  
39 ACGME is aware of the AMA’s conceptual model of Precision Education and has participated in  
40 the AMA Accelerating Change in Medical Education Consortium’s National Advisory Panel  
41 around planning the next major initiative. Awardees of AMA grant funding also presented their  
42 work on leveraging AI to improve residency selection and education at the 2024 ACGME Annual  
43 Education Conference.

44  
45 Additionally, the AMA is engaged with the American Board of Medical Specialties, National  
46 Board of Medical Examiners, Association of American Medical Colleges, Association for Hospital  
47 Medical Education, International Association of Medical Science Educators, as well as several  
48 specialty societies, medical schools and academic health systems around advancing AI in medical  
49 education. AMA staff will also serve on the planning committee for the Macy Foundation’s next  
50 conference which will focus on AI in medical education. These conferences are designed to

1 generate national recommendations which are typically published in the journal, *Academic*  
2 *Medicine*.

3  
4 The AMA has also crafted a [framework](#) to promote the development and use of responsible,  
5 evidence-based, unbiased and equitable health care AI. This ethics-evidence-equity framework  
6 envisions the use of AI to advance the quadruple aim (enhancing patient care, improving  
7 population health and clinician work-life and reducing costs) and defines the responsibilities of  
8 developers, health care organizations (deployers) and physicians to put the framework into action.  
9 For instance, the framework outlines the responsibility of all three groups to (1) develop a protocol  
10 to identify and correct for potential bias, as well as (2) ensure protocols exist for enforcement and  
11 accountability, including a system to ensure equitable implementation. Physicians can use the  
12 framework to assess if an AI innovation meets the qualifications for ethics, evidence and equity  
13 and can therefore be trusted.<sup>12</sup> This framework has also been leveraged to create a companion  
14 resource that considers educational applications of AI and addresses the use of AI to facilitate the  
15 process of training health professionals.

16  
17 Further, the AMA is in the process of creating a physician development curriculum that will cover  
18 topics across physician leadership and the business of medicine. The goal of these materials is to  
19 empower and support physicians throughout their professional lives by amplifying AMA-wide  
20 resources on the health care landscape, leadership and the business of medicine and develop new  
21 resources where gaps exist. These materials will be made available for both individual physicians  
22 and member organizations.

23  
24 Additionally, the AMA developed the [CPT® Developer Program](#) to assist developers in translating  
25 ideas into innovations. The program is dedicated to developers' needs and provides them with  
26 access to high-quality AMA CPT content and resources.

27  
28 As interest grows in the use of AI solutions and tools that address administrative burden and  
29 support physicians in their daily tasks, the AMA is committed to ensuring that the evolution of AI  
30 in medicine equitably benefits patients, physicians and other health care stakeholders. The AMA  
31 intends to continue developing AI principles for the use of AI in health care, advocate for state and  
32 federal policies that ensure appropriate oversight and continued innovation in AI, partner with  
33 health and technology leaders to ensure physicians have a leading voice in shaping the ethical use  
34 of AI in medicine, promote training in AI across the continuum of medical education and provide  
35 high-value insights and actionable resources for physicians.

### 36 37 *Stakeholder engagement*

38  
39 The AMA is a convener around many topics important to physicians including AI. As a follow up  
40 to the Specialty Society workshop in 2023, the AMA has created an AI Specialty Collaborative  
41 with over 15 specialty associations committed to participating. The goal of the collaborative is to  
42 ensure the physician voice is leading in a united way as AI in health care continues to expand.  
43 Additionally, this group will collectively identify priorities and collaboratively develop resources  
44 to advance AI in health care starting in the second quarter of 2024.

45  
46 The AMA also continues to stay abreast of the latest developments in AI across the industry  
47 through participation in external industry collaboratives. For example, the AMA is currently a non-  
48 profit member organization of [VALID AI](#), an execution accelerator dedicated to bridging the gap in  
49 coordinated efforts around generative AI while rapidly advancing validation and governance  
50 implementation.

1 Furthermore, as a member of the [Health AI Partnership](#)—a collaboration among 14 health care  
2 organizations and ecosystem partners—the AMA is encouraging the collaborative development  
3 and dissemination of AI best practices. The AMA will continue to work with this partnership and  
4 others to develop resources, including a case-based AI ethics training program that will delve into  
5 real-world, contemporary challenges that physicians and health care delivery organizations face  
6 when using AI.

7  
8 The [In Full Health Learning & Action Community to Advance Equitable Health Innovation](#)  
9 initiative seeks to advance equitable opportunities in health innovation investment, solution  
10 development and purchasing. The AMA has partnered with founding collaborator organizations to  
11 support this community with content, tools, resources and opportunities to connect, engage and  
12 learn with and from each other to advance equitable health innovation.

13  
14 The AMA also has long standing relationship with the innovation accelerator, MATTER. As part  
15 of this sponsorship, AMA employees and physician members have access to the MATTER space  
16 and programming. AMA physician members can also reach out to [AMA staff contacts](#) to learn  
17 more about getting involved with MATTER and other innovation accelerator programs.

18  
19 Further, the AMA participated in a joint clinician panel with the Office of the National Coordinator  
20 for Health Information Technology in 2020 titled, [“Artificial Intelligence in Health IT- The Good,  
21 The Bad, The Ugly”](#) and continues to engage in additional conferences such as HLTH and ViVE,  
22 where AMA representatives engage in a variety of topics around health care technology including  
23 AI.

24  
25 In addition to the efforts outlined above, the AMA has several internal cross-business unit  
26 workgroups in place to ensure alignment across the work in innovation and specifically, AI. There  
27 is a Future of Health workgroup meeting that occurs monthly to stay aligned on the latest policy,  
28 projects and collaborations in progress around innovation and digital health. Additionally, the  
29 Advocacy business unit convenes two monthly meetings specifically focused on aligning AI  
30 initiatives across the AMA.

### 31 32 AMA POLICY

33  
34 As a leader in American medicine, the AMA has a unique opportunity to ensure that the evolution  
35 of AI in medicine benefits patients, physicians and the health care community. The AMA has  
36 several policies in place around ensuring the physician voice is reflected in the design and  
37 development of AI innovations in health care.

38  
39 The AMA will seek to:

- 40
- 41 1. Leverage its ongoing engagement in digital health and other priority areas for improving  
42 patient outcomes and physicians’ professional satisfaction to help set priorities for health  
43 care AI.
  - 44 2. Identify opportunities to integrate the perspective of practicing physicians into the  
45 development, design, validation, and implementation of health care AI.
  - 46 3. Promote development of thoughtfully designed, high-quality, clinically validated health  
47 care AI that:
    - 48 a. is designed and evaluated in keeping with best practices in user-centered design,  
49 particularly for physicians and other members of the health care team;
    - 50 b. is transparent;
    - 51 c. conforms to leading standards for reproducibility;

- 1 d. identifies and takes steps to address bias and avoids introducing or exacerbating
- 2 health care disparities including when testing or deploying new AI tools on
- 3 vulnerable populations; and
- 4 e. safeguards patients' and other individuals' privacy interests and preserves the
- 5 security and integrity of personal information.
- 6 4. Encourage education for patients, physicians, medical students, other health care
- 7 professionals, and health administrators to promote greater understanding of the promise
- 8 and limitations of health care AI.
- 9 5. Explore the legal implications of health care AI, such as issues of liability or intellectual
- 10 property, and advocate for appropriate professional and governmental oversight for safe,
- 11 effective, and equitable use of and access to health care AI ([Policy H-480.940](#),
- 12 ["Augmented Intelligence in Health Care"](#)).
- 13

14 The AMA also supports the use and payment of AI systems that advance the quadruple aim. AI  
15 systems should enhance the patient experience of care and outcomes, improve population health,  
16 reduce overall costs for the health care system while increasing value and support the professional  
17 satisfaction of physicians and the health care team. To that end our AMA will advocate that:

- 18
- 19 1. Oversight and regulation of health care AI systems must be based on risk of harm and
- 20 benefit accounting for a host of factors, including but not limited to: intended and
- 21 reasonably expected use(s); evidence of safety, efficacy and equity including addressing
- 22 bias; AI system methods; level of automation; transparency; and conditions of deployment.
- 23 2. Payment and coverage for all health care AI systems must be conditioned on complying
- 24 with all appropriate federal and state laws and regulations, including, but not limited to
- 25 those governing patient safety, efficacy, equity, truthful claims, privacy and security as
- 26 well as state medical practice and licensure laws.
- 27 3. Payment and coverage for health care AI systems intended for clinical care must be
- 28 conditioned on (a) clinical validation; (b) alignment with clinical decision-making that is
- 29 familiar to physicians; and (c) high-quality clinical evidence.
- 30 4. Payment and coverage for health care AI systems must (a) be informed by real world
- 31 workflow and human-centered design principles; (b) enable physicians to prepare for and
- 32 transition to new care delivery models; (c) support effective communication and
- 33 engagement between patients, physicians, and the health care team; (d) seamlessly
- 34 integrate clinical, administrative, and population health management functions into
- 35 workflow; and (e) seek end-user feedback to support iterative product improvement.
- 36 5. Payment and coverage policies must advance affordability and access to AI systems that
- 37 are designed for small physician practices and patients and not limited to large practices
- 38 and institutions. Government-conferred exclusivities and intellectual property laws are
- 39 meant to foster innovation, but constitute interventions into the free market, and therefore,
- 40 should be appropriately balanced with the need for competition, access and affordability.
- 41 6. Physicians should not be penalized if they do not use AI systems while regulatory
- 42 oversight, standards, clinical validation, clinical usefulness and standards of care are in
- 43 flux. Furthermore, our AMA opposes:
- 44 a. Policies by payers, hospitals, health systems or governmental entities that mandate
- 45 use of health care AI systems as a condition of licensure, participation, payment, or
- 46 coverage.
- 47 b. The imposition of costs associated with acquisition, implementation, and
- 48 maintenance of healthcare AI systems on physicians without sufficient payment.
- 49 7. Liability and incentives should be aligned so that the individual(s) or entity(ies) best
- 50 positioned to know the AI system risks and best positioned to avert or mitigate harm do so



- 1 through design, development, validation and implementation. Our AMA will further  
2 advocate:
- 3 a. Where a mandated use of AI systems prevents mitigation of risk and harm, the  
4 individual or entity issuing the mandate must be assigned all applicable liability.
  - 5 b. Developers of autonomous AI systems with clinical applications (screening,  
6 diagnosis, treatment) are in the best position to manage issues of liability arising  
7 directly from system failure or misdiagnosis and must accept this liability with  
8 measures such as maintaining appropriate medical liability insurance and in their  
9 agreements with users.
  - 10 c. Health care AI systems that are subject to non-disclosure agreements concerning  
11 flaws, malfunctions, or patient harm (referred to as gag clauses) must not be  
12 covered or paid and the party initiating or enforcing the gag clause assumes  
13 liability for any harm.
- 14 8. The AMA, national medical specialty societies, and state medical associations—
- 15 a. Identify areas of medical practice where AI systems would advance the quadruple  
16 aim;
  - 17 b. Leverage existing expertise to ensure clinical validation and clinical assessment of  
18 clinical applications of AI systems by medical experts;
  - 19 c. Outline new professional roles and capacities required to aid and guide health care  
20 AI systems; and
  - 21 d. Develop practice guidelines for clinical applications of AI systems.
- 22 9. There should be federal and state interagency collaboration with participation of the  
23 physician community and other stakeholders in order to advance the broader infrastructural  
24 capabilities and requirements necessary for AI solutions in health care to be sufficiently  
25 inclusive to benefit all patients, physicians, and other health care stakeholders. (New HOD  
26 Policy)
- 27 10. AI is designed to enhance human intelligence and the patient-physician relationship rather  
28 than replace it ([Policy H-480.939, “Augmented Intelligence in Health Care”](#)).

29  
30 CONCLUSION

31  
32 The AMA has various existing initiatives, research, policy, advocacy efforts, educational material  
33 and other resources that are aligned with the desire to boost physician-centered innovation in the  
34 field of AI research and development. As such, much of the work that Resolution 609-A-23 asks  
35 the AMA to conduct is already ongoing.

36  
37 The PIN serves as one source of connecting physicians with innovative companies, specifically  
38 those working in the AI space. With that said, as noted, the PIN is undergoing a strategic review  
39 and updates to maximize its impact to physicians in decreasing the burden of clinical technology.  
40 As we continue to evaluate PIN, we will consider the significance of factors such as AI and other  
41 evolving technologies to the practice of medicine and incorporate them into our approach to PIN.  
42 At this time, the timing and approach are not aligned to create any specific workgroup linked to  
43 PIN.

44  
45 The costs associated with identifying, establishing and convening a formal advisory board to  
46 facilitate relationships between physicians and the AI industry are significant. Additionally, the  
47 existing engagement and collaboration the AMA has across initiatives from physicians, specialty  
48 and state society and association stakeholders and industry allows AMA to obtain more diverse  
49 perspectives and experiences than a formal advisory board. The AMA continues to ensure the  
50 AMA is inclusive and equitable in its approach to research, advocacy and education.

1 RECOMMENDATIONS

2

3 The Board of Trustees recommends that Resolution 609-A-23 not be adopted and that this report be  
4 filed.

Fiscal Note: Minimal

## REFERENCES

1. Basu K, Sinha R, Ong A, Basu T. Artificial Intelligence: How is It Changing Medical Sciences and Its Future? *Indian J Dermatol.* 2020;65(5):365-370.
2. AiThORITY. Difference Between Augmented Intelligence and AI. AiThORITY. Published January 25, 2023. Accessed March 3, 2024. <https://aithority.com/technology/the-difference-between-augmented-intelligence-and-artificial-intelligence/>
3. CBInsights. Healthcare Remains The Hottest AI Category For Deals. CB Insights Research. Published April 12, 2017. Accessed March 3, 2024. <https://www.cbinsights.com/research/artificial-intelligence-healthcare-startups-investors/>
4. Lomis K, Jeffries P, Palatta A, et al. Artificial Intelligence for Health Professions Educators. *NAM Perspect.* Published online September 8, 2021. Accessed March 3, 2024. <https://nam.edu/artificial-intelligence-for-health-professions-educators/>
5. Mandal K. Role of Physician in the era of Artificial Intelligence Revolution. LinkedIn. Published August 11, 2023. Accessed March 4, 2024. <https://www.linkedin.com/pulse/role-physician-era-artificial-intelligence-revolution-kaushik-mandal-/>
6. American Medical Association. AMA Augmented Intelligence Research: Physician Sentiments Around the Use of AI in Health Care- Motivations, Opportunities, Risks, and Use Cases. Presented at: November 2023; American Medical Association. Accessed March 4, 2024. <https://www.ama-assn.org/system/files/physician-ai-sentiment-report.pdf>
7. Alsan M, Garrick O, Graziani GC. Does Diversity Matter for Health?: Experimental Evidence from Oakland. Published online June 2018. Accessed March 4, 2024. [https://www.nber.org/system/files/working\\_papers/w24787/w24787.pdf](https://www.nber.org/system/files/working_papers/w24787/w24787.pdf)
8. Snyder JE, Upton RD, Hassett TC, Lee H, Nouri Z, Dill M. Black Representation in the Primary Care Physician Workforce and Its Association With Population Life Expectancy and Mortality Rates in the US. *JAMA Netw Open.* 2023;6(4):e236687. <https://doi.org/10.1001/jamanetworkopen.2023.6687>
9. Howard J. Only 5.7% of US doctors are Black, and Experts Warn the Shortage Harms Public Health. National Medical Association. Published February 21, 2023. Accessed March 4, 2024. <https://www.nmanet.org/news/632592/Only-5.7-of-US-doctors-are-Black-and-experts-warn-the-shortage-harms-public-health.htm>
10. Crigger E, Reinbold K, Hanson C, Kao A, Blake K, Irons M. Trustworthy Augmented Intelligence in Health Care. *J Med Syst.* 2022;46(2):12. <https://doi.org/10.1007/s10916-021-01790-z>
11. American Medical Association. AMA Issues New Principles for AI Development, Deployment & Use. American Medical Association. Published November 28, 2023. Accessed March 4, 2024. <https://www.ama-assn.org/press-center/press-releases/ama-issues-new-principles-ai-development-deployment-use>

12. American Medical Association. Advancing Health Care AI Through Ethics, Evidence and Equity. American Medical Association. Published February 26, 2024. Accessed March 4, 2024. <https://www.ama-assn.org/practice-management/digital/advancing-health-care-ai-through-ethics-evidence-and-equity>