Building Trust in AI: A Practical Guide for Health Care Leaders

March 18, 2026

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Before We Get Started

Message Nick Davis for any ***tech issues***

Use the chat box for ***questions*** and to ***introduce yourself***

Explore ***resources*** we'll share in the chat box

Recording and slides will be shared later this week

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Agenda for Today

- Welcome and Introductions
- Key Terminology in AI in Health Care
- Where AI is Being Used in Health Care
- Things to Be Aware of When Using AI in Health Care
- Overview of URAC's Health Care AI Accreditation

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Today's Presenters

De'Anna Hardin
Business Development Executive
URAC

Jenn Richards, PharmD, JD, PhD
Senior Director
Product Management
URAC

Courtney Henchon, MBA, MSN, RN
Chief Nursing Officer
Ellipsis Health

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Opening Poll

What type of organization do you work for?

- Pharmacy/PBM
- Digital Health
- Payer/TPA/MCO
- Technology
- Case Management/Disease Management
- Health Care Consulting
- Something Not Listed

Is your organization using AI?

- Yes
- No
- Not sure

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- We have ***over 35 years of experience*** as an accreditor
- We believe in ***growth through*** education and ***quality improvement***
- We understand that ***excellence looks different*** in every organization
- We know ***partnerships are the key*** to our work

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35 YEARS urac®
Improving health care for all

urac®
ACCREDITED

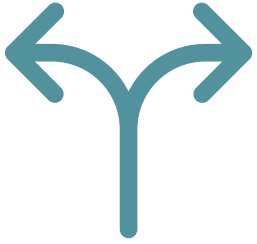
urac®
CERTIFIED

URAC's Approach

Accreditation is all we do with quality as the focus

Our rigorous, meaningful standard reflect what quality looks like in health care for today and the future

Education: Helps teams build the knowledge to sustain improvements for the long haul



Flexibility: Recognizes strengths and needs of each organization

Trust: Builds long-term relationships to support ongoing excellence

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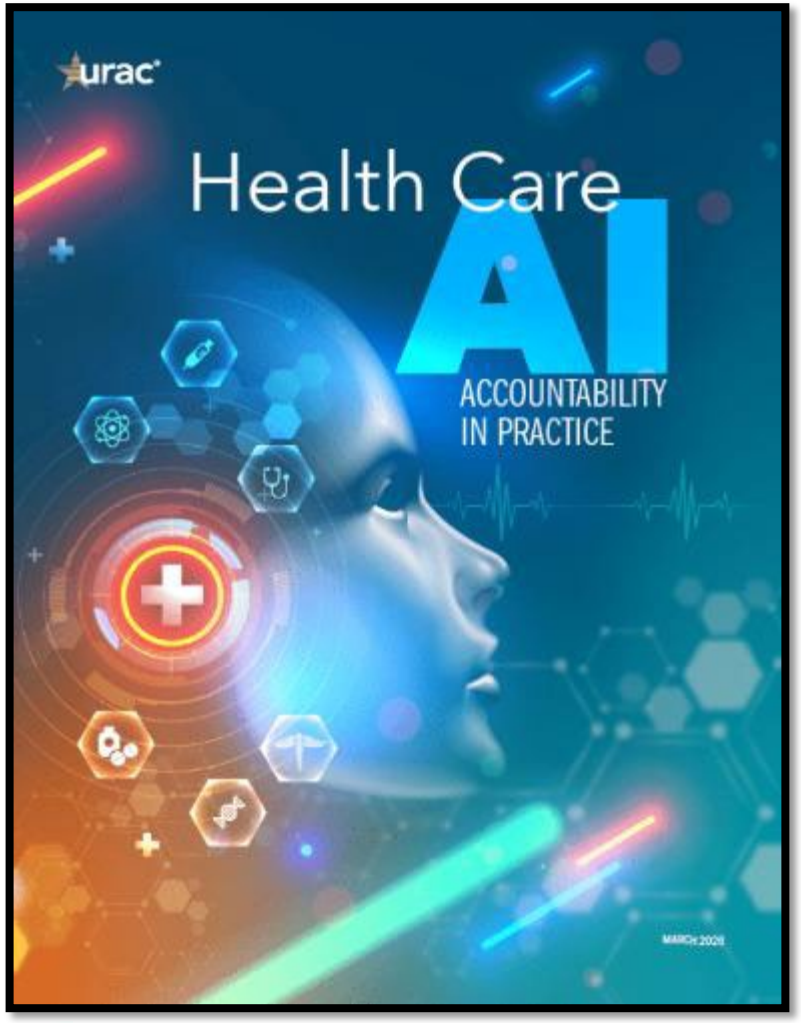
Just Published!

Health Care AI: Accountability in Practice



RAPID AI ADOPTION TAKES CENTER STAGE

ALIGNING PEOPLE, PROCESS AND PRODUCT

ADOPTION OUTPACES OVERSIGHT

MITIGATING RISKS AT ROLLOUT

DISCLOSURE IS A DELICATE BALANCE

DON'T UNDERESTIMATE POST-DEPLOYMENT RISKS

OVERSIGHT, GOVERNANCE AND ACCOUNTABILITY

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ELLIPSIS HEALTH

Meet Sage

The emotionally intelligent AI care manager

March 2026

Who we are

OUR MISSION

To improve healthcare operations and outcomes by empowering healthcare providers to operate at the top of their license

To do this, we built Sage, the most emotionally intelligent, autonomous care manager

OUR INVESTORS

CVS Health Ventures | salesforce ventures | khosla ventures

3M+ real clinical conversations guiding our AI model	**6 and 11** patents and publications, respectively
~93M members served by our customers	**8.9** average NPS rating from current customers
60%+ reach rate (when optimized for members)	**80+** languages spoken

EXAMPLE USE CASES

Tackles Clinical and Administrative Use Cases

Member Services

Annual Notice of Change (ANOC)

Member Welcome Calls

Member Benefits Explanation

24/7 Member Lines

Member Satisfaction Surveys

Provider Services

Prior Authorization and Denial Status

Claims Status

Care Management Calls to Providers for Hard-to-Reach Members

Scheduling

Assessments & Care Gap Closure

Medication Adherence

Quality / HEDIS / Stars

Annual Screenings

Assessments (e.g., HRAs, PRAPARE, PHQ-9, GAD-7)

Friday Tuck-in

Condition Management

Diabetes

Chronic Kidney Disease

Congestive Heart Failure

Oncology

MSK

Complex Care Management

Inbound call, outbound call and SMS capabilities to support member and provider reach, engagement and task completion

Key Terminology: What Do We Mean?

Deterministic & Rules-Based Tools	Predefined **if/then logic** is used to **retrieve data or trigger alerts**. **Low-risk** due to high transparency but still require oversight. **Examples:** Rules engines, order sets, protocol alerts
Predictive AI (Machine Learning)	**Historical data calculates risk** scores or prioritizes patients. Widely **integrated into electronic health records**. Susceptible to model drift (**degradation of performance**), decay and **hidden bias**. **Examples:** Readmission risk scores, sepsis alerts, scheduling optimization
Generative AI (LLMs)	**Produces new text** or summaries by predicting the next word. Can hallucinate (**predict what's not there**), get things wrong and make **accountability unclear**. **Examples:** Ambient clinical documentation, draft patient messages, note summarization
Autonomous or Agentic AI	Intelligent systems that **act independently, without human approval**. **Errors can propagate** rapidly. **Examples:** Automated task execution across clinical systems

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Examples of AI in Health Care

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Examples: Pharmacies

Specialty Pharmacies

- Workflow automation

Drug Development

- Molecular screening

Mail Order Pharmacy

- Medication distribution optimization

Pharmacy Benefit Management

- Adherence risk analysis

Sage increased diabetes care gap closure by improving provider and lab appointment scheduling by 17 percentage points

The Challenge

A virtual provider group needed to **close diabetes care gaps** by coordinating lab work and follow-up provider visits, often across multiple scheduling systems

Human agents struggled with long call times, frequent system lookups, and high hang-up rates, limiting throughput and frustrating patients

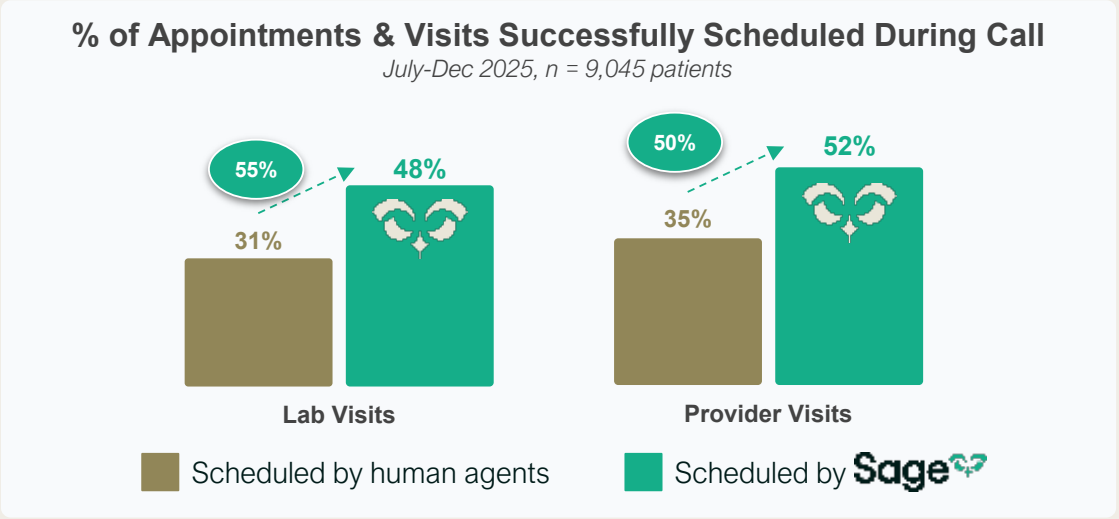
These constraints resulted in **lower completion rates and higher staffing costs**, creating a bottleneck in the customer's care gap closure workflow

The Solution

Sage engaged patients via a **coordinated voice and text approach** to schedule both lab and provider visits in a single guided flow

Real-time access to scheduling, eligibility, and clinical context eliminated delays and repeat calls, reducing patient drop-off

By combining operational speed with empathetic, natural conversations, **Sage increased completion rates while maintaining trust in clinically sensitive interactions**



The Results

5:1 ROI

Driven through reduced headcount within care gap closure workflow

~50% increase

in visits scheduled before call hang-up (compared to human)

80% reduction

in call abandonment during the scheduling process (from 48% to <9%)

Sage increased Comprehensive Health Assessment completion rates by establishing a high-volume, automated outreach funnel for senior care

The Challenge

A provider of at-home care for seniors and other adults with unmet health and social needs **needed to scale Comprehensive Health Assessments (CHA), but manual outreach was inconsistent and unscalable.**

Clinical nurses were burdened with manual dialing, r**esulting in long call times** and high operational costs that **pulled staff away** from top-of-license care.

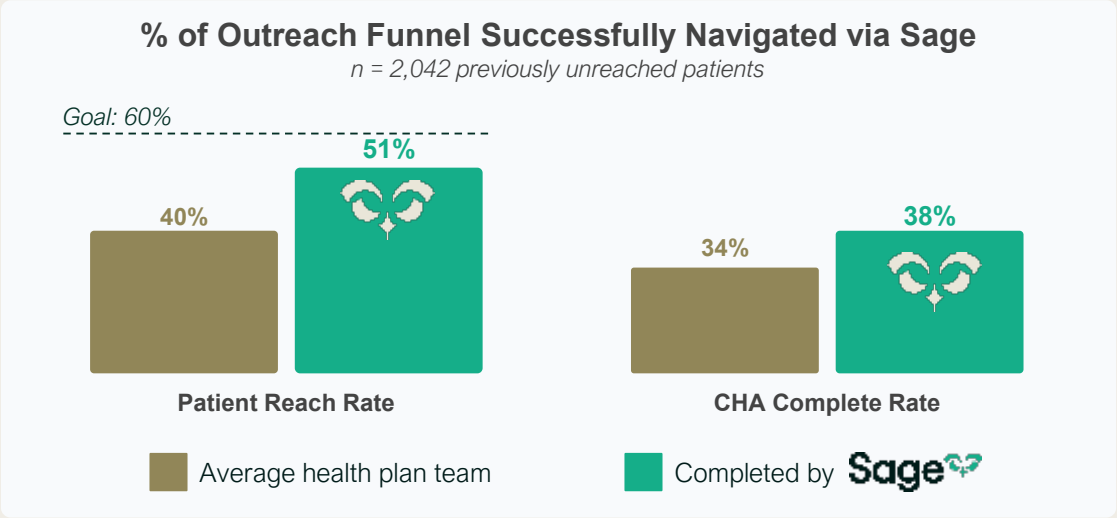
These constraints created a **bottleneck in the outreach funnel,** leaving a **large patient segment unreached** and threatening the organization's aggressive 2026 expansion goals.

The Solution

Sage engaged patients via an **automated, voice-first approach** to initiate the CHA, **within the existing clinical outreach workflow**.

Integrated escalation paths to live RNs ensured that clinical expertise was deployed only for necessary, high-value interventions.

The partnership is now moving into **Phase 2 to deploy multi-modal outreach** (SMS and persistent follow-up) to further scale reach and maximize engagement across unreached populations.



The Results

5:1 ROI

Driven through freed FTE tie from doing the most expensive outreach tasks

51% reach rate

for successful reaches on first-time outreach

Examples: Digital Health

Telehealth

- Patient triage

Remote Patient Monitoring

- Predictive health deteriorations

Wearables

- Suggestions and tips for better health

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Four Key Things

1

Data privacy and security is essential to building trust.

2

AI bypasses and overrides are required to ensure patient and clinician autonomy.

3

There is an ever-changing regulatory landscape that requires systems for tracking, implementing and auditing.

4

The closer the AI system is to influencing patient care, the more information about the system should be shared.

Health Care AI Accreditation Standards

Objectives in Developing Accreditation

- **Provide framework** for developing and using AI in health care
- Promote **quality best practices** for the industry
- Allow for **innovation with appropriate guardrails** for patient safety
- Promote **compliance with regulatory requirements** for the industry
- Continue to **learn from the industry** on the changing environment of AI

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Artificial Intelligence in Healthcare Accreditation v. 1.0 – Standards-at-a-Glance

RISK MANAGEMENT

RM 1: Regulatory Compliance and Internal Controls
- RM 1-1: Regulatory Compliance Management
- RM 1-2: Maintaining Compliance

RM-AI 2: Contracting
- RM AI 2-1: Written Agreements
- RM-AI 2-2: Statement of Work
- RM-AI 2-3: Contract Management

RM-AI 3: Protection of Consumer Information
- RM-AI 3-1: Privacy and Security of Consumer Information
- RM-AI 3-2: Internal Safeguards
- RM-AI 3-3: Privacy and Security Risk Assessment

RM-AI 4: Risk Analyses
- RM-AI 4-1: Impact Analysis
- RM-AI 4-2: Scalability Analysis
- RM-AI 4-3: Technical Analysis
- RM-AI 4-4: Business Continuity Plan

OPERATIONS AND INFRASTRUCTURE

OPIN 1: Business Management
- OPIN 1-1: Policy and Process Maintenance
- OPIN 1-2: Delegation Management

OPIN 2: Staff Management
- OPIN 2-1: Clinical Credentialing
- OPIN 2-2: Employment Screening
- OPIN 2-3: Staff Learning and Development
- OPIN 2-4: Code of Ethical Conduct
- OPIN 2-5: Employee Engagement

OPIN-AI 3: Leadership
- OPIN-AI 3-1: Clinical Leadership
- OPIN-AI 3-2: Technical Leadership
- OPIN-AI 3-3: Ethical Leadership

PERFORMANCE MONITORING AND IMPROVEMENT

PMI 1: Quality Management Program
- PMI 1-1: Quality Structure
- PMI 1-2: Data Collection and Analysis

DEVELOPERS MODULE

DEV 1: AI System(s) Management
- DEV 1-1: AI System(s) Management Plan
- DEV 1-2: Annual AI System(s) Management Plan Evaluation Outcomes

DEV 2: AI System(s) Build and Data Management
- DEV 2-1: AI System(s) Build
- DEV 2-2: AI System(s) Training
- DEV 2-3: AI Data Governance

DEV 3: AI System(s) Testing
- DEV 3-1: Pre-Deployment Testing
- DEV 3-2: AI System(s) Validation and Evaluation
- DEV 3-3: Addressing Drift and False Findings

DEV 4: AI Development Disclosures
- DEV 4-1: Disclosure Procedures
- DEV 4-2: Intended Use
- DEV 4-3: Ethical Development and Use
- DEV 4-4: Data Features
- DEV 4-5: AI System(s) Testing Disclosure
- DEV 4-6: Performance Limitations

USERS MODULE

USER 1: AI System(s) User Management
- USER 1-1: AI System(s) User Management Plan
- USER 1-2: Annual AI System(s) User Management Plan Evaluation Outcomes

USER 2: AI System(s) User Testing
- USER 2-1: AI System(s) Testing and Monitoring in User Setting
- USER 2-2: Population Applicability Verification

USER 3: AI System(s) User Training
- USER 3-1: Intended Use
- USER 3-2: Population Applicability
- USER 3-3: AI System(s) Results

USER 4: Appropriate Use of AI System(s)
- USER 4-1: Responsible Use Assessment

USER 5: AI System(s) Use Disclosures
- USER 5-1: Disclosure Procedures
- USER 5-2: Disclosure of AI System(s) Use Impact

Get the Standards-at-a-Glance

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Closing Poll

Connect with URAC

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