Newsweek

Access Health

Newsweek's inside look at the business of health care

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By Alexis Kayser
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September is Healthy Aging month—a period that cosmetic brands love to use to promote de-wrinkling creams and anti-eye bag serums. But health care professionals know better than anyone that the secrets to aging gracefully aren't only skin deep.

One in six people around the world will be over the age of 60 by 2030, according to the World Health Organization. As people get older, their risk for chronic conditions, injuries, dementia and adverse health events (like heart attacks and strokes) goes up. Health systems are going to have their hands full very, very soon.

Seniors also have emotional needs that directly impact their physical health. Research demonstrates that older adults are prone to loneliness and social isolation, which have a weakening effect on the body and brain. **One study found that participants without strong social connections were at a 50 percent higher risk of mortality than those with a network of family and/or friends.**

This creates quite the conundrum for health systems in the digital age. They need to expand access to care in order to keep up with rising demand—and technology can help. At the same time, their frequent flyers may need more human support to achieve optimal health outcomes.

Some health care providers are revitalizing a brick-and-mortar strategy to better care for their Medicare patients. A few weeks ago, Sutter Health President and CEO Warner Thomas told us he expects to invest in "senior care clinics." We're already starting to see these pop up. Take St. Louis-based Mercy, for example, which launched a network of "65Prime+" clinics specifically tailored for older patients. Their geriatric care model includes longer appointment times and offers more frequent visits to address ongoing conditions.

As a St. Louis native with grandparents in the area, it's reassuring to know that they can receive that specialized care when they need it. However, senior clinics alone haven't quelled all my fears. Data from the 2023 American Time Use Survey showed that seniors spend the bulk of their time at home. (Individuals between the ages of 65 and 74 watch an average of 3.82 hours of TV on weekdays and 4.48 hours on weekends, and they spend about 2.5 hours per day on home maintenance.) **It makes sense to expand access to the abode.**

Dr. Jing Wang, dean of the Florida State University College of Nursing, has been working on that. Her scholarly research focuses on digital health and AI, and she is currently exploring how technology can be used to support healthy aging.

For example, Wang said that wearables can provide much more concrete data than the question, "How are you doing?" Pride can get in the way of honest communications between seniors and their health care providers. A heart rate monitor could eliminate the guesswork.

Wang's team has also partnered with Samsung to build "Smart Health Homes" in 55-plus communities in Florida. When people go to build a home in the community, they'll get the opportunity to see traditional showrooms and choose floors and appliances. **But the partnership takes that a step further, helping buyers envision a house that will support them as they age.** Where might they need a safety bar to aid movement? Which spaces need to be large enough to support a potential hospital bed? Can the electrical grid support complex medical devices and withstand natural disasters, like hurricanes?

These are questions that health systems should start asking themselves, too, Wang said.

"All the health systems call themselves integrated health care systems, and they have a home care arm, but they need to go really beyond," she said. "What are the seniors going to need and demand as these technologies are evolving into the home space?"

Dr. Shawn Griffin, President and CEO
URAC

Gold stars have been a symbol of a job well done since preschool. URAC is keeping that striving spirit alive in the health care industry through its accreditation and certification programs—marking hospitals' dedication to quality improvement with a coveted gold star.

Recently, I connected with **URAC President and CEO Dr. Shawn Griffin** to learn more about the organization's new **Health Care AI Accreditation.** By the end of Q3 2025, health care providers and AI developers can start working to receive URAC's stamp of approval for responsible AI use.

Here is what Griffin told me about the program and what health care leaders should expect:

Editor's Note: Responses have been lightly edited for length and clarity.

What prompted URAC to launch an AI accreditation program?

I was a chief medical information officer for a couple decades, so I was part of the physicians who became leaders for implementing technology in the best way for patients. My first talk to a group of CMIOs on AI and machine learning was in 2016, so for almost a decade now, this has been an area that I have been advising others and keeping an eye on.

Honestly, for a long period of time, AI was mostly hype. It was mostly smoke. There wasn't a lot of fire there. Although it was continually being talked about, it was always sort of three to five years away, which in technology terms, means it may happen or it may not happen.

But what we saw over the last few years is that more and more things were coming in that talked about AI. Now, because it became a hot term, some organizations were throwing AI when they weren't really talking about AI. And so it's sort of, **how do you sort out the real from the from the not real?**

Under the previous administration, there was a framework that was put forth around health care AI and AI in general, which, honestly, when we looked at it, we thought, “That's a pretty comprehensive framework.” We didn't see a place where an accreditation really could come about or be active. Our job is not to replace regulation. Our job is to be complementary to regulation. But when the new administration came in and there was this lifting of that framework, I was very concerned about patient protection—and not just patient protection, but clinician protection, because what we're seeing is tools being applied into care settings, and patients have questions about who's checking behind the scenes to making sure this is being done right, and clinicians are not necessarily receiving training on these tools before they're being implemented.

I think that it's very tough in an environment like this, where there are so many actors, where there's so much money being invested, to tell the good actors from the bad actors. And so we believe that there's an immediate need for guardrails to be developed to protect patients, to protect their information, and to protect clinicians, so that they know that these tools are built correctly, being used correctly and being supported correctly. And unique to AI in this day and age is that we're keeping an eye on them, because an AI tool that's implemented on Monday morning, depending upon the design, could be different Monday afternoon. And everybody involved needs to understand that, and we need to understand what they can do and what they can't do.

As you mentioned, there are already AI governance frameworks out there, from the Coalition to Health AI's to the Joint Commission's. What is unique about URAC’s accreditation?

[During] the development process, we thought we were just doing a clinician [accreditation]. But when we got together with clinicians who were doing this type of work, they said, we're doing most of the things that we talk about from a clinician standpoint, but **we really need help with the vendors.** How do we write a contract? How do you cover liability? How do you look at these things? It is incredibly important.

The other thing that we heard a lot about is **clinicians need training on these tools before they're deployed.** If I were going to be rolling out a brand-new scalpel to a surgeon, they would need to be trained on it. But yet, we're rolling out these incredibly powerful tools, and not everybody's getting trained on it. And so how do we make sure that they're trained? How do we make sure patients are educated, that they understand what the data is used for?

The risk of AI is very different [from past innovations]. It's one thing if I use AI to guide me to go to pick up my prescription. It's another thing if I'm using it to decide what grandma's chemotherapy is going to be. We say you need to have clinicians involved in determining how this tool should be used. One of the things that we feel very strongly about is that licensed providers need to not just be in the loop, they need to be making the decisions. **So there's nothing in our accreditation program that says, if your AI is really smart—if it passed the USMLE Step Three Board test—we'll just let it prescribe. That's not how this works.**

We say people can't just be in the loop. People have to be in control of the loop, because if you use a tool long enough or repeatedly enough, it almost becomes automatic. You sort of shift or defer your responsibility to the tool. And that's not how we do things in medicine. When I was practicing, I signed every prescription myself, because it was my license that was on the line. It was my training that was on the line, and it was my trust with the patient that that on the line. So people talk about ethical and trustworthy AI, but we talk about ethical and trustworthy people, because **AI is just a tool. It's not ethical by itself. It's not trustworthy by itself.**

So to get the gold star from our accreditation, you don't get it day one when we announce it, because you haven't earned it yet, and we're not going to sell you consulting services so that you do better on the test. We're going to educate you about best practices and those sorts of things.

What has been the most challenging part of setting up this accreditation program, compared to past programs at URAC?

When people talk about AI, they talk about its changing nature and how it evolves over time. And I will tell you that **our board of directors has had more interest in how we're going to execute this than any other program in my six and a half years of being here,** because this is such a hot topic, because this does affect care, because they're asking some of the questions you're asking: how are we going to monitor this differently? How are we going to check on this differently than all of our other programs?

And I've been fortunate to be able to say to them, **there are some things that are different about AI. There's also a lot of other things that are just about running a quality organization, and we've been doing that for 30 years.**

Some of it is educating my team, some of it is educating my board. Some of it is educating stakeholders. But really, I think that the most challenging part has just been the excitement that we have heard from so many organizations about creating best practice standards and having somebody step into this world willing to be the guardrails, the safety, keeping an eye on these things. Because they don't know who to trust either.

Some hospital systems are developing these tools on their own, so it's very possible that we'll have organizations who are both a vendor and a clinical accreditation. [Some] hospital systems are using these tools because they want to make money and as an AI-accredited tool set, they want to sell it to other organizations and those sort of things.

Good organizations are doing a great job with this, and I've talked to a number of them, because some people reach out and they say, “Are you going to mess up what we're doing?” And I said, “Well, tell me what you're doing.” And they tell me, and I'm like it sounds like you're doing everything fantastic. That's great. But the simple fact that there's 60 different best practices or endorsed standards that people talk about out there... Unfortunately, you can say you endorse standards, but that's like a New Year's resolution that you're going to exercise more. Who is checking to make sure that you're actually following that day in, day out? And that's why, it's kind of sad to say, but right now, **there's probably more oversight for the hospital cafeteria than there is for the AI agents in a lot of hospitals these days.**

Griffin will be speaking at* Newsweek's *Digital Health Care Forum on September 16 in New York City. Click here to view the agenda and secure your spot!

C-Suite Shuffles