# **►** Featuring J. Stephen Jones, MD, FACS

deserve high touch, or high tech?
I'll ruin the surprise for you right out of the gate. I believe our best future involves high

want to pose a question: Do our patients

■ gate. I believe our best future involves high tech that allows us to practice with empathy and high touch.

Importantly, this should not come at the cost of our own well-being, which we've seen for far too long.

So let's explore the question of technology vs. human touch.

## Disrupters vs. Disaggregators

Does anyone know what the number 13,000 signifies? No, it's not the number of primary care providers we're all trying to recruit. This is the approximate number of digital health startups that were founded during the COVID-19 pandemic.

Far less than that number will survive.

But there are still dozens of real competitors who want in on our space. In fact, many already are in our space. They want to steal our patients. They're usually called "disrupters." But they want just little parts of our industry—only the profitable ones, of course—but just parts of our patients' healthcare. That's why I prefer the term "disaggregator" to "disrupter."

And I have yet to have a single patient tell me they want their care more disaggregated.

We're here this week at the 2024 Annual Conference because AMGA stands for the group model of care. This model is based on teams. It's based on coordinated—not disaggregated—care.

But let me be clear: These disaggregators aren't the ones I pay the most attention to. I believe only one group of very different disrupters are truly changing our world in the near term.

#### Generative Al

Until now, most of what we've heard about "AI" is what Alan Turing and other visionaries would have described as a "thinking machine." There's been a temptation to think of it as magic.

But artificial general intelligence is not what we have in our hands now. The current excitement is primarily around generative AI. Generative AI does exactly what it says: It generates responses to a human's requests.

So should we even call it artificial intelligence? Well, it's not artificial; it's very real. And it's not intelligence; it's just math. That is, very complex math involving very large datasets.

I'm struck that my own cancer research two decades ago concluded that neural networks were inferior to other models in predicting cancer outcomes. Boy, was I wrong. Why? Because we didn't have the other two ingredients: Massive data and massive computers, now finally

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possible through parallel processing chips. This combination results in large language models that blow past any Turing test.

How did something so inconceivable actually happen?

#### Moore's Law

Just a couple of years ago, Peter Diamandis spoke at the AMGA Annual Conference about Moore's Law. This law explains why things unimaginable at one point—smartphones or Al—become routine with enough cycles. Moore's Law is not something healthcare leaders have the luxury of ignoring.

So after many cycles of Moore's Law, what finally happened on November 30, 2022?

ChatGPT ushered in the era of generative Al. It took only five days for it to become the fastest product to reach one million users-ever.

We will likely go through a well-known technology hype cycle. Excitement overestimates new technology. People dismiss it. Then it becomes real. But the endgame is clear: Our world has changed.

History is rife with companies destroying those who ignore a changing environment. Netflix to Blockbuster. Uber to taxis. You know the list.

Should we all be afraid? Probably, But we can either run for the hills or consider the implications for healthcare.

## Transformational Technology

Healthcare is the largest sector of the largest economy in history. Is there precedence for new developments truly changing an industry this massive?

Well, the Jones family goes back generations in an industry that once held three out of every four jobs in America: agriculture.

Technology changed this industry. Whether you think of this as mules pulling plows, or tractors, or 24/7 GPS-guided systems, jobs gradually became safer—but most of them just went away. As sad as that is for families like mine and many of yours, we ignore progress at our own peril.

I made a couple of important choices early in adulthood. The first was to become a physician. I thought it would be easier than farming. (Wrong again.)

The second choice was to acknowledge that the world was changing before our eyes, and

J. Stephen Jones, MD, FACS, believes that Al presents an opportunity for providers to reconnect with their patients.

if I didn't stay in front of it, I might never catch up. So I bought an original Mac-back when it wasn't even clear what I would use it for—and committed to not falling behind as technology changed our world again and again.

That doesn't make me a technophile. I'm just realistic about never falling behind, and I've never been clearer on that than I am now.

### A Call to Action

But you should be leery about this new technology. While every other industry lowered costs and made both employees and customers happy with newer technology, it's mostly been the opposite so far in healthcare.

> Instead of solving with technology, we still try to throw bodies at every challenge. Yet I've come to this conclusion: We can't afford to pay the people we can't find to do the unnecessary work we ask of them.

My call to action? Do only what is actually valuable—for patients or team members. Stop thinking that documentation is our job. It's not—caring and healing are. Eliminate the redundant or

unnecessary. Start with overdocumentation. And how about those fax machines and forms at your front desk? What are we thinking?

Once you've eliminated the unnecessary, harness Al—and other technology—to automate everything possible. Doing so will help team members focus on patients and each other. Although technology can't replace the high touch—the human touch—it can liberate us to do what only humans can do.

Don't get frustrated or fall too far behind. Just like we can't imagine being healthcare leaders without people skills, the only future I can envision will require healthcare leaders to be technology leaders, as well.

As many have said, Al won't take your job. But leaders who don't know how to work with critical technology in the future definitely won't have the jobs. We must be high tech and high touch so that all of us in healthcare can focus on what matters most: our patients, each other, and our own well-being. @