



Scenario Planning for the AI-enabled Health Care System



The proliferation of artificial intelligence (AI) in health care is well underway. It won't be long before many processes, workflows and even care delivery will be augmented by AI. Health care systems that are prepared will be able to maximize their success as they incorporate AI into their operations. One way to prepare today for a future with AI is to scenario plan. This document will guide you and your leadership team through what-if scenarios that will help you visualize, ask questions and plan as a team for an AI-enabled future.

Scenarios as a Tool for Planning Responses to Change

Scenarios are forecasts about the future based on current trends, usually in the form of stories. Rather than being predictions, they are what-if stories that, when used as the basis for strategic discussions or other exercises, help organizations build or test their plans. This can be especially valuable for health care executives in today's volatile environment.

The value of scenarios is that:

- They draw on the power of storytelling to capture imaginations and creativity.
- They build a vivid, shared picture of the preferred endpoint to inspire people to work toward the future.
- They help us as decision-makers to foresee the impact of ongoing changes.
- They provide a safe, authorized way to explore the worst that can happen.
- They force us to see how different sources of change interact and to understand the total impact of a change.
- They help us to think about the long-term future instead of focusing on merely the next quarter.
- Essentially, they tell us what conditions the future might hold so we can make better decisions in the present.

A common method of scenario planning is the preferred-futures approach. This approach involves considering at least two of the following scenarios: a **preferred future** (the future you want to see happen), an **undesired future** (the one you don't want to see), a **standard future** (this assumes minimal change, like a control group in an experiment) and a **wildcard future** (something that isn't likely to happen, but if it does, would upend your entire environment).

When leadership teams scenario plan, they usually start by considering two or more scenarios. Next, the teams engage in an interactive discussion around a set of "**backcasting**" questions. Backcasting — the opposite of forecasting — looks at each scenario and asks questions about how that possible future came to be. This process helps uncover which steps to take to reach the preferred future and how to avoid the undesired future.

For an in-depth guide to scenario planning, visit: www.shsm.org/resources/scenario-planning-hospitals-and-health-systems.



AI

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AI Scenarios

Let's look at a preferred and an undesired future for the health care workforce and AI.

► **PREFERRED** FUTURE

For Anyplace Hospital, AI was almost everybody's partner for insights. It worked unobtrusively behind the scenes, doing the kind of data analysis that was either tedious and a distraction from serving patients or impossible to do before, even with the best human insights. It drew from every source that had valuable data. Claims, community demographics, real-time sensors, medical literature databases, partner and collaborator data and even traffic movements — all combined into a steady flow of value-added information. For clinicians, it informed decisions about diagnoses and took most of the grunt work out of electronic health records. The technology team tracked potential vulnerabilities and fixed them before they could turn into risks. For population health and strategy professionals, AI identified patterns in community needs that they could integrate into planning. For operations staff, it found new efficiencies in supply chain, staffing and facility management. Marketers, patient experience and communications staff used AI for deeply personalized messages and experiences. The hospital was proud that it hadn't replaced anyone, but it had enhanced everyone.

► **UNDESIRED** FUTURE

For Anyplace Hospital, AI was like an especially nasty virus that had infected nearly every employee, leaving morale, budgets, plans, quality and the hospital's reputation among peers and the community in worse shape. Clinical staff had to spend time that they didn't have on working around it rather than using it. The local government was investigating complaints about bias in financial decisions. No one in the financial department had intended the bias, but the data used to train the algorithms had implicit racial biases that had contaminated the system. The information technology department struggled to get something — anything — usable out of the investment of time, resources, staff and credibility. The strategy and the population health professionals had bought into the promises and found out the hard way that the data and results from the AI tools simply didn't match the real world. Operations staff were trying to do even more with less, given the resources that had gone into AI, and losing good staff who had either been laid off reluctantly or who left for organizations that were in better shape and had strong morale. Marketers, patient experience and communications staff also were trying to recover from the issues that resulted from badly informed decisions.

BACKCASTING QUESTIONS

For each question, consider how the hospital in the preferred future did so successfully and how the hospital in the undesired future did not succeed.

PEOPLE:

How did we compete for AI and AI user talent? How did we develop or reskill our talent?

TECHNOLOGY:

How did we integrate technology into organizational strategy? How did we assess the needs and opportunities?

PROCESSES:

How did we engage all the stakeholders? How did we fund the work appropriately? How did we build our readiness? How did we establish our priorities?

PARTNERS:

With whom did we collaborate?