Healthcare AI in 2026:
From Novelty to Normalcy

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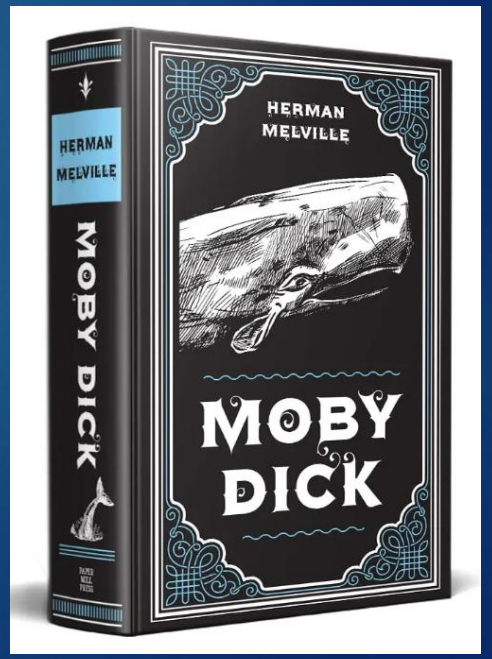
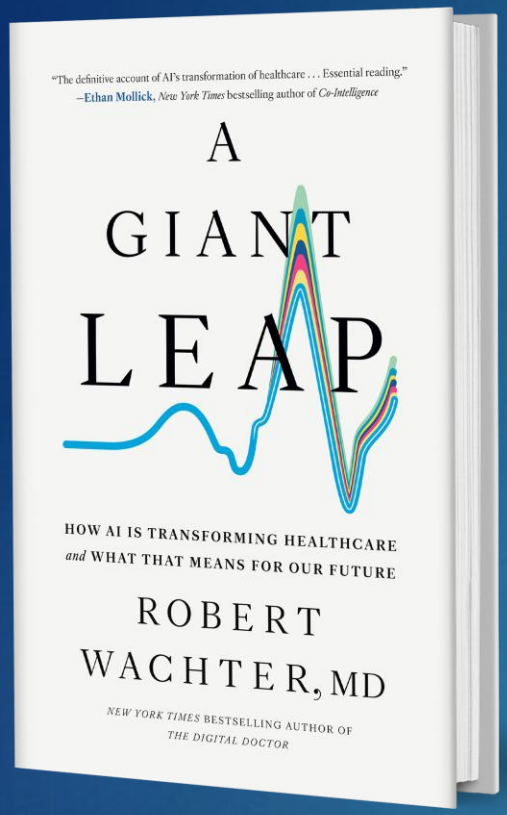
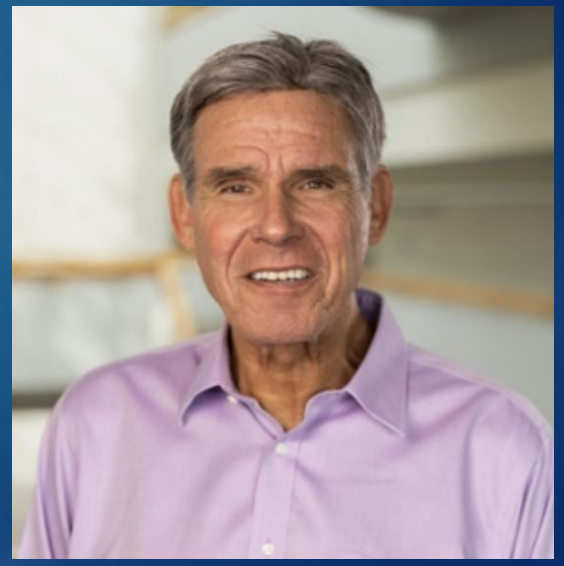




"An engaging hype-free case for **informed optimism**"



Eric Topol, MD

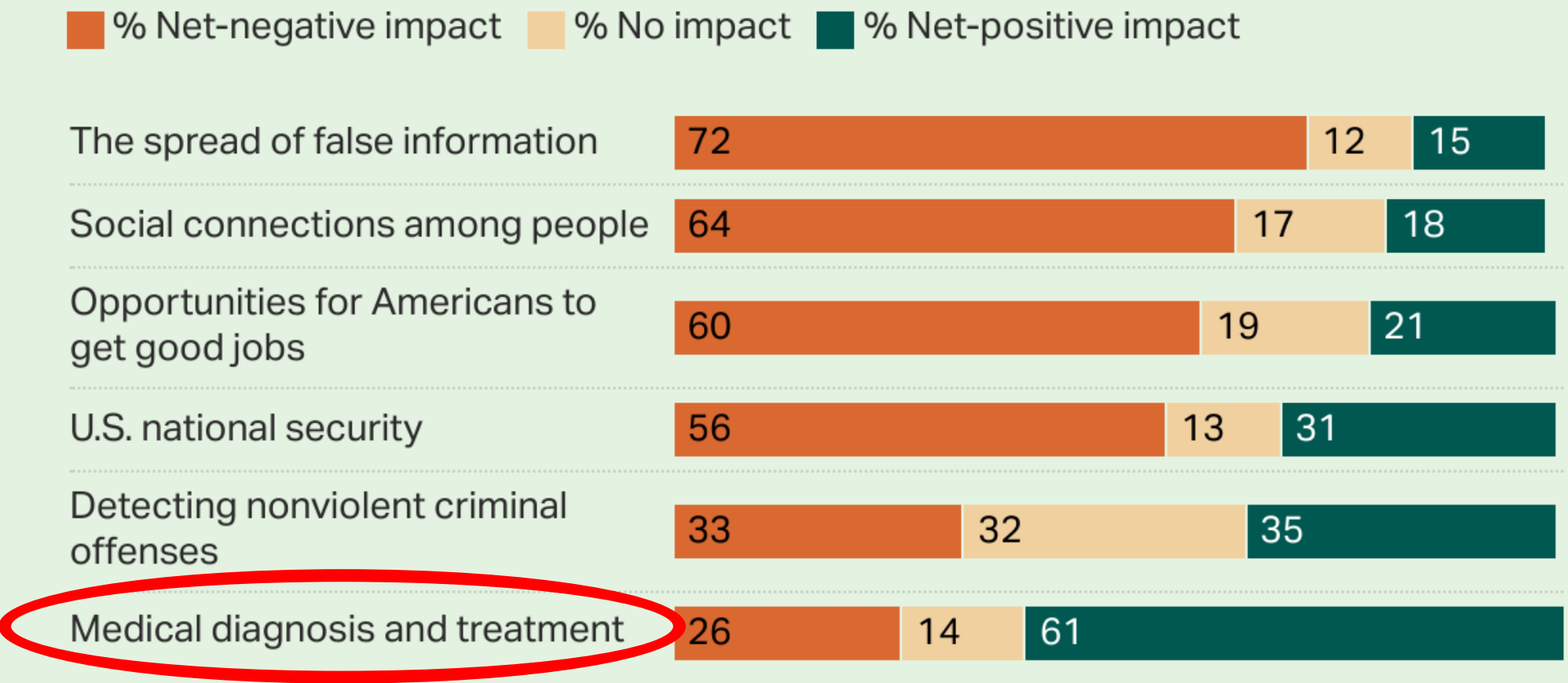
Bestselling author of *Super Agers* and *Deep Medicine*

Today's Roadmap

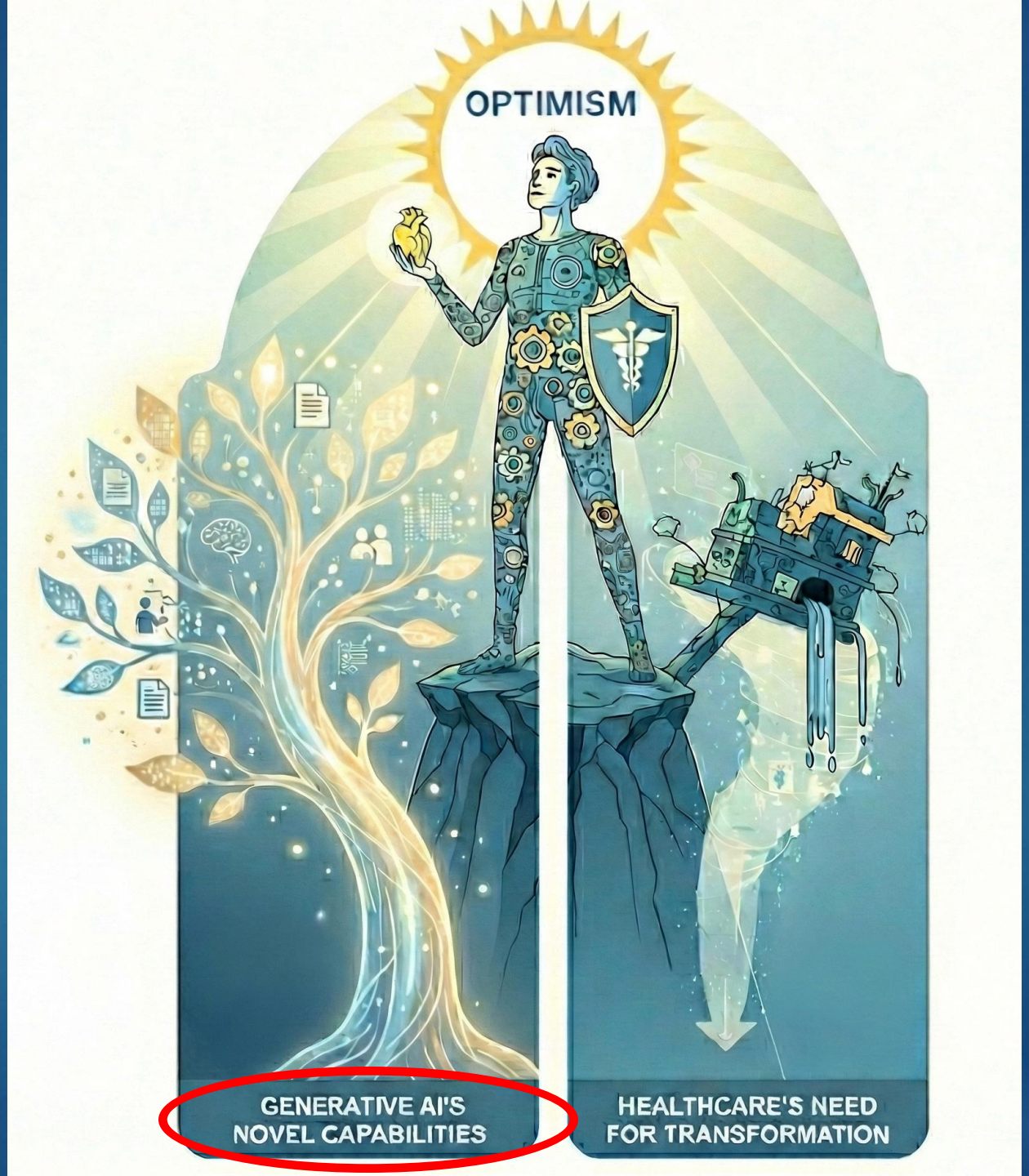
- Why optimism?
- Healthcare AI today: from novelty to normalcy
- Implications for medical education and for physicians
- Some thoughts on the role of government

Americans Have More Negative Than Positive Views About AI's Potential Impact on U.S. Society

In the next five years, do you believe that AI will have a positive or negative impact on … ?



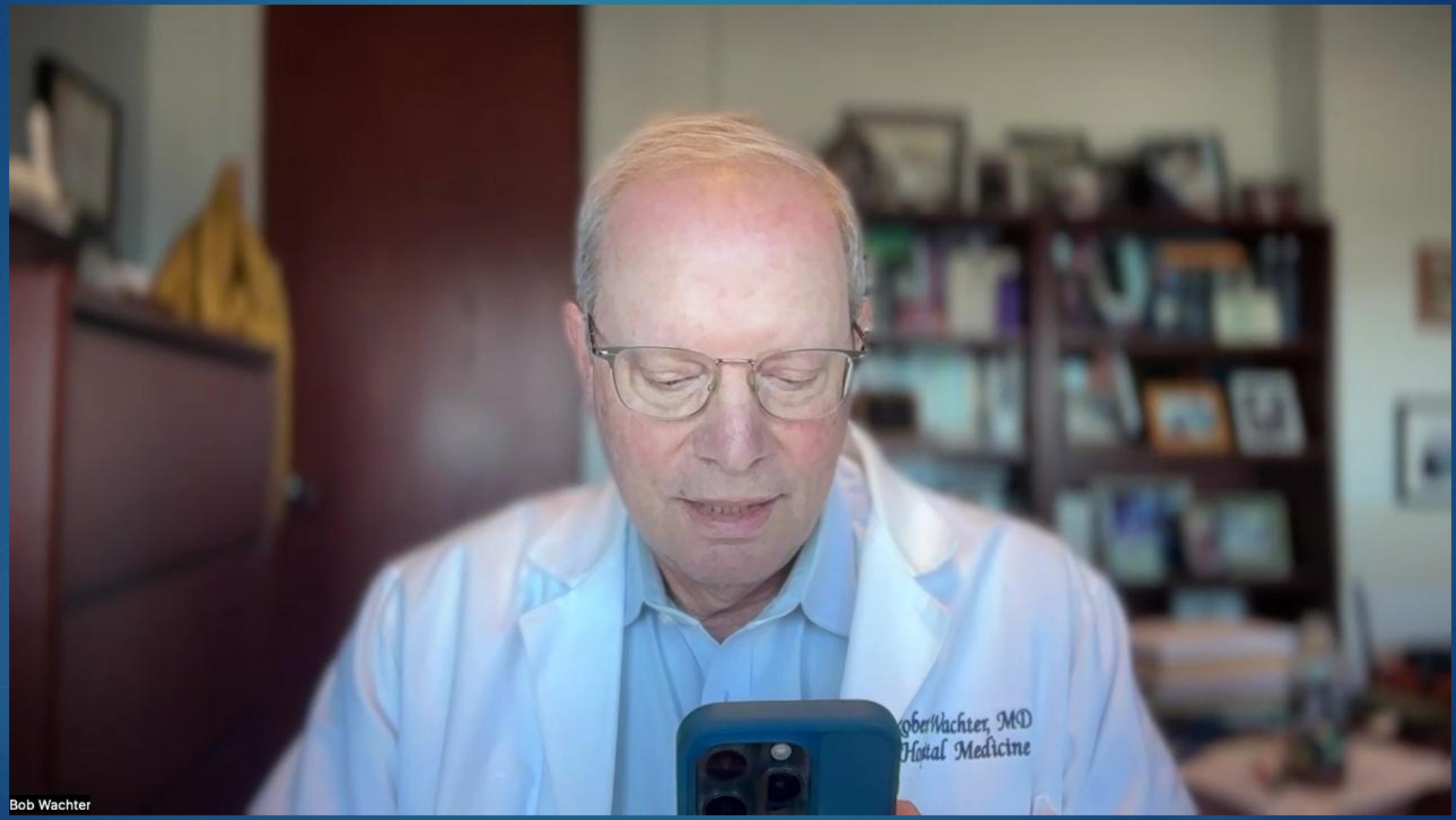
Gallup 2025



Artist:

Nano Banana PRO

Today's AI is Pretty Darn Good



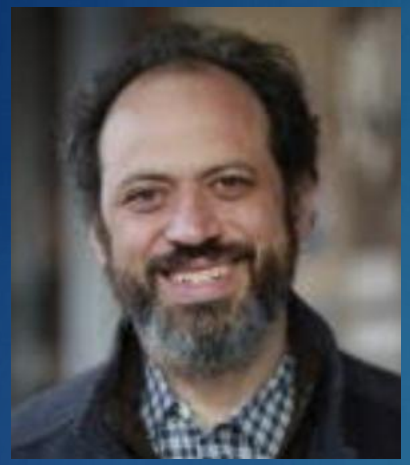
Misfires in the First Years of GenAI

My 2026 Scorecard

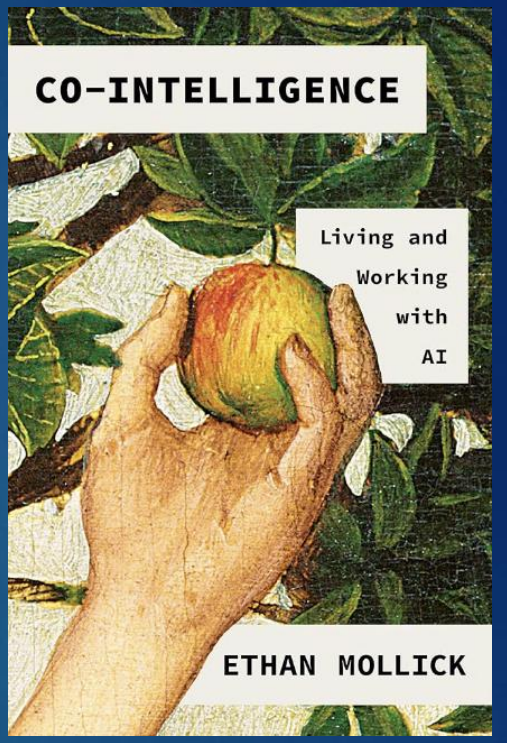
- Accuracy, Sycophancy, Trustworthiness: ***Not perfect, but markedly improved***
- Biases: ***A concern, but probably not worse than human bias***
- Black Box Issues: ***Explainability seems relatively unimportant***
- Privacy and Security Issues: ***Growing concern***
- Mis- and Disinformation: ***Probably the biggest threat in healthcare***

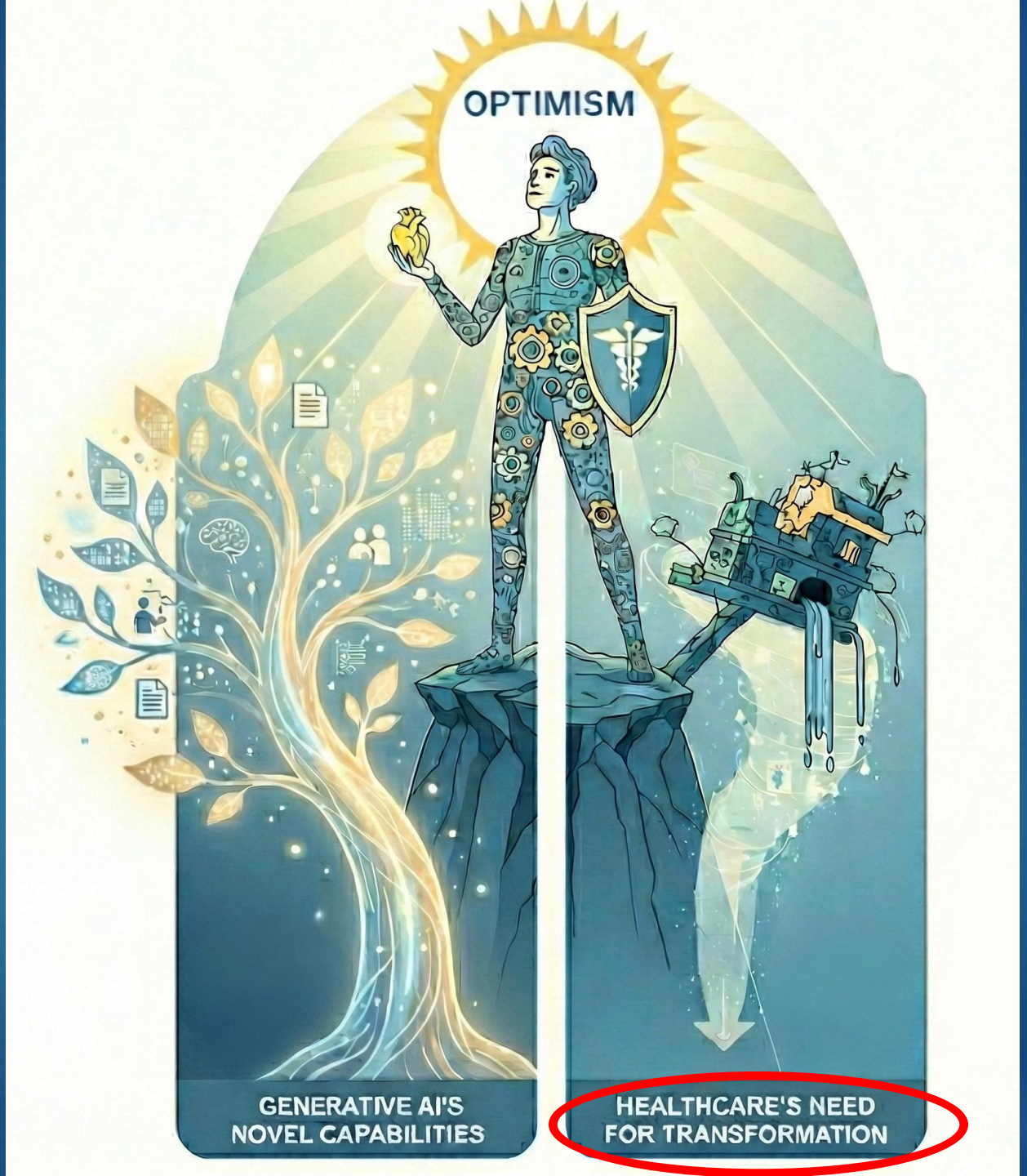

Robert M. Wachter, MD
Hospital Medicine

Ethan Mollick's Rule



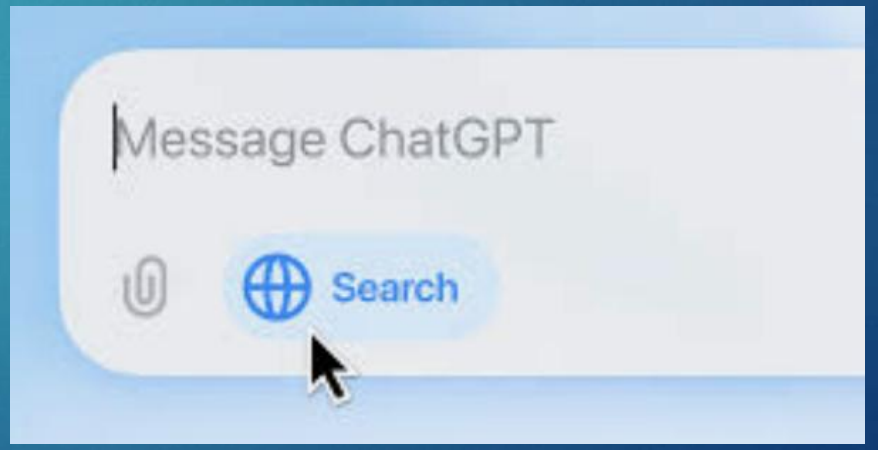
Assume that the AI you're using today is the worst AI you'll ever use




OPTIMISM
GENERATIVE AI'S
NOVEL CAPABILITIES
HEALTHCARE'S NEED
FOR TRANSFORMATION

Other Industries Didn't *Need* AI to Rescue Them…

- No one *needed* a better search tool than Google



…But Healthcare *Needs* AI

JAMIA Open, 2024, **7(2)**, ooae039
https://doi.org/10.1093/jamiaopen/ooae039
Research and Applications

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OXFORD

Research and Applications

Call me Dr Ishmael: trends in electronic health record notes available at emergency department visits and adr

Brian W. Patterson, MD, MPH[1,2,3,*], Daniel J. Hekman, MS[1], Frank J. Liao,
Azita G. Hamedani, MD, MBA[1], Manish N. Shah, MD, MPH[1,4,5], Majid Afshar, MD,

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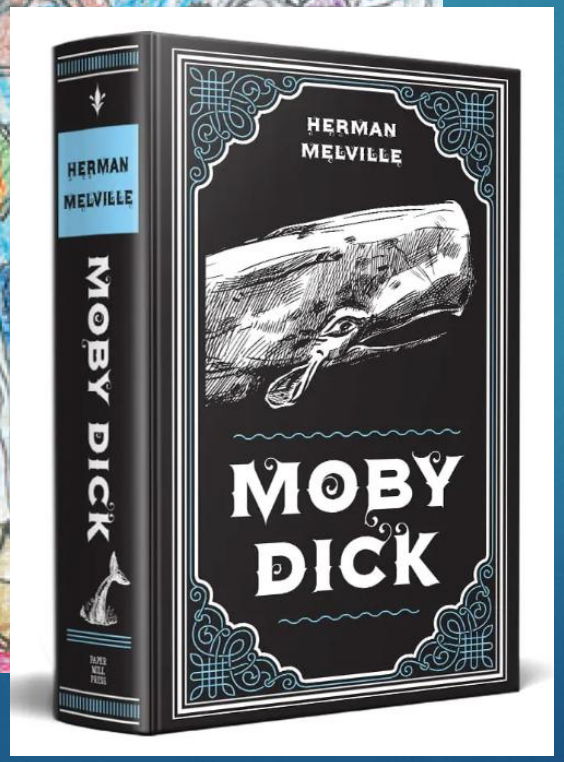


~8,000 medical articles per day

JAMA, 2012

The New York Times
November 15, 2025

Waymo Was Thriving in San Francisco. Then One of Its Driverless Cars Killed a Cat.

The self-driving taxis have become ubiquitous in the city, but an uproar ensued when one ran over a beloved feline.

Healthcare AI in 2026: From Novelty to Normalcy

Nano Banana PRO

Today at UCSF:

- Every clinician has access to an AI scribe, and tools for chart summarization and discharge summary drafting
  - Highly popular, modest time savings, good but not perfect accuracy
- Back-office AI moving quickly: billing and revenue cycle, prior auths, patient communications, population health
- Clinical decision-support: starting slowly (and organically) but gaining momentum

Reducing Paperwork is Nice, But It's a Single, Not a Home Run…

OpenEvidence

Share | New Conversation

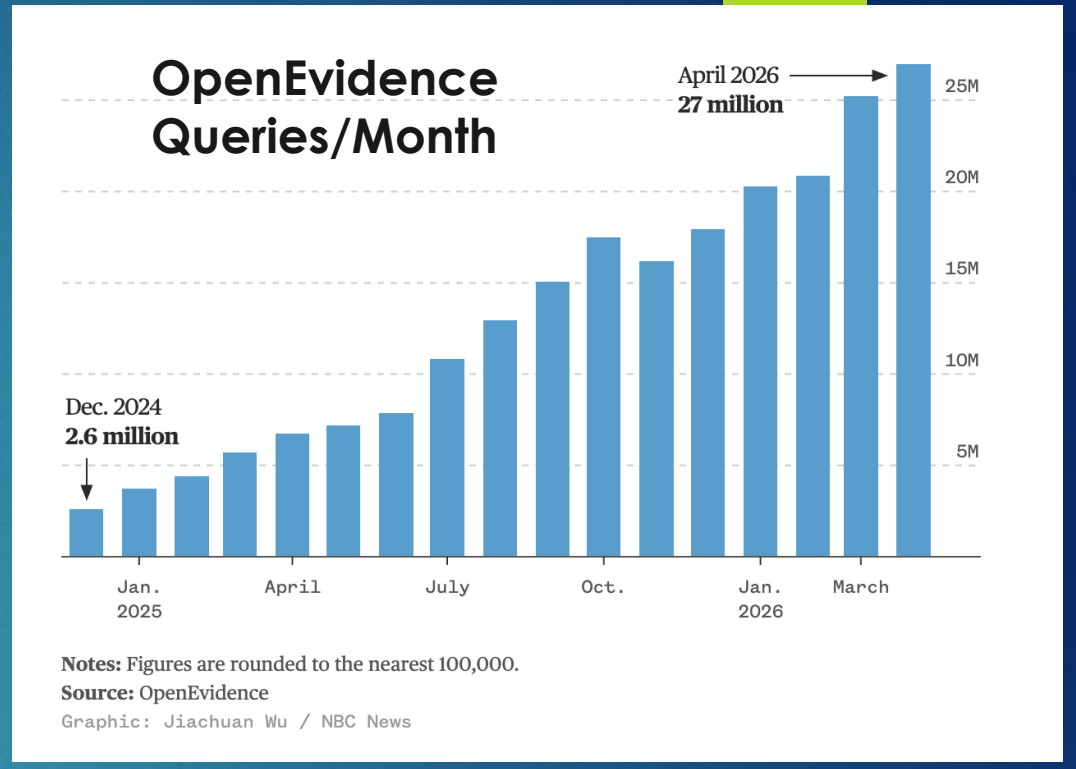
I have a young healthy woman who presents with 2 months of abdominal distension, 30 pound weight loss, and progressive dyspnea. Can you give me a differential diagnosis and a short list of questions I should ask her.

Expanded question: I have a young healthy woman who presents with 2 months of abdominal distension, *30-po…*

Most Likely Diagnoses:

1. **Ovarian cancer**: Given the patient's abdominal distension, significant weight loss, and progressive dyspnea, ovarian cancer is a strong consideration. Ovarian cancer often presents with nonspecific symptoms such as abdominal bloating and weight loss, and advanced-stage disease can cause ascites and dyspnea. JAMA
2. **Liver disease (e.g., cirrhosis)**: Cirrhosis can lead to ascites, weight loss, and dyspnea due to portal hypertension and fluid accumulation. The American Association for the Study of Liver Diseases notes that decompensated cirrhosis presents with ascites and other complications. Hepatology
3. **Gastrointestinal malignancy**: GI malignancies can present with weight loss, abdominal distension, and other nonspecific symptoms. Pediatric studies have shown that GI malignancies often present with abdominal pain and weight loss. Pediatric Gastr…

Ask a follow-up question…



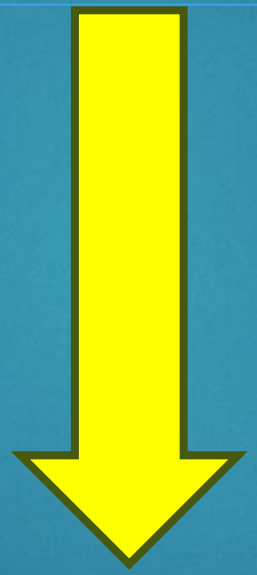
Pro | Org Charts | Deep Research

'ChatGPT for Doctors' Startup Doubles Valuation to $12 Billion as Revenue Surges

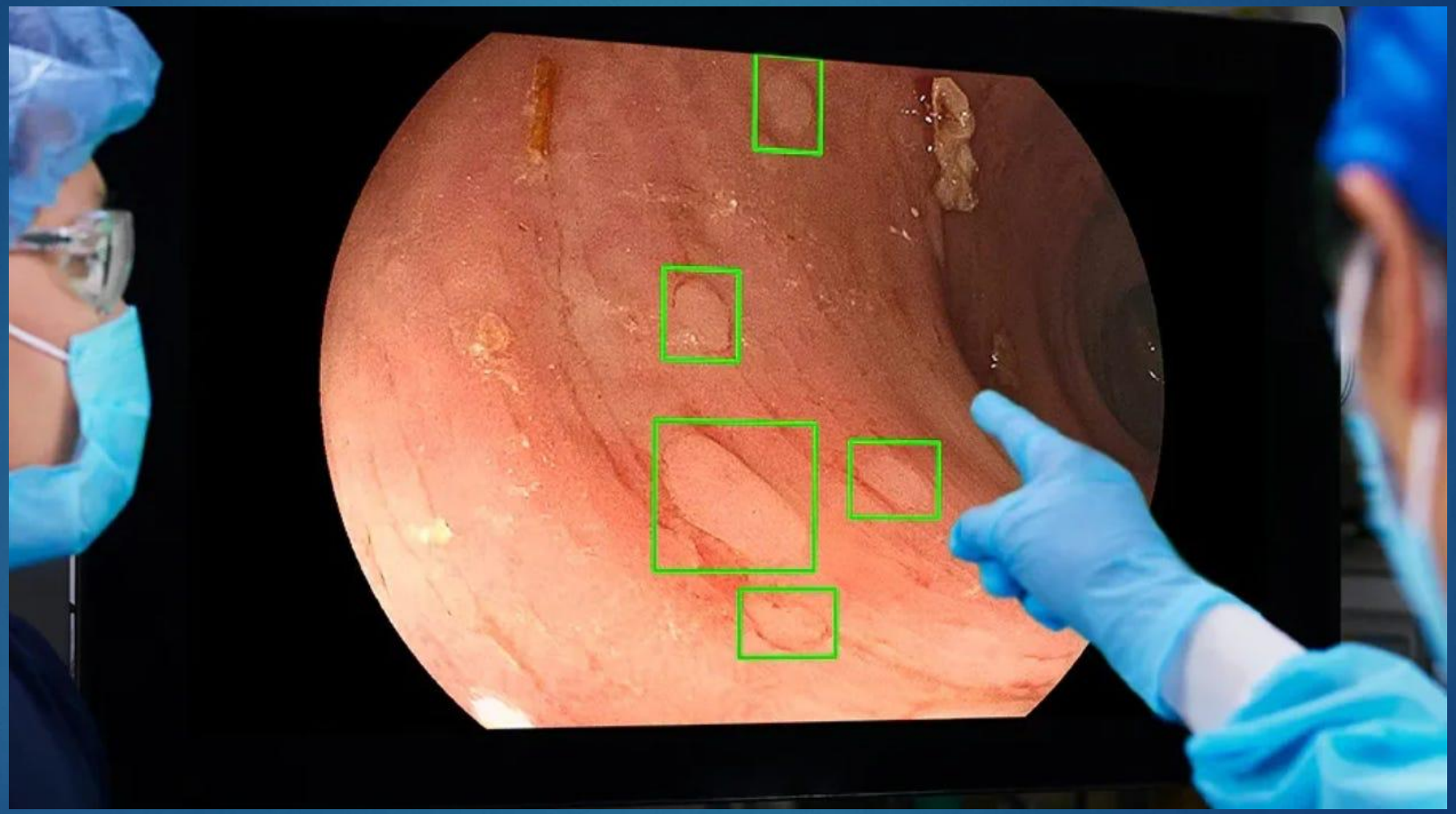
By Stephanie Palazzolo

Dec 12, 2025

The "Human in the Loop"

AI Correct ~Half the Time	AI Correct 70-99.9% of the Time	AI Correct 100% of the Time
		
AI is Useless and Won't be Employed	Humans Will Be Tasked with Being Safety Bulwarks *(and it's not our strength)*	AI Will Be Enthusiastically Employed *(and humans will ultimately be taken out of the loop)*

AI Deskilling Comes to Medicine



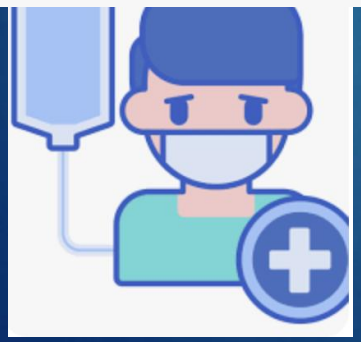
Budyzn K, et al. Endoscopic deskilling after exposure to AI in colonoscopy… *Lancet GI and Hepatology*, 2025

Which Human is in the Loop Matters

Patient (Novice)

- Unclear which inputs are important
- ret

Med Student



nature medicine

Article

https://doi.org/10.1038/s41591-025-04074-y

Reliability of LLMs as medical assistants for the general public: a randomized preregistered study

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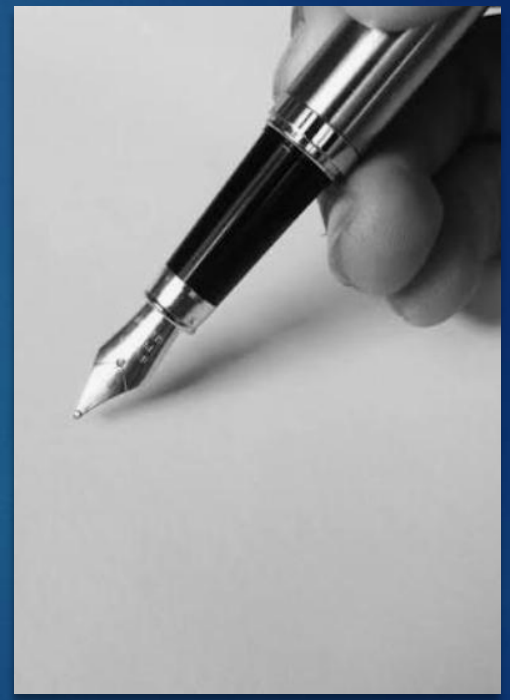
What's Happened Since I Put Down My Pen?

- "Oh, you mean tokens *aren't* free?"
- Data centers: the public manifestation of AI antipathy
- Studies show that healthcare AI raises costs (largely via upcoding)
- The rise of "Dr. AI" and the Utah-Doctronic experiment
- More "we're an Epic first shop"-shops
  - But turmoil in Verona and the FTC's new antitrust investigation
- Claude Code and the growing use of agents
  - More hacking concerns: the Australian gym waiting list
- Better patient-facing tools: GPT Health, AMIE, etc



A Few Thoughts on Policy (I)

- Start from the right premise: the status quo (cost, access, burnout, error) is unsustainable – inaction has its own risks
- Regulate by risk, not by technology: the question isn't "is it AI?" but "who's accountable, and what happens when it's wrong?"
- Health systems have aligned incentives – they own the liability and the outcomes. Regulate the gaps, not the practice
  - Consider privacy and security, financial conflicts and vendor transparency, baseline governance standards
- Direct-to-Consumer AI is where the real risk lives – no clinician, no accountability, no oversight. Consumer protection is yours

A Few Thoughts on Policy (II)

- Clarify the malpractice question: what's the standard of care when AI is used – or not used? Someone will need to decide this
- Revisit scope of practice: new team models (AI + clinician) may not fit old licensure boxes
- Use payment as a lever: Medicaid can enable innovation or kybosh it
- On jobs: most healthcare job growth is in administrative roles, not clinical. Protecting these jobs by statute means protecting staggering cost inflation
- Coordinate across states and mind federal preemption – a patchwork helps no one, and a rule that gets swept away helps less

“I think the risk of not going fast enough is far greater at this point than the risk of going too fast.”

Gianrico Farrugia, Mayo Clinic CEO