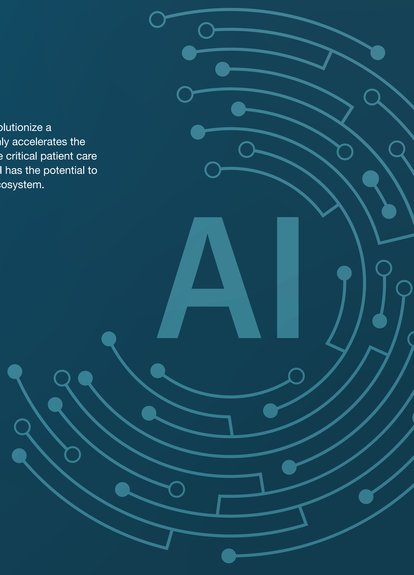
Clinical data abstractors are excited about AI, but most lack access to technology

Carta Healthcare's November 2024 survey reveals that clinical data abstractors are optimistic about AI's ability to save time, reduce costs, and lessen administrative burdens. While a majority see automation as a solution to their labor-intensive roles, many still express concern that AI, without proper human oversight, could compromise data quality. This third round of national survey findings underscores the need for innovation that balances efficiency with the careful scrutiny essential to maintaining high-quality clinical data.

MOST ABSTRACTORS ARE EXCITED ABOUT AI

Clinical data abstractors are excited about AI primarily because it promises to revolutionize a traditionally manual and time-consuming process. This increased efficiency not only accelerates the abstraction process, but also frees up valuable time for clinicians to focus on more critical patient care activities. Many abstractors believe that, when combined with human oversight, AI has the potential to improve data quality and reliability, ultimately enhancing the broader healthcare ecosystem.

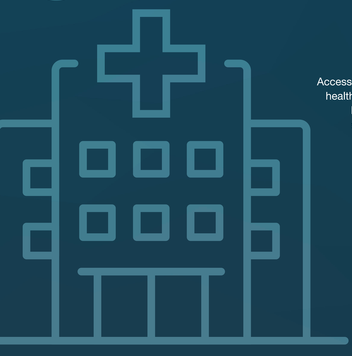


85%
of respondents **agree** that automation would **save time, effort, and costs.**

83%
of respondents **agree** that AI would **reduce** clinicians' administrative workload.

75%
of respondents **believe** it would **speed up the abstraction process.**

50%
of respondents **agree** that it would **improve data quality.**



ACCESS OBSTACLES REMAIN

Access to AI tools for data abstractors is hindered by several factors. Respondents reported that their health system employers do not provide AI solutions to automate the data abstraction process. This lack of availability contributes to difficulty accessing these innovative tools. Furthermore, many abstractors express concerns over the quality of AI-generated data and the absence of human oversight, making them apprehensive about fully embracing AI technology.

61% of respondents reported that their health system employer does not offer such solutions.

53% of abstractors agree they would like their health system employer to adopt such tools—only 7% were opposed.

ACCEPTANCE OF AI IN DATA ABSTRACTION

A notable number of respondents are optimistic or positive about using AI, indicating that most are open to its potential impact. Although there is enthusiasm for AI integration, a significant portion of respondents feel that AI cannot yet completely replace the need for human expertise.

61%
of respondents **stated that AI could not yet fully replace a human in their role.** Concerns persist regarding AI data quality and reduced human oversight.

69%
of respondents reported concern about the quality of AI-generated data, and just as many said they were **worried about the lack of human oversight in the process.**

54%
of respondents reported being very optimistic of somewhat positive about using AI—28% were neutral, and only 15% reported negative sentiments.

> *Hospital quality measures are a vital component of a learning health system, yet they can be costly to report, statistically underpowered, and inconsistent due to poor interrater reliability. Large language models (LLMs) have recently demonstrated impressive performance on health care-related tasks and offer a promising way to provide accurate abstraction of complete charts at scale...Ultimately,* ***the evolution of quality metrics through the adoption of interoperability standards and artificial intelligence offers a promising avenue to alleviate the workload associated with manual chart reviews, thereby reallocating precious time to health care quality initiatives.***

NEJM AI | Published October 21, 2024
Large Language Models for More Efficient Reporting of Hospital Quality Measures

www.carta.healthcare

Footnotes: In November 2024, a national online survey was conducted by Reaction Data, a market research firm focused on the healthcare information technology industry. Relevant respondents opted-in to an online survey, based on their role and subject matter expertise. If a potential respondent did not match the appropriate criteria, respondents opted-out. As such, only qualified responses to the survey were received.

CARTA HEALTHCARE