Interview with Patricia Herman, Co-Director, RAND Research Across Complementary and Integrative Health Institutions (REACH) Center, July 18, 2025

**What kind of work do you do?**

We are not a research center. We are a center to provide research infrastructure to small universities and health practitioners. Those schools are not big enough, lack critical mass to support a research department themselves. So if these types of practitioners are going to ask and answer questions for their professionals they need some support. So we bring this center to bring them together and work collaboratively. There are some methods involved, because trying to help them get to their questions. Of course they always want to go to clinical trials and we urge them to do what can they answer now. surveys, qualitative interviews, case reports, systematic reviews are all things we have been trying to introduce them to that could be done on a shoe string.

I am the PI of the center but that makes me be in charge of the infrastructure, not the studies. Within my pi hat for this center I am not doing research. It is only being used to build infrastructure. Training, supporting and building…

**Who is funding this?**

The national center for complementary and integrative health. NIH center that is apparently being dismantled. Our proposal got us a U24 and every year they re-assess. And year two ends July 31st so we will know in the next few weeks whether we will get our next year end.

Small group of members held an ai forum to talk about techniques. Two areas, doing case reports and the other being doing systematic reviews. Some people believe there is a way to automate systematic reviews. It can be very subjective at times so might be some argument a little more automated and clarified but it depends on how those are programmed. Do we program in the bias some way or another.

We wrap RAND researchers into the projects. Several rand researchers acting as mentors, getting them involved. We had some rand proposals associated with the center where we bring in members to work on the team so they learn how to do what we do in the project. It is not RAND centered. There are sometimes RAND resarchers involved.

We have some really fun things, idea incubators. I call them happy hours. People can get on at a time and anyone who has an idea to talk through or get input and find others interested they bring them to an idea incubator and we end up with lively discussions. And ppl say just sit in on a few of those. When early we showed to peter hussey and he said.

**Tell me about the steps involved in a systematic review?**

First come up with your question, what do you want to know? A systematic review I did was because I do economic evaluations, I wanted to go and look, what are the economic impacts studied about complementary health approaches. And so, I then set up a search criteria, and often working with a reference librarian, look in these databases and you can name ten or twelve databases, pub-med and so on, and choose the databases you will search and you apply the search strategy and identify articles to get, you get rid of duplicates and do a title and abstract search, will this meet a criteria, get it down to a certain number of papers where do a full text review. You need to winnow down the number of papers because of manpower constraint and to make sure you are focusing on the specific research question. Then you go through, usually, develop an extract form, that is a process that comes out of the research question and determine that … we need author, name, date, title, year it was published. Then you go through and capture what you are looking for. I was looking for what type of economic intervention, how many treatment arms, whether it was a cost utility analysis, cost analysis, and what the results were. Then summarize that information. Another step, for effectiveness trials, whether this approach has a clinically significant impact then do a grade analysis. How sure you are on the outcomes? Are you looking across… high grade of quality, high level recommendation. Or if it is heterogenous, well done studies, poorly done… you doo analysis of the quality of research. It has this impact but only moderate quality study.

**What is the most challenging part of doing a systematic review?**

Reading hundreds of studies. I know the value of systematic reviews but I hate them. They are really good to train new researchers because they have to read all the studies so they get idea how study is put together and have to interpret what is in there. If heading toward AI… where you you have the model do the analysis, then that is negative impact on training. And people write pretty weirdly, sometimes what you are looking for is not the in the results section but it is in the discussion section. So you have to know what to look for (and maybe the LLM models cannot do this well).

**Other risks?**

All kinds of human decisions that have to be made. I have found the weirdest ways… if reporting requirements…

**Tell me about conducting Surveys? What aspect is most challenging?**

Pieces (of this research process) seem evenly weighted in effort. You design the survey instrument, you could put together a number of survey questions from previously validated efforts/scales. And that makes it very simple to put together. But sometimes you have to ask about something that does not have validated questions or scales. In that case you need cognitive interviewing where you ask the questions to a few people to make sure it is asked the way it is intended.

Then you find the population to do the survey and that could be easy if it is a curated panel and you just hand them a survey. So that makes it simple. Also may want to survey people in a waiting rooms in community health center. Survey research group at RAND, they have ways to find homeless people. Also the survey you put out, couple hundred people with regular headaches.

Then you get the data and analyze it but analyzing it is pretty straight forward. If open ended then some qualitative analysis but otherwise it is pretty standard using statistical techniques.

**We have heard that a LLM could be fed a number of survey questions and this could help design future survey instruments, thoughts?**

If looking for individual items it is close to garbage. If asking question like how did you sleep last night. You can aska question about sleep, but it makes a difference if asking about sleep after you ask about a participant’s backpain or if you ask if they are living a healthy life style. So that impacts how people will answer a question about sleep. The order of the questions really matters, the framing, the context.

Can’t have the model write the survey.

**What about using the LLM model as an Idea generator?**

There are sleep measures. A group of items that have been designed to work well together and capture different items of sleep and get validated. So you need the instrument as a whole. So could ask which measures out there have questions about sleep in them? There are back pain measures with sleep items in them, quality of life style measures with sleep questions in them. But once you extract the item out of the instrument there is no longer any validity.

**So there is still a need in this world for expertise?**

I wish… maybe there is a role for expertise in this world.

What are the parameters for how to use ai well, what are the dimensions wehre it is useful, where might get away from it and think about xyz and odnt’ do this.

Journalists are starting to ask if this was written by ai. I had someone demonstrate to me, using ai to write a case report. Look at this. But the model made up the references.

I do a lot of economic evaluations. I thought I was getting away from economics and it followed me. As soon as someone puts a dollar value then all reason goes out the window, that is the number. I see some of that happening with ai. It was so complicated and it took all of this into consideration so this must be correct rather than check on it. That is the kind of AI training that we are looking to get that for our members. Sure you can take your soap notes out of visits with a patient and have ai crank out a case report to publish. Does that do anything, not necessarily adding to the further ai.

How do you this sanely with the right guardrails, sanely. How do you do it in a way that takes advantage of benefits that ai offers without falling into the tra[s and provides a structure for how to use the tool that is not as quick and fast as others but with more credible.

I just don’t hear many people talking about responsible adoption without… have there been simulations done. It seems like it is one more tool to conquer rather than be conquer by. Maybe conqour is not the word but to understand and take charge.

**How should rand approach AI?**

I imagine some sort of simulation could be telling. If you apply AI to a general data set rather than making specific requirements of those datasets, it would be a good situation. How much of a difference does it make. How you decide to apply it. It seems like there is not an obligation to let it go willy nilly over something. There are some parameters. Not using it myself but to think through what are the important guardrails. I know we have the brains to do it, ppl doing the simulations modeling might be good.