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Review of Adoption of artificial intelligence in healthcare: survey of health system priorities, successes, and challenges, by Eric G. Poon et al.

This survey highlights the difference between the excitement surrounding artificial intelligence and the uneven reality of its use in health systems. The clearest example is Ambient Notes. Every health system that responded to the survey reported working on or using this tool, and more than half said they were experiencing strong success. This level of consistency is rare, and it shows how much pressure there is to address documentation burden. For years, clinicians have struggled with the amount of time spent typing or clicking, and it is telling that the first widespread use of generative AI is aimed at cutting back this clerical work rather than at delivering new diagnostic insights or predictive breakthroughs.

Other areas of AI use do not look as promising. Radiology, often promoted as one of the most obvious use cases for AI, shows widespread deployment, but very few organizations describe it as highly successful. Risk stratification models, such as early detection of sepsis, are also disappointing. Despite years of marketing and pilot projects, only a minority of organizations report strong outcomes. These results suggest that the biggest issue is not that clinicians are unwilling to adopt AI, but that many of the tools are not yet reliable or accurate enough in real clinical environments. The survey backs this up by showing that the most common barriers are immature tools, financial concerns, and regulatory uncertainty. Lack of clinician buy-in was reported far less often.

The article calls for more rigorous evaluation and better governance models, and that recommendation makes sense. But I think another important point is the speed of adoption itself. Ambient Notes seems to have bypassed the usual slow path of new technology adoption, moving straight into broad use. On the one hand, this may reflect just how badly the tool is needed. On the other hand, it raises real risks. If health systems move too quickly, they may overlook problems related to affordability, fairness, or workforce impact. Once a tool is widely used, it can be very difficult to step back and correct mistakes.

What emerges from this survey is a picture of health systems that are eager but uneven in their progress. Leaders clearly want to use AI to reduce burnout, improve efficiency, and improve safety. But the actual success stories are limited, and the barriers remain significant. For now, it seems that AI in healthcare is not being slowed down by unwilling people, but by the tools themselves and the structures that support them.

The lesson I take from this article is the importance of not confusing speed with progress. Just because adoption is spreading quickly does not mean the underlying technology is ready, or that it will achieve the long-term goals we set for it. Careful evaluation, shared learning, and a slower, more deliberate approach may be what is most needed if AI is going to deliver the results that many people are hoping for.