

AI in Primary Care: Perspectives from the CMPA

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Family Medicine Forum

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Winnipeg, MB



Faculty / presenter disclosure

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Mitigating Potential Bias:

The CMPA is a not-for-profit organization and this CPD activity has been developed without external support.

Objectives

- 1) Analyze the current landscape of AI-driven solutions in primary care
- 2) Use a framework to evaluate medicolegal risks when using AI applications
- 3) Describe strategies that could reduce medicolegal risk when using AI to support clinical care



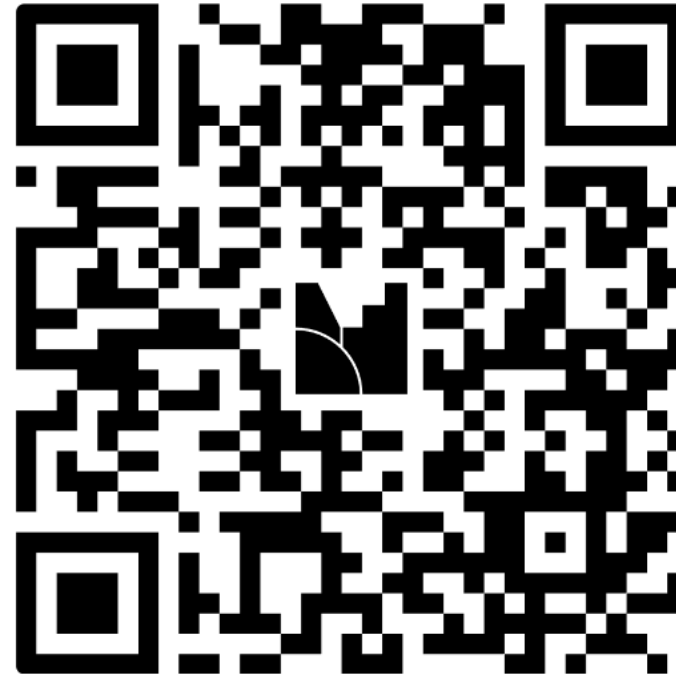
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Or use QR code



How familiar do you feel with AI in healthcare?

- not at all familiar
- A little familiar
- not sure
- Familiar
- very familiar/can't go back)

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How familiar do you feel with AI in healthcare?



Are you currently using any AI tools in your family medicine practice?

- Couldn't live without them
- Frequently
- Occasionally
- Seldom
- Haven't tried yet

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Generative AI



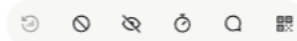
The greatest opportunity offered by AI tools in family medicine is.....

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The greatest opportunity offered by AI tools in family medicine is.....



“The greatest opportunity offered by AI... is the opportunity to restore the precious and time-honoured connection and trust between patients and doctors.”

Stephen G, Cuppage J. Healthy Debate 2025: AI in Healthcare



“The greatest opportunity offered by AI... is the opportunity to restore the precious and time-honoured connection and trust between patients and doctors.”

In this model, AI is not merely a tool for productivity but becomes a partner in fostering meaningful patient experiences.”

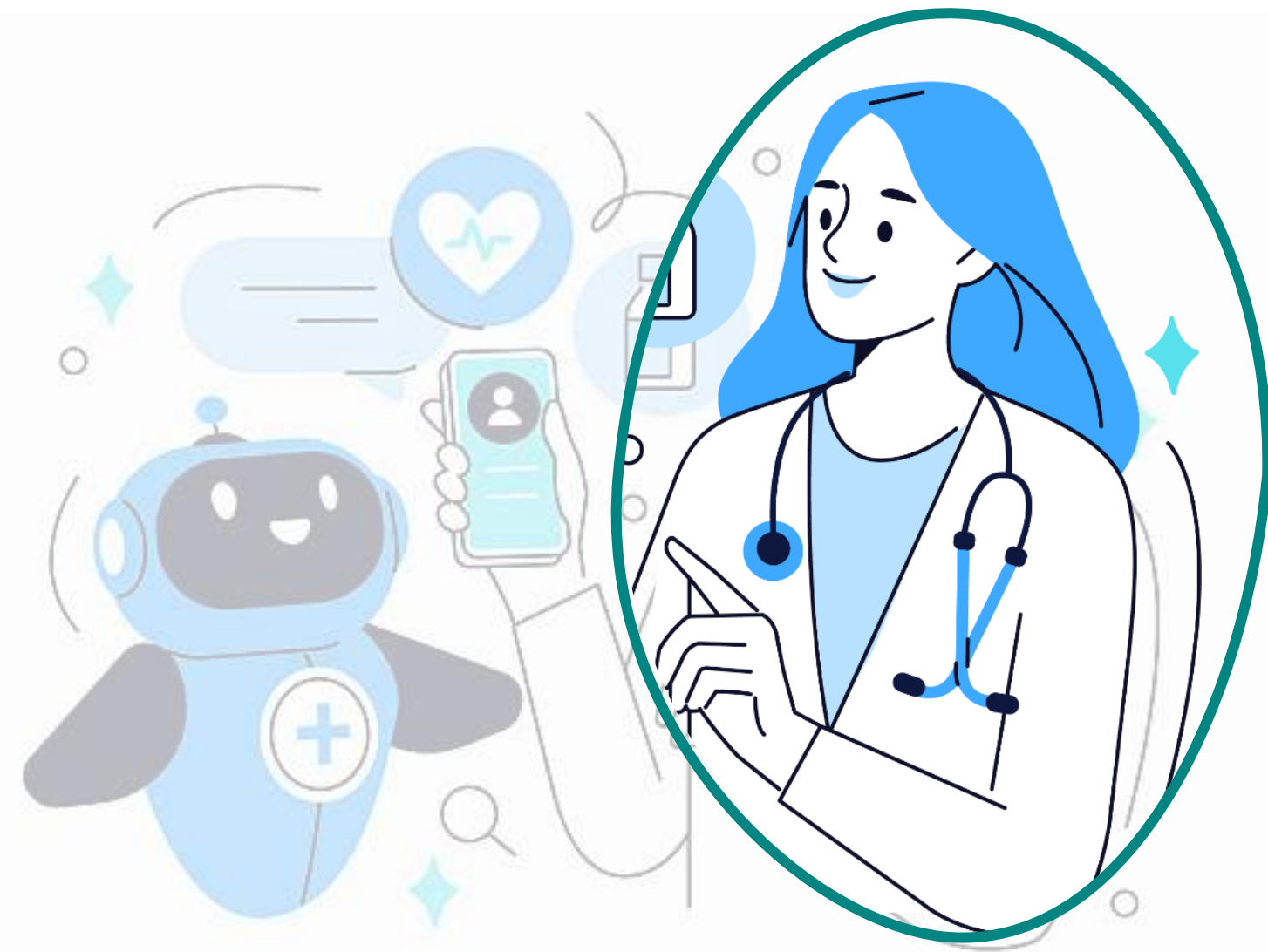
Stephen G, Cuppage J. Healthy Debate 2025: AI in Healthcare





“Black Box” of AI outputs



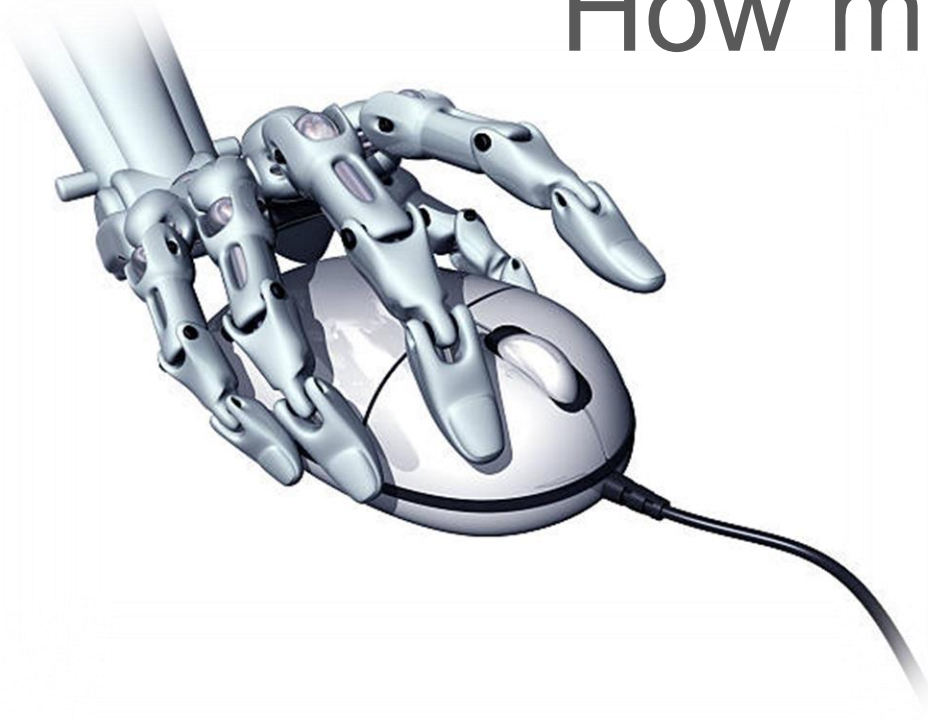


2025:

**Physician
accountability
for decisions
made using
AI tools**

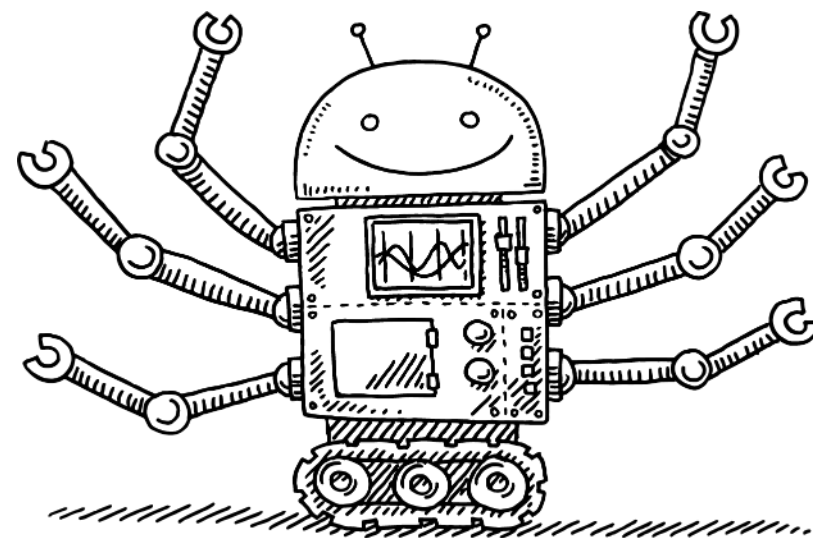
Assessing Risk

How much independence?
How much risk to patient?



Current Landscape: AI in Primary Care

- 1) AI scribes
- 2) Diagnostic decision support
- 3) Office task support



On average,
respondents spend more than an
extra working day

**10 HOURS
PER WEEK**

on administrative tasks

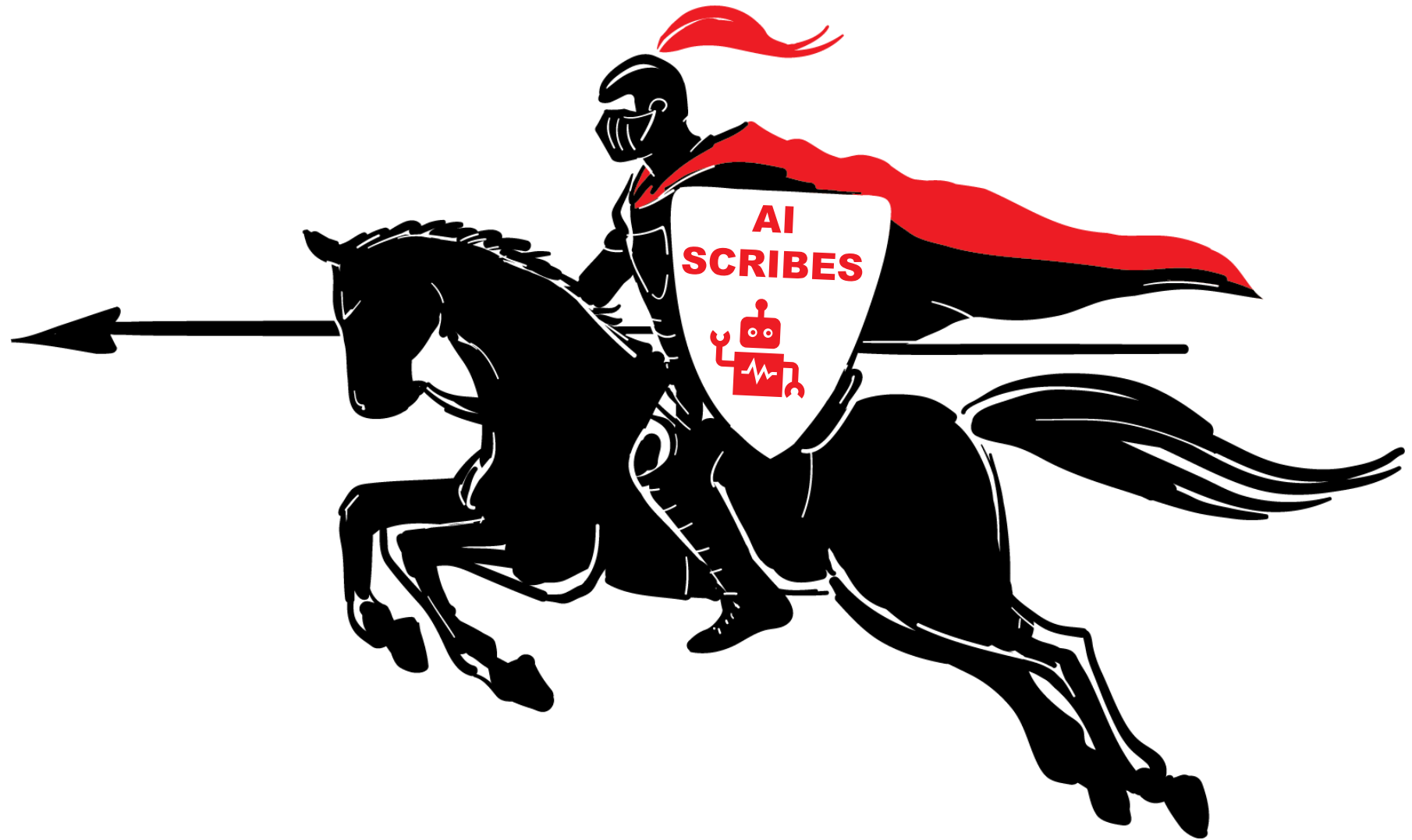
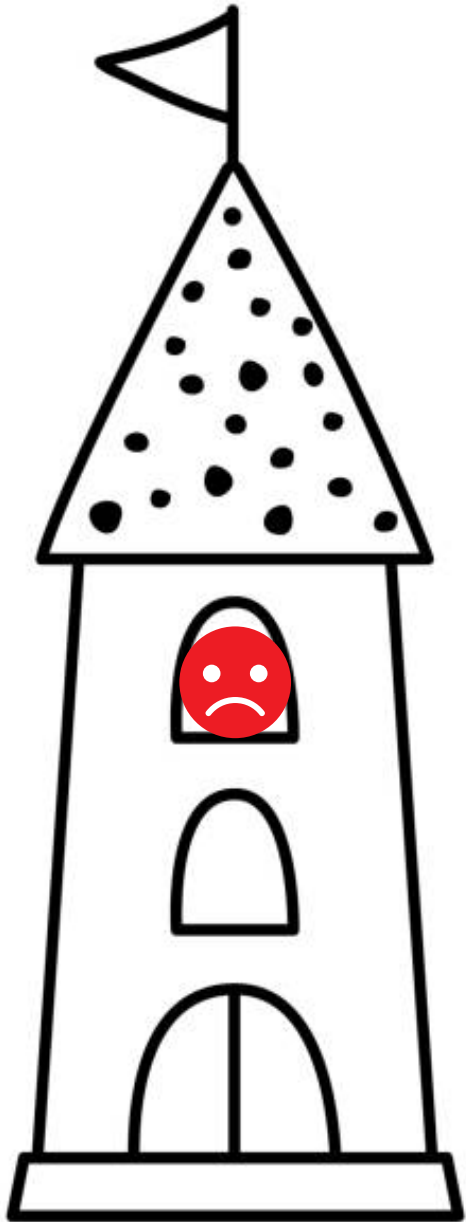


General practitioners are significantly
more likely (61%) to say the time they spend on
Electronic Medical Records (EMR) at home is

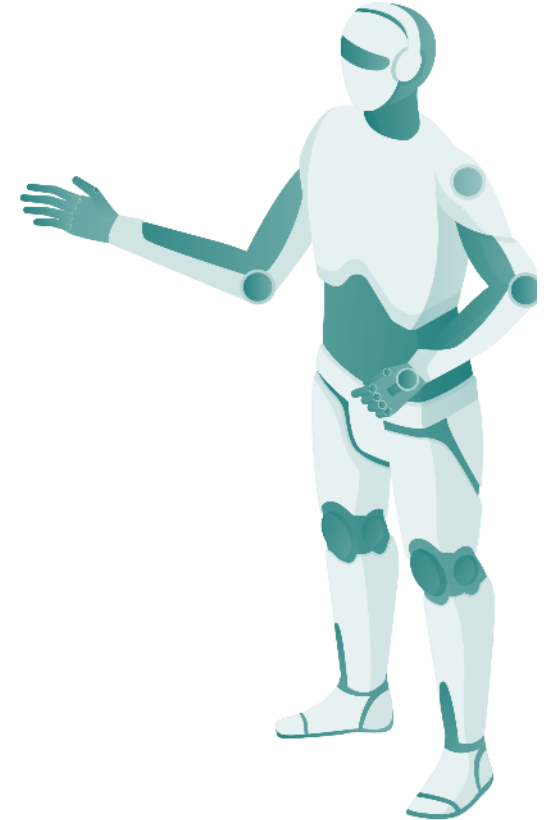
**“EXCESSIVE”
OR “MODERATELY HIGH”**

compared to their specialist colleagues (39%).





Up to 1/4 Canadian MDs in 2025





Catalyst

| Innovations in Care Delivery

COMMENTARY

Ambient Artificial Intelligence Scribes to Alleviate the Burden of Clinical Documentation

Aaron A. Tierney, PhD, Gregg Gayre, MD, Brian Hoberman, MD, MBA, Britt Mattern, MBA, Manuel Balleca, MD, Patricia Kipnis, PhD, Vincent Liu, MD, MS, Kristine Lee, MD

Vol. 5 No. 3 | March 2024

DOI: 10.1056/CAT.23.0404

**20 initial
champions**

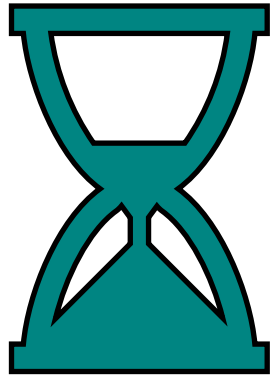


**200 system
champions**

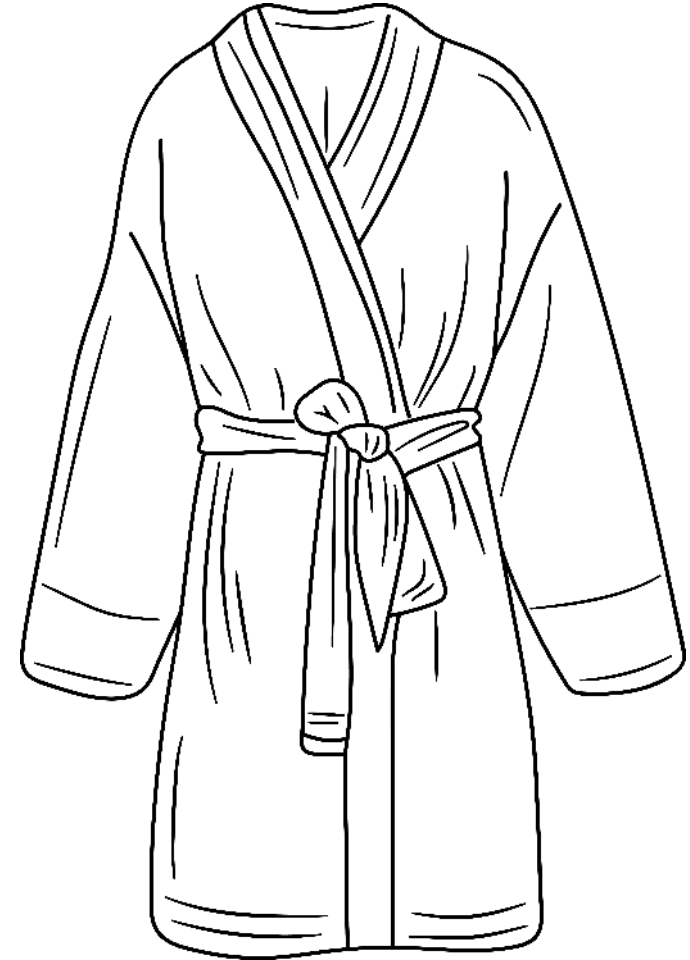
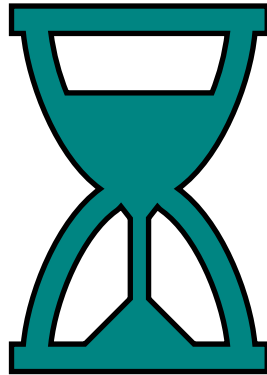
3,442

10,000

Outcome: Decreased time in charting AND high quality notes



AI scribe



“prostate exam
normal...”

“...hand, foot and
mouth disease”

Follow-up May 2025:

NEJM

Catalyst

Innovations in Care Delivery

COMMENTARY

Ambient Artificial Intelligence Scribes: Learnings after 1 Year and over 2.5 Million Uses

Aaron A. Tierney, PhD, Gregg Gayre, MD, Brian Hoberman, MD, MBA, Britt Mattern, Manuel Balleca, MD, Sarah B. Wilson Hannay, MD, MEd, Kate Castilla, Cindy S. Lau, MD, Patricia Kipnis, PhD, Vincent Liu, MD, MS, Kristine Lee, MD

Vol. 6 No. 5 | May 2025

DOI: 10.1056/CAT.25.0040

“Linear increase in usage”

Main MD user groups:

Mental Health (50% patient visits)

Emergency Medicine (36%)

Primary Care (34%)

“

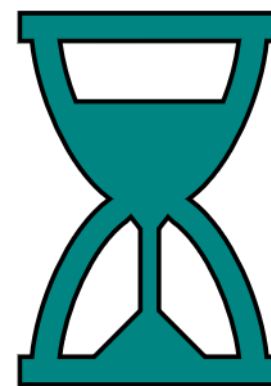
The highest adoption rates occurred in departments that typically suffer from the highest levels of documentation burden and burnout.”

“Dose-response effect”

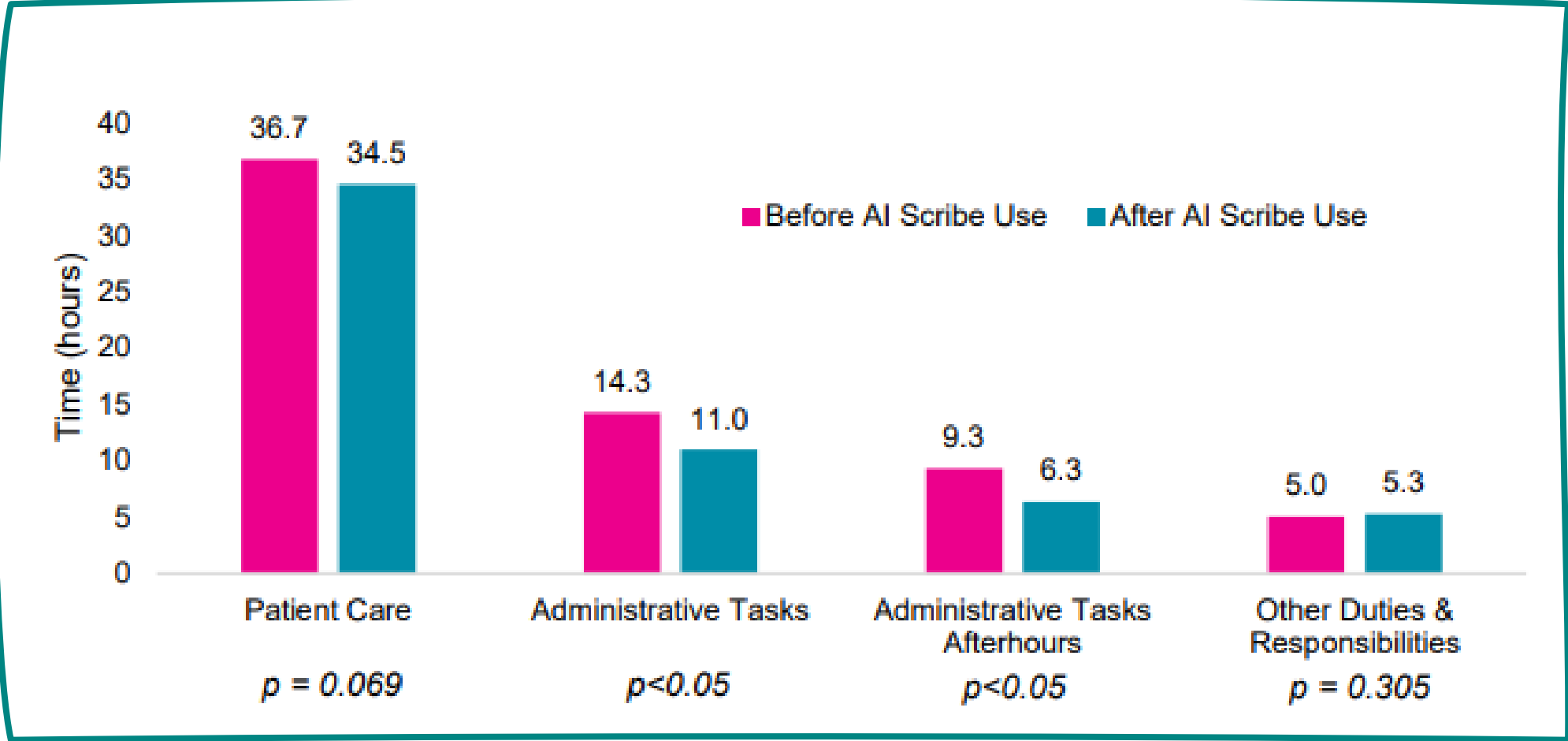
Time savings persisted for AI scribe users

Highest users saw the most benefit
(time savings)

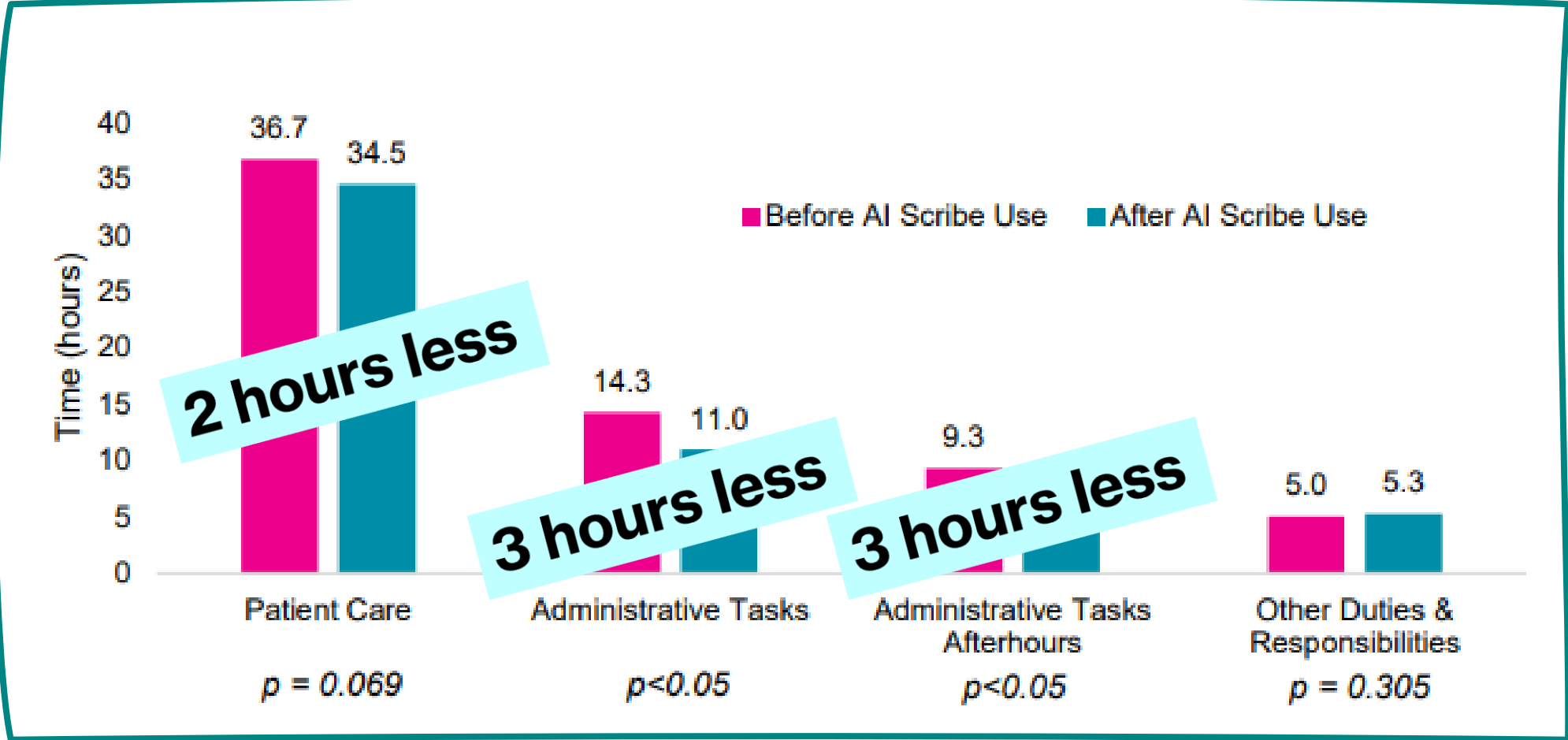
84% users felt AI scribes
had positive impact on visit



2024 Ontario PCP pilot (n=154)



2024 Ontario PCP pilot (n=154)



2025 BC pilot (n=32)



Patient Experience

78%

of patients indicated that their doctor was able to pay more attention to them during their visit.

73%

of patients indicated that their doctor was able to spend less time on their computer during their visit.

98%

of patients surveyed agreed they felt comfortable with their doctor using AI scribe during their visit.

Accuracy across scribing tools



93% chart summaries contained errors

Omissions >> inaccuracies > hallucinations

Watch for... omitted psychosocial details, medications and plausible sounding inserted diagnoses or treatments.

Draper et al, BMJ Digital Health & AI Sept 2025

JAMA Network Open Feb 2025



“I legitimately think that this technology, once optimized, is the **biggest advancement** for outpatient primary care providers **in decades.**”

Duggan et al, JAMA Netw Open Feb 19, 2025

Challenges



“the **amount of time spent checking and correcting** the generated text is equal to or exceeds the charting burden experienced without... and has **greater potential for charting errors.**”

“it tries to paraphrase the conversation, and often does it in a way that utilizes layman’s terms rather than medical terms; and **often incorrectly documents** what was discussed.”

Duggan et al, JAMA Netw Open Feb 19, 2025



Risk to patient

Sorting test results

**Clinical
workflow**

“Wellness” apps

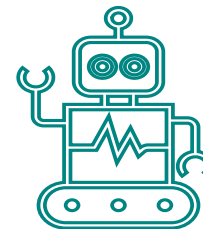
**Mental health
chatbots**

**Robot assisted
surgery**

**Automated analysis of
medical images**

**Providing recommendations to
healthcare professionals**

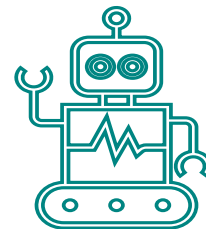
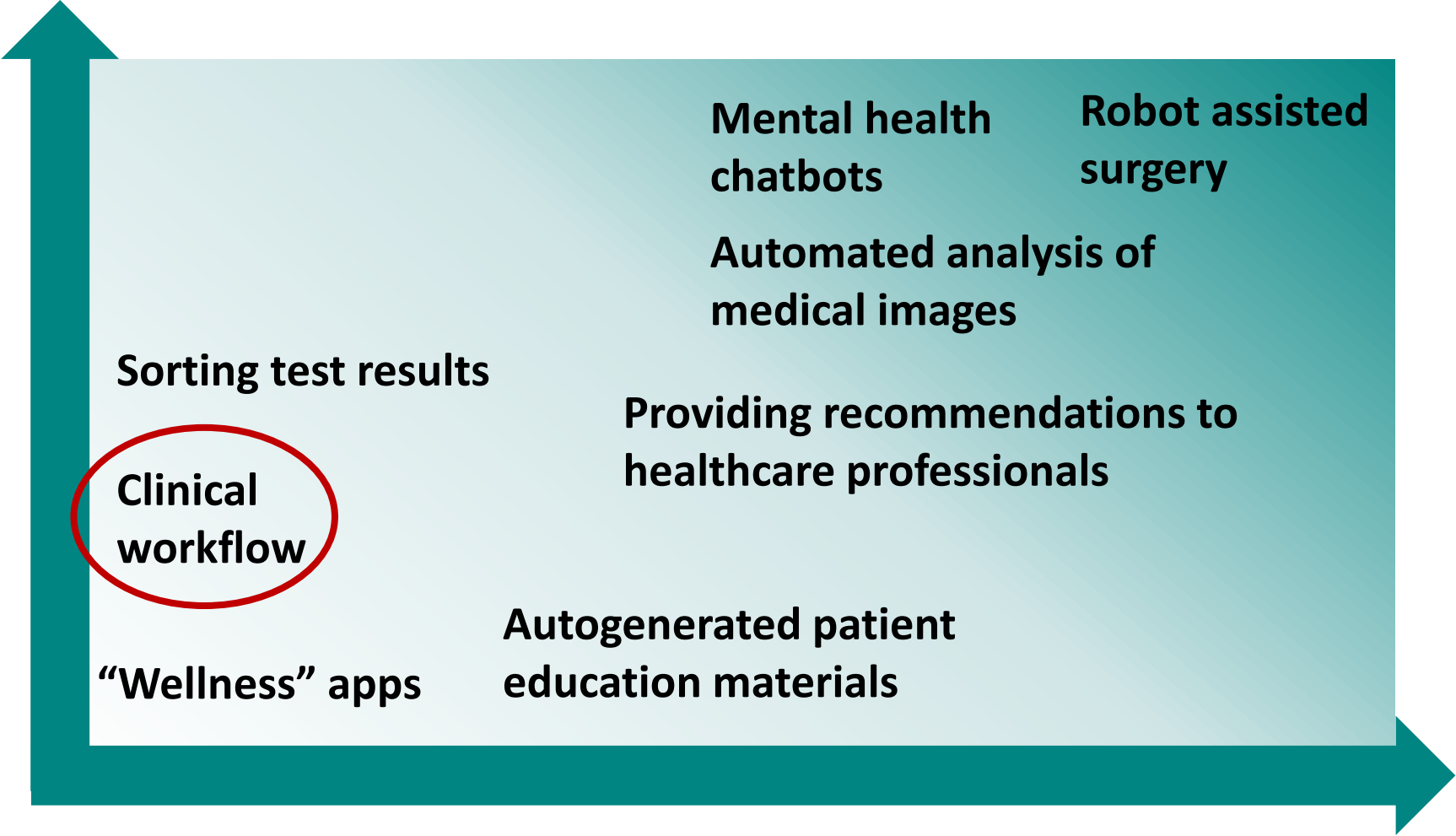
**Autogenerated patient
education materials**



Degree of autonomy



Risk to patient



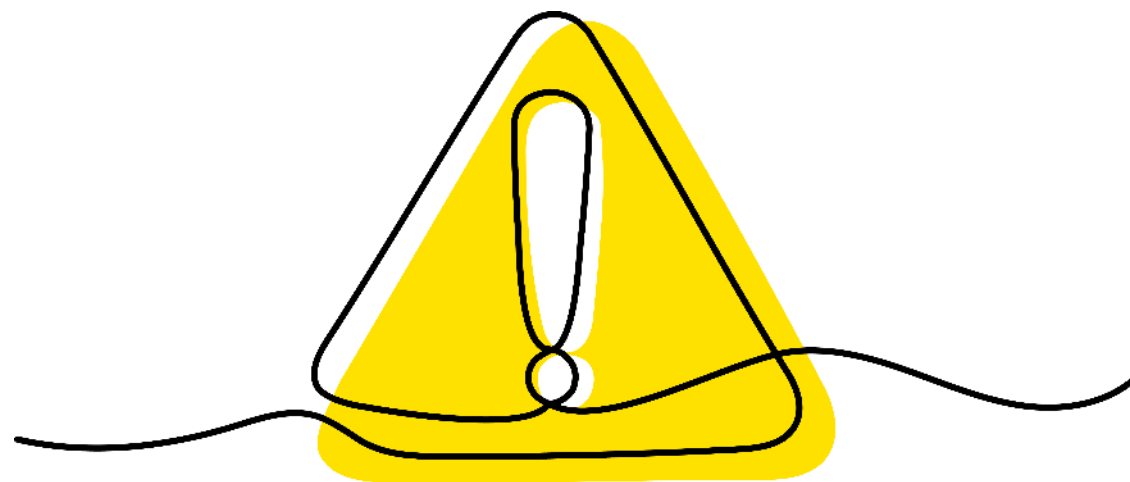
Degree of autonomy

Risk Management: Issues to consider

Privacy concerns
(*where is the data?*)

Patient consent

Accuracy
(*hallucinations*)



Privacy: Check College guidelines and Provincial Medical Associations



AI Scribes in your practice: ensuring patient privacy

[Back to Messenger](#)

September Messenger 2025 | Posted September 11, 2025



Consent process for AI scribes: College guidelines + provincial medical associations



OMD Patient Consent Toolkit

In Ontario, obtaining valid consent from patients before primary care physicians use AI scribe technology is important in order to uphold key privacy principles, and maintain patient trust. OMD has developed a tool to support physicians with this process. The OMD Patient Consent Toolkit provides:

- A sample written consent form that can be used by clinics to provide to patients before AI scribe is used
- A script doctors can use prior to the AI scribe tool being turned on
- Additional material that can be added to clinic policies regarding the use of AI scribe

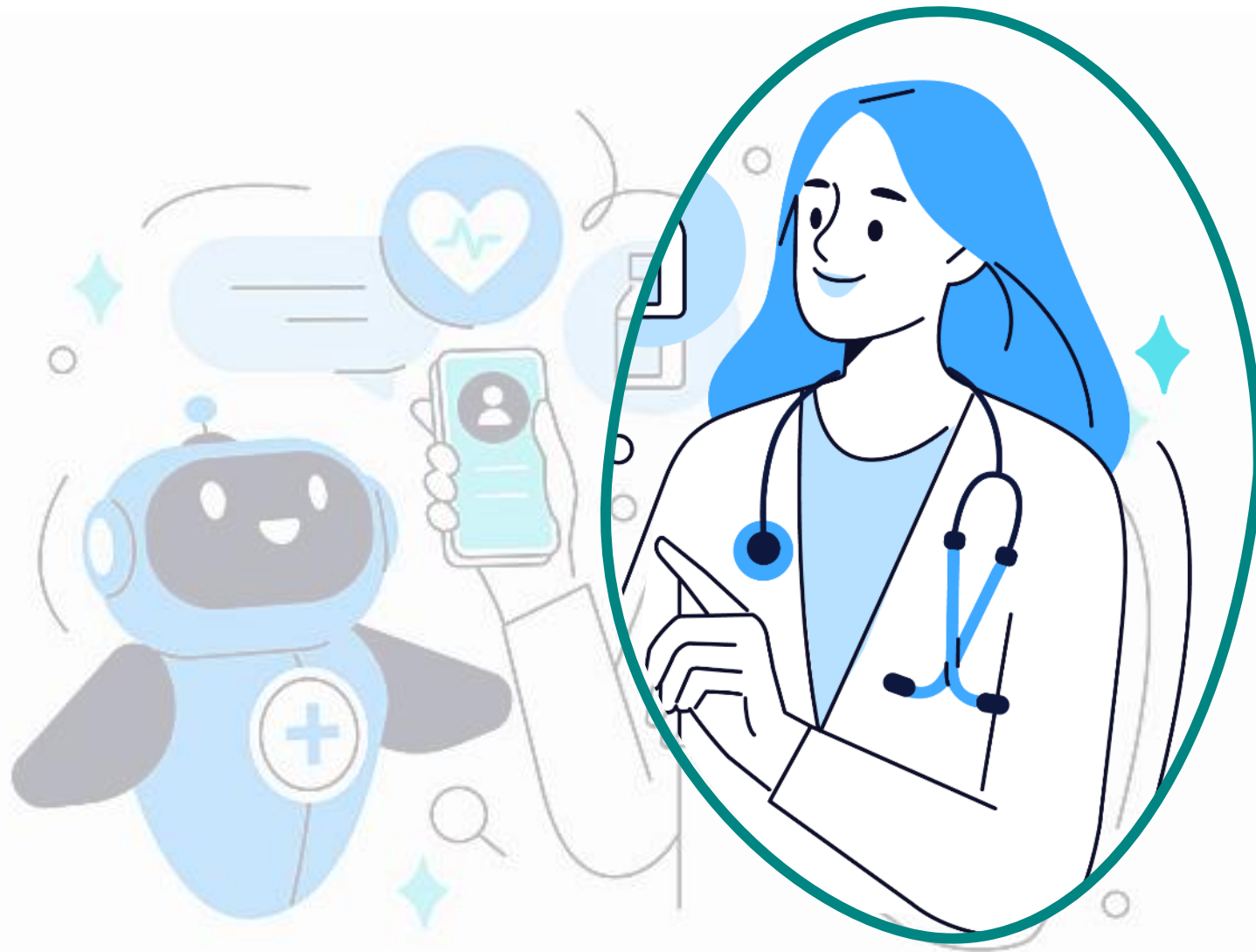
[Download the OMD Patient Consent Toolkit](#)

doctors
of bc

Consent process

Doctors of BC

- [AI Scribe Consent Form Template](#) (Word doc, check your Downloads folder): Patient consent template for practice customization and use.
- AI Scribe Consent Toolkit: Provide scripting, general question and answer guide, and considerations about selecting an AI Scribe (available soon).



Accountability for accurate records

The medico-legal lens on AI use by Canadian physicians

A deep dive

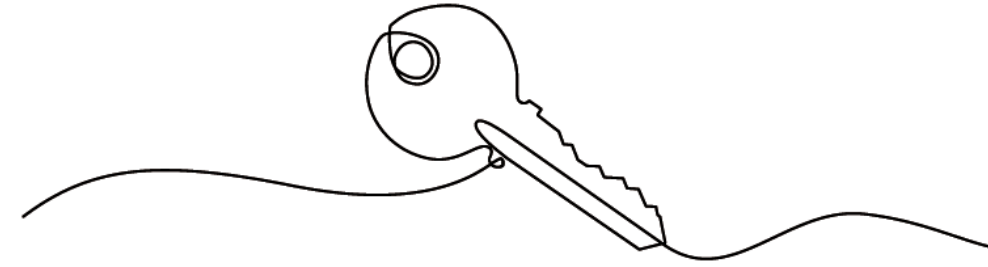
Risk?

Low autonomy and low direct patient risk

LOWER RISK

- Clinical communication and workflow including patient registration, scheduling visits, voice calling, video calling
- Autogenerated patient education materials
- Patient / consumer general wellness apps
- Knowledge management / Medical literature discovery
- Autogenerated clinical documentation, including scribing

Minimizing risk



Verify alignment with privacy regulations

Ensure patient consent

Review AI-generated summaries for accuracy

On the CMPA website...

AI Scribes: Answers to frequently asked questions

And at the CMAJ...

Artificial intelligence scribes in primary care

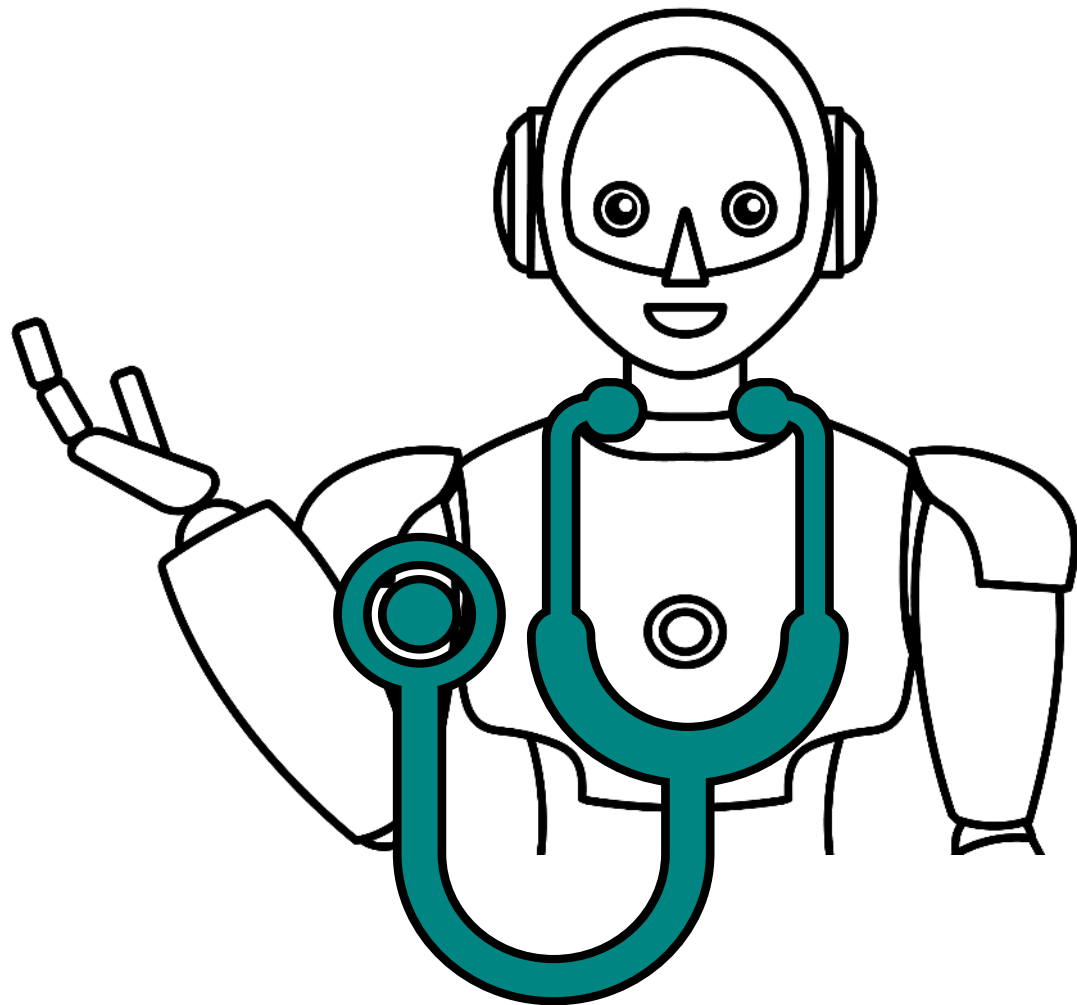
Payal Agarwal, Rosemarie Lall and Rajesh Girdhari

CMAJ September 16, 2024 196 (30) E1042; DOI: <https://doi.org/10.1503/cmaj.240363>



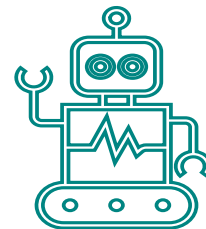
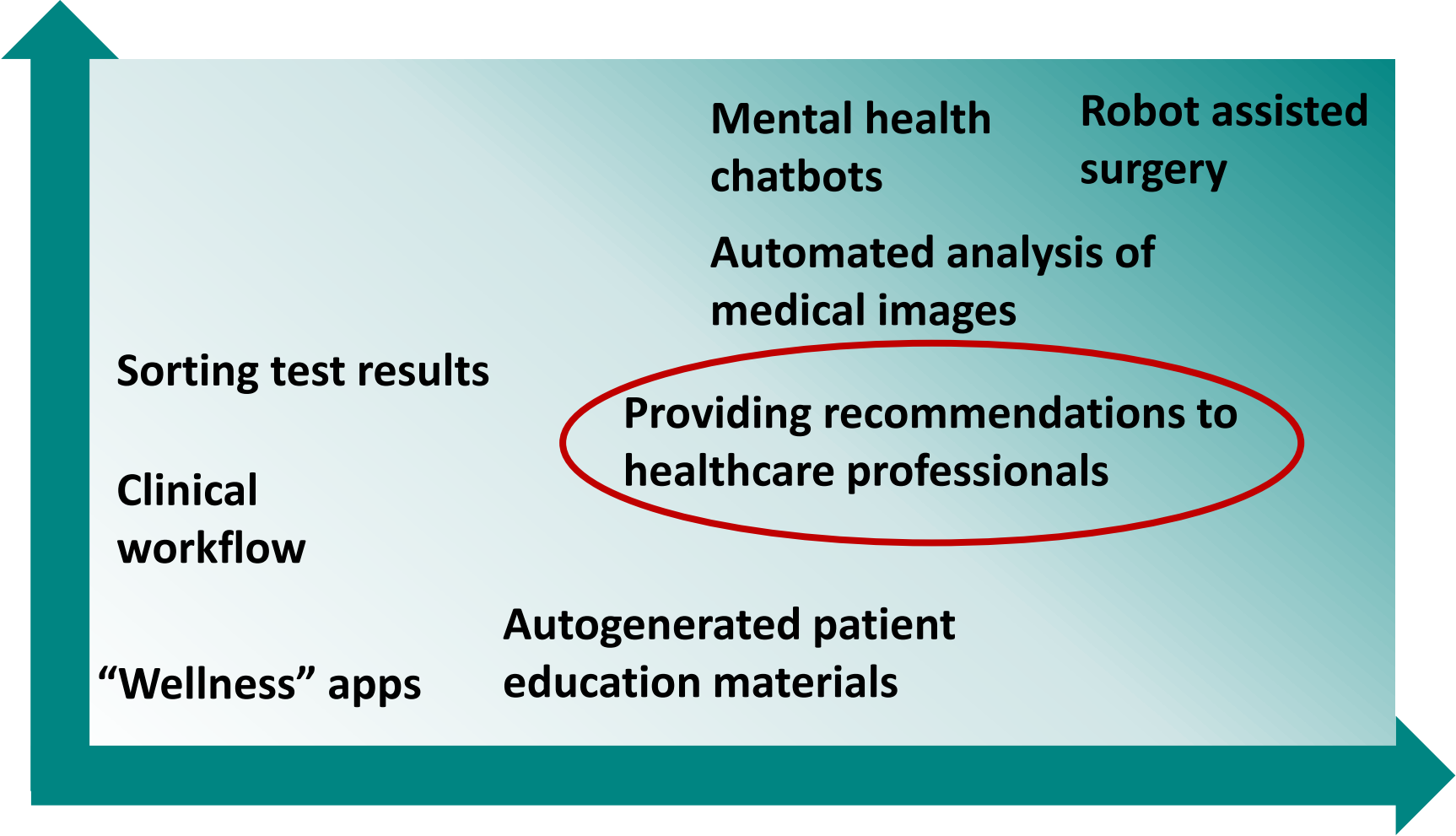
cmaj
CANADIAN MEDICAL ASSOCIATION JOURNAL

Diagnostic decision support





Risk to patient



Degree of autonomy

Diagnostic decision support: Issues to consider

Accuracy
(*Bias*)

Workflow process

Liability

Privacy



Accuracy: “Concretion” of bias



When reviewing AI outputs:

Bias spectrum – includes age, race, ethnicity, gender, education, income, stigmatized diseases

Subtle signs – less empathetic language, missing contextual risks, oversimplified explanations

Spot check for differences in outputs for similar issues

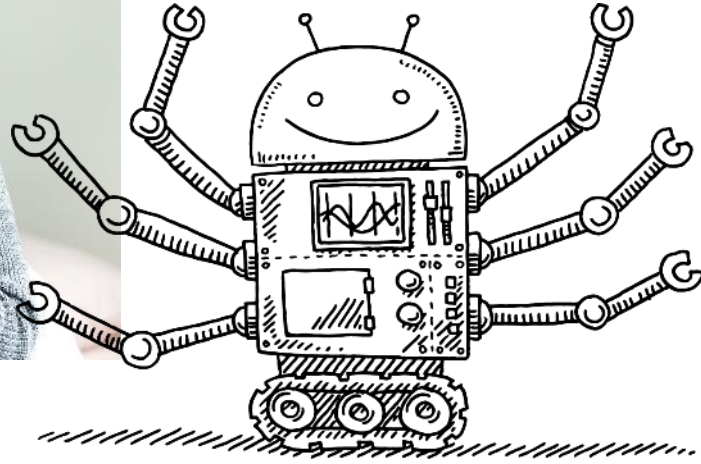
Chen IY, Alsentzer E. NEJM AI: Aug 14 2025

Workflows


Front loaded vs back end

Clinician triggered vs embedded

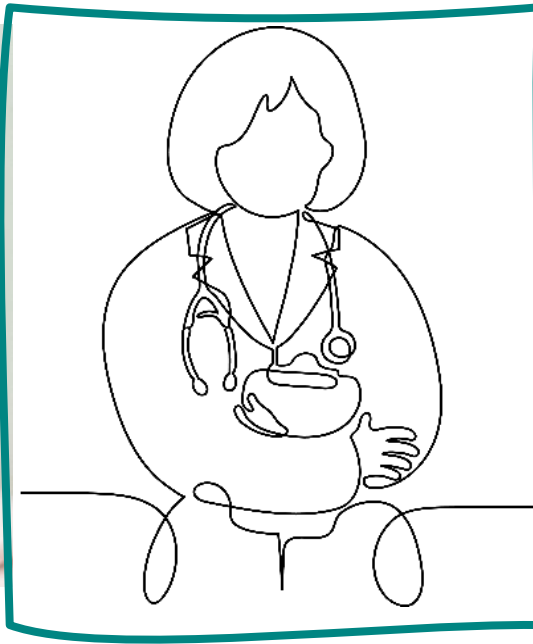




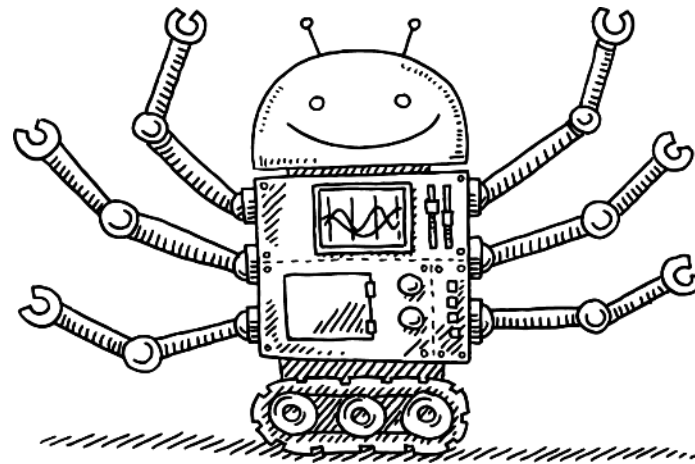
Differential Diagnosis:
Ischemic heart disease
Gastritis
Anxiety



MD selects
or modifies



MD suspects ischemic heart disease, asks AI for input



AI tool gives 2nd opinion, recommended investigations

Autonomy and patient impact?

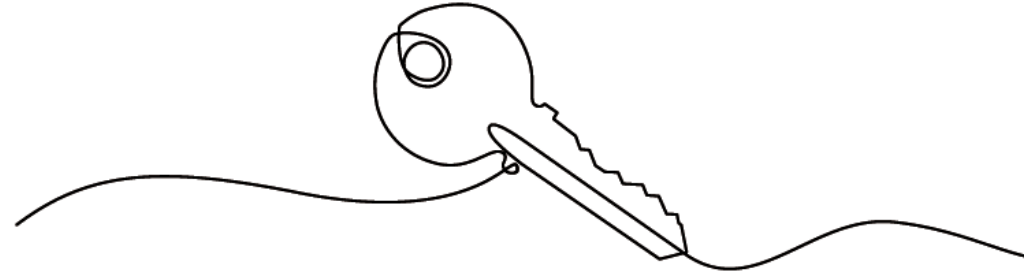
The medico-legal lens on AI use by Canadian physicians

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MODERATE RISK

- Providing recommendations to healthcare professionals
- AI-enhanced EMRs, including summarization and search

Minimizing Risk



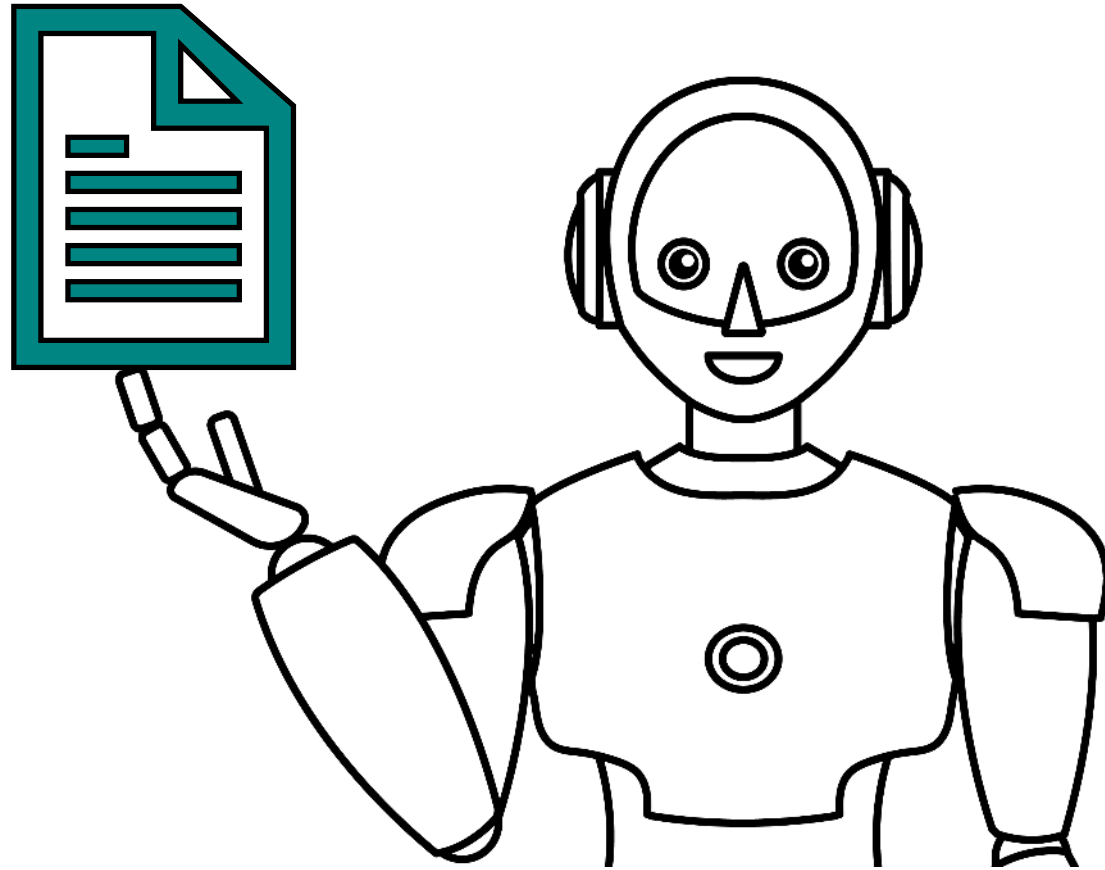
Training & education for using AI decision support tools

Assume there is bias in any AI recommendation

You are ultimately responsible for care – review and double check AI outputs

“Human in the loop” moments in the pathway are essential

Office task support



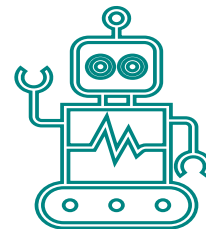
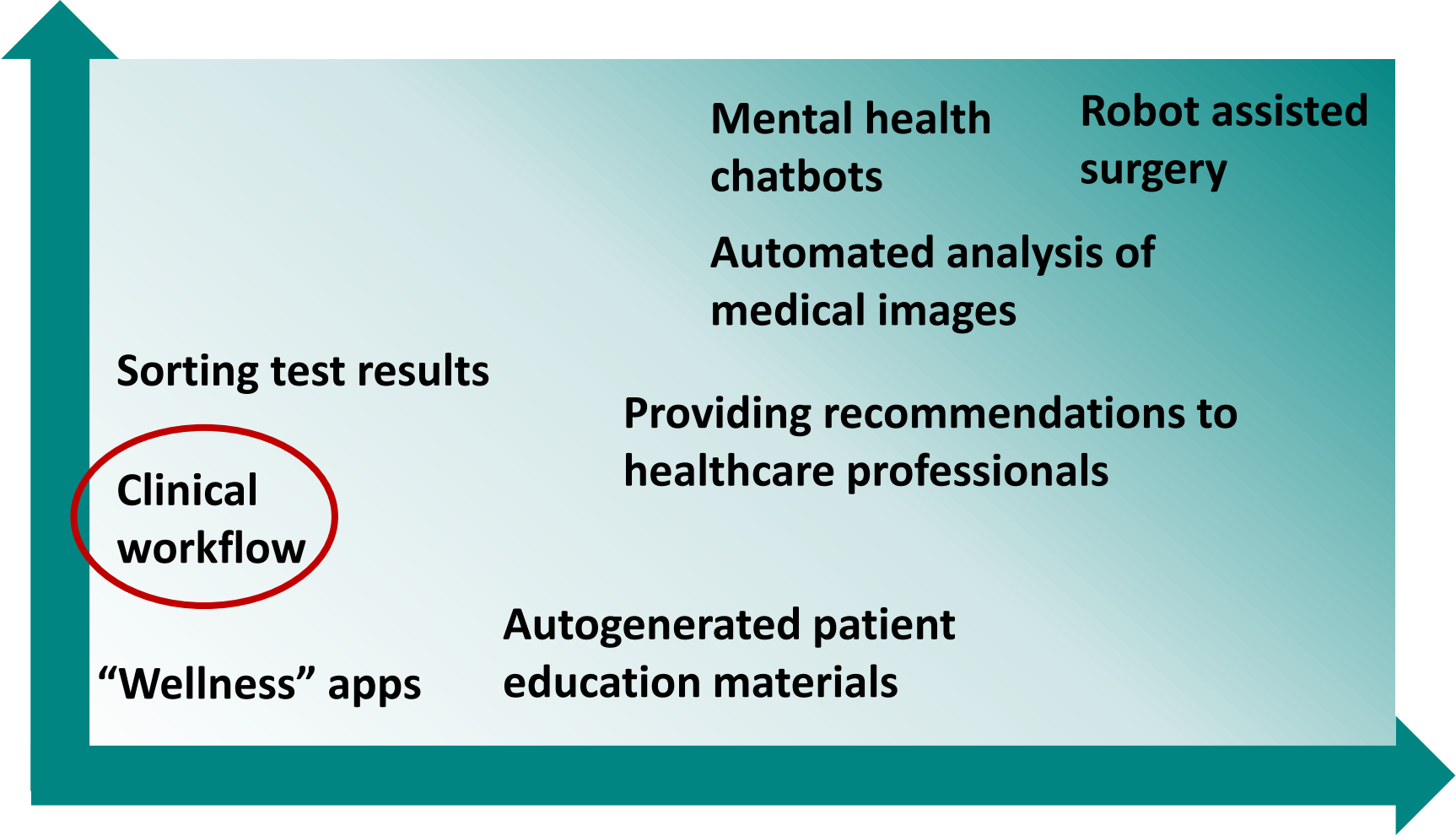
“44% of administrative tasks in primary care practice could be automated”



Willis M et al, BMJ Open. 2020



Risk to patient



Degree of autonomy

The medico-legal lens on AI use by Canadian physicians

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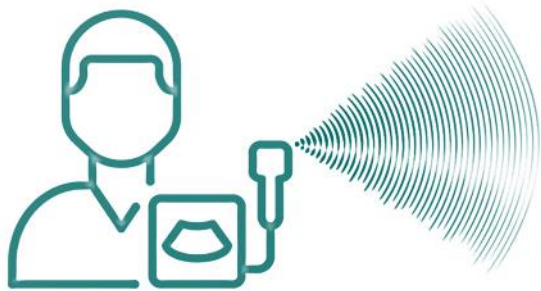
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Conclusions



AI applications are tools – training and QI can support success

Accountability for care provided: ensure accuracy!

Privacy - safeguard patient info

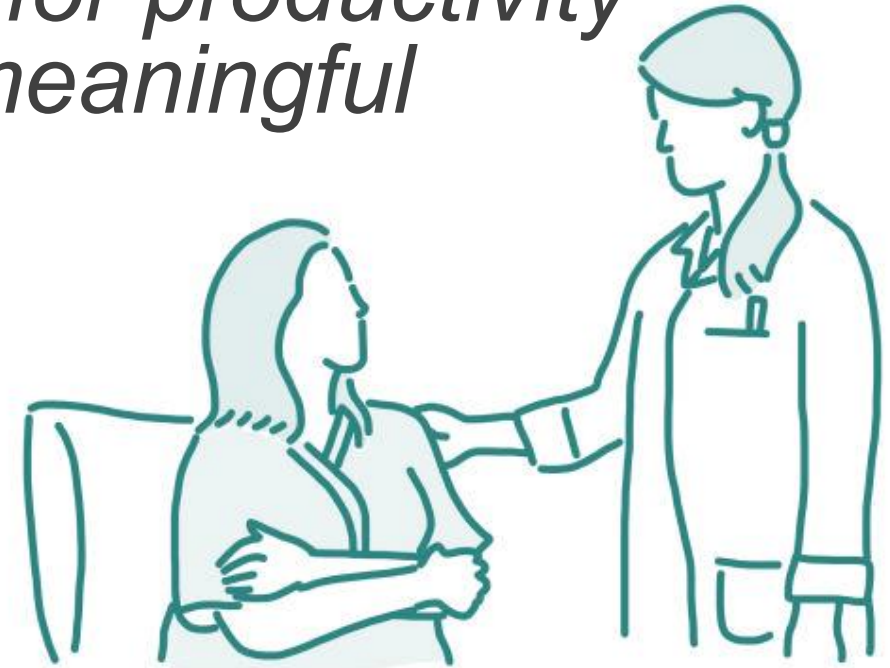
Patient consent based on above

Risk – related to autonomy and potential impact

“The greatest opportunity offered by AI... is the opportunity to restore the precious and time-honoured connection and trust between patients and doctors.

In this model, AI is not merely a tool for productivity but becomes a partner in fostering meaningful patient experiences.”

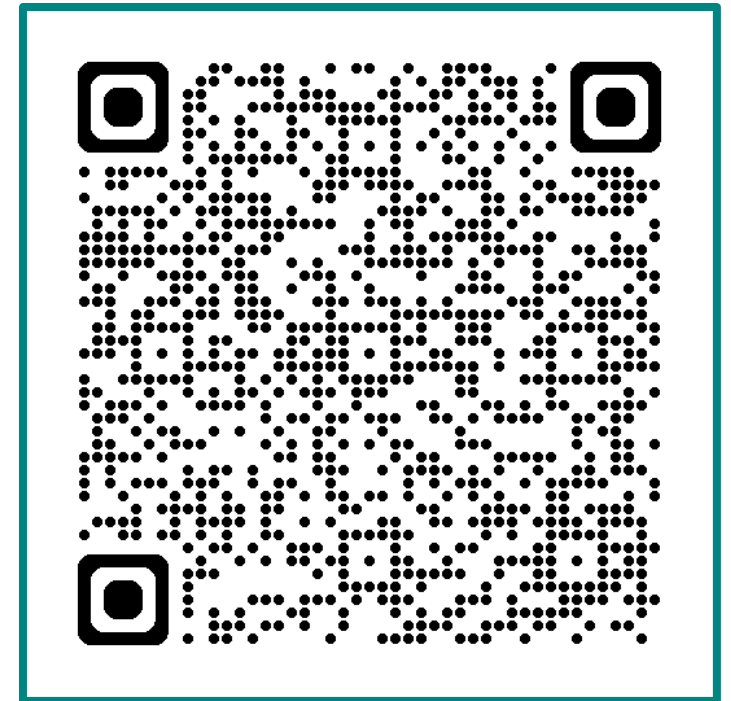
Stephen G, Cuppage J. Healthy Debate 2025: AI in Healthcare



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CMPA Medicolegal lens on AI use by Canadian physicians: A deep dive



THANK YOU!

PLEASE FILL OUT YOUR SESSION

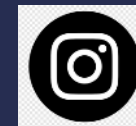
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