

Connected Care and AI Use in Physician Practice



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PRESENTER DISCLOSURE



Presenters: Dr. Rashaad Bhyat and Bobby Gheorghiu

Relationships with financial sponsors:

 Any direct financial relationships, including receipt of honoraria:

- Any direct financial relationships, including receipt of honoraria:
 - Mr. Bobby Gheorghiu is a full-time employee, and Dr. Rashaad Bhyat is a part-time employee of Canada Health Infoway, a federally funded not-for-profit organization funded by Health Canada.
- Membership on advisory boards or speakers' bureaus: Not Applicable
- Patents for drugs or devices: Not Applicable
- Other: Not Applicable

DISCLOSURE OF FINANC

This program has received financial and in-kind support from Canada Health Infoway.

Potential for conflict(s) of interest:

- Mr. Bobby Gheorghiu is a full-time employee of Canada Health Infoway.
- Dr. Rashaad Bhyat is a part-time employee of Canada Health Infoway
- Canada Health Infoway is a federally funded not-for-profit organization funded by Health Canada.

Not Applicable - a product that will be discussed in this program

Land Acknowledgement

We acknowledge that the land on which we are hosting this meeting is located on Treaty One territory and is the traditional homeland of the Anishinaabe, Ininew (Cree), and Dakota peoples. It is also the National Homeland of the Red River Métis. Canada Health Infoway recognizes that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being and we respect that Indigenous Peoples have rich cultural and traditional practices that have been known to improve health outcomes. I invite all attendees to reflect on the territories you are attending from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.

About Infoway

- Established in 2001
- Independent, not-for-profit corporation
- Equally accountable to 14 federal, provincial and territorial governments through the Members of the Corporation (f/p/t Deputy Ministers of Health)
- Independent Board of Directors appointed by the Members



Digital Health Transformation: Canada's journey

Building infrastructure through Electronic Health Records (EHR) in the early 2000's

EMRs, telehealth, RPM, PrescriberIT®, pt facing solutions. Clinical Ed collab. 2010-2020

National shift to **prioritizing Virtual Care** during the COVID19 pandemic, from 2020

PRESENT & near future:
Advancing standards-enabled Connected Care (interoperability), supported by emerging tech, e.g. AI

But a lot more work is needed...

The Shared pan-Canadian Interoperability Roadmap – refresh pending...

Four Strategic Goals Over Five Years

1
Reducing Data
Blocking and Easing
Portability

2
Improving Provider
Access to Patient
Data at Point-of-Care

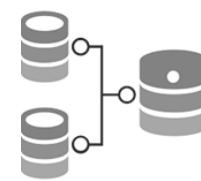
3
Enabling Patient
Access to their
Health Record

4
Improving Care
Coordination and
Collaboration

Supported In The Near Term Through Targeted Initiatives



Primary Care
Data Portability



Patient
Summary



Patient Access to
Electronic Health Data



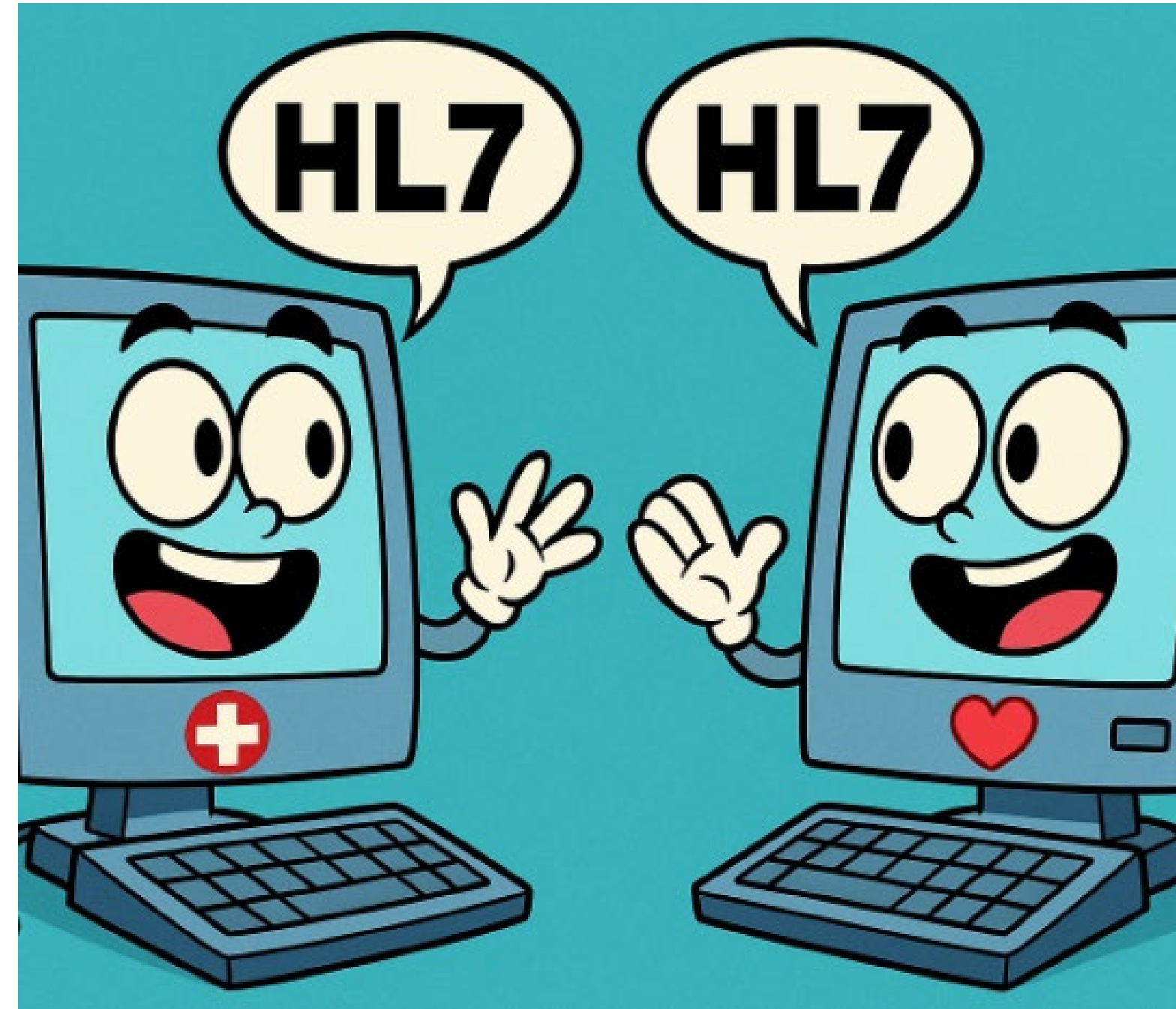
E-referral &
E-consult

→ 2. Converge to pan-Canadian standards aligned to global trends

→ 3. Mobilize the market

Connected Care (aka Interoperability)

- Interoperability refers to the extent to which 2+ systems/technologies (e.g., electronic health records-EMR) capture, exchange, interpret, and use shared information, while retaining data integrity
- Types of interoperability:
 - *Technical interoperability*: Ability to connect and share data between systems
 - *Semantic interoperability*: Shared understanding and interpretation of the data elements exchanged within 2 or more systems
 - *Organizational interoperability*: The governance, procedures, and policies needed for interoperability, ensuring different organizations or departments can work together





2024 National Survey of Canadian Physicians: Use of Digital Health and Information Technologies in Practice

Quantitative Research Report

AUGUST 2024



The **2024 National Survey of Canadian Physicians**, led in partnership by **Canada Health Infoway (CHI)** and **Canadian Medical Association (CMA)**, and conducted by Leger, aims to explore and track **physicians' perspectives on the use and impact of digital health information technologies in practice.**

Specific objectives of the study were to assess:

- Use of EMR/EHR
- Use of electronic tools/functionalities to support patient care
- Use of electronic clinical communication between providers
- Administrative burden and level of burnout
- Perceptions of aspects to prioritize to support use of AI in physician practice
- Frequency of collecting patient feedback
- Perceptions related to privacy of patient data
- Barriers/challenges related to digital health technologies



Web survey of **1,145 physicians and residents practising in Canada** who are **members of CMA**, including 559 GP/FPs, 531 specialists, and 55 residents, who **provide direct patient care**.

The survey was made available in both English and French. The survey ensured compliance with AODA (Accessibility for Ontarians with Disability Act) requirements.



Data collection took place from **April 25th to May 16th, 2024**.

Survey invitations were distributed members of the CMA by Torpedo Marketing.



Using CMA membership data, weighting was applied according to specialty, region, age, and gender in order to render a representative sample of the CMA member population. Sample base sizes indicated are unweighted. A margin of error cannot be associated with a non-probability sample in a panel survey. For comparison purposes, a probability sample of this size would have a margin of error **±2.85%, 19 times out of 20**.

NOTES FOR READERS

ROUNDING



The data presented have been rounded. As a result, totals may differ slightly from 100%.

SIGNIFICANT DIFFERENCES

Data in **bold green** indicate a **significantly higher proportion** (at a confidence level of 95%) than other respondents. Unbolded **green** indicates a **directionally higher proportion** (at a confidence level of 90%). Conversely, data in **bold red** indicate a **significantly lower proportion** than other respondents. Unbolded **red** indicates a **directionally lower proportion**.

TRENDING

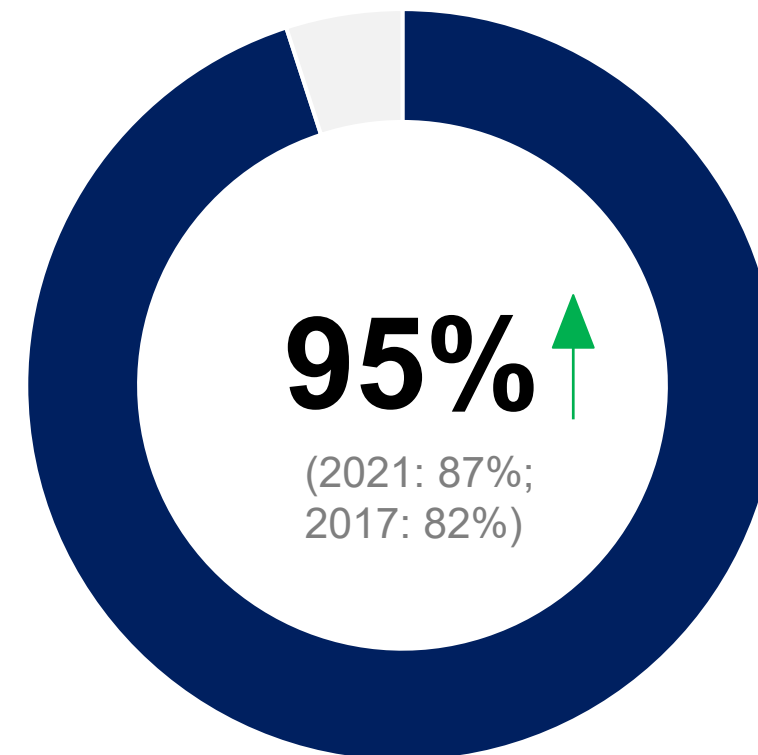
The data is compared with the 2021 survey results where applicable.

-  indicates **increase** vs. 2021 results
-  indicates **decrease** vs. 2021 results

Use of EMR/EHR to Enter and Retrieve Clinical Patient Notes

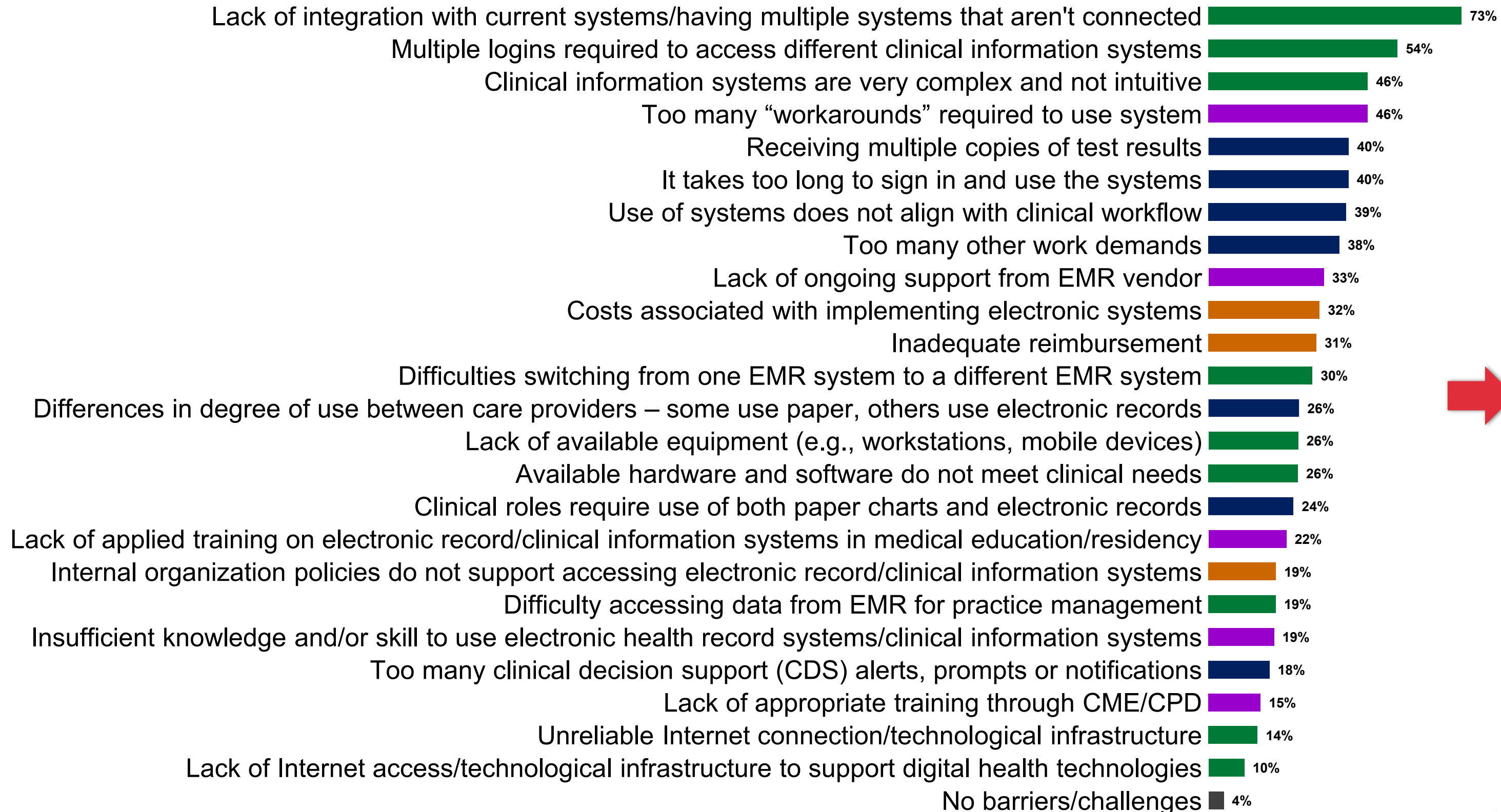
Nearly all (95%) physicians surveyed use electronic medical records (EMR) or electronic health records (EHR) to enter and retrieve clinical patient notes – a significant increase compared to 87% in 2021 and 82% in 2017.

Figure 1: Physicians who use EMR/EHR to enter and retrieve clinical notes, %



NOTE: (#%) data from 2021 Physician Survey & 2017 CMA Workforce Survey

Digital Health Technologies Reported Barriers by Physicians



Physicians reporting barriers/
challenges (grouped), Net %



**Interoperability/technology
constraints: 89%**

**Time constraints, workflow,
logistics issues: 77%**

**Education, training,
skills: 65%**

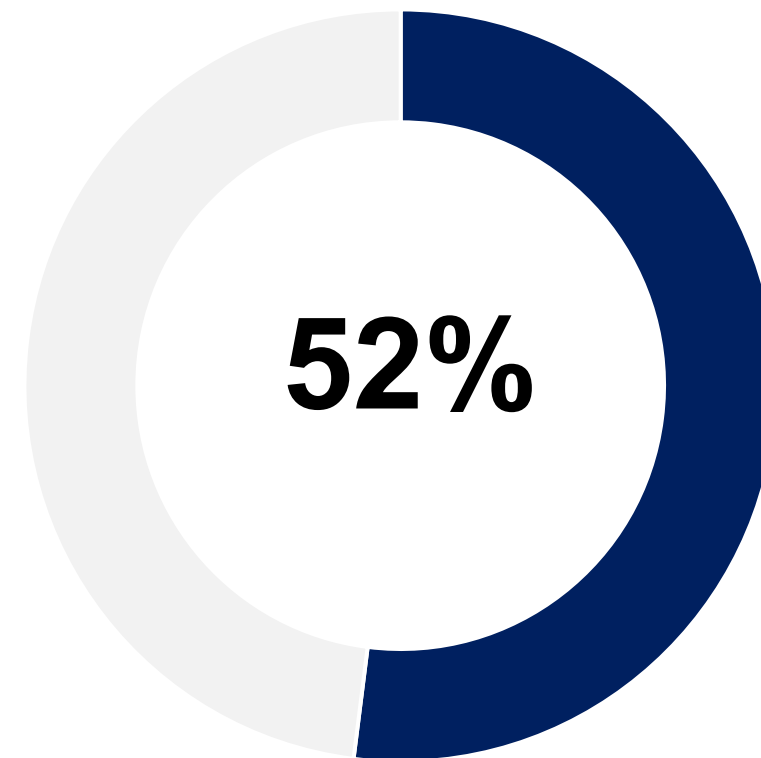
**Administrative, policy,
budget constraints: 51%**



Access to Patient Information Collected Outside of Practice Setting

Physicians report they needed to access health information that was collected outside of their practice setting for slightly over half (52%) of their patients on average in the past 12 months.

Figure 8: Average proportion of patients for whom physicians needed to access health information that was collected outside of their practice setting (in the past 12 months), %



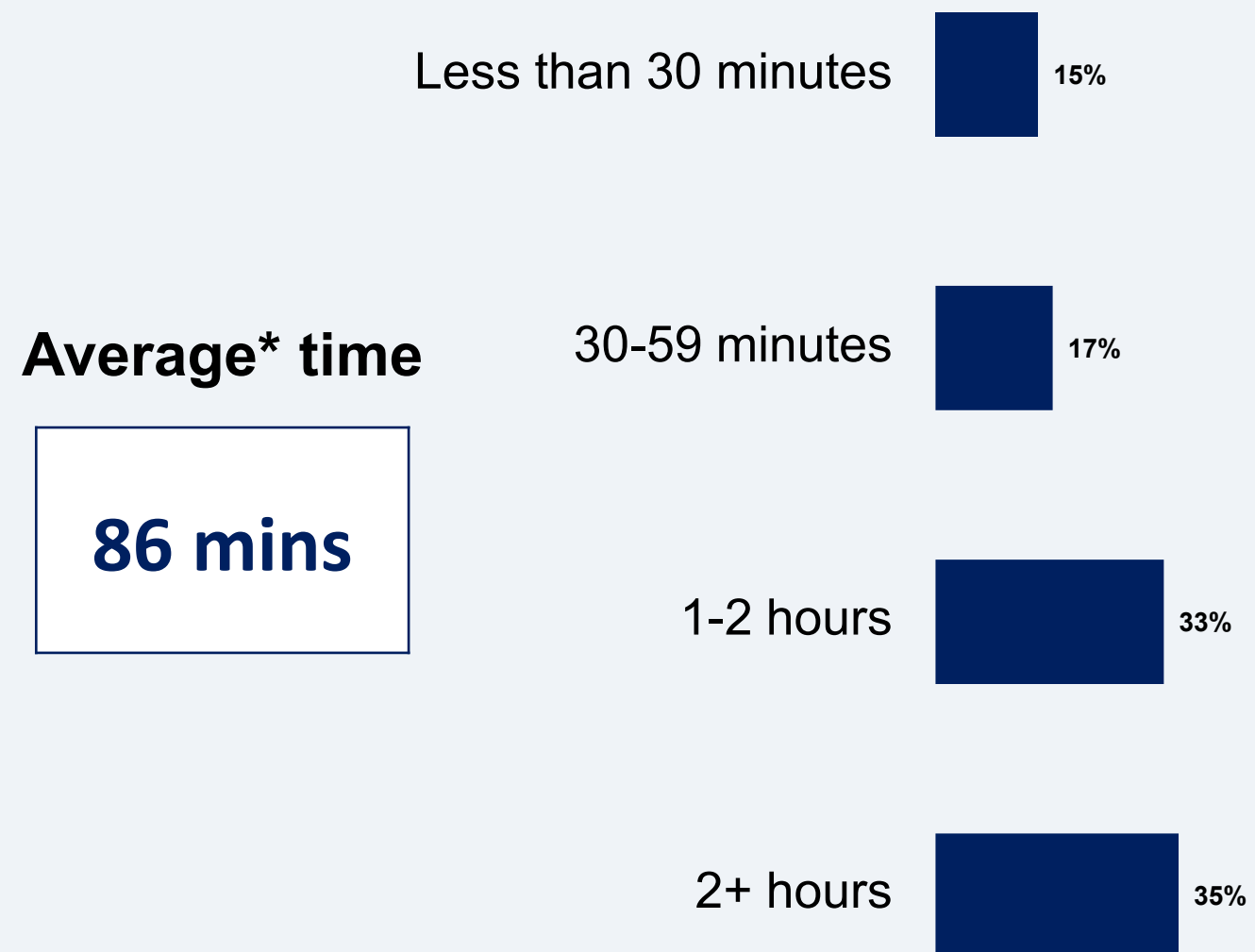
Base: Total physicians (n=1,145)

Q17. In the past 12 months, for approximately what proportion of patients to whom you provided care did you need to access health information that was collected outside of your practice setting?

Data Source: 2024 Physician Survey

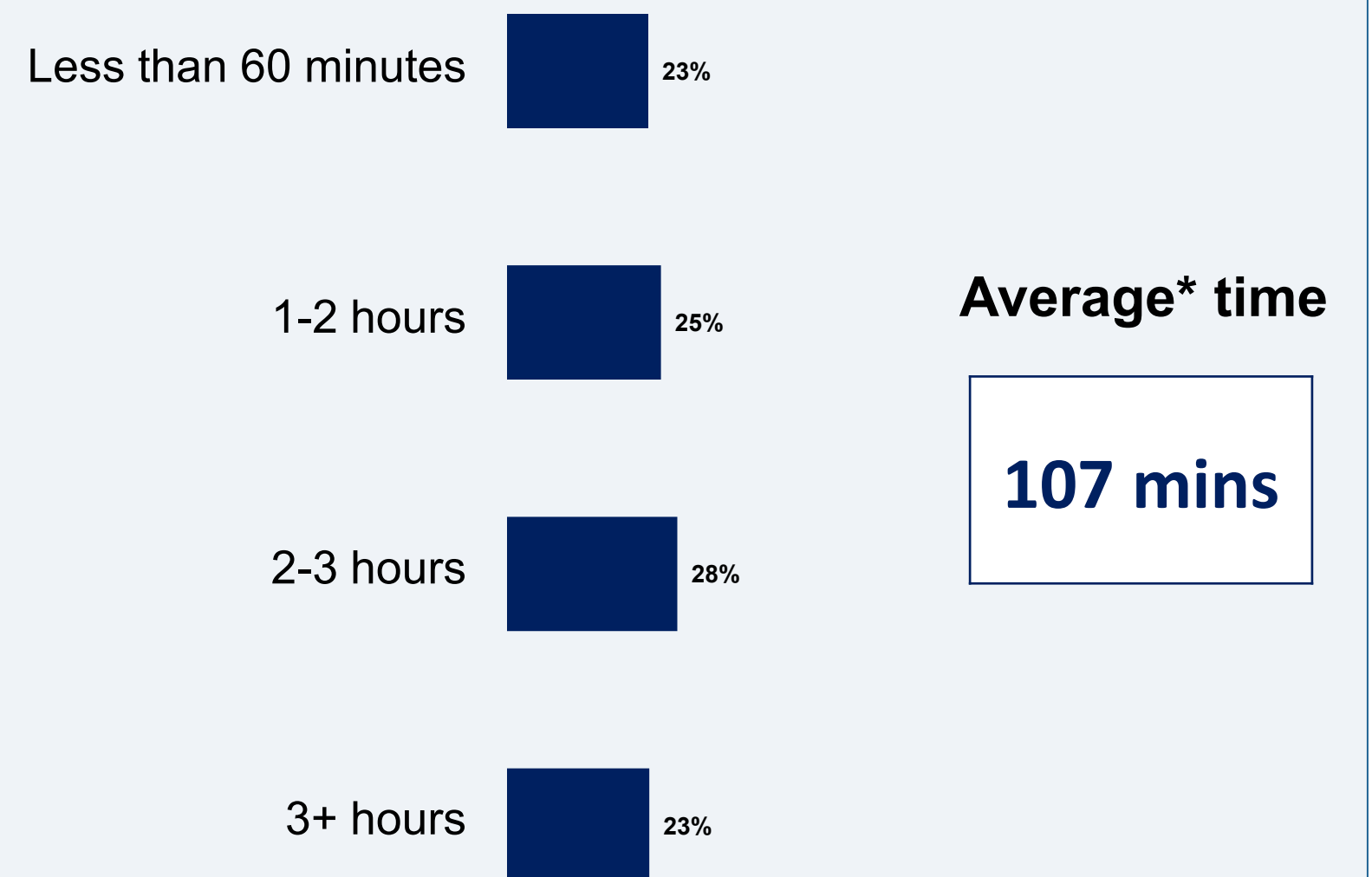
Time Burden (Physicians)

Additional Time Spent by Physicians Looking for Patient Information



*Outliers of 360+ minutes (2.5% of respondents) excluded from average

Time Spent by Physicians on EMR After a Typical Workday (n=1,078 using EMRs)

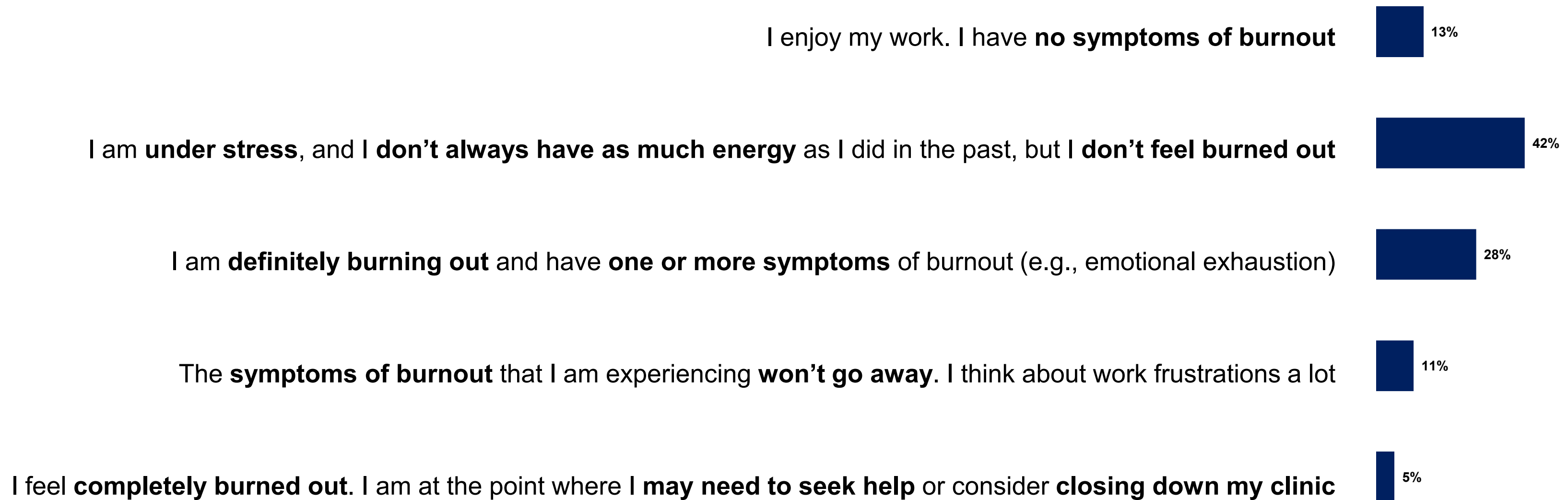


*Outliers of 390+ minutes (2.5% of respondents) excluded from average

Physicians' Current Level of Burnout

Nearly half of physicians (44%) report feeling burned out to some extent, with 5% feeling completely burned out.

Figure 12: Physicians' current level of burnout (*based on their definition of burnout*), %



Base: Total physicians (n=1,145)
Q21. Using your own definition of "burnout", please select one of the following statements below.
Data Source: 2024 Physician Survey

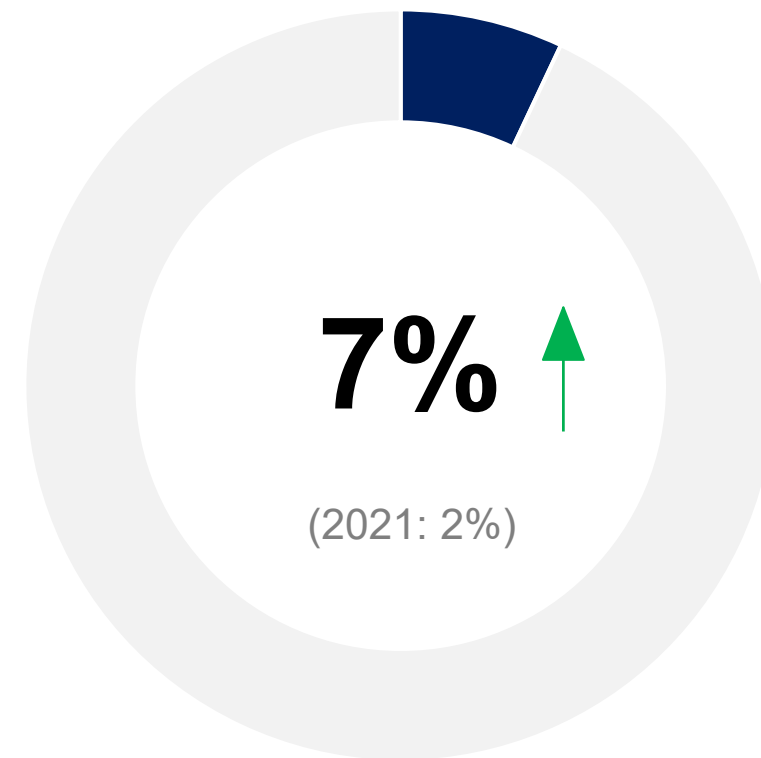


AI-POWERED TECHNOLOGIES IN PHYSICIAN PRACTICE

Use of Artificial Intelligence/Machine Learning in Practice

7% of physicians surveyed say they use Artificial Intelligence (AI)/Machine learning in their main practice setting to support patient care – an increase compared to only 2% in 2021.

Figure 15: Physicians who use Artificial Intelligence (AI) or Machine Learning in practice, %



Base: Total physicians (n=1,145)

Q15. Please indicate which of the following electronic tools and functionalities you use in your MAIN practice setting to support patient care.

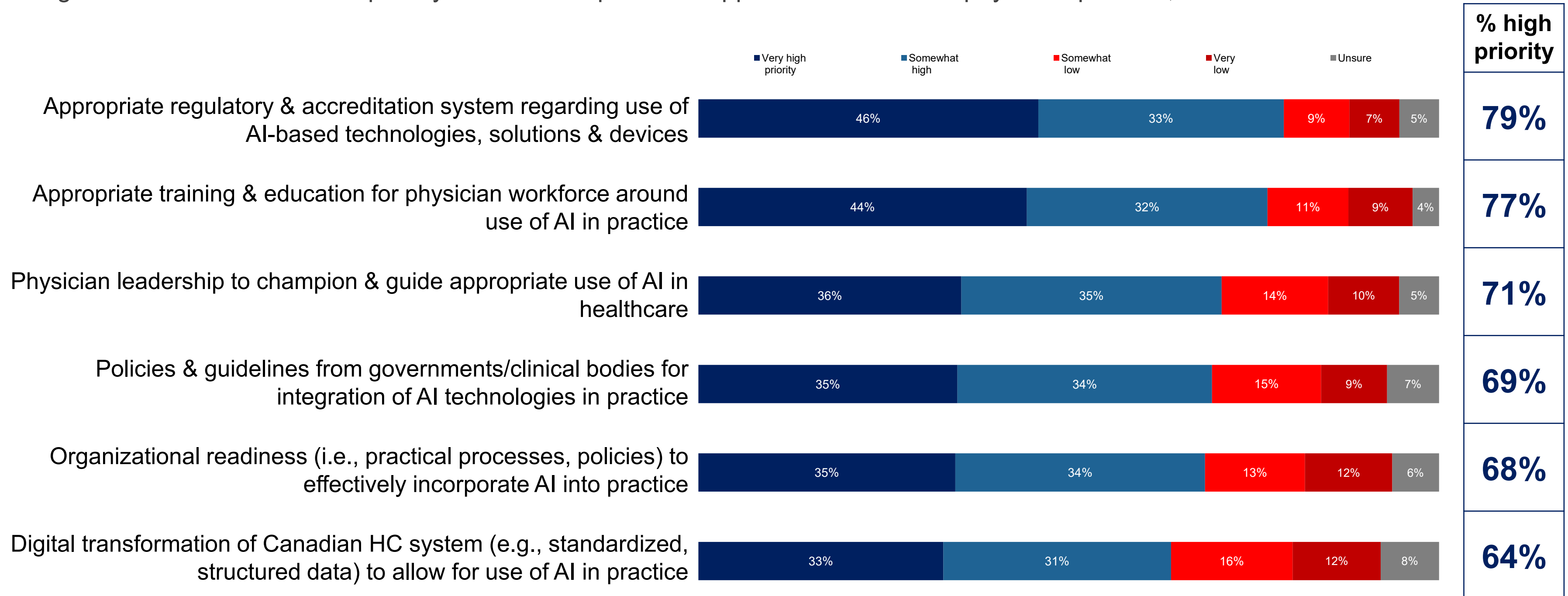
Data Source: 2024 Physician Survey; 2021 Physician Survey

Perceived Level of Priority to Support Use of AI in Practice



A majority of physicians surveyed see many aspects as priority to support the use of AI in physician practice, particularly appropriate regulatory/accreditation system and appropriate training and education for physician workforce.

Figure 16: Perceived level of priority of various aspects to support the use of AI in physician practice, %



Physicians were shown: AI (artificial intelligence) refers to any current or future machine learning approach to predictive analytics, decision-support systems and/or automated decision-making” [as cited by Canada Health Infoway in *Toolkit for Implementers of Artificial Intelligence in Health Care – Module 1: An Introduction to AI in Health Care*]



CANADIANS' EXPERIENCE WITH ARTIFICIAL INTELLIGENCE (AI) IN HEALTHCARE

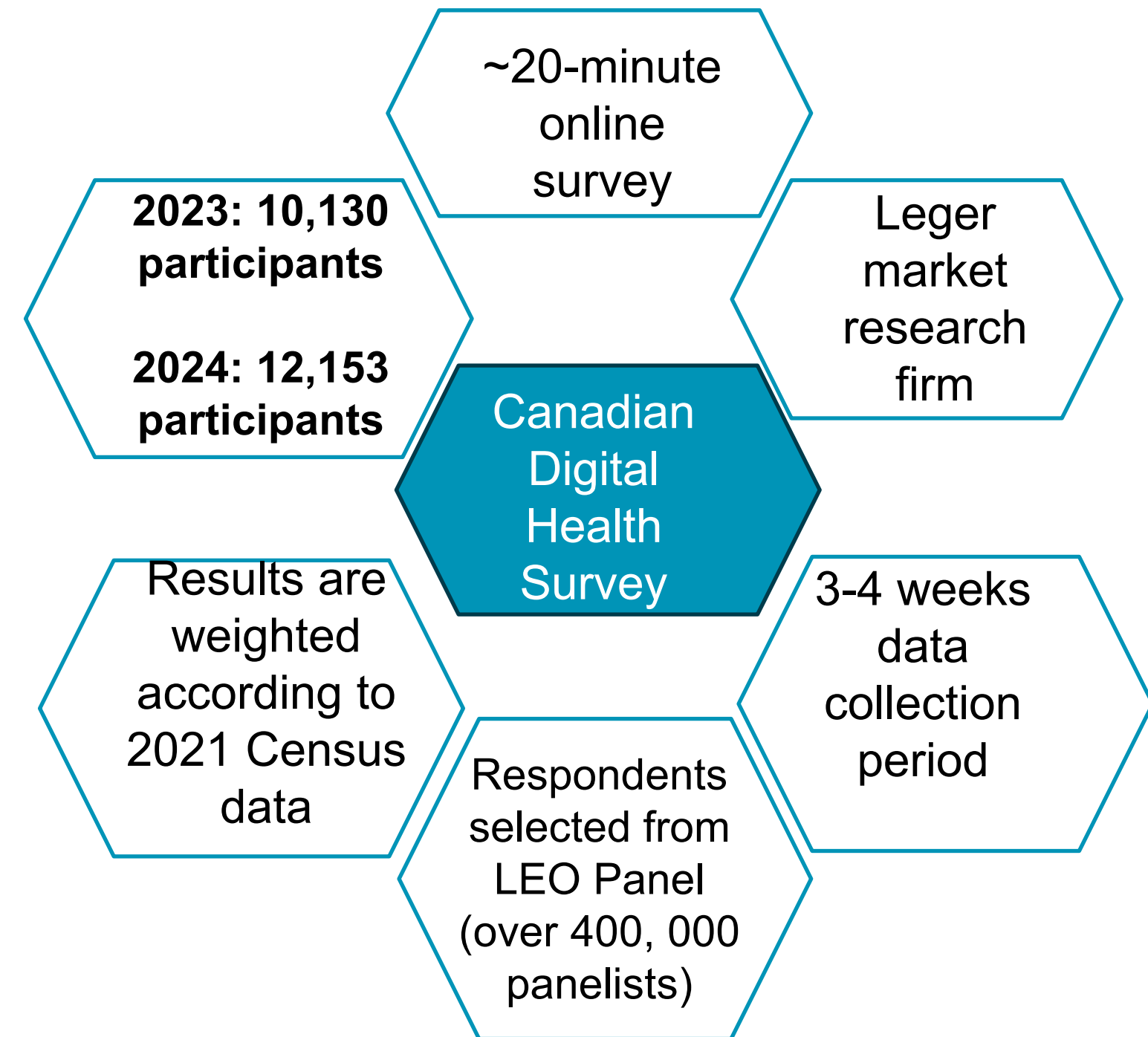
Respondents were shown: *Certain artificial intelligence (AI) enabled technologies are already an integrated part of our existing healthcare system, including dictation services and robotic assisted surgical tools. Advancements in AI related technologies mean that more and more applications are being developed and deployed in clinical settings in new and innovative ways. For example: to assist physicians while making decisions about your care; to measure the level of pain among residents in long-term care, etc. The following questions are about the use of AI enabled technology in health care.*

The Canadian Digital Health Survey

Methodology

Objective

To understand Canadians' attitudes, utilization, perceptions, and expectations regarding digital health services in Canada



Interest & Access to AI-Powered Services for Healthcare Concerns

Over 1 in 5 (22%) Canadians surveyed express interest in consulting AI-based chatbot for healthcare concerns; however, only about 1 in 10 (11%) have ever done so.

Figure 14: Interest in consulting AI-based chatbot for healthcare concerns, %

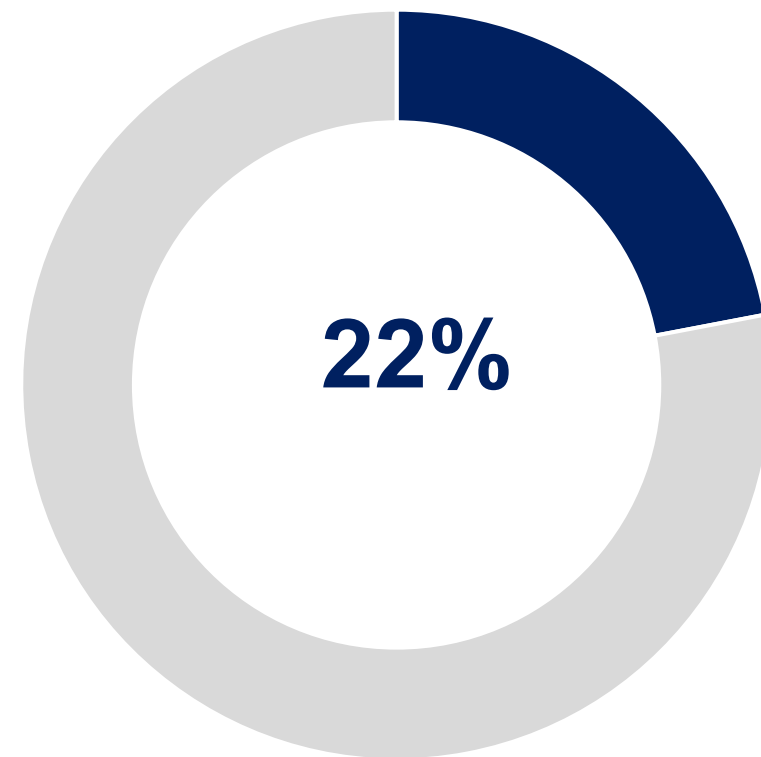
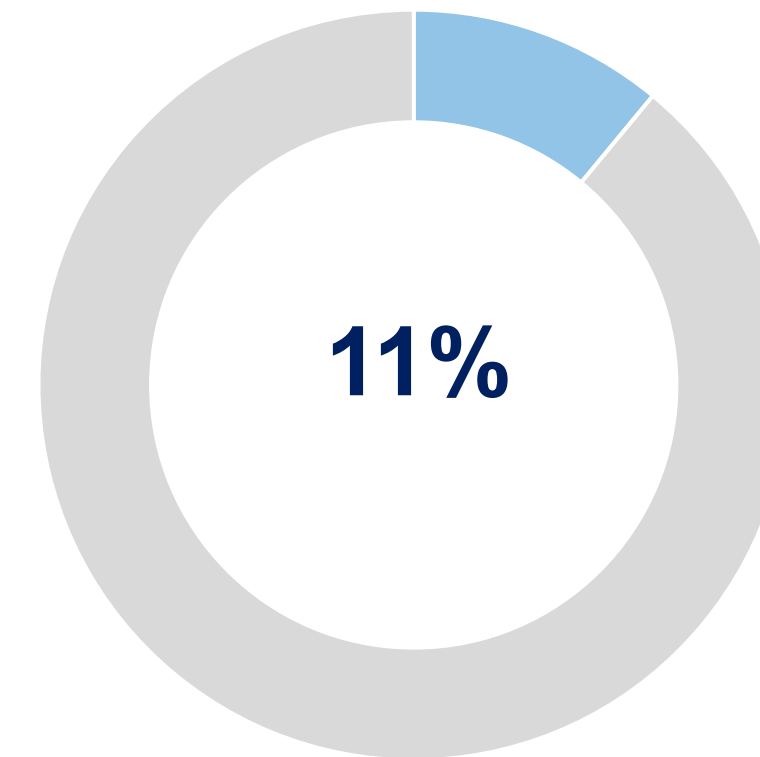


Figure 15: Ever accessed AI-based chatbot for healthcare concerns, %



Base: Total respondents (n=12,153)

15. Are you interested in having access to this digitally enabled health service in the future, whether you currently have access or not?

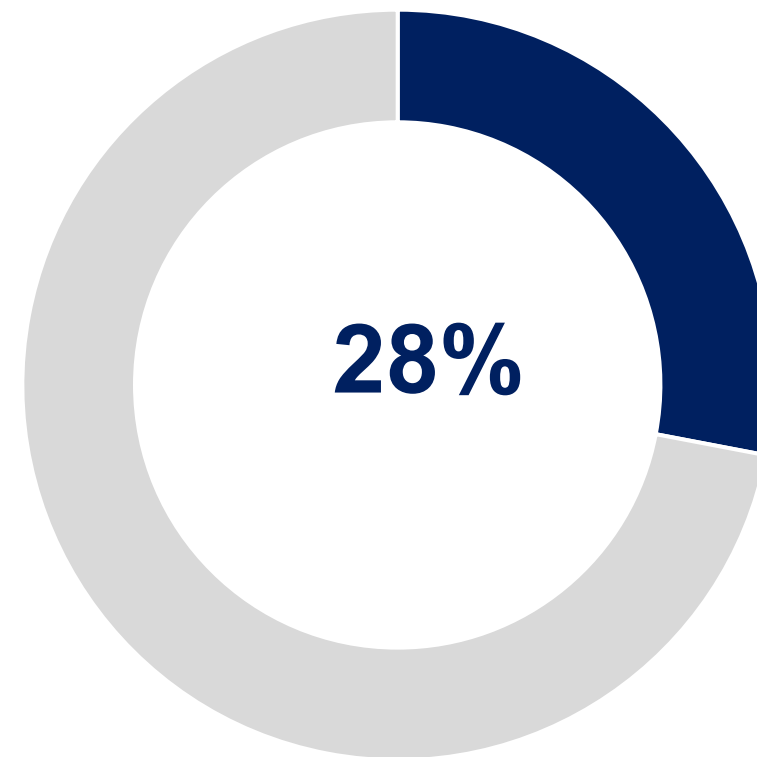
16. Have you ever accessed this digitally enabled health service at anytime in the past?

Data Source: 2024 Canadian Digital Health Survey

Awareness of Use of AI Scribes for Documenting Health Encounters

Nearly 3 in 10 (28%) Canadians surveyed say they are aware that some HCPs in Canada use AI-powered tools (voice recognition software) for documentation and medical record-keeping.

Figure 16: Awareness that some HCPs in Canada use AI-powered tools for documentation and medical record-keeping, %



Base: Total respondents (n=12,153)

29. Were you aware that some healthcare providers in Canada use AI-powered tools (voice recognition software) for documentation and medical record-keeping?

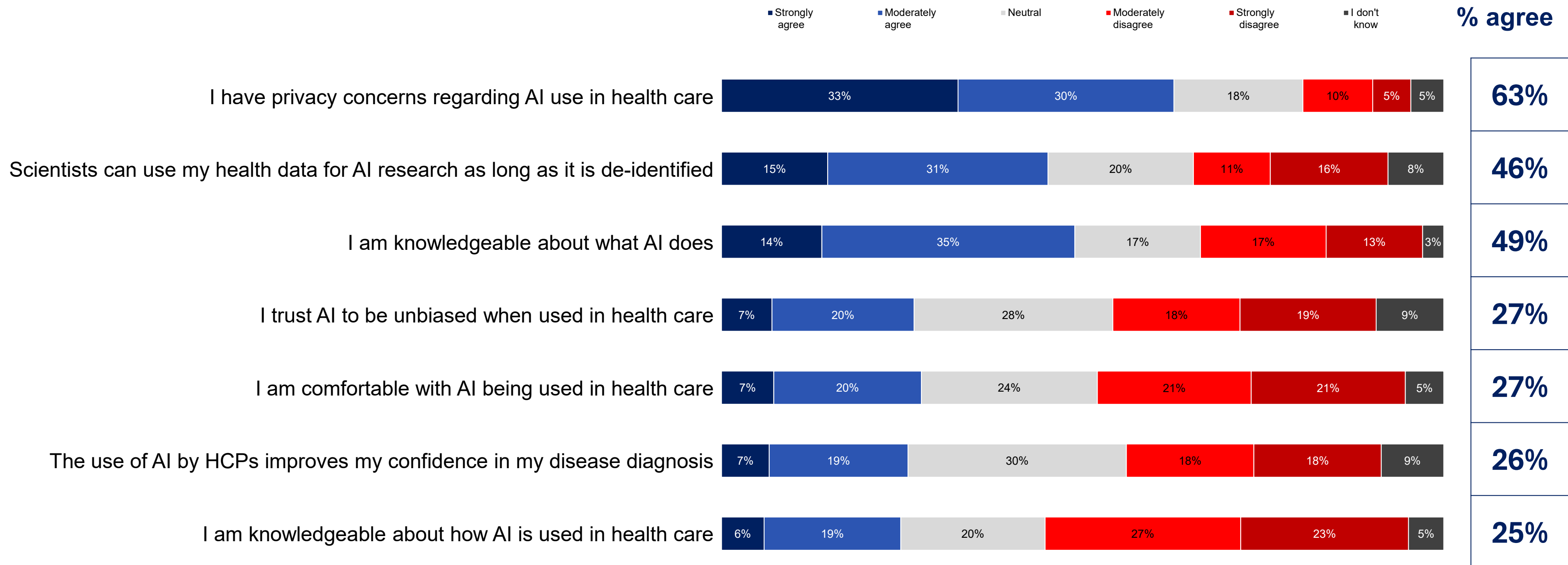
Data Source: 2024 Canadian Digital Health Survey

Attitudes and Perceptions of General Use of AI in Healthcare



Only about a quarter of Canadians surveyed agree they are knowledgeable about how AI is used in health care. Nearly two thirds (63%) report having privacy concerns regarding AI in health care and nearly half (46%) say scientists can use their health data for AI research if it is de-identified.

Figure 17: Level of agreement with aspects of use of AI in healthcare, %

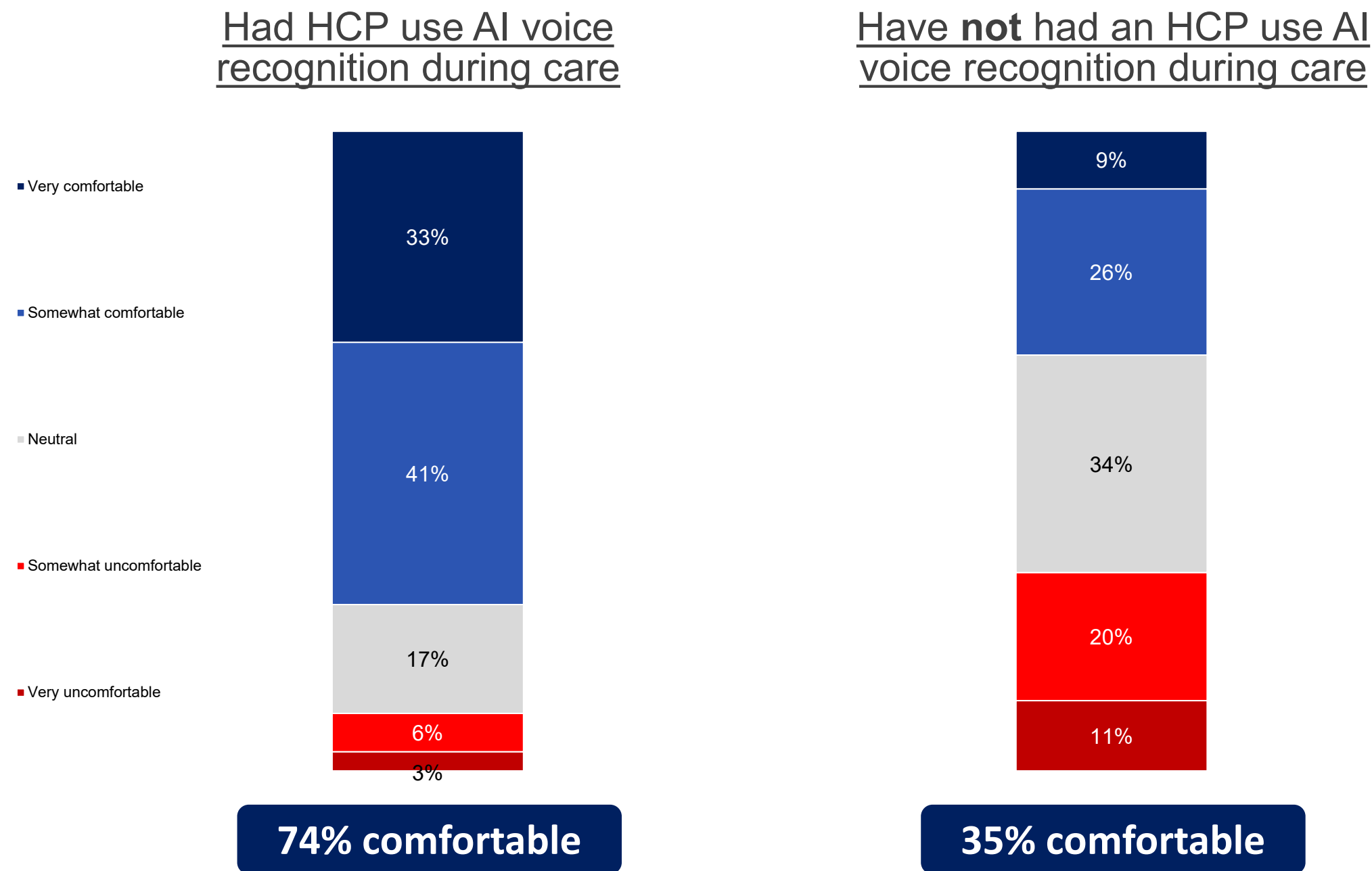


Base: Total respondents (n=12,153)
 28. Please indicate your level of agreement with the following statements.
 Data Source: 2024 Canadian Digital Health Survey

Comfort with the Use of AI Scribes for Documenting Health Encounters

Among Canadians that have had an HCP use AI voice recognition tools during care, nearly three quarters (74%) are comfortable with its use in assisting with medical documentation. However, for those that have not experienced its use during care, just over a third (35%) feel comfortable with its use in medical documentation.

Figure 18: Comfort with HCPs using AI voice recognition tools to assist with medical documentation, %



Base: Respondents informed their HCP is using AI voice recognition software/tool during care (n=1,109) / Respondents have not had or unsure if HCP use an AI voice recognition software/tool during care (n=11,044)

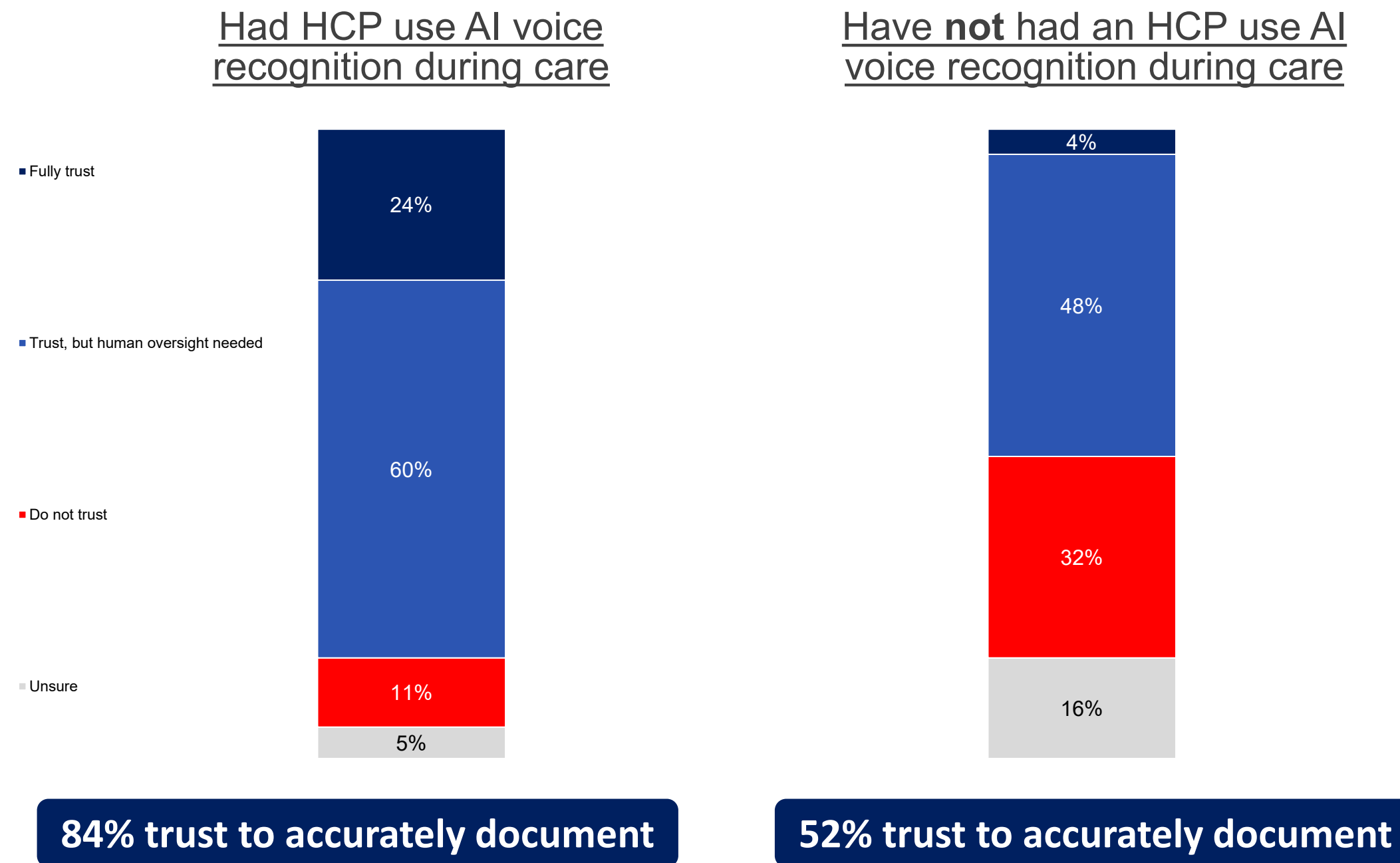
32. Do you feel comfortable with healthcare providers using AI voice recognition tools to assist with medical documentation?

Data Source: 2024 Canadian Digital Health Survey

Trust in the Accuracy of AI Scribes for Documenting Health Encounters

Most (84%) Canadians who have had an HCP use AI voice recognition tools during their care trust it to accurately document health encounters, though a majority (60%) feel human oversight is still needed. Among Canadians who have not previously had AI voice recognition tools used during their care, just over half (52%) trust its accuracy, though very few (4%) fully trust it.

Figure 19: Trust that AI voice recognition tools can accurately document health encounter exchanges with HCPs, %

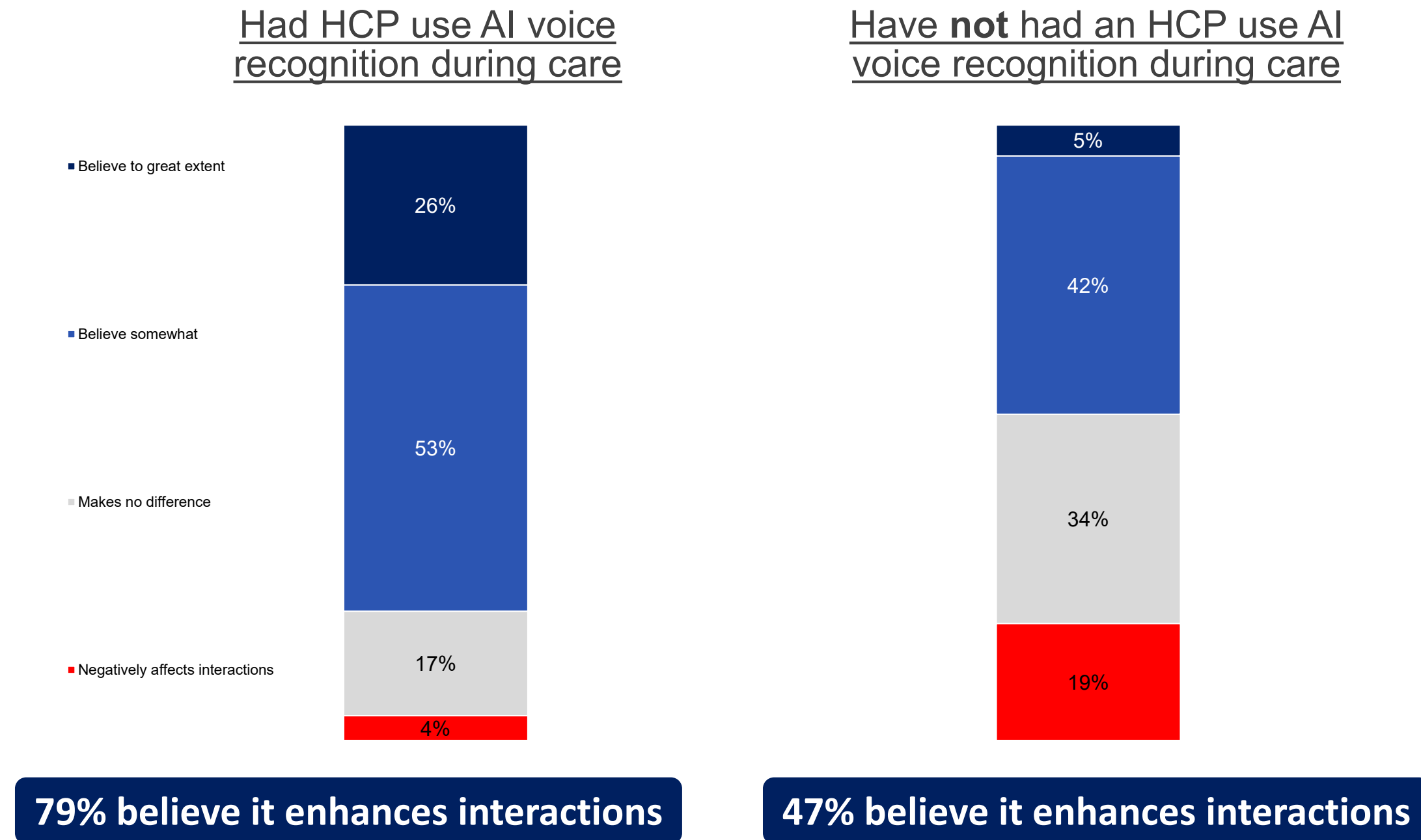


Base: Respondents informed their HCP is using AI voice recognition software/tool during care (n=1,109) / Respondents have not had or unsure if HCP use an AI voice recognition software/tool during care (n=11,044)
33. Do you trust that AI voice recognition tools can accurately document your health encounter exchange with your healthcare provider and your relevant health information?
Data Source: 2024 Canadian Digital Health Survey

Perceptions of Use of AI Scribes Enhancing Interactions with HCPs

About 4 in 5 (79%) Canadians who have experience with AI voice recognition tools during their care believe that AI voice recognition tools can enhance interactions with HCPs, compared to less than half (47%) among those without experience with it.

Figure 20: Believe AI voice recognition tools can enhance interactions with HCPs, %



Base: Respondents informed their HCP is using AI voice recognition software/tool during care (n=1,109) / Respondents have not had or unsure if HCP use an AI voice recognition software/tool during care (n=11,044)

34. Do you think the use of AI voice recognition tools can enhance the interaction between you and your healthcare provider(s) (e.g., by allowing more time for discussion)?

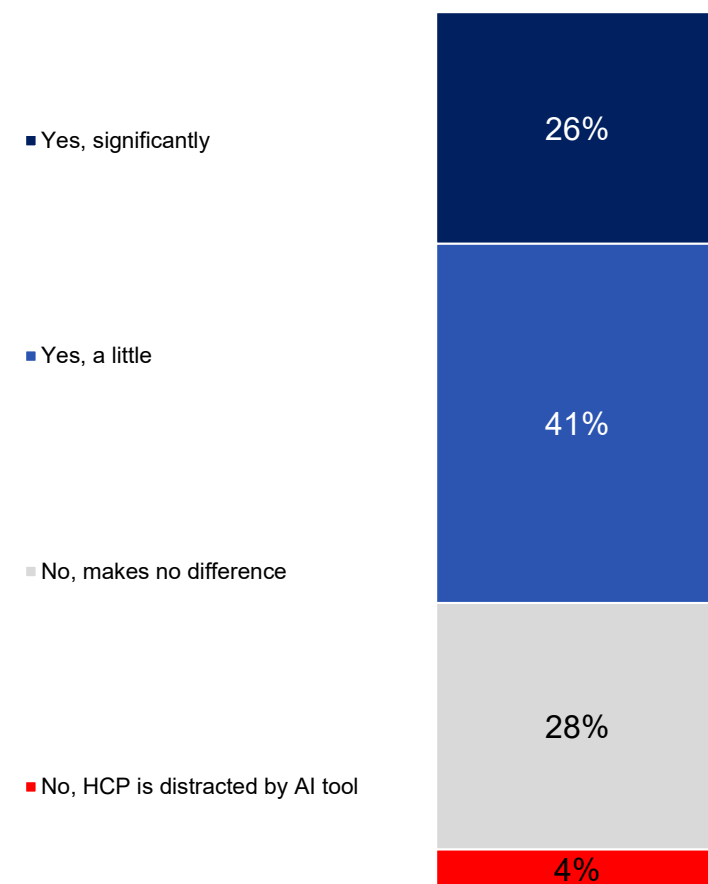
Data Source: 2024 Canadian Digital Health Survey

Experiences with Use of AI Scribes During Health Encounters



Among respondents informed their HCP used AI voice recognition software/tools during care...

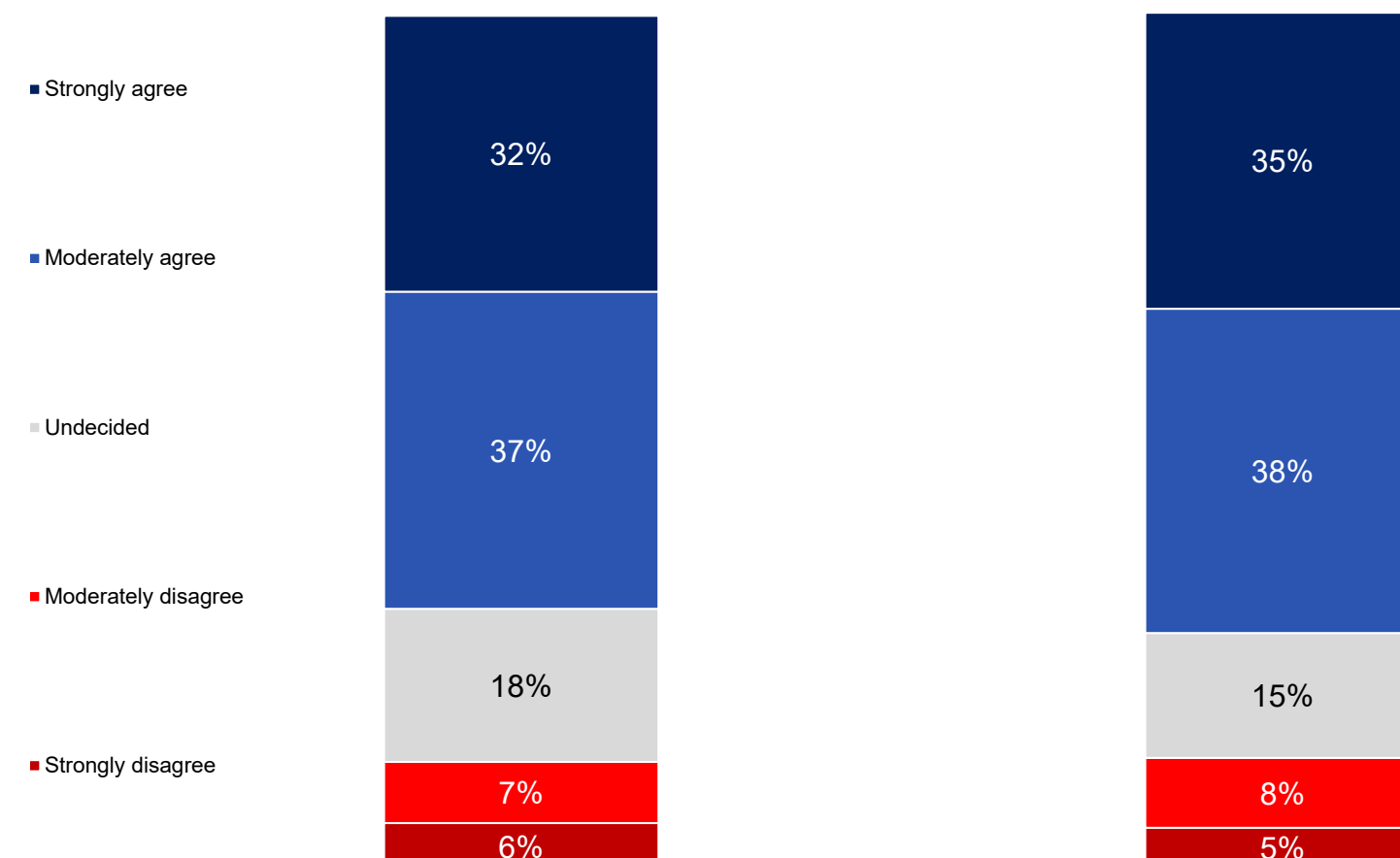
Figure 24: Respondents who believe HCPs spend more time focusing on them during health consults when AI voice recognition tools are used, %



67% believe HCPs spent more time focused on the respondent during health consult

Figure 25: Agreement with aspects related to most recent health encounter with HCP using AI voice recognition tools, % (excluding N/As)

"I felt heard and cared for during the encounter" *"I felt my health care concern(s) was addressed"*



69% agree

73% agree

Base: Respondents informed their HCP is using AI voice recognition software/tool during care (n=1,109)

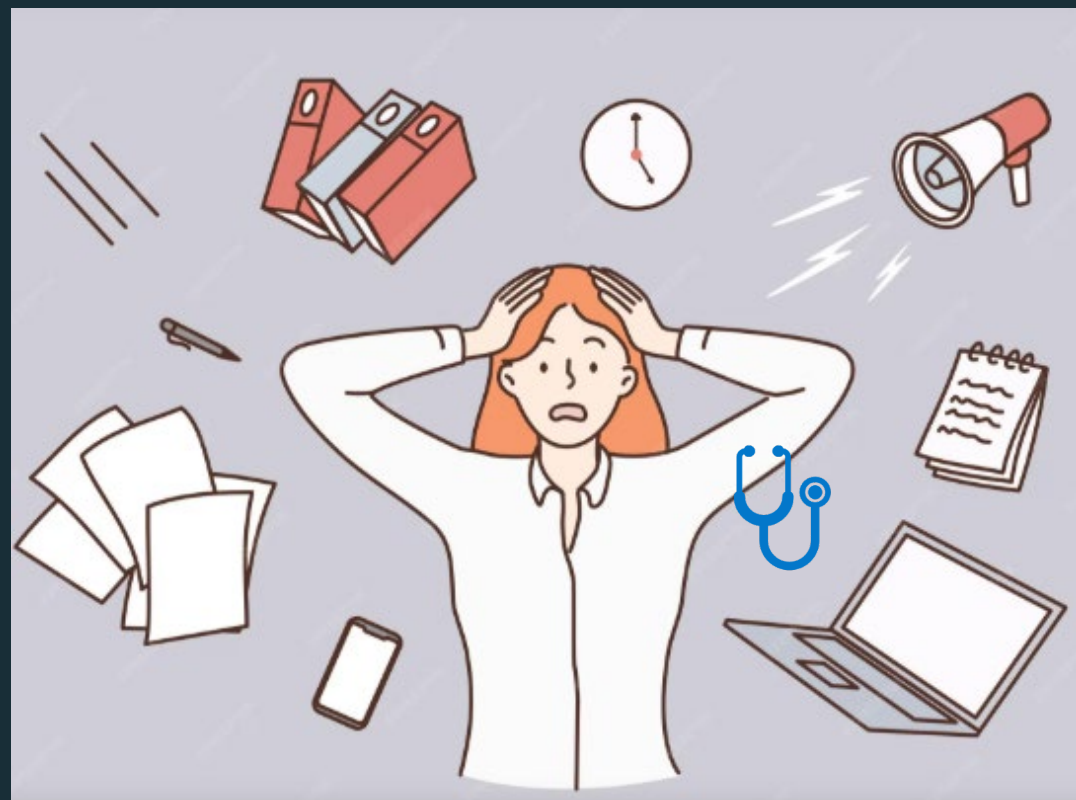
35. Do you feel your healthcare provider(s) spends more time focusing on you during consultations when AI voice recognition tools are used?

36. How much do you agree or disagree with the following statements when it comes to your most recent health care visit / encounter in which the healthcare provider(s) used AI voice recognition tools to assist with medical documentation? NAs were excluded from base of Q36.

Data Source: 2024 Canadian Digital Health Survey

What can be done ?

- We've established that the state of digital connectedness of care is sub-optimal for physicians and other clinicians.
- What steps can we take, to go from here ...



...To here ?



32 And, will AI-powered technologies help ?

Digital Health Interoperability Task Force

Purpose:

Advance the implementation of interoperable digital health solutions to improve the quality and safety of patient care, and streamline care delivery

- The Task Force released a final report, on November 18 2024.
- The Task Force report intended to:
 - Provide a physician perspective
 - Stimulate approaches and innovations to overcome key barriers
 - Ensure that implementation is practical at the front lines of care.



Taking Action

R1 Provide Guidance



A plan and tangible improvements within 5yrs

R2 Secure Commitment



A supportive policy and legislative environment

R3 Erase Barriers



Increase physicians' participation and engagement in a digitally connected health care system



R4 Support Clinicians



Organized Medicine to support Strategies and Guidelines for adoption

R5 Stimulate Innovation



Fund and advance connected care tech and solutions

- Address inadequacies of current EMRs; involve AI-powered



Policy Alignment – bill c72

Infoway partners with federal and provincial/territorial (PT) governments to align and implement national interoperability policy.

Connected Care for Canadians Act

Bill C-72 supports the goals of connected care in Canada by prohibiting data blocking and establishing requirements for interoperability and health data standards that health information vendors must follow.

- Health information technology is interoperable if it:
 - (a) allows the user to easily, completely and securely access and use all electronic health information and exchange all electronic health information with other health information technologies; and
 - (b) meets the standards, specifications or other requirements provided for in the regulations.

Solution:

AI Scribes

AI Scribes use artificial intelligence to automatically document clinical encounters in real-time, **helping primary care clinicians focus on what matters most – caring for patients.**

That's why Infoway is accelerating the adoption of AI Scribes by funding one-year licenses for up to 10,000 primary care providers starting this Spring.

Features Snapshot



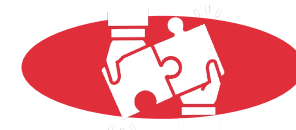
Transcription



SOAP Note



Multiple Note Templates

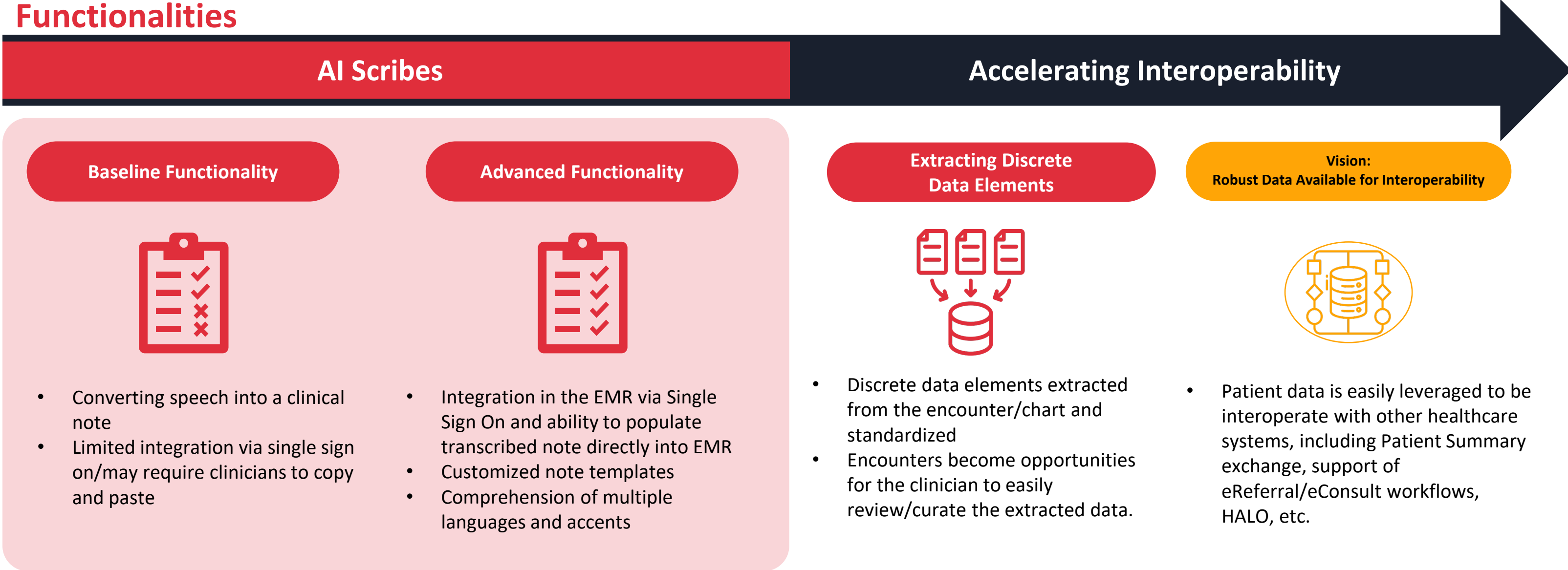


EMR/EHR Integration*

...and many more

Vision: AI to Accelerate Data Interoperability & Improve Primary Care Data Quality

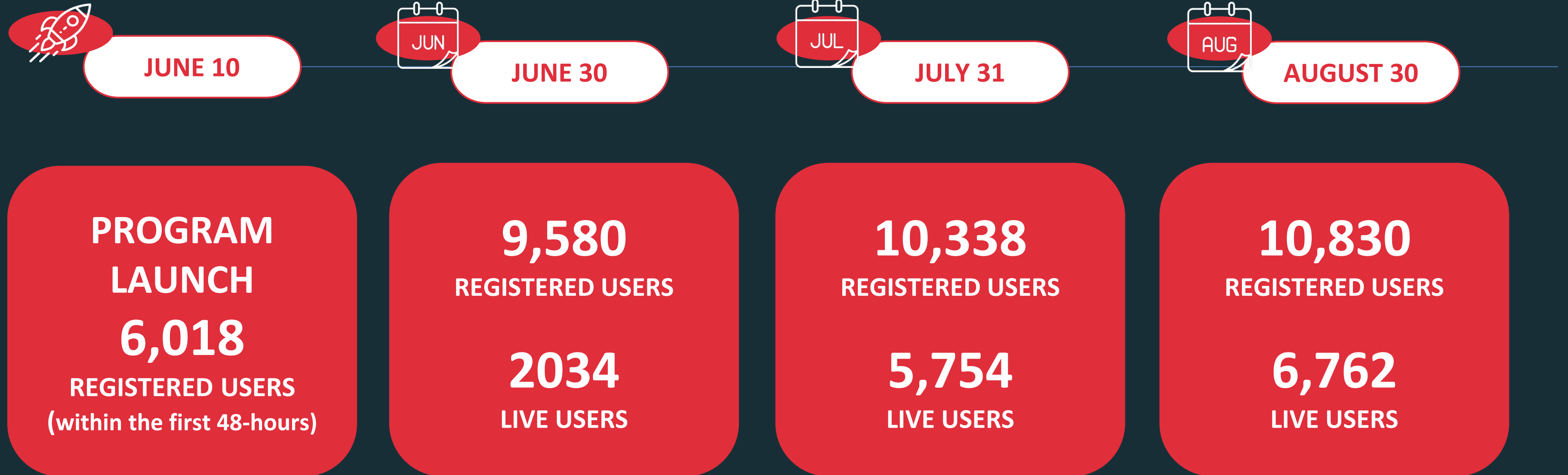
Functionalities



Benefits

- Improved Provider Capacity
- Enhanced Patient and staff experience
- Reduce harm from data gaps
- Improved Care delivery
- Foundation for improved care delivery
- Population Health Management
- Improved clinical decision support

Program Numbers



87% of users are actively using the AI Scribe solution, defined as completing more than 10 encounters per month with the tool.

Pulse Survey – sneak preview!



JULY 15

Survey distributed on July 15, 2025 to 1,913 active users. 567 responses (30% response rate)

94%

say AI Scribes save them time, with 62% report saving 30 minutes or more per day.

89%

report reduced administrative workload

85%

report lower cognitive burden

98%

would recommend AI Scribes to peers.

96%

say AI Scribes are easy to use.

Early findings, WIHV study: Impact on Clinicians



Work-life improvements

- 95% of interviewed providers reported lower administrative workload, less after-hours charting, and lower stress and reduced burnout



Time savings per patient:

- 5-20 minutes per day
- Higher savings for complex caseloads (up to 20 min)
- Cumulative savings for high-volume practices (up to 40 patients/day)



Note Quality & Barriers

- AI-generated notes are lengthy, can include omissions, still require editing from provider before signoff
- Adoption could be improved by better workflow integration, training, and EHR compatibility



WIHV study: Impact on Patients & Health System



Patient Experience:

- Less typing by care provider, more conversation
- Stronger engagement and presence
- Improved care quality by spending more time per patient



System-level gains:

- Appointments ran closer to schedule reducing in-clinic wait times
- Nearly 60% of providers indicated they had capacity for more appointments including same-day visits

*“Mentally before, when we were working all night, I don't know how we could take on more patients...but now [with an AI Scribe] I'm in a mental headspace to say, **“Okay, we can handle more.”**”*



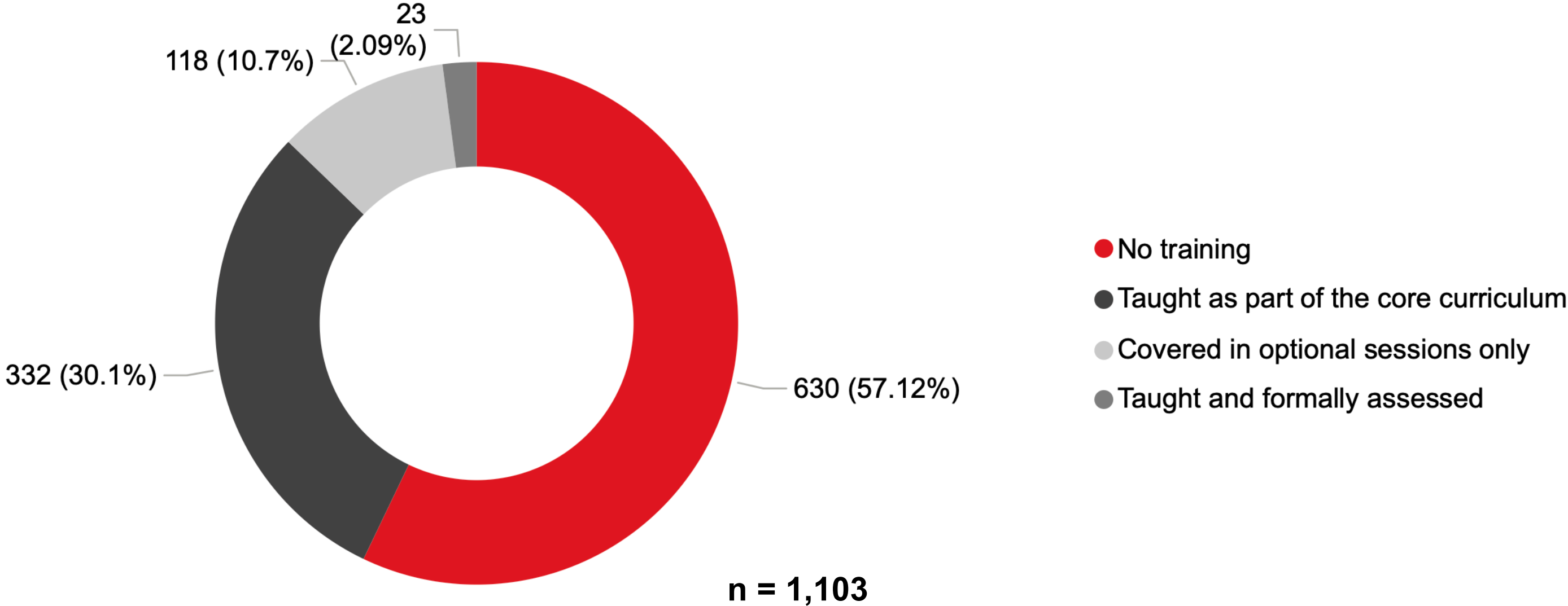
“Since we've been using the AI scribe, it's saving me about probably an hour of work a day with the extra charting that I would do, and I feel like I get to be more engaged with the patient.”



2025 CANADIAN MEDICAL STUDENT DIGITAL
HEALTH SURVEY (Sneak Peek)

FORMATS OF DIGITAL HEALTH TRAINING IN MEDICAL SCHOOL

Type of Digital Health Training Received at Medical School

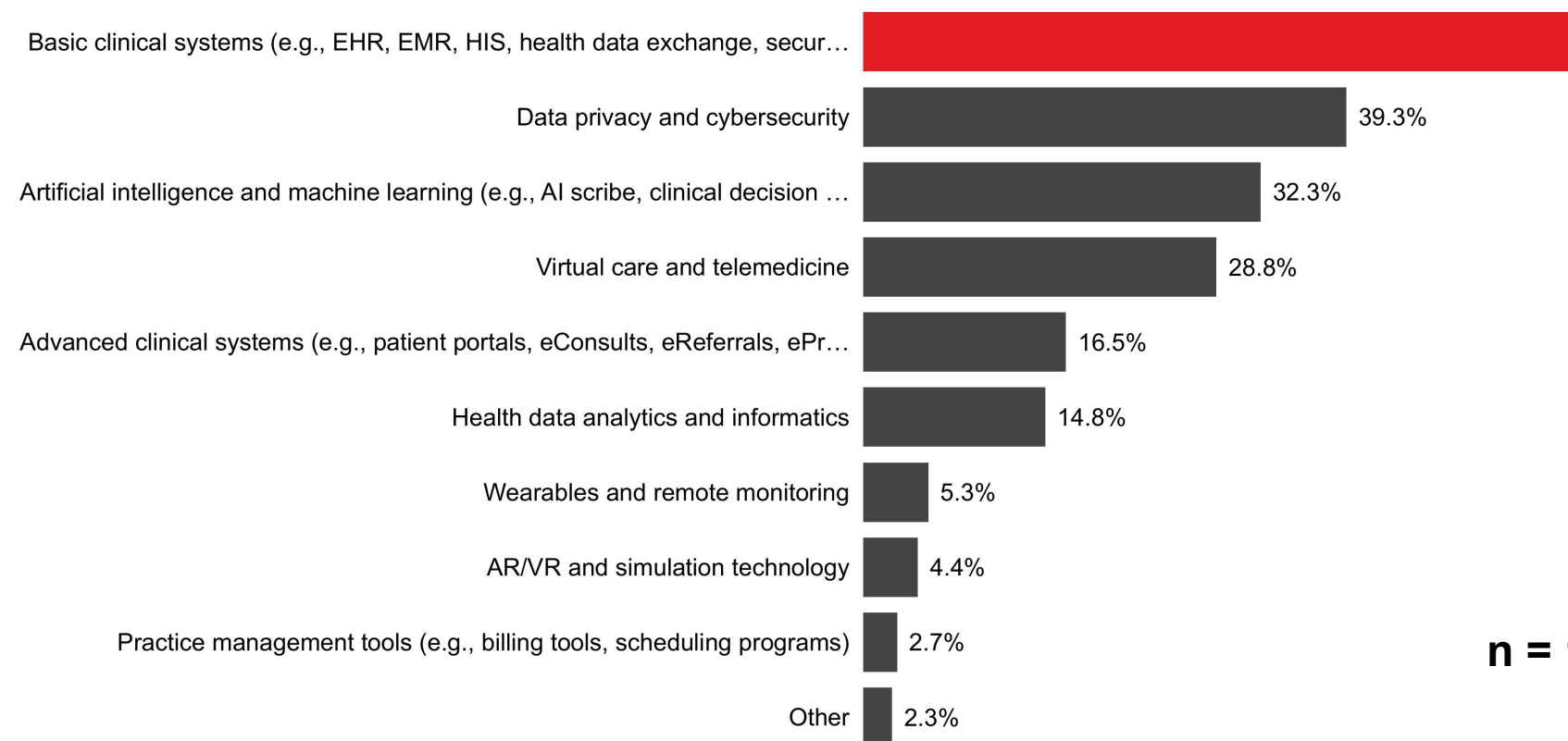


Q17. How have you received training on digital health at your medical school?

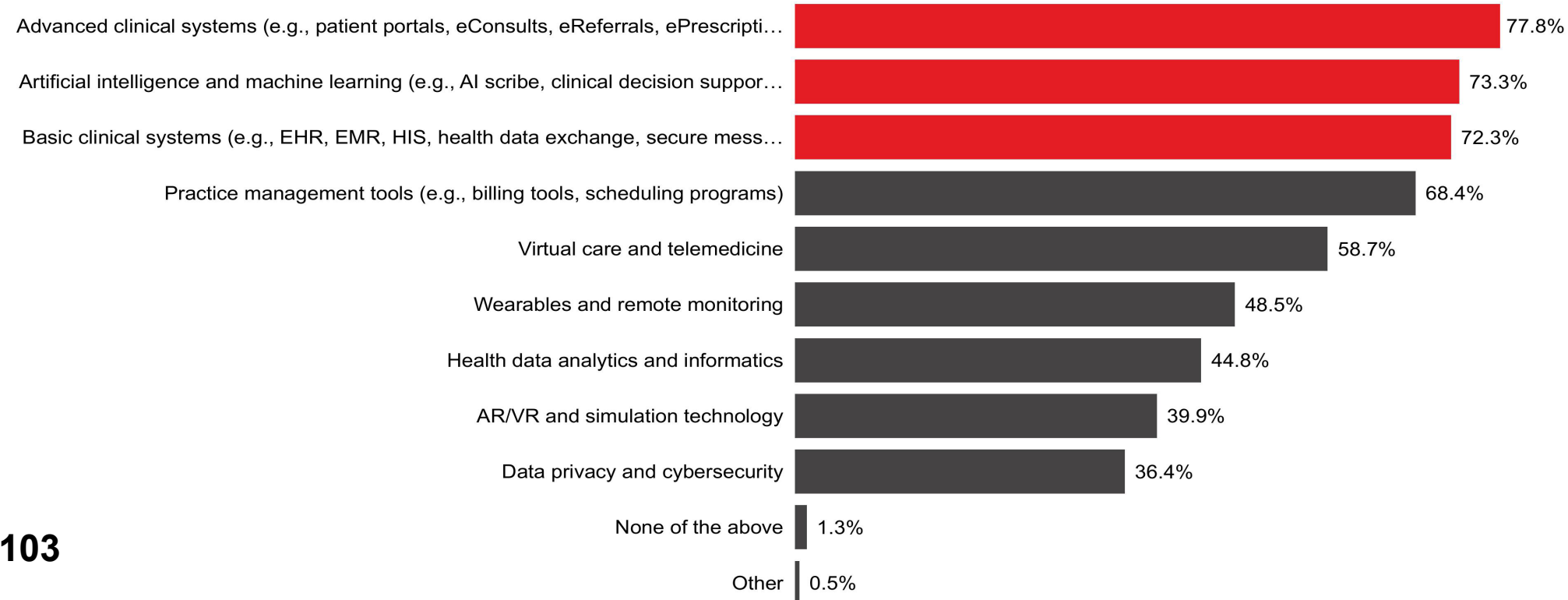
Over half of medical students (57%) report receiving no training in digital health, while about one in three (30%) say it is taught as part of the core curriculum. Only a small proportion indicate formal assessment (2%).

DIGITAL HEALTH TOPICS COVERED IN CURRENT TRAINING VS LEARNING PRIORITIES

Digital Health Topics Covered in Medical School Training (%)



Students Learning Priorities in Digital Health



n = 1,103

Q18. Which digital health topics have you received training on at your medical school?

Training in digital health most commonly covers basic clinical systems (61%) and data privacy or cybersecurity (39%), while fewer students report exposure to emerging areas such as AI and machine learning, virtual care or advanced clinical systems .

Q21. What would you like to learn more about when it comes to digital health?

Students express the greatest interest in learning about advanced clinical systems (78%), artificial intelligence and machine learning (73%), and basic clinical systems (72%).

Key Takeaways from Medical Student Survey

- Students are currently already using AI tools, etc. to support their medical education / clinical training
- Students believe that digital health will transform their clinical practice, BUT face mismatches between what is taught and what is needed

Full results to be released later this year!

Infoway Insights: An Interactive Data and Analytics Hub

Visualize and customize data collected by Infoway and our partners on topics such as interoperability, virtual care, e-prescribing and more.



*Scan to access
the latest data!*



Discussion and Conclusion

- Growth in digital health technologies adoption across the Canadian landscape may pave the road for interoperability (e.g., connected EMRs, AI-powered innovations)
 - Importance of considering frontline clinical workflow when designing solutions enabling interoperability (not just technical considerations)
- Future research exploring clinical stakeholders' perspectives on requirements and challenges of interoperability can inform more targeted policies and funding strategies
- Efforts must continue to make it easier for clinicians to participate in a digitally interoperable health care system.
- Adoption of AI-powered tools will increase, and must be accompanied by workforce education, regulatory frameworks, and low-risk applications to enhance patient safety and care.
- Legislation and multi-partite national collaboration will be essential.

THANK YOU!



PLEASE FILL OUT YOUR SESSION EVALUATION NOW

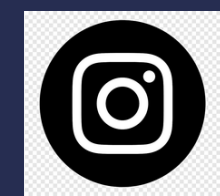
EVALUATION NOW



FOLLOW US

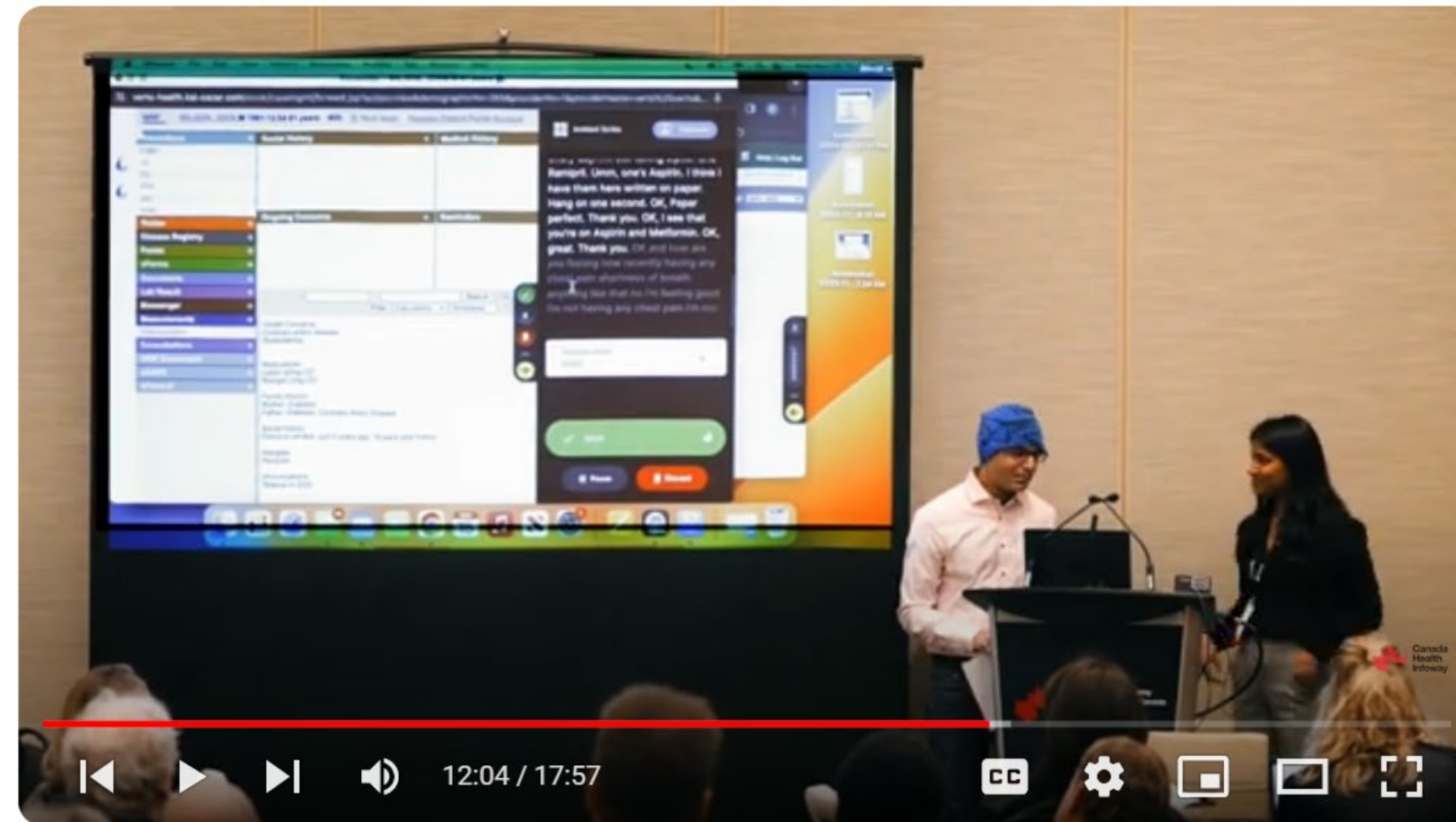


FamilyMedicineForum



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The Future is already here...



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