

## **Public Comment for the DOJ Workshop on Promoting Competition in Artificial Intelligence**

I appreciate the opportunity to provide input on the critical topic of artificial intelligence (AI) in healthcare. As an Assistant Professor of Neurological Surgery with extensive experience in both clinical practice and healthcare policy, I would like to offer several observations and concerns regarding the current and potential future impact of AI technologies in our field.

**1. Clinical Utility and Efficiency:** The conversations around AI routinely focus too much on automating otherwise simple clinical tasks. For example, the identification of a large vessel occlusion (LVO) or hemorrhagic stroke is a task well within the capabilities of a second-year neurosurgery resident. The marginal benefits of AI in such straightforward clinical decisions should be carefully scrutinized. The concern is that an algorithm would decrease efficiency by taking a simple task and adding needless alerts which only slow down clinician workflow. It is imperative that the FDA's regulatory framework for AI algorithms not only evaluates potential clinical benefits but also rigorously assesses possible efficiency losses. The EPIC Sepsis Alert serves as a pertinent example where AI implementation has led to decreased clinical efficiency rather than improvement.

**2. Regulatory Implications:** Current discussions around AI frequently emphasize its utility in navigating complex government regulations, including grant writing and HIPAA compliance. This approach is misdirected. Instead of utilizing AI to simplify regulatory compliance, a more effective strategy would involve re-evaluating and potentially de-regulating certain areas of healthcare to alleviate administrative burdens. This would foster a more streamlined and effective healthcare delivery system.

**3. Data Quality and Utility:** The utility of Electronic Health Record (EHR) data, in its present form, remains limited and often counterproductive to clinical decision-making. The focus should be on enhancing the quality and accessibility of EHR data, transforming it into a more valuable resource for healthcare providers. Effective use of AI in healthcare hinges on the availability of high-quality, actionable data, harnessing the ability of AI to take unstructured and disparate data, creating a cohesive overview of the patient's condition.

**4. Improving Clinician Workflows:** A significant oversight in current AI discourse is the lack of attention to the primary goal of enhancing the lives of physicians and nurses. AI should be leveraged to reduce administrative burdens and enable healthcare professionals to devote more time to patient care. Prioritizing the improvement of clinician workflows is essential for the successful integration of AI in healthcare.

**5. Data Ownership and Access:** The issue of corporate data hoarding poses a significant barrier to healthcare innovation. While Centers for Medicare & Medicaid Services (CMS) data is accessible, the pathways to obtain it have become increasingly obstructive and

costly. It is crucial that patients have ownership and control over their own data. Empowering patients with data ownership will enhance transparency and trust, ultimately benefiting public health outcomes.

In conclusion, while AI presents significant opportunities for advancing healthcare, its development and implementation must be meticulously regulated to ensure that it genuinely enhances clinical efficiency, respects patient data ownership, and improves the quality of care. I urge the Department of Justice to consider these points in their efforts to promote competition and innovation within the realm of AI.

Thank you for your consideration.

Sincerely,

Anthony M DiGiorgio, DO, MHA, FAANS  
Assistant Professor of Neurological Surgery, UCSF

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**Anthony M DiGiorgio, DO, MHA, FAANS**

Assistant Professor, **Department of Neurological Surgery, UC San Francisco**  
Affiliated faculty, **Philip R Lee Institute for Health Policy Studies, UC San Francisco**  
Director of Spinal Neurotrauma, **Zuckerberg San Francisco General Hospital and Trauma Center**  
Lead Neurotrauma Consultant, **San Francisco 49ers**  
Senior Affiliated Scholar, **The Mercatus Center at George Mason University**

Box 0899  
2540 3<sup>rd</sup> Street, Floor 5  
San Francisco, CA 94143  
cell: (805) 708-5894  
email: [anthony.digiorgio@ucsf.edu](mailto:anthony.digiorgio@ucsf.edu)  
<https://profiles.ucsf.edu/anthony.digiorgio>