A person in a white lab coat is shown from the back, interacting with a digital interface. The interface consists of a grid of hexagonal icons, each containing a different symbol: a DNA helix, a heart with a pulse line, a person silhouette, a chemical structure, a microscope, and a globe. The person's hands are raised, touching the icons. The background is a dark blue gradient with a faint grid of hexagons.


**THE** SHAPING A  
**TECHMED** HEALTHY  
**EVENT** FUTURE



# Evaluation versus Evolution

## *Technology Assessment of AI in healthcare*

Prof.dr. Erik Koffijberg – University of Twente



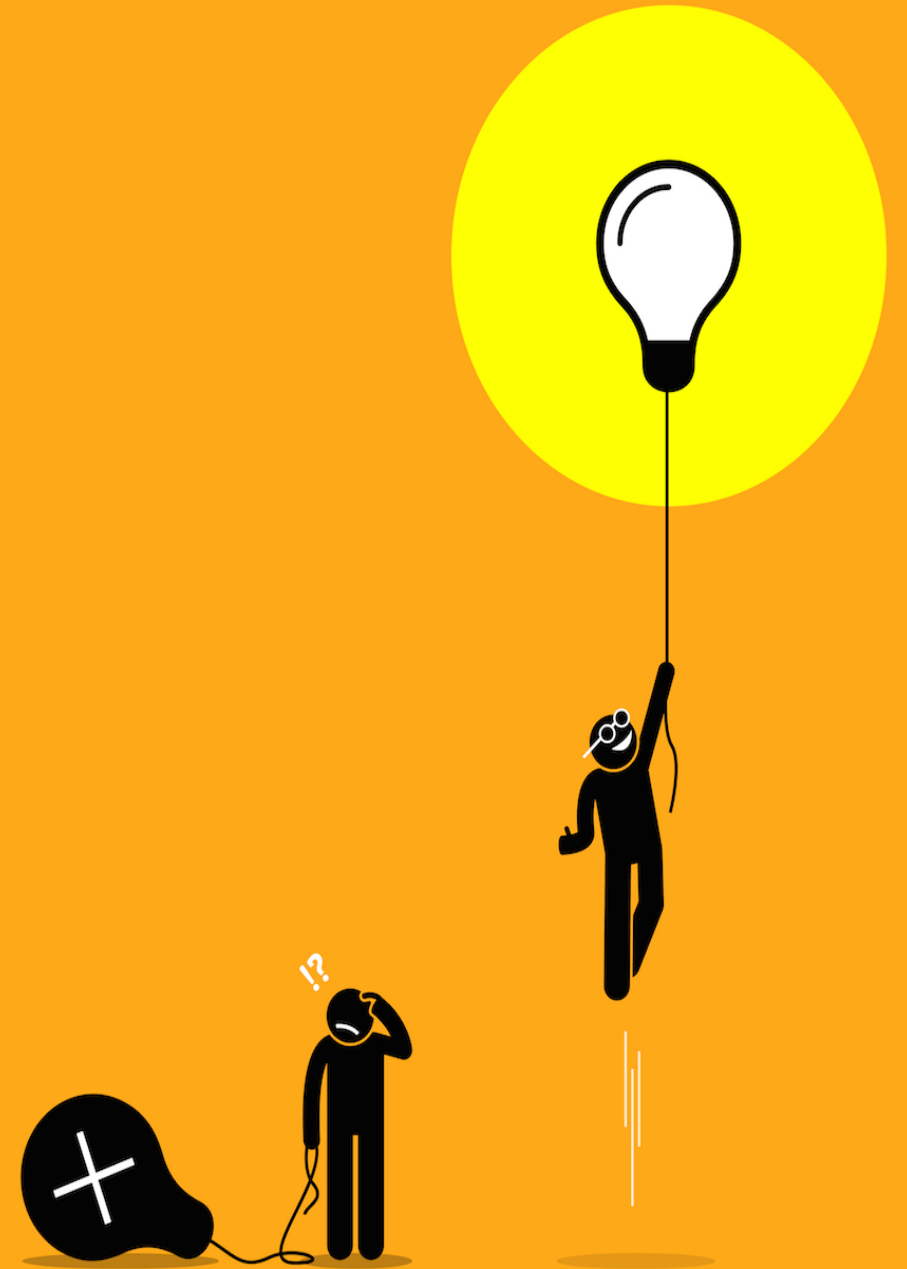
# DISCLOSURE





# My perspective

- AI tools are needed to help addressing the major challenges we face in healthcare
  - Some AI tools will actually do so
  - Other AI tools will not
- We need to distinguish between these tools, by
  - Evaluating the impact of AI tools
  - Which requires developing new methods for AI evaluation



## Differences or similarities?

- AI may be considered unique from a technological perspective and in its capabilities
- But most AI tools can be considered as diagnostic and prognostic tests and have similar goals as other health innovations



*impact perspective*



# Similar: potential positive and *negative* impact

## Original Investigation

June 21, 2021

☰ JAMA Internal Medicine

## External Validation of a Widely Implemented Proprietary Sepsis Prediction Model in Hospitalized Patients

Andrew Wong, MD<sup>1</sup>; Erkin Otles, MEng<sup>2,3</sup>; John P. Donnelly, PhD<sup>4</sup>; [et al](#)

EPIC Sepsis model (ESM) was used by >100 hospitals for early sepsis detection  
Epic claimed that the predictions made by ESM were 76-83% accurate

Independent testing (~38,500 hospitalizations, ~ 2,550 sepsis cases)

- ESM missed 67% of the people with sepsis.
- 88% of the ESM sepsis alerts were false alarms, creating “a large burden of alert fatigue.”



With the Patient at the Heart

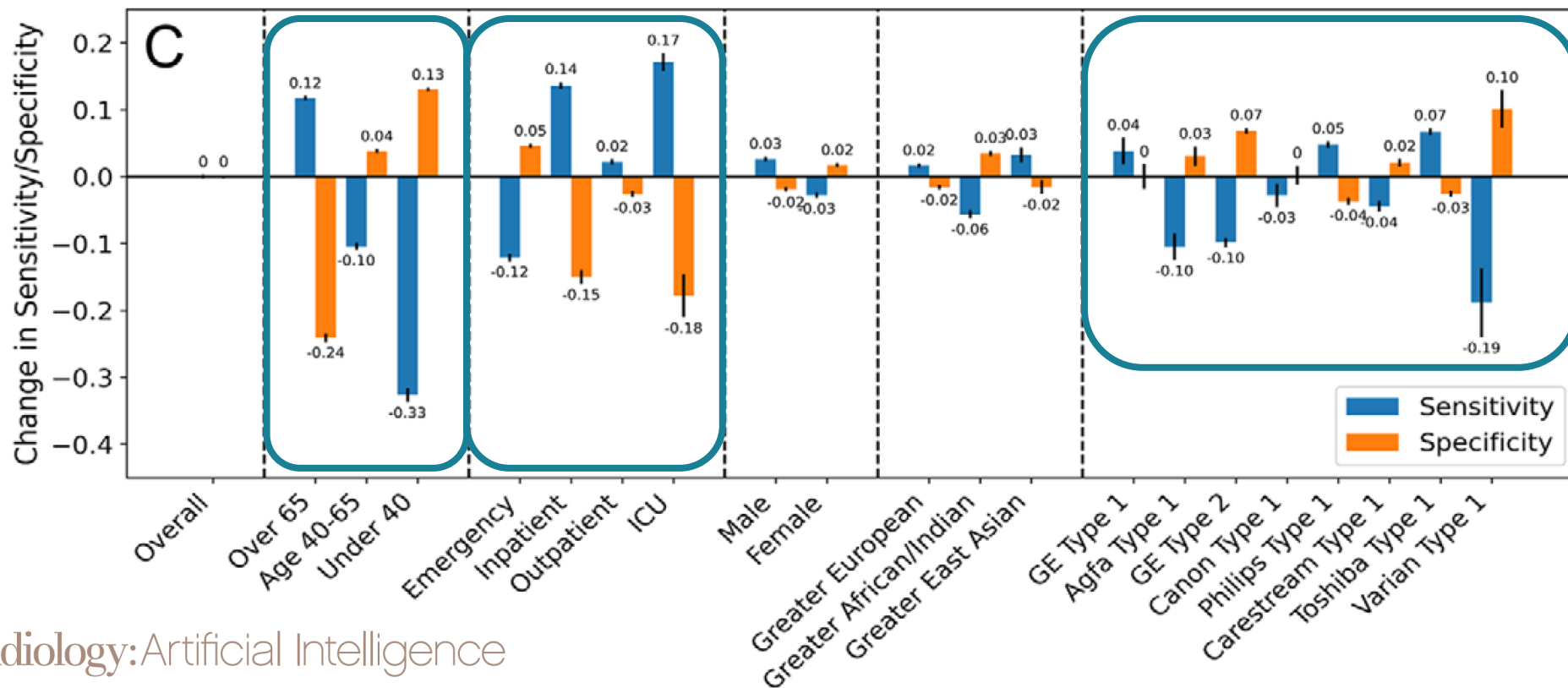
We develop software that helps people get well, helps people stay well, and helps future generations be healthier.

*Not all AI tools  
have good  
performance*

# Similar: impact depends on application & context

The Subgroup Imperative: Chest Radiograph Classifier  
Generalization Gaps in Patient, Setting, and Pathology Subgroups

**Best algorithm has 72% sensitivity and 82% specificity (~200,000-image-dataset)**



*Impact depends on (optimal) use*

- Ahluwalia M, et al. The Subgroup Imperative: Chest Radiograph Classifier Generalization Gaps in Patient, Setting, and Pathology Subgroups. Radiol Artif Intell. 2023 Jul 12;5(5):e220270.
- Huisman M, Hannink G. The AI Generalization Gap: One Size Does Not Fit All. Radiol Artif Intell. 2023 Aug 30;5(5):e230246.

# Different: impact on key outcomes typically unknown



- 224 AI tools for radiology
- 61 MDR certified, 158 MDD certified
- 88 AI tools applicable to CT scans

## Products



Subspecialty: Modality: CE: <sup>1</sup> CE class: <sup>1</sup> FDA class: <sup>1</sup> Sort by:

All ▾ CT ▾ All ▾ All ▾ All ▾ last modified ▾

- Just **20 studies** published reporting on health economic impact of AI (2015-2021)
- Insight into key benefits from AI is lagging behind technological developments

THEMED SECTION: ARTIFICIAL INTELLIGENCE | VOLUME 25, ISSUE 3, P340-349,  
MARCH 01, 2022

### Systematic Review of Health Economic Evaluations Focused on Artificial Intelligence in Healthcare: The Tortoise and the Cheetah

Madelon M. Voets, MSc • Jeroen Veltman, MD, PhD • Cornelis H. Slump, PhD • Sabine Siesling, PhD •  
Hendrik Koffijberg, PhD  

<https://grand-challenge.org/aiforradiology/>

Voets MM, et al. Systematic Review of Health Economic Evaluations Focused on Artificial Intelligence in Healthcare: The Tortoise and the Cheetah. Value Health. 2022 Mar;25(3):340-349.



# Why is AI impact on key outcomes unknown so often?

Health Technology Assessment methods have been developed for drugs (and can be applied to tests) but AI poses specific new challenges to (model-based) impact evaluation

*method perspective*



# Example: StrokeViewer – Large Vessel Occlusion on CT in stroke

Interhospital image sharing & streamline workflow

**Impact depends crucially on context, and can be different *for different hospitals*, based on Actual use of the tool**

- Available radiological expertise (e.g. daytime vs nighttime)
- Use as initial check or as double check
- For improved detection rate or for image sharing (or both)
- How downstream benefits to other departments are taken into account
- How consequences of time savings (faster diagnostic processes) are incorporated



# Example: StrokeViewer – Large Vessel Occlusion on CT in stroke

Interhospital image sharing & streamline workflow


## Impact is not fixed due to innovation dynamics

- Apple App Store: 20 updates from Oct 2021 - Oct 2023
- Changes in algorithm performance
- Changes in user interface (input, output, visualisation)
- Introduction of new features (secure chat for faster team alignment)

## Impact may change due to learning & hospital dynamics

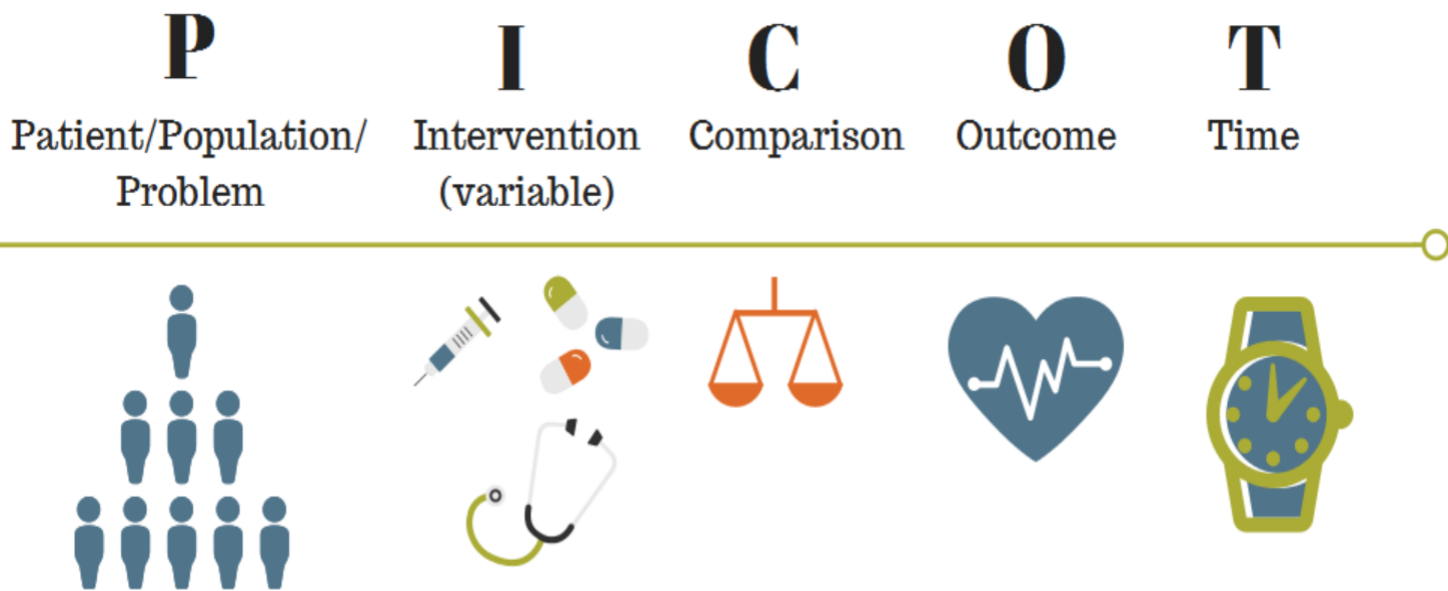
- Improve due to additional (context-specific) learning
- Decline due to model drift (case-mix, coding, imaging technologies)

### Version history



1.5.5	Oct 2, 2023
* Resolved issues with session length * Minor design and performance tweaks	
1.5.4	Aug 22, 2023
v1.5.4	* Resolved an urgent bug in the authentication flow
v1.5.3	* Improved authentication workflow <a href="#">more</a>
1.5.3	Aug 17, 2023
v1.5.3	* Improved authentication workflow * Improved support form * Various bugfixes and performance improvements <a href="#">more</a>
1.5.2	May 8, 2023
v1.5.2	* Improvements on alerting when forwarding a patient
1.5.1	Mar 20, 2023
v1.5.1	* In some cases connectivity issues occurred this is resolved. <a href="#">more</a>
1.5.0	Mar 10, 2023
v1.5.0	* Added link to privacy policy on about screen * Improvements on the notification section on the settings screen * Improvements on inter hospital communication * Bug fixes <a href="#">more</a>
1.4.9	Sep 23, 2022
v1.4.9	* Improved notification options * Modified the Settings interface * Updated onboarding and other experience adjustments * Monitoring & performance improvements <a href="#">more</a>
1.4.8	Aug 26, 2022
v1.4.8	

# Frameworks for health economic evaluations



**Evaluation**  
(static, one-off)

versus

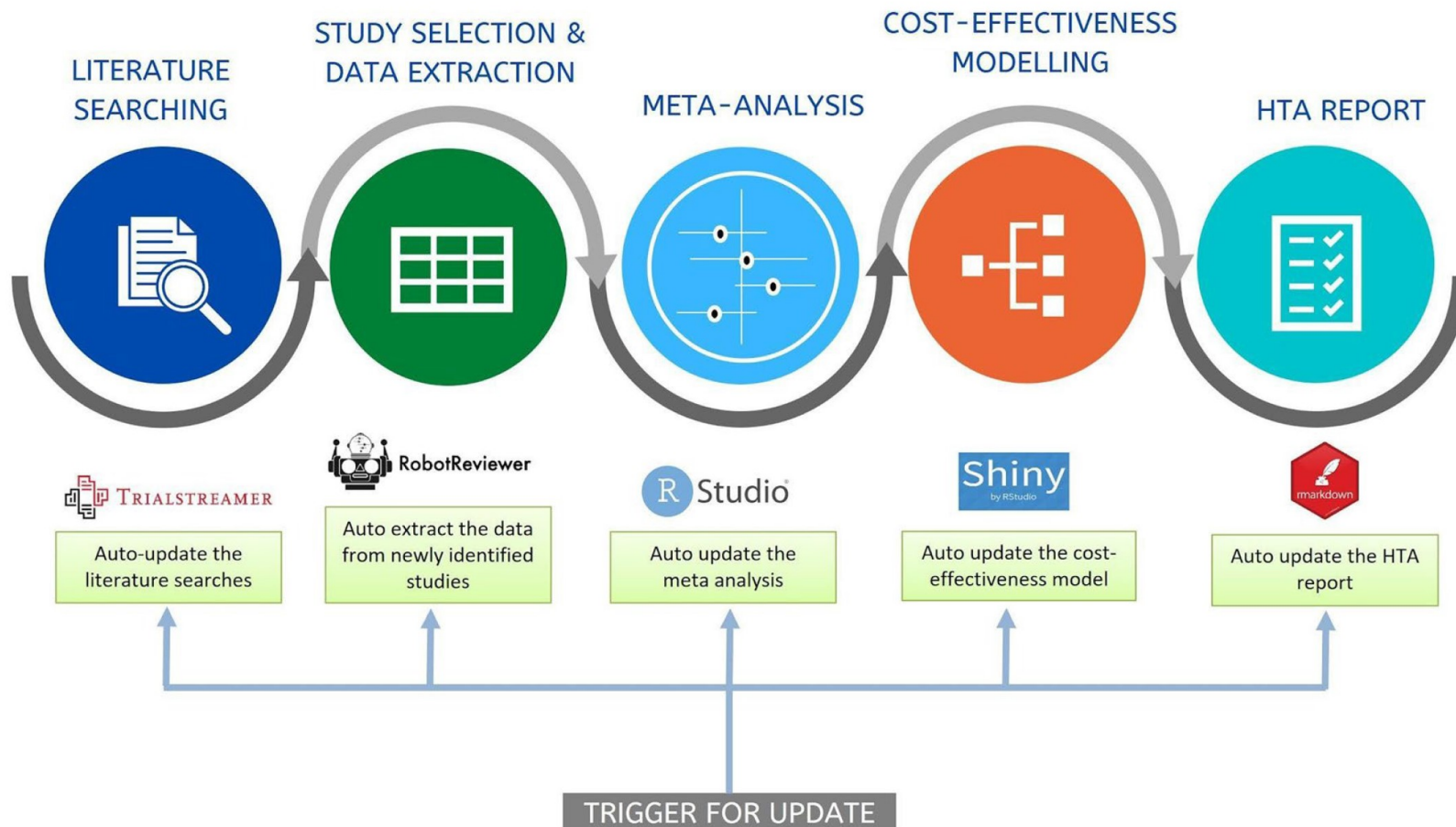
**Evolution**  
(dynamic)





# Technology Assessment of AI in healthcare - Way forward

## Living HTA, with manual or semi-automated updates



- Matches the AI development and updating process
- *Requires more time*
- *Requires more budget*
- *Requires ongoing stakeholder input*

# Increasing the impact of AI tools in healthcare - Way forward

## AI development & updating

## Living HTA (tailored)

## Sharing study data & results



# Thank you

**Prof.dr.ir. Erik Koffijberg**

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**TECHMED** HEALTHY  
**EVENT** FUTURE

[TIME SESSION] | [SESSION TITLE] | [SPEAKER]