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Artificial Intelligence Will Help Doctors, But Human Touch Remains Essential, While New Medical Technology Must Also Serve the Poor

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A BRAVE NEW WORLD is upon us with the advent of the role of Artificial Intelligence (AI) in health care. Experts say it will be another 10 to 15 years before AI will be fully integrated into the practice of medicine, but on numerous fronts, AI has already begun to impact the work of doctors. Already familiar are smartwatches that can detect falls, measure blood pressure and check heart rates. It is part of an emerging digital database that makes up the Internet of Medical Things, the nesting ground for AI.

Working at the cutting edge of AI-supported health care is Dr. Hassan Tetteh, War Fighter Health Mission Chief for the Department of Defense Joint Artificial Intelligence Center. He was recently interviewed by *The Wall Street Journal* and gave readers a glimpse of how AI can make magnificent contributions to health care.

For example, driven by the mighty computing power of the military and the enormous database of electronic health records covering the life span of military personnel, machine learning, and sophisticated algorithms are helping doctors with “early cancer detection, improving point-of-injury treatment and suicide prevention.”

The military has collected 55 million tissue specimens over the course of a century, producing an enormous “pathology database,” which, digitized and fed into the AI machinery, helps develop “new models to detect cancers such as prostate, colon, and metastatic breast tumors with greater precision and accuracy.” As to suicide prevention, AI makes possible natural-language processing that can “identify societal, emotional and other triggers,” found in documented cases, that brought individuals to commit suicide.

AI also played a key role, reports Dr. Tetteh, in examining Medicare and Medicaid data, “so that we were able to see clearly how COVID-19 was progressing through the US elderly, down to the ZIP code level. Accordingly, Personal Protective Equipment and doctors were steered toward “communities overrun with cases.”

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AI is a benefit in many other ways, including in the form of robotic surgery, which has proven effective, for example, in the suturing of extremely narrow blood vessels. Then there is the AI-assisted administering of precision medicine as well as the development of new drugs. Smart automation can also free up doctors from an estimated 7.8 hours a week spent on administrative duties.

However, as AI becomes standard practice in medicine, a cost factor comes into play. Developing and applying the new technology is extremely expensive; the free market will steer new benefits to privileged groups in society who are covered by private insurance—but what about the poor, the most vulnerable who rely on traditionally under-funded Medicaid?

Pope Francis has spoken in terms of “therapeutic inequality.” The Pope has charged that “progressively more sophisticated and expensive treatments are accessible to increasingly restricted and privileged groups of people [and] access to care risks depending more on peoples’ economic resources than on their actual health-needs.” A failure to “overcome inequalities,” the Pontiff has said, creates “the painful reality that not all lives are the same and health is not protected for everyone in the same way.”

This is a major concern for SOMOS Community Care, a network of 2,500 doctors—most of them primary care providers—serving some 1 million of the poorest Medicaid recipients in New York City. The patient population is mainly Hispanic American, Asian American, and African American. SOMOS doctors operate according to the innovative Value-Based Payment formula, which has doctors paid not according to discreet medical services—as is traditional Medicaid—but according to the longer-term well-being of their patients. Taking better care of patients has produced significant savings for New York State taxpayers as patients are kept out of emergency rooms and hospital beds.

SOMOS doctors provide superior care thanks in part to the maintenance of a state-of-the-art digital patient database, which, in due time, could lend itself to AI analysis and application. It is crucial that federal and state governments not neglect to invest in AI to improve medical care for the neediest patients—it is both the ethical and the smart thing to do.

As it stands, SOMOS doctors have already in place a vital ingredient that must complement even the most sophisticated application of AI: the human bond between doctor and patient. SOMOS doctors—supported by teams of Community Health Workers with knowledge of patients’ home lives and social stressors—intimately know their patients’ medical, behavioral and social needs. They have earned the trust of the people under their care.

There is no substitute for human empathy, the heart of compassion—a doctor listening to a patient who feels heard and known. No machine-learning, robot, algorithm, or other AI application can ever substitute for that relationship and hearing out what patients have to say in their pain or sorrow.



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It makes medical sense. As Dr. Tetteh has put it to his students: “Always listen to your patients before running tests—they will tell you their diagnosis.”

Mario J. Paredes is CEO of SOMOS Community Care, a network of 2,500 independent physicians—most of them primary care providers—serving close to a million of New York City’s most vulnerable Medicaid patients.