

PRE-SUMMIT SESSION B

AI Workshop



Introduction by:
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AUGUST 31
2:00PM-4:00PM



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REGENCY BALLROOM G

Put an Agent on Your Team

Using AI the Right Way in Rural Healthcare a Hands-On Lab

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SESSION INFO

Pre-Summit Session B: AI Workshop

Mon, Aug 31, 2026 · 2:00 - 4:00 pm
Regency Ballroom G

BYOD: have a laptop or smartphone out, you will use it.

Disclosures & How We Handle Sources

Disclosure

I have no relevant financial relationships to disclose.

Sources

Key factual claims are referenced. Full citations are at the end and in the packet and current as of this presentation. The landscape changes quickly do your research

Synthetic data

No real patient data appears in this session. All cases are fictional and no animals were hurt in the making of this presentation

Meet the Agent

⚡ LIVE DEMO • WATCH THE SECOND SCREEN

RUNNING BACKGROUND TASK

"Build a next-cycle Rural Health Transformation Program concept brief for a 3-provider primary care clinic in Bamberg County, South Carolina."

AUTONOMOUS PROCESS

It will read public sources, plan its own steps, and write - **while we spend the next two hours together.**

LIVE EVALUATION

We will grade its work at the end

⚠ **Emerging capability** - workflow demonstration, not validated clinical evidence. Verify every source and recommendation before real-world use.

A Visit With No Keyboard

LIVE DEMO • 2-MINUTE VISIT

A Visit With No Keyboard

A scripted, **synthetic** rural telehealth encounter - zero real patient data used.

AMBIENT AI REAL-TIME OUTPUTS

Watch ambient AI turn one conversation into:

SOAP • A structured **SOAP note** for the chart

PATIENT • A **6th-grade reading level** patient summary

SPANISH • The same summary **in Spanish**

EVIDENCE • Peer-reviewed studies associate ambient scribes with **less documentation burden and lower burnout**; effects vary and notes still require human review.

Scribe Demo Place Holder

What You Will Walk Out Able To Do

01 Prompt & verify

Build a structured prompt and verify the claims that matter before use.

02 Match autonomy to oversight

Separate clinical AI taxonomy from agentic workflow autonomy and set human approval points.

03 Design & govern

Turn an AI output into a real use case and pressure-test it with FAVES + agent controls.

04 Ground & pitch

Use authoritative documents to shape that same use case into a source-grounded rural transformation concept.

From Chatbot to Coworker

The change is not just better answers - it is more ability to plan, use tools, and take steps.

CHATBOT

Usually, a single turn or task.

You ask; it answers.

ChatGpt, Claude, Gemini, Woebot, Wysa, Youper

COPILOT

Drafts, summarizes, translates, recommends - while you steer.

Works inside your workflow.

Microsoft Copilot, Gemini for google workspace, Abridge, Suki AI, Nuance DAX Copilot

AGENT

Plans multiple steps and uses permitted tools such as search, files, or software.

Works toward a goal.

Claude Cowork, Hippocratic AI, Notable

Two autonomy lenses - do not mix them

AMA taxonomy classifies clinical AI outputs. Agentic autonomy describes how a workflow is carried out. For agents, start narrow with clear permissions, measurable work, and human review before high-consequence actions.

AMA AI Taxonomy: Three Categories

AMA CPT APPENDIX S · UPDATED JUN 2026 · REVISIONS EFFECTIVE JAN 1, 2027

Autonomous - CPT category

- Independently generates clinically meaningful interpretations.
- Only this category has Levels I–III, based on clinician/QHP involvement.

Augmentative - CPT category

- Produces a derived clinical parameter such as a score or classification
- It does not independently interpret or conclude.

Assistive - CPT category

- Provides clinically relevant data without deriving a parameter, interpretation, or conclusion; the clinician/QHP interprets it.

TWO DIFFERENT AUTONOMY LENSES

Do not map “agentic AI” to AMA Autonomous. AMA classifies clinical software by its output; agentic AI describes how a workflow plans, uses tools, and acts.

*Assess both: What clinical output is generated?
What action is the system allowed to take?*

Good First Targets for Agentic Workflows

Scheduling & verification

Appointment matching, eligibility checks, routing

Prior authorization

Documentation mapping, eligibility, status tracking

Denials & revenue cycle

Appeal drafting, work-queue routing, resolution workflow

Coding & documentation

Extraction and standardization from clinical text

Inbox & intake triage

Classification and drafting before human review

WHY THESE FIRST

Structured steps, measurable throughput, explicit handoffs, and actions that can be reviewed or reversed.

Start narrow. Expand only after local validation, monitoring, and clear ownership.

The Math Rural South Carolina Is Up Against

41.2%

of rural hospitals nationally are operating in the red.

Chartis 2026

52.2%

are in the red across the 10 non-expansion states, including South Carolina.

Chartis 2026

206

rural hospitals have closed or converted to models without inpatient care since 2010.

Chartis 2026

Every clinician-hour we recover is an access intervention.

The Evidence: Buying Back Clinician Time

Randomized crossover trial (JAMIA, 2026)

160 outpatient clinicians: both tools reduced personal/work burnout; objective efficiency gains were modest and product-dependent.

Real-world time-motion study (JMIR Medical Informatics, 2026)

169 visits, 9 clinicians: documentation time fell 15%; eye contact rose 10.6%; total cycle time did not change significantly.

Multicenter quality-improvement study (JAMA Network Open, 2025; PMID 41037268)

263 clinicians across six health systems: burnout fell 51.9% → 38.8% after 30 days; after-hours documentation also improved.

ESTABLISHED · PEER-REVIEWED

Caveats Stated Plainly

Study designs and effect sizes vary; note quality still needs human review, and none of this removes the clinician from the loop.

AI should not replace clinicians.

Its best role is multiplying the capacity of the ones we have.

Before You Touch a Keyboard: Sandbox Rules

LAB 1 · SETUP

1

Synthetic only today

Use the fictional cases in your packet. Do not enter real patient information into a public/consumer AI tool for this lab.

2

Approved deployment matters

Free vs. paid does not determine HIPAA readiness. BAA, retention, permitted use, logging, and controls must match your organization's deployment.

3

Stay outside production

Today's work is practice: no live chart, no real payer case, no production workflow, no DIY de-identification.

The goal is to learn the workflow without creating a privacy problem.

Build a Better Prompt: Five Parts

Five prompts inside one prompt: tell the model who, what, the job, the shape, and the boundaries.

ROLE

Who?

Patient-education writer

CONTEXT

What facts?

Synthetic rural diabetes
case

TASK

What job?

Explain A1c + next steps

FORMAT

What shape?

One page + teach-back

CONSTRAINTS

What limits?

6th-grade · flag claims

Put it together

Act as a patient-education writer for a rural primary-care clinic. A synthetic 58-year-old farmer has a new A1c of 9.2% and limited internet access. Create a one-page handout that explains A1c and gives three practical next steps. Use short headings, bullets, and three teach-back questions. Write at a 6th-grade reading level, do not invent treatment recommendations, and flag claims that require verification.

Structure does not make the information truth. Verify before use.

Prompt It

LAB 1 · 8 MIN

Synthetic case

58-year-old farmer

New A1c: 9.2%

45 minutes from nearest clinic

Limited internet at home

1 Build

Use Role · Context · Task · Format · Constraints.

2 Draft

Create a one-page, 6th-grade handout with action steps and 3 teach-back questions.

3 Verify

Create a table: Claim | Source needed | Risk if wrong | Verification status. Do not invent citations.

Debrief: What Did It Nail? What Did It Fudge?

PAIR-SHARE · 5 MIN

Tell your neighbor: one thing it did better than expected - and one thing it got wrong or fudged.

Fluent does not equal accurate

Confidence and polish are not evidence.

Specifics are riskier

Doses, thresholds, dates, and statistics deserve extra verification.

Readability drifts

Ask for a reading level — then re-check the result.

The lesson

Verification is not a step you add at the end. It is the workflow.

Where PHI Can and Cannot Go

Consumer / public AI

For this lab: no PHI.

In production, only use PHI in an organization-approved deployment with required agreements and controls.

Enterprise AI + BAA

A BAA addresses HIPAA responsibilities. Separately verify permitted use, retention, training/data-use terms, subprocessors, logging, and access controls.

EHR-embedded AI

Existing agreements may apply, but still verify scope, subprocessors, retention, monitoring, and your disclosure/consent policy.

Ask four questions

Who receives PHI? · Under what contract? · For what permitted use? · With what controls?

FAVES + Agent Controls: Two Lenses

FAVES comes from ONC's quality framework for predictive decision support. For this lab, use it as a quality question set - not as a certification seal.

QUALITY LENS - FAVES

- F Fair** Who could this work worse for?
- A Appropriate** Is AI the right tool for this task and setting?
- V Valid** What evidence shows it works with data like ours?
- E Effective** What measurable outcome does it improve?
- S Safe** What happens when it is wrong?

ACTION LENS - AGENT CONTROLS

- Scope + permissions** What is the agent allowed to read, write, send, or change?
- Approval thresholds** Which actions require a named human before execution?
- Logging + audit** Can we reconstruct what it did, with what data, and why?
- Stop + reverse** Can we halt, undo, or safely recover from a bad action?
- Monitor + owner** Who watches performance and owns incidents after launch?

Bias, Rural Edition

The CTRC AI Toolkit emphasizes that bias can enter across the full AI lifecycle - not only through training data.

Urban assumptions

“See a specialist this week” fails when one is hours away.

Connectivity assumptions

Portal/app-only follow-up fails when broadband or devices are limited.

Language + literacy

Output may default to complex English that does not fit the community.

TEST THROUGH THE LIFECYCLE

Pre-deployment



Deployment



Post-deployment



Continuous improvement

Rural fit is part of validation

Test local staffing, distance, connectivity, workflow, language, and patient mix — not only benchmark performance.

Need a Use Case? Start Here

Keep the Lab 1 patient-education idea, use a problem from your organization, or borrow one of these.

Patient education

Draft plain-language, source-grounded education after a visit.

Navigation & intake

Route requests or prepare intake with clear escalation paths.

RPM summarization

Surface trends and exceptions for clinician review.

Ambient documentation

Reduce clerical burden while preserving human review.

Access coordination

Identify transportation or community resources; verify that information is current.

Pick one and keep it

The same use case moves through FAVES and then into the Rural Health Transformation pitch.

LAB 2 · Turn Your Output Into a Use Case

10 MIN · BUILD ON LAB 1

We want AI to help [WHO] do [WHAT] so that [OUTCOME].

Trigger

What starts the workflow?

Example: a diabetes visit is completed.

AI job

What may the AI draft, summarize, classify, or prepare?

Human job

What must a person review, approve, correct, or decide?

Success measure

How will you know it helped?

Time · access · quality · understanding

Default: build from the Lab 1 handout

AI drafts source-grounded patient education; a clinician approves before release; measure clinician time and patient understanding.

LAB 2 · Pressure-Test Your Use Case

5 MIN · GROUP DISCUSSION

F · Fair

Who could this work worse for?

A · Appropriate

Is AI the right tool for this step? What stays human?

V · Valid

What evidence or local testing would you require?

E · Effective

What measurable outcome should improve?

S · Safe

What happens when the AI is wrong?

Then make it agent-ready

What may it read, write, send, or change? Where is human approval? Can you stop, undo, and audit the action?

Leave with four answers

Biggest risk · Mitigation · Human approval point · One measure

South Carolina's \$200.03M FY2026 RHTP Award

FEDERAL + STATE SOURCES

\$200.03M

South Carolina FY2026 Rural Health Transformation award.

SCDHHS / CMS

5

state initiatives: Connections to Care, Leveling Up, Wellness Within Reach, Shoring Up to Sustainability, Tech Catalyst Fund.

SCDHHS

712

Year-1 applications received across four SCDHHS funding opportunities; award determinations issued July 31, 2026.

SCDHHS

Next-cycle rule

Ground the AI in current SCDHHS/SCRA materials. Do not let it assume eligibility, dates, match requirements, or available funding. Bring your open questions to Wednesday's 9:00 am RHTP Update.

LAB 3 · Fund the Use Case You Just Designed

15 MIN

BUILD → GOVERN → FUND

1 Ground

Use current SCDHHS RHTP materials. Source documents first; ideas second.

2 Translate

Describe: problem · intervention · safeguard · measure · rural impact.

3 Draft

Create a short next-cycle concept mapped to one initiative. Label assumptions and unknowns.

4 Ask

Draft three SCDHHS questions about eligibility, match, sustainability, or fit.

Prompt pattern

“Using only the current SCDHHS materials, assess where our use case may fit. Cite the source for each program requirement. Do not invent eligibility, funding, dates, or match requirements. Draft a 120-word concept and list the questions we still need SCDHHS to answer.”

The Reveal: Grade the Agent

[RETURN TO SECOND SCREEN](#)

Use case

Did the agent define the rural problem and intervention clearly?

Governance

Did it identify safeguards, human ownership, and meaningful measures?

Grounding

Are its program claims actually supported by the current source documents?

The division of labor

The agent can research, structure, and draft. Your team supplies local context, verifies the evidence, sets the guardrails, and decides.

The Proper-Use Checklist

1 Synthetic first

Today: no real patient data. Production PHI only in an approved deployment.

2 Verify high-risk claims

Separate drafting from verification; check authoritative sources.

3 Name the reviewer

Human review is a person and a responsibility - not a vague rule.

4 Know the deployment

BAA scope, permitted use, retention, training/data use, subprocessors, audit rights.

5 Bound the agent

Limit permissions; log actions; require approval where needed; make bad actions stoppable/reversible.

6 Monitor + disclose

Follow local policy for monitoring, incidents, and when AI materially shapes patient/staff work.

For new use cases: FAVES quality questions + agent controls + local governance.

Where to Keep Learning

National TRC Network

telehealthresourcecenter.org

National resource hub with free telehealth tools and access to the regional TRC network.

Health Care AI Toolkit v2.0

[AI Toolkit PDF · CTRC / NCTRC · 2024](#)

Governance, bias, FAVES, and vendor-evaluation questions used throughout this lab.

SETRC — South Carolina

setrc.us

South Carolina's regional TRC for state- and region-specific telehealth assistance and resources.

MATRC Resource Library

matrc.org

Cross-regional reference library: vendor selection, AI-scribe implementation, and telehealth toolkits.

For South Carolina-specific help, start with SETRC. MATRC is included only as a reusable resource library, not as South Carolina's regional center.

References & Resource Links

- SCDHHS. South Carolina Awarded \$200 Million in Rural Health Transformation Program Funding. Dec 30, 2025.
- SCDHHS. RHTP funding opportunities/FAQs and Notices of Award Determination. 2026.
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- Chartis Center for Rural Health. 2026 Rural Health State of the State.
- California Telehealth Resource Center. Health Care Artificial Intelligence (AI) Toolkit, Version 2. Jul 23, 2024.
- National Rural Health Association. Artificial Intelligence in Rural Health Care: A Policy Roadmap. Dec 2025.
- ASTP/ONC. §170.315(b)(11) Decision Support Interventions Test Method. Current 2026.
- ASTP/ONC. HTI-1 Decision Support Interventions Fact Sheet.
- AMA. CPT Appendix S: Taxonomy for AI in Medical Services & Procedures. Updated Jun 2026.
- Chowdhury A, et al. Comparing ambient scribes: randomized crossover trial. JAMIA. 2026;33(5):990–999.
- Tan JYE, et al. Impact of an Ambient AI Scribe Among Clinicians and Patients. JMIR Med Inform. 2026;14:e85580.
- Olson KD, et al. Use of Ambient AI Scribes to Reduce Administrative Burden and Professional Burnout. JAMA Netw Open. 2025;8(10):e2534976.
- NCTRC: telehealthresourcecenter.org · AI Toolkit PDF: telehealthresourcecenter.org/.../AI-Toolkit-2024-version-2.0-1.pdf · SETRC: setrc.us · MATRC: matrc.org

Thank you — now go put an agent to work, properly.

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