2026 Oregon Rural Health Conference Presentation Slides

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Accelerating AI innovation, Governance & Workforce Upskilling in Rural Health



43RD ANNUAL OREGON RURAL HEALTH CONFERENCE

OCTOBER 8, 2026

Introductions



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Microsoft Elevate



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Microsoft Elevate

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About Rural Health Community

MISSION

Non-profit empowering rural health innovation through high-impact technology solutions, shared expertise and collaboration.

Partnered with Microsoft Elevate and other industry collaborators.

OBJECTIVES

1	Resilient Operations	Enable cost-effective, specialized programs that safeguard viability for rural healthcare.
2	Drive Collaboration	Foster relationships across rural healthcare operational and IT ecosystems.
3	Champion Sustainability	Influence public- and private-sector policy supporting long-term rural healthcare resilience.



Unlock Member Benefits
ruralhealthcommunity.org

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Microsoft Elevate: Widening the Circle of Opportunity

Talent Is Universal, but Opportunity Is Not.

Microsoft Elevate supports 450,000 educators and nonprofits worldwide— including 1,200 FQHCs and 1,000 rural hospitals & clinics – with discounts, services, and resources to help them thrive in the AI economy

(Rural) Health Resiliency Program

Cybersecurity

- Free cybersecurity assessments
- Free cybersecurity training
- Foundational cyber certification

AI & Innovation

- AI Learning Path
- Free Cloud & AI Assessments
- Claims Denial Navigator

Affordability

- Nonprofit pricing*
- Dragon Copilot Discounts*

Eligible hospitals: independent CAHs, REHs, RCHs

Learning Objectives

1. Understand **practical AI use cases that support operational efficiency and care delivery without increasing workforce burden**.
2. Apply strategies for **recruiting, retaining, and upskilling rural health workers**, including digital literacy, AI readiness, and new role design.
3. Explore **innovative education and training pathways**—including partnerships with community colleges, workforce boards, and public health organizations—that build local talent pipelines.
4. Identify current healthcare **policies and regulatory considerations affecting AI adoption** and workforce models in rural hospitals, clinics, and public health settings.
5. **AI governance frameworks and operationalizing best practices** that ensure compliance, transparency, and trust in rural communities.

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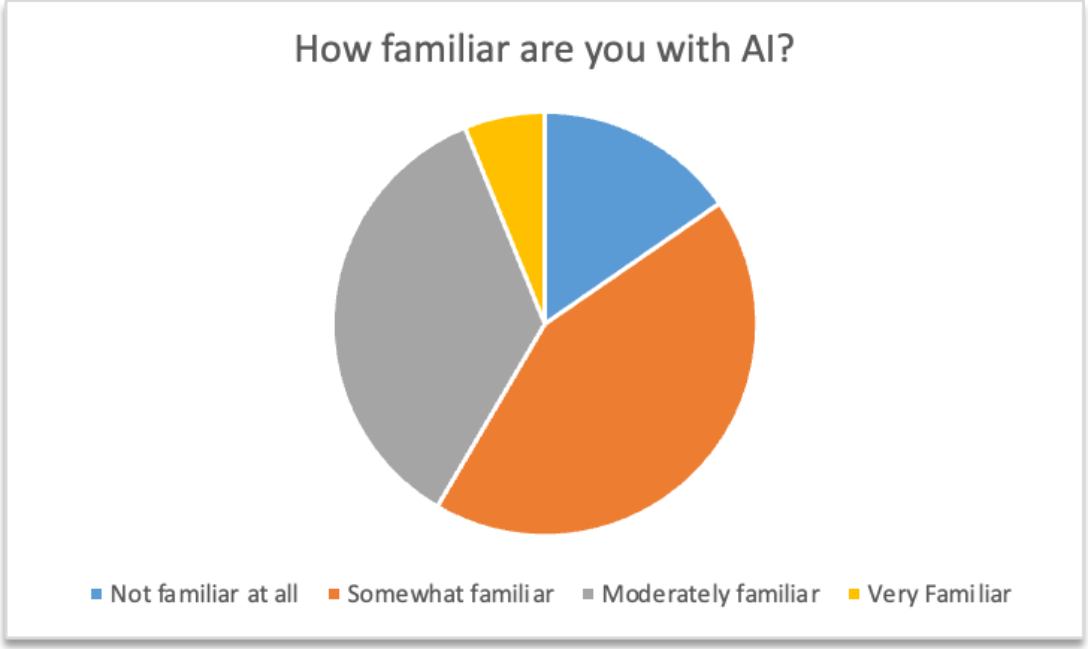
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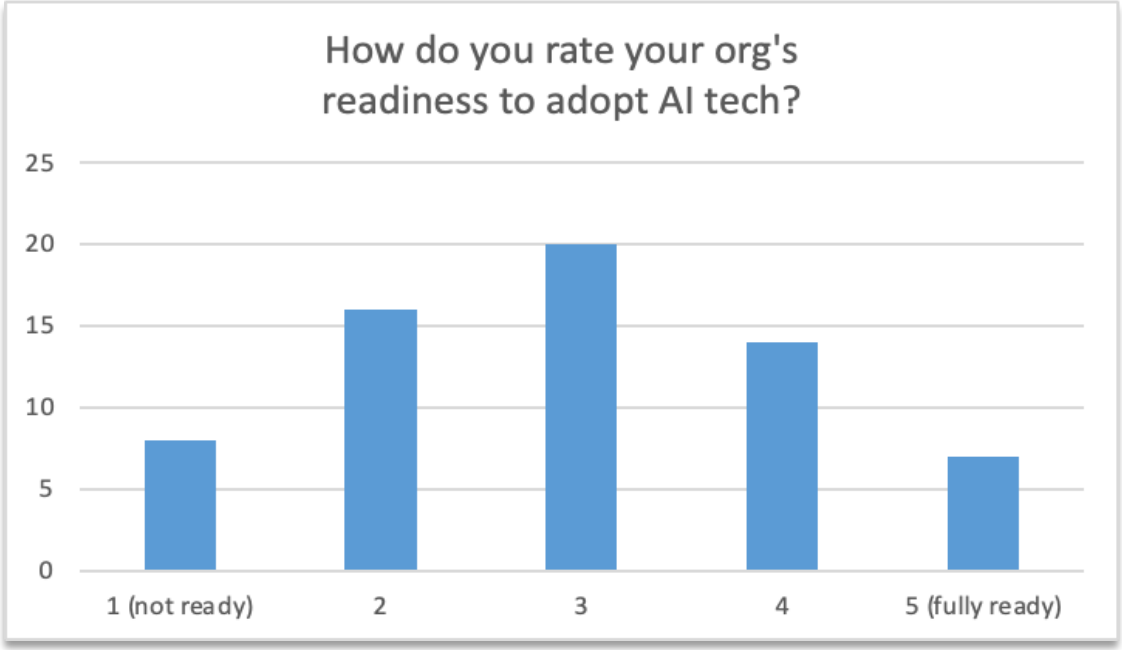
Survey #1: Show of Hands

- How receptive are you to using AI?
  - Not a chance
  - Not in my backyard
  - Proceeding cautiously
  - Ready to lead
- How ready is your organization to use AI safely and responsibly?



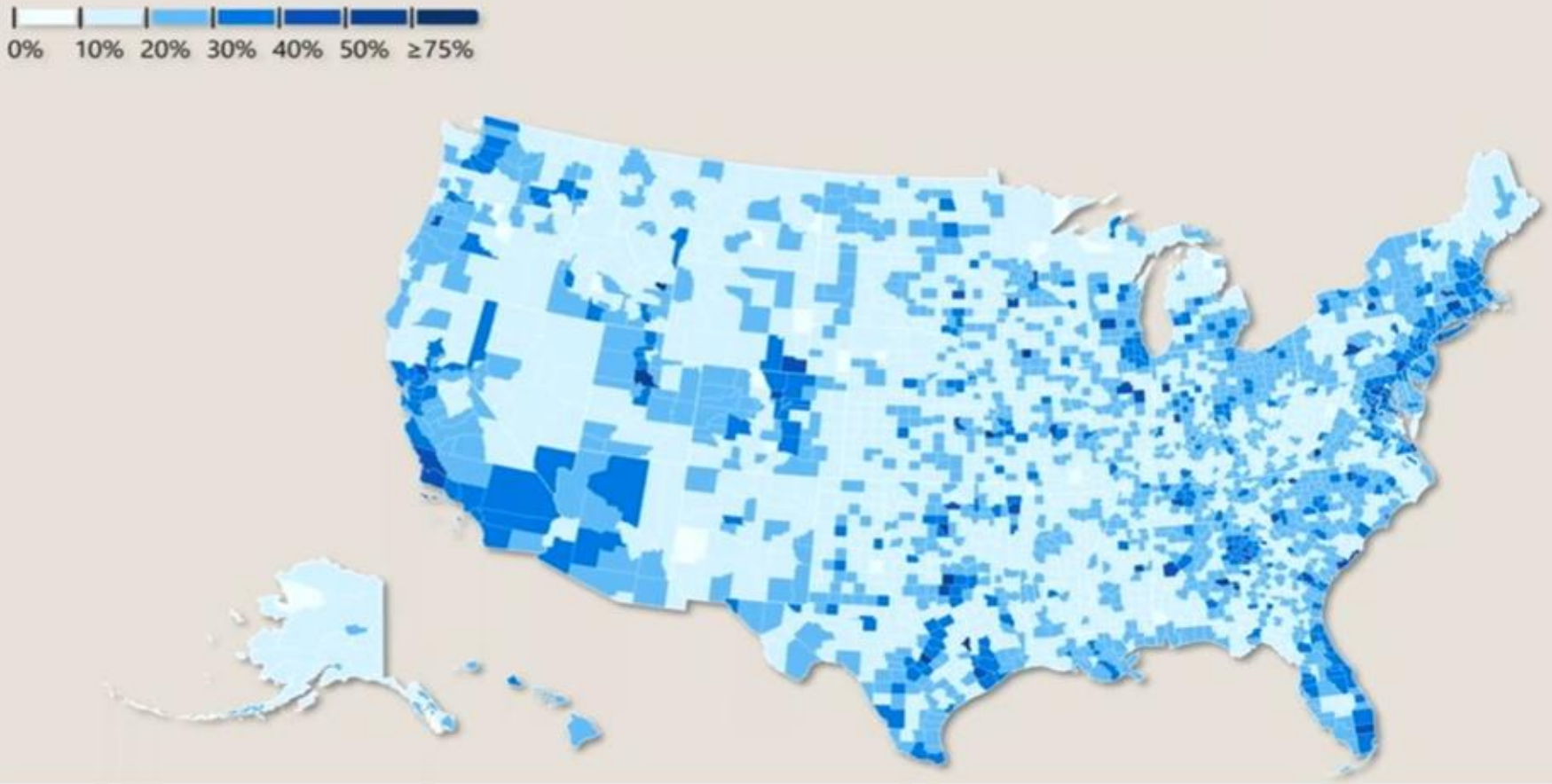
Spring ‘26 State Rural Health Conference (n = ~65)





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AI User Share



AI and the Healthcare Workforce

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Three Pillars of AI Support

1. Ambient Scribing

Real-time conversational capture that compiles subjective and objective notes directly into the EHR without manual typing.

- ✓Reduces EHR documentation time by 50%
- ✓Decreases chart backlogs from days to minutes
- ✓Clinician verifies and edits every note

2. Clinical Assistant

Algorithmic safety nets that provide secondary checks for rare pathologies, complex drug interactions, and early sepsis cues.

- ✓Bridges specialist gaps for solo practitioners
- ✓Flags critical lab values and subtle ECG shifts
- ✓Strictly advisory recommendations

3. Administrative Relief

Automates complex revenue cycle tasks, pre-checks prior authorizations, and matches payer criteria.

- ✓Reduces claim denial rates by up to 35%
- ✓Relieves lean rural billing and coding teams
- ✓Accelerates critical access hospital cash flow

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Rural Health AI Adoption Trends

56%
Rural Hospital Access
vs. 81% urban; drops to 31–37% in independent CAH facilities.

42%
Daily Clinical Use
Clinicians heavily utilize ambient mobile scribes & search.

2.2 hrs
Nightly Time Saved
Cuts "pajama time" where human scribes are unaffordable.

78%
Clinician-Led Adoption
Individual "BYOD" tool adoption outpaces rural EHR IT rollouts.

Primary Rural Daily Workflows

- Ambient Mobile Scribing **58%**
- Bedside Specialist & Evidence Lookup **44%**
- Prior Auth & Denial Appeals **34%**
- Patient Portal & Triage Drafts **26%**

Distinct Rural Adoption Realities

- ✓ No Human Scribe Buffer: Solo rural MDs bear 100% of clerical and on-call documentation; ambient AI serves as an essential force multiplier.
- ✓ Specialist Shortage Mitigation: Bedside AI search platforms provide immediate second opinions for complex, multi-morbid patients without local subspecialists.
- ✓ Revenue Protection: Automated coding and denial pre-checks safeguard thin operating margins for Critical Access Hospitals.
- ✓ Infrastructure Dependency: ~80% of tools rely on core EHR vendor rollouts, with broadband reliability remaining a critical operational constraint.

KEY TAKEAWAY While institutional enterprise AI deployment in rural hospitals lags urban centers, individual rural physicians aggressively adopt mobile ambient scribes and clinical search as a vital survival mechanism against solo-provider burnout.

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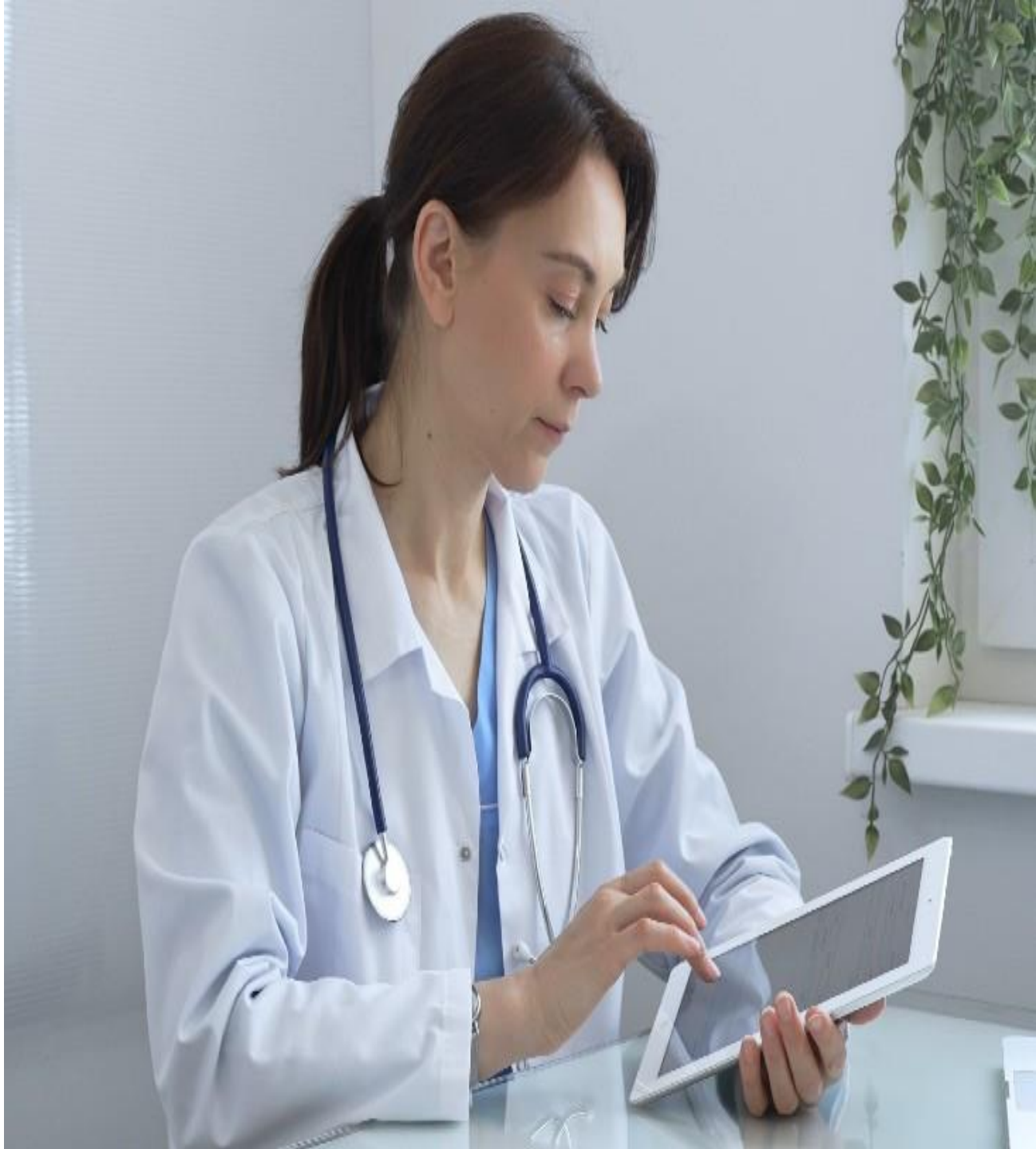
Workforce Reality: Augmentation Over Replacement

Eliminating "Pajama Time" Charting

Rural physicians manage significantly higher patient-to-provider ratios, spending 2 to 3 hours nightly on clerical data entry and coding after full clinical shifts.

Ambient AI securely captures conversational dialogue during exam room visits, automatically synthesizing structured notes so clinicians maintain uninterrupted eye contact with patients.

> "The objective of rural health AI is never clinical substitution—it is restoring the provider's undivided attention to patient care."



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Proven Impact

74%
Reduction in Odds of Clinician Burnout

2.5 hrs
Daily After-Hours Time Saved per Provider

29%
Faster Time to Same-Day Chart Closure

100%
Mandatory Human Review of Final Decisions

Sustaining Rural Clinical Retention

Multi-center clinical trials show that ambient scribes and automated coding dramatically lower the cognitive task load for rural practitioners, directly halting clinician turnover in underserved regions.

By offloading repetitive clerical tasks, providers report higher job satisfaction, improved diagnostic focus, and greater willingness to stay in community practice.

Primary outcome: More time dedicated to direct patient interaction and complex clinical reasoning.

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Human AI-Care Model

What AI Handles (The Cognitive Lift)

- **Ambient Transcription:** Converting natural clinical dialogue into structured SOAP notes.
- **Predictive Pattern Matching:** Surfacing early trends in remote monitoring vitals and telemetry.
- **Documentation Cross-Referencing:** Pulling relevant prior records and immunization histories.
- **Billing Compliance:** Automated ICD-10 coding and prior authorization pre-checks.

What Clinicians Deliver (Irreplaceable)

- **Diagnostic Synthesis:** Integrating subtle physical cues, context, and complex judgment.
- **Empathy & Trust:** Building therapeutic relationships and delivering sensitive prognoses.
- **Shared Decision-Making:** Tailoring care plans to local rural cultures and family dynamics.
- **Legal & Ethical Accountability:** Final authority, signature, and oversight on all clinical care.

GUIDING PRINCIPLE

AI acts as a tireless administrative and diagnostic assistant, ensuring rural providers can practice at the top of their licenses with lower stress and greater precision.

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Clinician EHR Automation

ART & AMBIENT SCRIBING

1. Voice & Ambient Charting

- Chart by Art: Hands-free conversational voice assessments & charting (live with nurses in 11 systems).
- Ask Art & Portrait: Instant natural language chart queries tailored to clinician specialty and history.
- Smart Exam Room: Ambient display pivots from patient view to provider chart on entry with auto-wearables.

23B ENCOUNTER DATABASE

2. Cosmos Clinical Intelligence

- 320M Patient Graph: Surfaces look-alike cohorts, frequent diagnoses, and optimal care paths.
- Cosmos Curiosity: Hypothesizes treatment answers for rare conditions lacking published studies.
- Evidence in Art: Embeds live UpToDate guidelines, drug references, and protocols at point of care.

PATIENT & TRIAGE AUTOMATION

3. Emmie Inbox & Patient AI

- Inbasket Deflection: MyChart AI bot answers routine patient questions to slash inbox overload.
- Pre-Procedure Engine: Scans outside/faxed records to generate risk scores & testing paths.
- Autonomous Follow-up: Conducts post-discharge voice calls and triggers referral scheduling.

AGENT FACTORY & THROUGHPUT

4. Agentic Workflow & Ops

- Agent Factory (120+ Tools): Pre-built agents to shape and deploy custom task automations.
- Next Best Action: Algorithmic throughput prompts to expedite discharges and shorten LOS.
- Back-Office Autonomy: Self-driving coding confidence checks, fax intake (Gallery), and staffing.

STRATEGIC TAKEAWAY

EHRs can now shift clinicians from clerical data entry to cognitive supervision—combining 320M-patient evidence with ambient voice charting, automated inbox triage, and agentic workflows to slash administrative burnout.

Source: UGM 2026

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Quality Improvement

Proactive Safety & Care Gap Tracking

- **Automated Preventive Outreach:** Algorithms scan population registries to identify overdue mammograms, diabetic HbA1c tests, and pediatric vaccinations across rural clinics.
- **Early Deterioration Detection:** Real-time predictive monitors flag subtle septic cues and telemetry shifts before patient transfer is necessitated.
- **Adverse Event Pattern Matching:** Analyzes near-miss logs and incident reports to pinpoint systemic bottlenecks in triage or discharge protocols.

Measurable Impact for Rural Systems

- **65–80% Less Audit Overhead:** Frees quality coordinators to spend time on frontline staff mentoring rather than manual spreadsheet tracking.
- **Reduced 30-Day Readmissions:** Post-discharge risk scoring triggers timely telehealth follow-ups for high-risk chronic disease patients.
- **Protected Critical Access Revenue:** Prevents value-based payment penalties and secures quality bonus payments from Medicare Advantage payers.

STRATEGIC VALUE Quality improvement moves from an end-of-quarter administrative exercise to continuous, bedside-level clinical decision support, driving higher safety star ratings for rural hospitals.

AI Education Pathways

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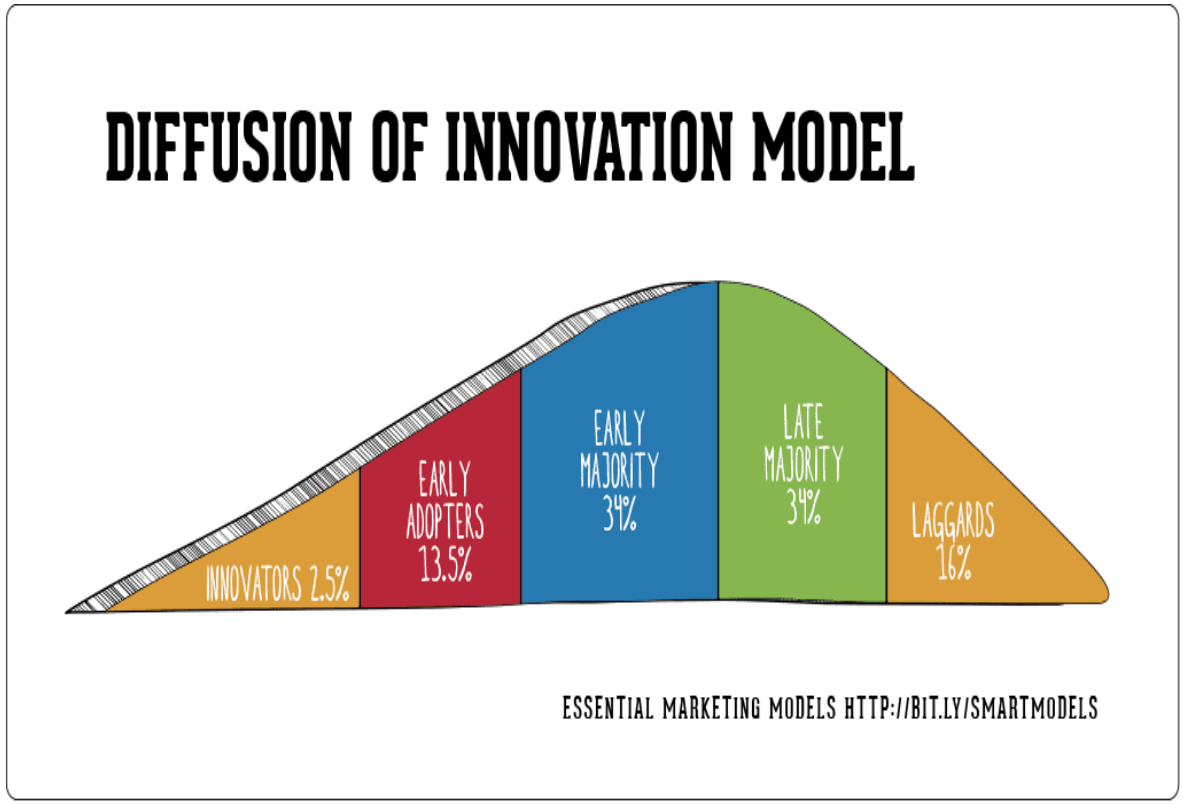
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Pacing Adoption Across Teams

Teams Learn at Varied Speeds
Diffusion is not instantaneous; bridging early adopters to the majority requires proactive enablement.

Leadership Guides the Curve
AI success hinges 80% on people change management and only 20% on the core technology deployment.

Protecting Community Trust
Ensuring late majority staff and clinicians understand guardrails ensures clinical safety and retention.



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Five Pillars for Leading AI Change

HBR | The Management Tip of the Day

AI transformation depends less on technology and more on how leaders guide people through change.

1. **Start with Business & Clinical Priorities**
   Directly link every new AI tool or workflow to tangible operational goals and patient access.

2. **Create Space for Experimentation**
   Provide safe environments for testing, low-stakes iteration, and learning from small initial errors.

3. **Involve Frontline Staff in Design**
   Engage clinicians and administrative staff in tool selection to foster genuine ownership and adoption.

4. **Focus on Clarity Over Certainty**
   Communicate transparently about known capabilities while acknowledging emerging unknowns.

5. **Cultivate Critical Human Judgment**
   Prioritize uniquely human skills: ethical reasoning, nuance, adaptation, and navigating ambiguity.

Source: HBR Lead Your Employees Through the AI Revolution

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AI Skills Building Resources

ROLE-BASED

AI Skills Navigator

Curated, role-specific learning paths, credentials, and hands-on skill development for all staff

AI Skills Navigator

COMMUNITY

Elevate for Changemakers

Comprehensive training, verified credentials, and a global peer community for nonprofit and health AI champions.

Elevate for Changemakers

ECOSYSTEM

AI Learning Path

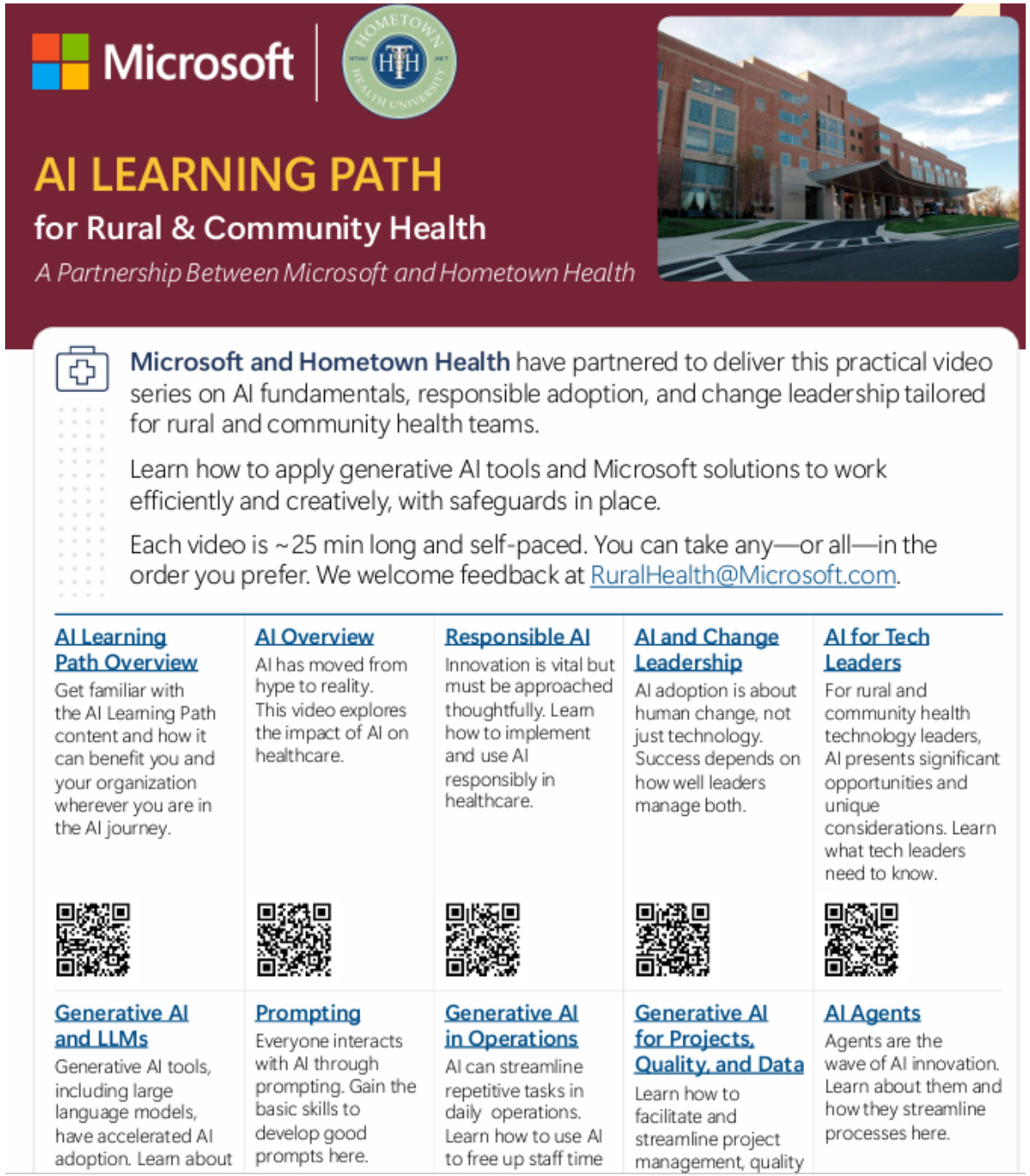
Bite-sized video modules covering AI fundamentals, practical use cases, and responsible clinical workflows

AI Learning Path

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AI Skills Building for Rural & Community Health



AI Governance:
Informed by Policy, Established by Leadership

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Rural Healthcare AI: Policy Cornerstones

CMS RHT INITIATIVE

1. Funding & Tech Access

- $50B RHT Program: CMS allocates $10B/yr through 2030 to modernize rural facilities.
- Operational Relief: Priority funding for ambient scribes, automated billing, and RPM.
- State Catalyst Funds: Up to 10% dedicated to vendor vetting and regional tech hubs.

ASTP / ONC CERTIFICATION

2. Model Transparency

- HTI-1 Mandate: ASTP/ONC requires standardized data on predictive algorithms.
- FAVES Standards: Audits for Fairness, Appropriateness, Validity, Efficacy, & Safety.
- Rural Representation: Enforces bias checks for older, rural, and low-broadband cohorts.

CLINICAL ACCOUNTABILITY

3. Clinical Safeguards

- Human-in-the-Loop: AI outputs remain strictly advisory; providers retain full legal liability.
- Prior Auth Limits: Fully automated adverse benefit denials are strictly prohibited.
- Standardized EHR: USCDI baseline adoption across all CAHs and rural clinics.

DATA & VENDOR OVERSIGHT

4. Privacy & Governance

- Model Training Ban: Prohibits using rural patient PHI to train commercial public LLMs.
- Strict BAA Contracts: Vendor compliance guarantees for data ownership.
- Safety Stop Protocol: Mandatory kill-switches to pause or roll back drifting tools.

CORE MANDATE Federal policy couples substantial transformation capital with strict algorithmic transparency and mandatory human oversight, ensuring rural systems scale ambient tools without compromising safety or data sovereignty.

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AI Must Earn the Trust of the Organization

Responsible AI Framework



Microsoft 2026 Responsible AI Transparency Report

Operationalizing Streamlined AI Governance for Rural Health

1

Dual-Hat Oversight

Leverage existing safety committee that already has regulatory & operational rhythm.

2

Agile 3-Tier Risk Triage

Allows for fast-tracking while controlling higher-risk technology

3

Vendors = Burden of Proof

Mandatory 4-question due diligence questionnaire & zero-retention BAAs

4

Shared Resources

Leverage existing available policies and more, then tailor

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AI Governance: Light-weight 3-Tier Risk Triage Matrix

TIER 1 · LOW

Administrative & Ambient

- Ambient dictation & draft billing
- Fast-track compliance intake
- Zero-retention vendor BAA

TIER 2 · MEDIUM

Clinical Workflow Alerts

- Sepsis & fall deterioration scores
- Safety committee pilot review
- 60-day baseline accuracy trial

TIER 3 · HIGH

Diagnostic & Autonomous

- Autonomous radiology readings
- Board & Medical Executive sign-off
- Verified FDA clearance & bias audit

AI Governance: Mandatory Vendor Due Diligence Questions

1. **Data Custody & Training:** *"Is any of our protected health information (PHI) or organizational data used to train, fine-tune, or validate your foundation models?"* (For rural providers, the requirement should almost always be a strict **contractual no**).

2. **De-identification & Storage:** *"Where is data processed and stored (e.g., FedRAMP-certified cloud, local instance)? What is the retention window for audio/transcripts?“*

3. **Clinical Validation & Demographic Fit:** *"What clinical datasets was this model trained on, and how does it perform on older, high-acuity, or rural patient demographics?“*

4. **Indemnification & Audit Rights:** *"Does the vendor indemnify the facility against third-party copyright, bias, or data privacy breaches arising from the algorithm?“*

Operational Rule: Use template contract addendums from organizations like the American Hospital Association (AHA), NIST’s AI Risk Management Framework (AI RMF), or your state hospital associations to avoid paying boutique healthcare tech attorneys for custom boilerplate language.



Melvin Kranzberg

“Technology is neither good nor bad;

nor is it neutral.”

Thank You

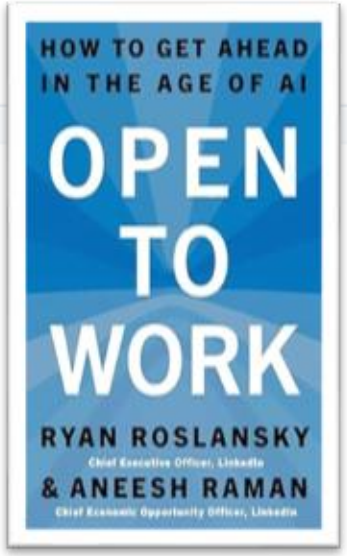
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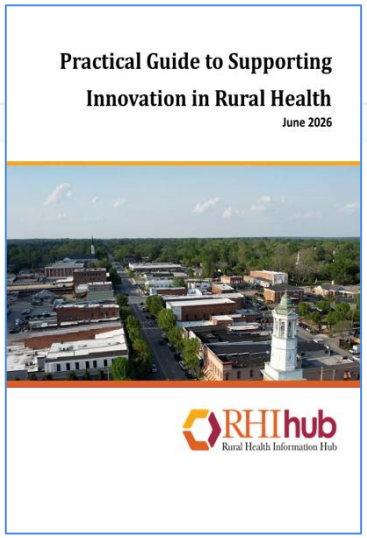
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Recommended Reading & Resources



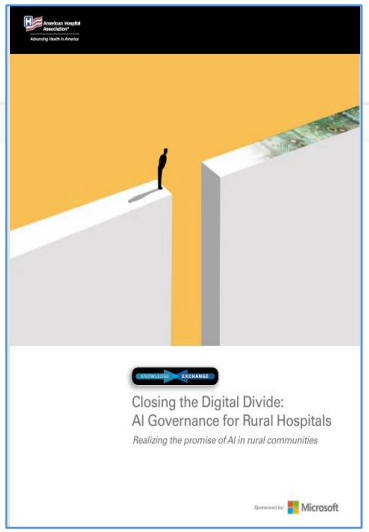
Open to Work

Actionable guidance from LinkedIn leadership on workforce readiness and career agility in the age of AI.



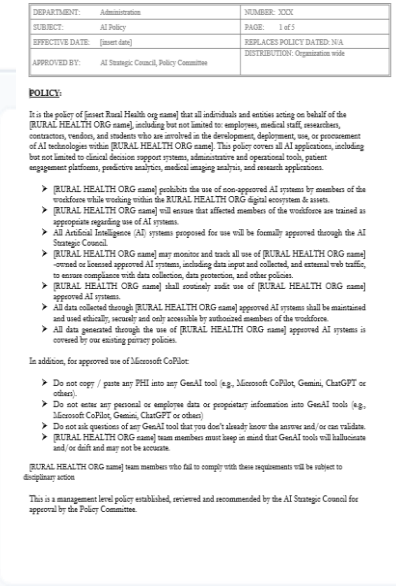
Rural Innovation Guide

RHIhub's practical framework for deploying digital healthcare innovation in resource-constrained settings.



AHA AI Governance Guide

Strategic playbook on closing the digital divide and establishing hospital AI oversight committees.



DEPARTMENT: Administration | NUMBER: XXX
SUBJECT: AI Policy | PAGE: 1 of 5
EFFECTIVE DATE: [insert date] | REPLACES POLICY DATED: N/A
APPROVED BY: AI Strategic Council, Policy Committee | DISTRIBUTION: Organization wide

POLICY:

It is the policy of [insert Rural Health org name] that all individuals and entities acting on behalf of the [RURAL HEALTH ORG name], including but not limited to: employees, medical staff, researchers, contractors, vendors, and students who are involved in the development, deployment, use, or procurement of AI technologies within [RURAL HEALTH ORG name]. This policy covers all AI applications, including but not limited to clinical decision support systems, administrative and operational tools, patient engagement platforms, predictive analytics, medical imaging analysis, and research applications.

- [RURAL HEALTH ORG name] prohibits the use of non-approved AI systems by members of the workforce while working within the RURAL HEALTH ORG digital ecosystem & assets.
- [RURAL HEALTH ORG name] will ensure that affected members of the workforce are trained as appropriate regarding use of AI systems.
- All Artificial Intelligence (AI) systems proposed for use will be formally approved through the AI Strategic Council.
- [RURAL HEALTH ORG name] may monitor and track all use of [RURAL HEALTH ORG name] -owned or licensed approved AI systems, including data input and collected, and external web traffic, to ensure compliance with data collection, data protection, and other policies.
- [RURAL HEALTH ORG name] shall routinely audit use of [RURAL HEALTH ORG name] approved AI systems.
- All data collected through [RURAL HEALTH ORG name] approved AI systems shall be maintained and used ethically, securely and only accessible by authorized members of the workforce.
- All data generated through the use of [RURAL HEALTH ORG name] approved AI systems is covered by our existing privacy policies.

In addition, for approved use of Microsoft CoPilot:

- Do not copy / paste any PHI into any GenAI tool (e.g., Microsoft CoPilot, Gemini, ChatGPT or others).
- Do not enter any personal or employee data or proprietary information into GenAI tools (e.g., Microsoft CoPilot, Gemini, ChatGPT or others)
- Do not ask questions of any GenAI tool that you don't already know the answer and/or can validate.
- [RURAL HEALTH ORG name] team members must keep in mind that GenAI tools will hallucinate and/or drift and may not be accurate.

[RURAL HEALTH ORG name] team members who fail to comply with these requirements will be subject to disciplinary action

This is a management level policy established, reviewed and recommended by the AI Strategic Council for approval by the Policy Committee.

Rural Health Community

AI Launch Pad has policies, best practices and guiding principles available for download and use