



National Association of Independent Review Organizations
230 Washington Ave Ext, Ste 101
Albany, NY 12203
Ph: 518-313-0555
Fx: 518-463-8656
www.nairo.org

NAIRO ACT Committee

Executive Fireside Chat: Navigating Ethical AI Adoption in Healthcare Review

As artificial intelligence (AI) rapidly transforms the healthcare landscape, independent review organizations face a dual imperative: driving operational innovation while upholding rigorous ethical, regulatory, and clinical standards. In this executive Q&A, April Vogelsang, CEO of CIMRO, shares practical insights on building a robust AI governance framework, running low-risk, high-value pilot projects, and leveraging native technology platforms to streamline administrative workflows. By establishing clear guardrails and reinforcing a strict "human-in-the-loop" model, CIMRO demonstrates how healthcare organizations can ethically embrace AI to enhance review quality, improve turnaround times, and maintain unconditional compliance without compromising clinical expertise.

Q: What is your vision for the role of Artificial Intelligence in the organization?

A: As a not-for-profit committed to healthcare quality, our AI strategy directly furthers our organizational mission. We are focusing on high-impact internal efficiencies that empower our staff to deliver consistent, timely, and evidence-based determinations. While AI serves as a powerful enabling tool, it will strictly augment—never replace—the essential clinical judgment and human oversight at the core of our work.

Q: What guiding principles would shape your approach to responsible and ethical AI adoption across the organization?

A: We established an **Ethical Use of AI Policy** to ensure full transparency and maintain strict human oversight. Given how rapidly technology evolves, we review this policy on an ongoing basis. Currently, it focuses on internal system efficiencies—using AI to help prepare and organize reviews more effectively without ever substituting clinical judgment. We also issued clear guidance to our peer reviewers: while AI can assist in compiling and formatting literature, reviewers must verify all citations. In fact, this policy was born out of seeing early submissions with hallucinated references that didn't exist, underscoring why human validation remains indispensable.

Q: Have you piloted any AI projects to inform internal processes?

A: This past summer, we partnered with the University of Illinois Gies College of Business Masters of Science in Technology Management Experiential Learning program to evaluate how AI could optimize our operations. Because Salesforce powers our core workflows and client

portals, our priority was identifying native Salesforce AI capabilities rather than bringing in disparate third-party platforms.

Working alongside Salesforce, the graduate student team analyzed our business model and together we identified four high-value, low-risk use cases for upcoming pilots:

- **Intake Auto-Population:** Utilizing AI within our client portal to auto-fill intake forms based on historical client submissions and the requested review type.
- **Medical Record Organization:** Automating the sorting, rotation, and bookmarking of disordered, multi-page PDF records – a task our administrative staff currently performs manually.
- **Drafting Case Summaries:** Generating a preliminary first draft of case summaries. Because drafting takes substantial physician time, providing a reliable starting draft for the reviewer to edit and finalize can significantly accelerate turnaround times while lowering costs.
- **Physician-to-Case Matching:** Enhancing our reviewer database to match highly specialized clinical procedures with the exact right sub-specialist more efficiently.

The collaboration was extremely successful, delivering a clear, actionable roadmap that enables us to move forward confidently into targeted pilots.

Q: How do you balance the need for innovation with the responsibility to manage operational, regulatory, and reputational risks associated with AI?

A: We manage risks and contract compliance. Our strategy prioritizes low-risk internal processes to avoid regulatory and compliance gray areas. Because of this, our current AI initiatives do not involve peer review conclusions or final determinations, ensuring clients never misinterpret their role. This measured approach aligns directly with new contract redlines from hospital partners nationwide, some of which now require explicit attestations that AI is not used to render clinical decisions.

Q: Since you are exploring AI to generate preliminary first drafts of case summaries, what guardrails ensure reviewers critically evaluate the output rather than simply rubber-stamping it?

A: At CIMRO, we think of ourselves as the human side of peer review. Technology can strengthen the process, but human clinical judgment and oversight remain at the center of our work. Human oversight is deeply embedded in our operational model through our Nurse Review Coordinators. Every file is evaluated by a nurse both before and after physician review. Furthermore, our software automatically tracks and timestamps every initial draft, edit, and final version, providing a complete audit trail of human intervention — a standard that our URAC accreditation has well-prepared us to maintain.

Q: What strategies would you employ to build organizational trust in AI solutions that operate within defined governance frameworks and require human review?

A: Building organizational trust comes down to executing low-risk pilots that clearly demonstrate tangible value while educating our staff. We started on the administrative side—outside of core peer review workflows—to help team members become comfortable with the technology. Using Microsoft Copilot in Microsoft 365, we encourage staff to experiment, such as running policies and procedures through the tool to analyze the output. This hands-on exposure demystifies AI, teaches employees to critically evaluate its accuracy, and builds the confidence needed for wider adoption across our clinical teams.

Q: What factors, business needs, or market developments would prompt you to revisit or expand the organization's current AI policy?

A: Updating our AI policy will be an ongoing, iterative process driven by market shifts, competitor benchmarks, and industry association insights. Over the past 18 months, AI has transitioned from an emerging concept into an everyday operational tool. At the same time, earlier barriers to entry—such as high implementation costs and the lack of native HIPAA protections—are rapidly diminishing as enterprise AI solutions mature. Our policy must evolve alongside these technical advancements, ensuring our governance keeps pace with market innovations and regulatory safeguards.

Q: How do you ensure that AI initiatives align with organizational value, compliance requirements, and long-term strategic objectives from a CEO perspective?

A: To ensure AI aligns with our strategic objectives, we evaluate every initiative against core criteria: Does it enhance quality, strengthen our review outcomes, reduce administrative burden, improve client satisfaction and Net Promoter Scores, and boost organizational effectiveness? Historically, we have differentiated ourselves as a high-touch, hands-on boutique firm. The strategic opportunity today is preserving that personalized, human-centered relationship while demonstrating that we are tech-enabled and sophisticated. AI will transform healthcare review, and leaning into it thoughtfully is how we continue to deliver exceptional value and differentiate our organization.

Q: How would you define success for AI adoption within your organization?

A: Success is measured by core performance indicators such as turnaround timeliness, client satisfaction, and strong Net Promoter Scores, but equally important is workforce optimization. A successful AI adoption ensures that every team member operates at the top of their license. By automating repetitive administrative overhead, nurses focus exclusively on specialized clinical coordination, and physicians dedicate their time strictly to complex case analysis, maximizing operational efficiency across the entire organization.

Q: How do you communicate the organization's AI strategy, policy, to both technical and non-technical stakeholders to ensure alignment and understanding?

A: Our communication strategy is tailored by role and relevance to each stakeholder's specific touchpoint in the workflow. The key is maintaining clear, consistent messaging while treating AI governance not as a static, one-time announcement, but as an ongoing, living strategy that evolves alongside the technology.

Q: Does your organization maintain separate AI usage and ethics policies, or are they integrated into a single document?

A: We maintain a single, unified document: the **Ethical Use of AI Policy**, which is part of our larger governance structure.

Q: If you were just appointed as CEO today, what would be your top priorities during your first 90 days to establish a foundation for responsible, scalable, and high-impact AI adoption?

A: In the first 90 days, my top priority would be establishing a strong foundation across governance, policy, and experimentation. I would first assess our existing governance architecture and compliance policies to ensure proper oversight mechanisms are active. Next, I would evaluate which pilot initiatives are under consideration, focusing on how we plan to test and validate practical use cases responsibly before scaling them across the organization.

Q: What model of governance structure have you implemented in your organization? Why did you choose that model over other models?

A: We recently unified our organizational governance framework into a cohesive model. Previously, key elements existed in silos—separate policies for Code of Conduct, Confidentiality, Conflict of Interest, and the Ethical Use of AI among others. This summer, we integrated these disparate components into a centralized structure:

- **Core Governance & Ethics:** The foundational tier that anchors our organizational values, board oversight, ethics, and continuous quality improvement (CQI). While policies may adapt over time, these core principles remain constant.
- **Accreditation & Regulatory Alignment:** Mapping requirements directly to key external standards, including URAC, HIPAA, and NIST.
- **Compliance Program & Departmental Manuals:** Translating accreditation standards into operational execution through departmental manuals, while reserving formal policies and procedures for high-risk areas requiring strict, detailed instruction.

Evaluating AI through this integrated governance lens ensures that data security, confidentiality, and ethical considerations are automatically embedded into every technical initiative from day one.

Q: Looking ahead at three to five years, what role do you believe AI will play in transforming the organization, industry, and workforce, and how should we prepare for that future?

A: AI will be truly transformational, fundamentally reshaping service delivery and market competitiveness. The critical question moving forward is: *To what degree will the market prioritize the human touch over growing confidence in AI?* As these technologies advance, there is a risk that fully automated reviews become perceived as "good enough" because they are

faster and cheaper. While we firmly believe that human clinical oversight, quality monitoring, and judgment remain indispensable, the industry will have to actively demonstrate the value of that human element. This is not about opposing AI, but about ensuring that human expertise remains what makes AI-enabled peer review trustworthy.

Q: What competitive advantages do you believe organizations can gain through responsible AI adoption, and where do you see the greatest opportunities for value creation?

A: Our greatest competitive advantage lies in mastering how to apply AI within peer review better than our clients can on their own. As automated tools proliferate, our value isn't just adopting technology — it is leveraging deep clinical and regulatory expertise to guide clients on implementing AI safely, compliantly, and effectively. That domain knowledge is our true differentiator. While nobody has every answer yet—and as a nurse by background rather than a technologist, I approach this with continuous curiosity—healthcare has always required adapting to constant evolution. Our responsibility is to lean in, understand technology deeply, and lead our clients through that transformation.

In summary, as the peer review industry stands at the intersection of technological transformation and clinical rigor, the future belongs to organizations that lead with both innovation and principle. Embracing artificial intelligence does not mean surrendering clinical authority to automated algorithms; rather, it provides a powerful mechanism to eliminate administrative friction, optimize top-of-license workflows, and deliver faster, more consistent determinations. By grounding innovation in a unified governance architecture and maintaining an unwavering commitment to human oversight, independent review organizations can do more than merely adapt to AI—they can set the gold standard for quality, transparency, and trust across modern healthcare.

About April Vogelsang

April Vogelsang, CEO of CIMRO. “I’m a nurse by background, and I lead CIMRO—an independent peer review organization with over 50 years of experience partnering with hospitals and health systems nationwide. We are also URAC-accredited as an Independent Review Organization (IRO) conducting external appeals for self-funded plans and third-party administrators (TPAs), as well as state-level programs across Illinois, Missouri, and Virginia.”