ARTIFICIAL INTELLIGENCE IN HEALTH CARE

Patient Research Study

CHCF

Culture IQ GROUP

Project Objectives

- According to CHCF's 2024 State Health Policy survey, more than half of Californians overall and across income, racial, and ethnic groups (except for Asian Californians) report being **"not very" or "not at all" comfortable with the use of AI in health care.** The current project used qualitative methodology to build off this survey, **exploring patient attitudes and perceptions** and **gathering deeper insights** into the issue of AI in healthcare**.**

- Through a deep-dive study of key constituencies across California, CHCF sought to answer the following questions:
  - To what extent are patients **familiar with AI** and its uses in healthcare?
  - Which AI health care applications do patients **feel comfortable/uncomfortable using** and why?
  - **What do patients need** to feel more comfortable using AI in the future?
  - What are some of the **protections patients would like to see**?

Methodology

- A **mixed mode research design** was used, offering people of different backgrounds and experiences the choice to participate in a way that best suited their preferences and needs.

- **Sixteen (16) online focus groups (FGs)** and **four (4) online bulletin boards (OBBs)** were conducted from April 22 to May 15, 2025. OBBs were used to reach **younger respondents** who prefer to interact digitally, while FGs were conducted among **older and non-English speaking participants.**

- In total, **172 respondents participated** in the study:

  - 32 White/Caucasian
  - 31 Hispanic/Latinx (English-preferred)
  - 24 Hispanic/Latinx (Spanish-preferred)
  - 31 AANHPI (English-preferred)
  - 24 Chinese (Mandarin-preferred)
  - 30 Black/African-American

- Respondents were screened to be California residents over the age of 18 who had been to a doctor or other healthcare professional at least once in the past year.

Limitations of Qualitative Research

Qualitative research provides insight into people's ***feelings and beliefs*** *in regard to a specific service or product. Overall, the information provided by qualitative research is best used in developing hypotheses and* ***identifying possible directions*** *in the market. Due to the small sample size and the dynamics of the interaction, it is not advisable to accept the findings as absolute.*

In addition, this specific study included only ***specific sub-groups*** *of Californians. It shouldn't be assumed that these findings apply to other sub-groups of the California population not included in the study.*

KEY TAKEAWAYS

Key Takeaways

- Consumers want to understand **how** AI is being used
- **Transparency and control** build trust
- Patients and their families want **human connections** to remain central
- **Cultural and racial context matter** for AI adoption
- The **digital divide** affects perceptions of AI
- **Administrative** AI applications receive the most support

DETAILED FINDINGS

AWARENESS + UNDERSTANDING OF AI

General Awareness of AI

- Most respondents across groups had **some familiarity with AI;** either they had heard the term, had seen something about what it is and how it works, or had used it themselves.

- Initial exposure to AI often came through **work, school,** or **social media**. Most who were familiar with AI had **Siri or Alexa** at home or had used **ChatGPT** or other AI tools for school (essays), work (emails, resumes), or personal research.

- **Awareness was lowest** among older adults, respondents with lower incomes, and non-English speakers.

- Many noted **increased mentions of AI** in news, movies, and other entertainment programming over recent years.

"AI is computer intelligence …that mimics our own. They use it for creating helpful information for people, responding to questions people ask and to create lifelike experiences with others virtually. —Female, 39, Higher Income, Black

"I know there's two levels of AI; The lower level, the Siri, the Alexa type of AI, and the ChatGPT, the higher-level AI." —Male, 58, Lower Income, AANHPI

"I have heard about it, but I don't know much about it." —Male, 60, Lower Income, Hispanic

Broad Definition of AI

Benefits and Drawbacks of AI in General

Respondents across groups expressed **the need for balance** so the benefits of AI could be enjoyed but the greatest risks could be diminished or avoided.

- Valuable source of information (research)
- Ability to summarize and synthesize large amounts of data
- Can use it to generate content (emails, reports)
- Makes common tasks more efficient

- Concern over jobs being eliminated
- Fear of potential biases based on quality of training/input used
- Real-life experiences needed to process information, reason, and make decisions
- Could eventually surpass human capabilities and replace them.

DETAILED FINDINGS

AI IN HEALTHCARE

Relationship with the Healthcare System

- Most respondents were insured, either through **Medi-Cal, Covered CA, employer-provided insurance** or **Medicare**. Several lower-income respondents reported going to **community clinics** for health services.

- Healthcare experiences were strongly shaped by **personal relationships with doctors.** Respondents valued continuity, trust, and familiarity with their medical history.

- **For non-English speakers**, in-person communication and shared language– or effective translation–was key to building rapport and ensuring positive care.

"I see the same providers each time I visit. I'm glad I do as I picked them specifically ." —Male, 38, Higher Income, White

"I have a doctor that I adore but unfortunately it is about a 3-month wait to see her so when it is a little more urgent, I see whoever is available. I do not like this because I would much rather see someone I am comfortable with and who already has an idea about my history vs explaining myself to someone new each time. —Female, 31, Lower Income, Hispanic

"My doctor doesn't speak Spanish…but the nurses translate." — Female, 50, Lower Income, Hispanic

Trust in the Healthcare System

- **Trust in the healthcare system** was built on empathetic, attentive providers who were perceived as knowledgeable and up to date.

- **Distrust** stemmed from dismissive doctors, diagnostic delays or errors, lack of transparency in billing/charges, and profit-driven insurers.
  - Dismissiveness and apathy by providers was especially concerning among **African American respondents**.

"I think California's health care system is good…the treatments, the doctors, and the medications are beneficial. —Male, 53, Lower Income, Hispanic

"I trust my doctor and his staff. However, I'm a little leery of the back-office insurance." — Female, 68, Higher Income, AANHPI

"I feel as though I am just a number, and most healthcare providers don't give their full attention to your concerns. Usually long wait times and they rush through your questions or don't answer them clearly." — Female, 40, Higher Income, Black

Awareness of AI in Healthcare

- Some respondents were aware of how AI is **currently being used in healthcare**, either through personal experience or hearing about it on the news or social media.

- AI applications in healthcare some were aware of included **automated phone systems** and **help lines, early cancer detection**, **medication administration, virtual try-on**s for prescription glasses, and **robotic surgery**.

- In terms of actual experience, some respondents had seen **laptops and tablets** being used at their doctor visits. Several mentioned AI being used to **help interpret mammography results**.

"I recently saw that it was able to detect cancer extremely early, something maybe not visible to a human eye and essentially saved that person's life! ." —Female, 31, Lower Income, Hispanic

"I think the telephone appointment was made by AI, not a real person." —Male, 57, Lower Income, Chinese

"I have also heard on the news that operations that are performed by robots. " — Female, 51, Lower Income, Hispanic

"I had a mammogram, and you could pay an additional $40 if you wanted to allow AI to do a second opinion or evaluation of the results." —Female, 54, Higher Income, Black

Perception of AI in Healthcare

- Some respondents were **optimistic** about the ways AI might be able to **help improve healthcare outcomes**, with more accurate diagnoses, more precise surgeries, or better customer service.

- However, the prevailing sentiment was that AI should be used **as a tool to help doctors, not to replace the human interaction and experience** a doctor represents. Concerns were also raised regarding **data privacy and security,** a loss of genuine **human interaction**, and the potential for **over-reliance** on AI by doctors and other medical professionals.

- There was some **uncertainty (and apprehension)** about whether AI was already being used without their awareness

"People get tired if they work for too long. If AI can perform tasks or provide assistance, it will be helpful to the medical system or patients. — Female, 52, Lower Income, Chinese

"I feel pretty confident that it's more precise and more accurate than a human being doing it" —Male, 26, Lower Income, AANHPI

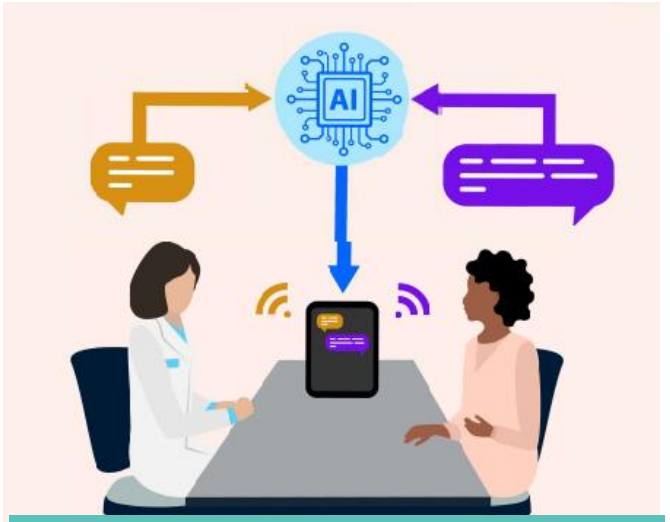
"I think it's good, only if there is a doctor or a professional behind it, in case of failure or an emergency." — Female, 52, Lower Income, Hispanic

"My main concern is the accuracy. If mistakes are to be made, I'd rather them be made by people who care than machines who can't." — Male, 24, Higher Income, White

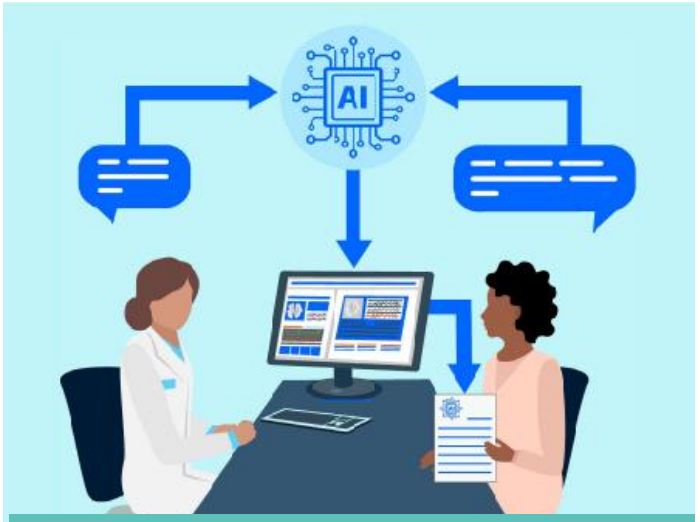
KEY FINDINGS

REACTION TO VIGNETTES

AI in Healthcare Vignettes



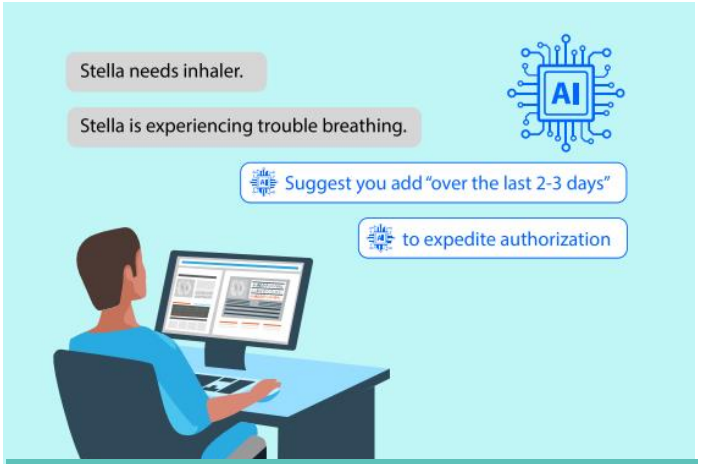
Interpretation Services



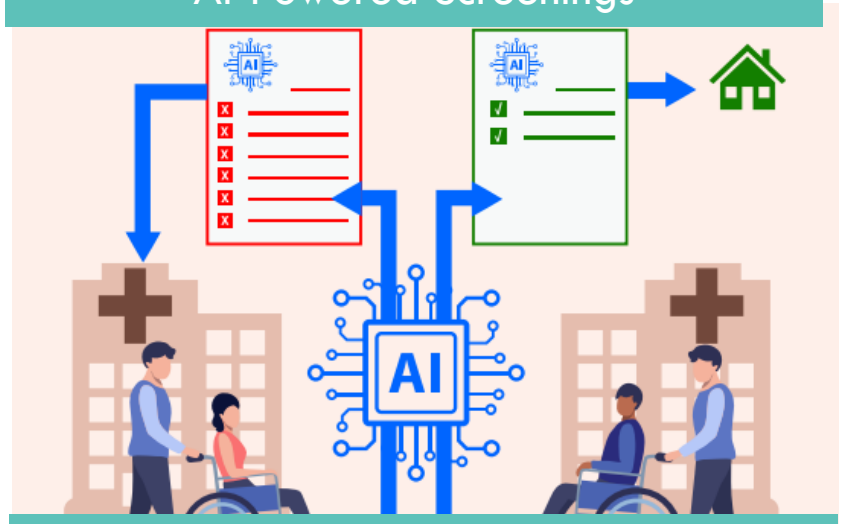
Scribing

AI-Powered Screenings

AI Front Desk & Triage



Prior Authorization



Predictive Analytics

Reaction to AI Vignettes

- Respondents were presented with a variety of real-life situations depicting **current applications and potential future scenarios** where AI could be used in a healthcare setting.

- Despite the visual and a brief explanation, most scenarios **had to be explained in detail** before the majority of respondents were able to understand.
  - Most wanted to know **how the application worked**, **what the "robot" did**, and **how the doctor was involved**.

- Common reactions across the board were an **immediate interest in possible benefits** for patients and a **strong skepticism/suspicion** that these applications might cause patients to be "screwed by the system."

Positive Reactions

- ✅ Improves efficiency and accuracy of medical visits and records
- ✅ Could potentially reduce human error and improve accuracy of diagnosis and treatment
- ✅ Allows doctors to focus more on patients during visits, leading to a deeper connection
- ✅ Could reduce patient wait times and increase appointment availability
- ✅ Translation tools allow patients to speak more freely, reduces risk of misunderstandings, miscommunication
- ✅ Administrative tools can streamline the complex insurance process, possibly leading to better outcomes for patients
- ✅ Some saw a potential for cost savings that could be passed on to patients

Negative Reactions

✗	Fears about data security, privacy, and HIPAA violations
✗	Apprehension about AI reliability and potential for misdiagnosis, errors in treatment
✗	Risk that doctors could become overly reliant on AI and less engaged with patients
✗	Concerns about inaccuracy and bias in development and implementation of AI tools
✗	Inability of translation tools to capture nuances (slang or informal speech), non-verbal cues, regional dialects and cultural context
✗	Frustration with current automated systems; preference for human interaction in health-related situations
✗	Some were skeptical that any cost savings would only further enrich insurance companies; lower quality of care for patients

Ways to Improve Acceptance

- Assurances of **human oversight**, **auditing/review**, robust **testing** and **reporting.**
- Implementation of **robust security measures, data privacy assurances,** and **transparent data handling policies.**
- Ensuring that patients are i**nformed** when AI is being used in their healthcare and given the opportunity to **opt in or out.**
- **Continued involvement of medical professionals** in any system or process aided by AI, including a designated department to address complaints, grievances or other issues
- Making sure this technology is **available to everyone** who needs it.

RECOMMENDATIONS: PATIENT EDUCATION

Patient Education

Patient education is key to introducing AI applications in a healthcare setting. No matter how familiar respondents were with the general concept of AI, they struggled to understand how each application worked in real life, especially how the doctor interacts with the technology and how the patient might benefit from it.

- **We recommend creating patient education materials such as videos, interactive tools (with Q & A), brochures with graphics/illustrations, emails, etc. featuring AI tools being used in settings familiar to patients.**

- **Include a thorough explanation of how the application works and how it empowers providers rather than replaces them. Point out where in the process the human involvement/oversight occurs and emphasize where the patient can save time or get better results.**

RECOMMENDATIONS: BUILDING TRUST

Building Trust

Respondents across groups shared a human-centered vision of healthcare – one where providers and patients have a strong personal connection and clear interactions.

They tended to embrace the potential of AI most when it was seen as serving practical needs: simplifying administrative work, providing translation, and speeding up insurance hurdles. It is also important to note that the concerns raised were not in opposition to AI itself, but rather about misuse, depersonalization, and lack of transparency.

- **Communications about AI tools should center on the human benefits: how they support the doctor-patient relationship, help physicians and techs do their jobs better, reduce patient wait times and improve outcomes.**

Building Trust (continued)

These respondents also wanted to be informed (in advance or at the visit) when AI was in use, what data was involved, and what precautions were being taken (by humans) to protect their data. Most wanted to be able to "opt out" of the use of AI in their health care, even as many said they probably would not exercise that option.

- **While it may not always be practical or applicable to provide informed consent for the use of AI, we do recommend that wherever possible, the explanation of the tool include an "opt out" feature, or at least a paragraph describing a process for doing so.**

- **Similarly, addressing data security, data privacy and oversight practices in the application description/demo will help increase trust in these tools.**

RECOMMENDATIONS: CULTURAL AND DEMOGRAPHIC CONSIDERATIONS

Cultural Insights - AANHPI

Among AANHPI respondents, respect and family-centered care were consistent themes. Many referenced experiences of navigating healthcare for themselves or their elders, and the feelings of shame or discomfort among non-English-speakers during appointments. Several expressed the need to "feel seen" by both practitioners and the system at large.

Overall, this group tended to perceive AI tools, particularly those providing language support, as a way to promote inclusivity, dignity and independence within the health care system. However, they still had significant concerns about the ability of language programs to capture tone, context and cultural sensitivities.

Cultural Insights – Hispanic/Latino

Similarly, there was a deep desire for empathy and connection among Hispanic/Latino respondents, who tended to prefer in-person visits and continuity with a trusted provider. These respondents noted many difficulties navigating the health care system, especially referrals and authorizations. Many frequented community health centers or clinics, and had high concerns about costs, even those with Medi-Cal or Medicare.

Among Spanish-speakers, interpreters were seen as essential, although several had negative experiences with those provided at medical facilities. There was concern about being misunderstood, leading to reluctance to ask questions.

It is important to note that these feelings were expressed more strongly among older and lower income respondents across AANHPI and Latino/Hispanic groups.

Cultural Insights – African American

Black/African American respondents expressed strong feelings about the overall failures of the health care system when it comes to diagnosing and treating Black patients; many noted personal experiences where they or people they knew were not listened to, dismissed, misdiagnosed or went undiagnosed. They tended to be even more skeptical about new automated systems or tools, feeling they would be created or utilized with the same biases (or worse).

- **It is recommended that the cultural nuances and needs of each group be taken into account when developing communications materials around these tools. It is also important that materials reflect and respond to the fact that respondents across ethnic groups feel strongly that AI cannot and should not replace the human side of medicine.**

Demographic Insights

Some differences were observed around age and income as well. Overall, older and lower-income respondents tended to be less technologically savvy, and less aware of and comfortable with AI tools.

Among older respondents, there was some concern about being left behind in a tech-driven system, and a desire for patience, reassurance and clarity when explaining the features and benefits of new technologies.

- **Consider a more comprehensive or long-term approach to these groups, perhaps offering or connecting them with classes or materials promoting digital literacy along with information about AI in healthcare.**

Q & A

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