AI Bias Webinar with Manatt Health – Meeting Summary

April 20, 2026

Overview

CHCANYS hosted a webinar with Manatt Health on Bias Testing Considerations in CHCs, focusing on practical approaches to identifying, testing, and mitigating bias in AI tools. The session emphasized the importance of bias testing as both a patient safety and health equity issue, particularly given the potential for AI to scale existing disparities. The presenter, Sam Tyner-Monroe, provided a framework for assessing bias risk, evaluating vendors, and implementing ongoing monitoring strategies within real-world resource constraints.

Key Discussion Points

- Bias in AI often stems from data limitations, proxy measures, evaluation mismatches, and lack of transparency, and can result in unequal performance across patient populations
- CHCs should prioritize bias testing for AI tools with the highest bias risk using a prioritization framework
- Organizations are encouraged to define their own bias risk tolerance through cross-functional governance and use a consistent framework (e.g., severity-by-likelihood) to guide decision-making
- Bias testing can occur across the full AI lifecycle, including pre-deployment (retrospective testing), pilot (prospective testing), and ongoing monitoring. Tools with greater bias risk may merit earlier and more frequent bias testing
- Vendor evaluation is critical and should include review of documentation, data practices, transparency, and availability of testing environments (e.g., sandboxes).
- Lack of vendor transparency, absence of subgroup testing, and unclear data usage policies were highlighted as key red flags
- Practical mitigation strategies include using representative data, defining metrics in advance, logging outputs, and establishing monitoring thresholds and response plans

Key Takeaways for Health Centers

- Focus limited resources available for bias testing on evaluating AI tools with the greatest potential for biased outcomes
- Strive for testing conditions that reflect real-world patient populations, including language, demographic, and clinical variability

- Require vendors to provide clear evidence of bias testing, intended use cases, and known limitations
- Utilize sandbox or pilot environments when available to validate tools prior to full implementation
- Establish internal governance processes to define acceptable risk levels and guide adoption decisions
- Implement ongoing monitoring and incident reporting processes to identify and address AI performance over time

Follow-Up / Action Items

- Consider incorporating bias testing guidance into CHCANYS AI governance and vendor vetting resources
- Gather feedback from health centers on current AI use cases and interest in additional technical assistance
- Reach out to Sam any time at styner@manatt.com

Additional Reading / Sources

- Nong P, Adler-Milstein J, Apathy NC, Holmgren AJ, Everson J. Current use and evaluation of artificial intelligence and predictive models in US hospitals. *Health Aff (Millwood)*. 2025;44(1):90–8.
- Tyner-Monroe, S., Rakova, B., Kim, J. Y., Sendak, M., et al (2026). Understanding and Mitigating Unintended Bias in Medical AI Systems. *Harvard Data Science Review*. https://doi.org/10.1162/99608f92.59ca6018
- Obermeyer, Z., Powers, B., Vogeli, C., & Mullainathan, S. (2019). Dissecting racial bias in an algorithm used to manage the health of populations. *Science,* 366(6464), 447–453. https://doi.org/10.1126/science.aax2342
- Zhang, A., Yuksekgonul, M., Guild, J., Zou, J., & Wu, J. C. (2023, November 10). ChatGPT exhibits gender and racial biases in acute coronary syndrome management. *arXiv.org Preprint*. https://arxiv.org/abs/2311.14703
- Sendak, M. P., Gao, M., Brajer, N., & Balu, S. (2020). Presenting machine learning model information to clinical end users with model facts labels. *Npj Digital* Medicine, 3(1), 41. https://doi.org/10.1038/s41746-020-0253-3
- Gebru, T., Morgenstern, J., Vecchione, B., Vaughan, J. W., Wallach, H., Hal, D. I., & Crawford, K. (2018, March 23). Datasheets for datasets. *arXiv.org Preprint*. https://arxiv.org/abs/1803.09010