



COMMUNITY
HEALTH CARE
ASSOCIATION
of New York State

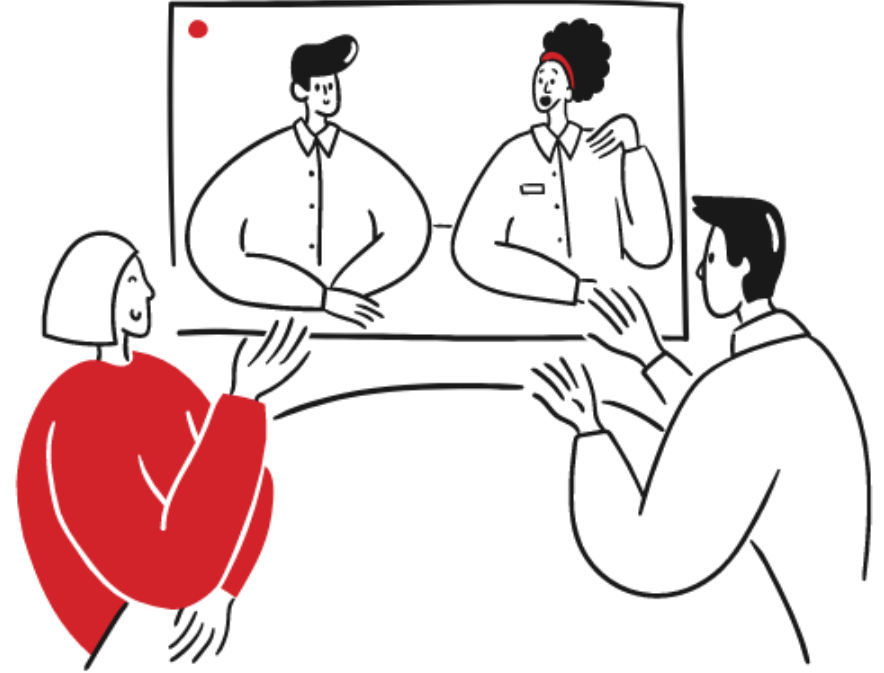
*A CHCANYS NYS-HCCN funded webinar
with Facktor Health*

AI Vendor Evaluation & Responsible Adoption

July 8, 2026

Zoom Guidelines

- You have been muted upon entry. Please respect our presenters and stay on mute if you are not speaking.
- Please share your questions in the chat. CHCANYS staff will raise your questions to our speakers and follow up as needed if there are unanswered questions.
- The session is being recorded and materials will be shared after the session.





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➤ Preparing Health Centers for Responsible AI Adoption

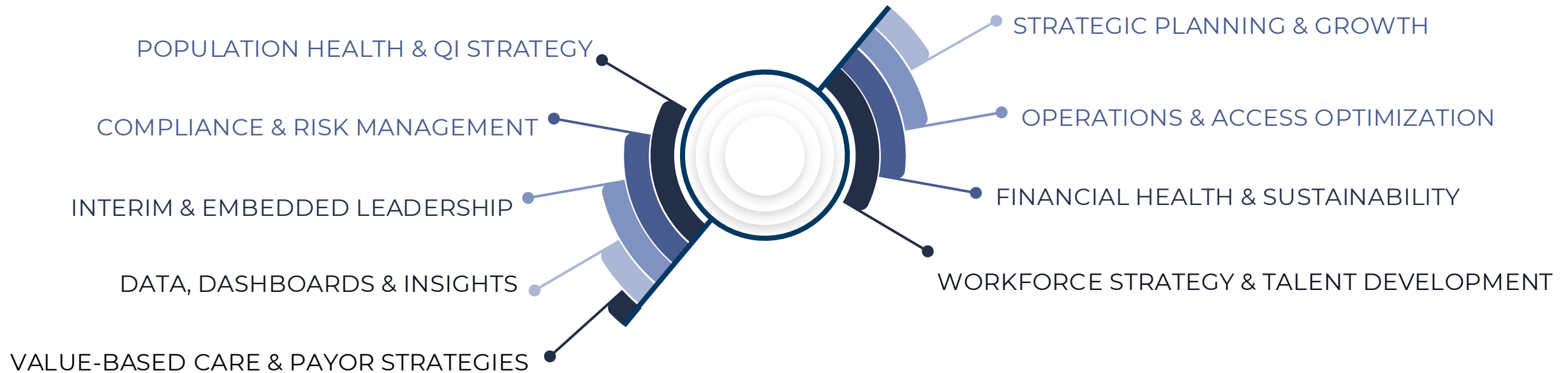
CHCANYS initiated an AI training series to help their Health Center Controlled Networks to:

- Strengthen AI governance, policy, and compliance practices
- Support responsible adoption of emerging AI tools
- Build a foundational understanding of AI in community health center settings
- Enable informed and strategic AI adoption decisions
- Share practical implementation insights from peer organizations



➤ Revolutionizing Community Health

Facktor partners with health centers and primary care associations to advance access, sustainability, and impact.

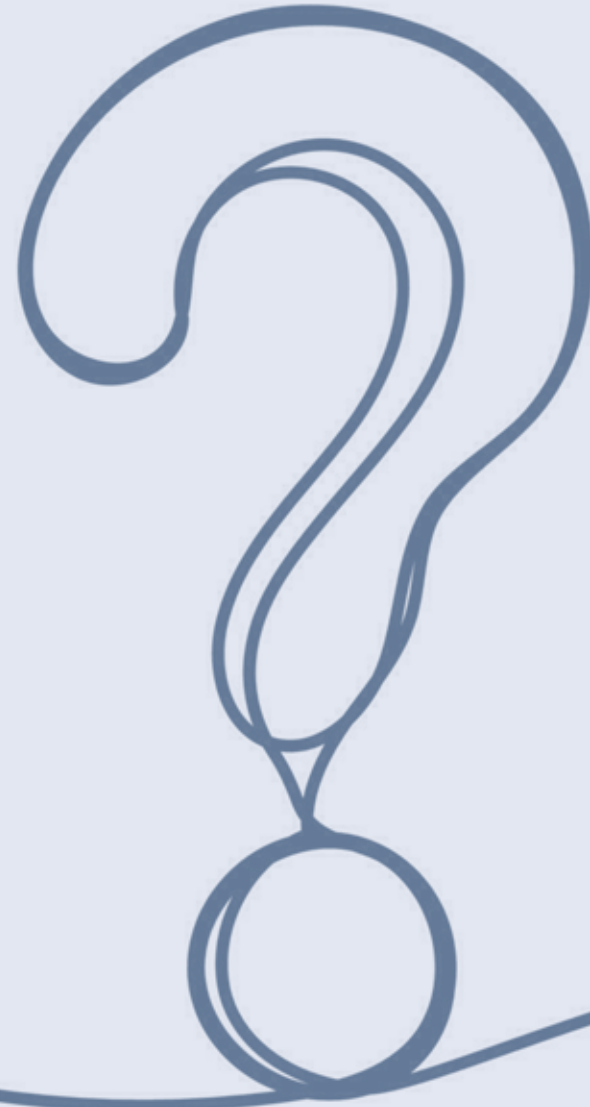


» Learning Objectives

- ❑ Define clear and actionable use cases for AI within clinical, operational, and administrative workflows
- ❑ Apply a structured framework to evaluate AI vendors based on functionality, value, risk, organizational fit, and responsible AI considerations (e.g., bias, privacy, security, and compliance)
- ❑ Evaluate integration requirements and readiness for incorporating AI tools into existing systems and workflows



➤ Where is your organization in evaluating AI solutions?





Identifying High-Value AI Use Cases

➤ High-Value FQHC AI Use Cases

Key Considerations

- What specific clinical or operational problems does the AI tool address?
 - What are the key features and capabilities of the AI tool?



Clinical documentation



Care gap outreach



Referral management



Scheduling optimization



Revenue cycle support



Value based care



Care management/CCM



➤ Build vs. Buy

Data & Training

- Where did you get the data to train this AI?
- Does your training data match the types of patients I see?
- How often do you give the AI fresh data to learn from?

Bias & Fairness

- What did you do to check for and fix hidden biases in the tool?
- How do you make sure this AI doesn't unfairly hurt specific groups of people?
- Do you have proof or reports from your bias tests that I can look at?

Results & Performance

- How exactly do you measure if this AI is doing a good job?
- Can you send over the full paperwork on how you built and tested this?
- Can you explain, in plain language, how the AI makes its decisions?



➤ Implementation/Use Case Examples

Data & Training Vetting

Question	Context	Ideal Vendor Answer
Does your training data match the types of patients I see?	The hospital serves a predominantly low-income, urban population with high rates of hypertension.	"Yes. The AI was trained on a dataset of 500,000 diverse patients across five metropolitan hospital systems, rather than just affluent suburban clinics."

➤ Implementation/Use Case Examples

Bias & Fairness Check

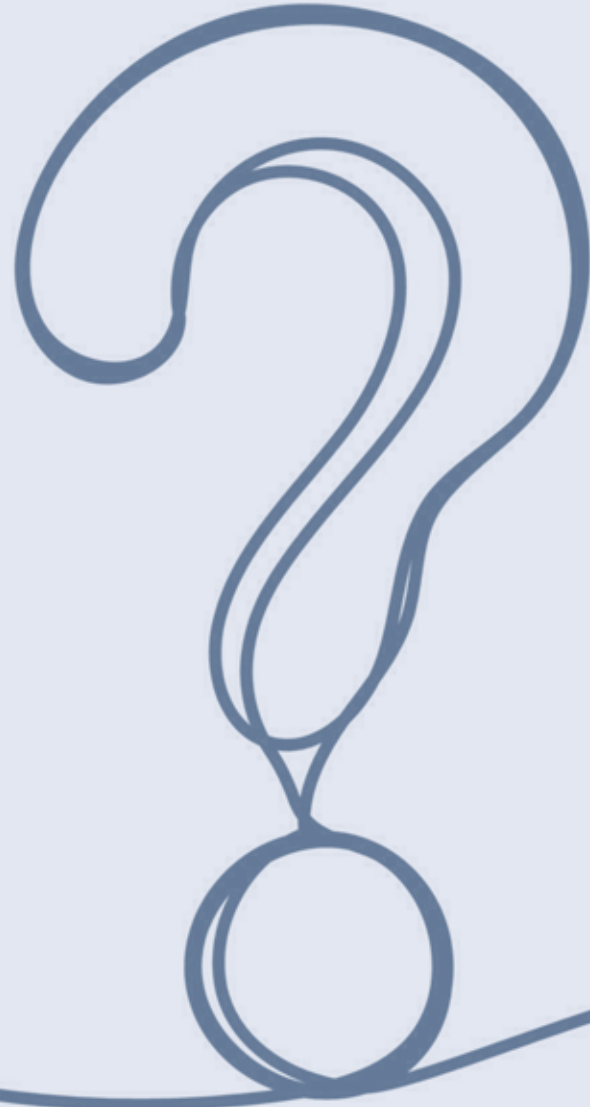
Question	Context	Ideal Vendor Answer
How do you make sure this AI doesn't unfairly hurt specific groups of people?	The hospital wants to ensure the algorithm doesn't under-diagnose female or minority patients due to historical gaps in cardiac data.	"We regularly run fairness audits. We separated our performance data by race and gender to confirm the accuracy rate stays equal across all demographic brackets."

➤ Implementation/Use Case Examples

Results & Performance

Question	Context	Ideal Vendor Answer
Can you explain, in plain language, how the AI makes its decisions?	Doctors will not trust a "black box" system that gives a risk score without reasoning.	"When the AI flags a patient, it highlights the exact triggers—like a recent spike in blood pressure combined with an omitted medication refill—right in the electronic health record."

➤ Does your organization have a standardized vetting process for AI tools?





Navigating the AI Vendor Landscape

Categories of AI Solutions

Core Value Drivers

Expanding Access
Reducing Burnout
Ensuring HRSA Compliance

Clinical Documentation & Workforce

- **Ambient AI Scribes:** Listens to patient encounters to auto-draft EHR clinical notes
- **Prior Authorization Automation:** Scans charts to auto-generate insurance letters

Patient Engagement & Access

- **Multilingual Engagement:** Automates outreach in 100+ languages to break cultural barriers
- **No-Show Predictors:** Flags missed appointment risks and auto-fills waitlist openings

Population Health & Quality Measures

- **SDOH Screening:** Uses NLP to flag housing, food, and transportation insecurity
- **UDS Quality Tracking:** Identifies gaps in preventive care to maximize federal funding

Revenue Cycle & Grant Reporting

- **Autonomous Coding:** Audits EHR notes to match appropriate ICD-10/CPT billing codes
- **Automated HRSA Reporting:** Auto-compiles complex clinical data for grant compliance



Vendor Selection Checklist



Governance and Executive Leadership



Clinical Operations



Nursing and Care Management



Population Health



Front Desk, Access and Scheduling



Revenue Cycle and Finance



IT, Security & Infrastructure



Compliance, Risk & Legal



Patient Experience & Community Health



Human Resources & Workforce





A Practical Framework for Evaluating AI Solutions

➤ Expectations of a Vendor Demo

EHR Integration

Is this a native EHR integration (e.g., Epic/Cerner/eClinicalWorks APIs), a parallel workflow, or a hybrid? How many clicks does the provider have to make?

Patient Population

Has this product been deployed in a FQHC of comparable size to ours? How does the model account for diverse patient demographics, non-English speakers, and complex SDOH?

Data Ownership

Will our patient data ever be used to train, test, or fine-tune your (or third-party) AI models? Where is our data processed and stored?

Billing & ROI

Can you show measurable outcomes (e.g., missed reimbursements, time saved) from similar clinics? What is the total cost of ownership (TCO) including implementation, maintenance, and API usage fees over the first 24 months?

Accountability

When the AI makes a hallucination or error, how is it flagged for human review, and who takes clinical and legal responsibility?

Do not let the vendor control the narrative with "perfect" synthetic data or generic pitches.



➤ Evaluation Framework

1

Demographic Alignment & Bias Mitigation (Equity)

- **Model Card Audit:** Verifies low-income and minority representation in training datasets
- **Stratified Performance:** Demands proof of equal clinical accuracy across race and gender

2

EHR Integration & Workflow Feasibility

- **Native Workflows:** Ensures the tool embeds directly inside eCW, NextGen, or Epic
- **Explainable Outputs:** Prevents "black box" decisions; highlights clinical reasoning

3

Total Cost of Ownership & ROI (Financial)

- **All-In Pricing:** Includes implementation, custom API builds, and year-two renewal hikes
- **Resource Overhead:** Limits strain on lean internal IT and clinical leadership teams

4

Regulatory & Grant Compliance (Legal)

- **UDS Optimization:** Tracks and pulls data directly tied to HRSA clinical quality measures
- **Compliance-Ready Data:** Auto-formats reporting exports to fulfill federal grant requirements

5

Privacy, Security & Corporate Safeguards

- **Data Protection:** Requires signed BAAs and strict bans on using local PHI for vendor R&D
- **Liability & Risk:** Mandates performance guarantees and legal indemnification clauses



> AI Vendor Scorecard

Category	Weight	Score (1-5)	Weighted Score	Strengths	Concerns	Decision
Clinical Value	20					
Workflow Fit	15					
Patient Experience	10					
Population Health	10					
Revenue Impact	10					
Security & Compliance	15					
Integration	10					
Training & Adoption	5					
Vendor Support	5					

Scoring Methodology

5 = excellent
 4 = good
 3 = adequate
 2 = major gaps
 1 = unacceptable

*Multiply score by weight.
 Total possible score = 500.*

- **Recommended Thresholds**
 425-500: Proceed
 350-424: Conditional proceed
 <350: Do not proceed
- **Each Department Documents**
 Top 3 benefits/risks; Required enhancements;
 Implementation readiness;
 Final recommendation



➤ Reference Checks

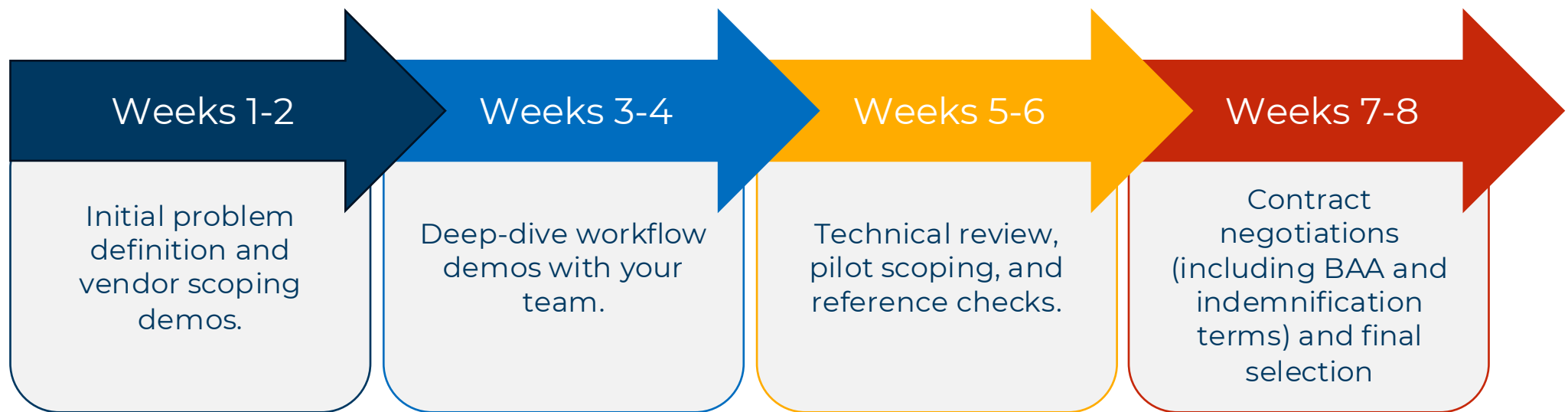
Any vendor will give you their "best-loved" customer.

To uncover how they perform in real-world healthcare settings, follow these strategies:

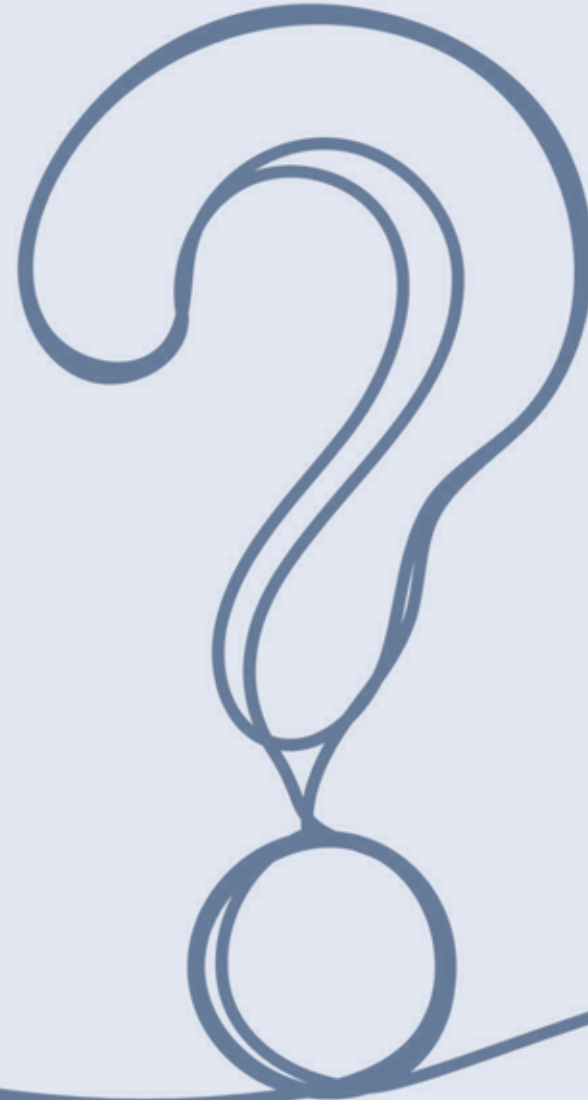
Ask for FQHC/CHC References	Ask for a "Rocky Rollout"	Focus on Post-Production
 Specifically request references from Federally Qualified Health Centers, Community Health Centers, or Critical Access Hospitals—not prestigious academic medical centers, as their tech stacks and resources differ.	 Say, <i>"Can you connect me with a customer who went through a rocky rollout and got to the other side?"</i> This reveals how the vendor handles troubleshooting, support, and relationship management when problems	 Do not just ask about the sales or pilot phase. Talk to references about how the system performs in daily production, what the technical burden looks like today, and if the promised ROI materialized.

➤ Timeline from demo to selection

Set a structured timeframe of **45 to 60 days** from the initial vendor demo to final selection. This prevents vendor-led fatigue while giving your FQHC adequate time to score the product against internal rubrics.



➤ What would give your health center the greatest confidence in selecting an AI vendor?





Key Takeaways & Next Steps

3 Key Takeaways



Prioritize Demographic Equity

- **Risk:** Most commercial AI models are built on affluent, commercially insured datasets.
- **Action:** Demand vendor proof that the tool performs accurately on low-income and minority groups.



Enforce Native EHR Workflows

- **Risk:** "Parallel systems" requiring separate logins increase click-fatigue and cause low adoption.
- **Action:** Choose AI that embeds directly inside eCW, NextGen, or Epic to reduce staff burnout.



Optimize Revenue & FQHC Funding

- **Risk:** General health tech fails if it misses FQHC-specific billing rules and grant requirements.
- **Action:** Choose AI that maximizes sliding-fee scales, captures PPS reimbursement, and drives UDS metrics to protect federal funding.



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Coming Up! Module 3: Health Center Perspectives on AI Implementation



Jenny Lee

Senior Associate, Value & Quality



Gabriel Garcia-Lopez

Senior Advisor

This session provides health centers with practical, real-world lessons on AI adoption, highlighting strategies for governance, workflow integration, change management, and measuring impact.

July 22nd at 12:00 PM Eastern Time



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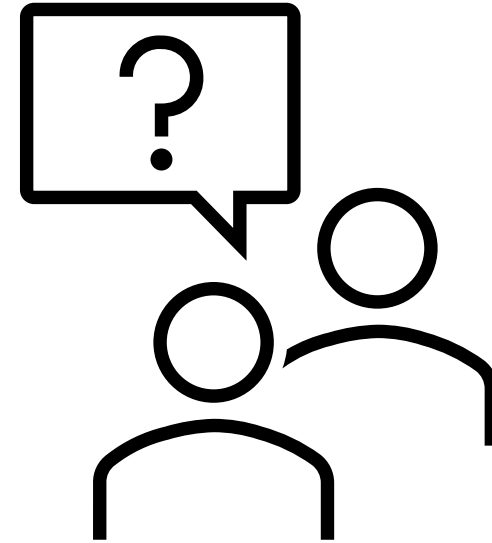


Community Health Care
Association of New York State

| **Facktor**

Trusted Advisors. Healthcare Experts. Proven Results.

Questions



Workshop Evaluation Survey **SCAN QR CODE**

Please share your feedback on this session. This should take less than 3 minutes to complete.

Survey Link:

<https://forms.office.com/r/HEQi38dnuJ>

Thank you!



**Facktor Webinar Evaluation
Session 2: AI Vendor Evaluation &
Responsible Adoption**

