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http://medicine.ucsf.edu/ www.ucsfhealth.org/ April 3, 2025

Re: AI/ML Learning Demonstration Project 2025

Dear Reviewers:

It is with great pleasure and enthusiasm that I write this letter of support for the AI/ML project being submitted for your consideration by Drs. Rosner, Gonzales, Boscardin, Ranji, Zack, and Ki Lai entitled: RAPIDDx: A Tale of 2 LLMs. Real time, AI-enabled, Point-of-care Intelligence for Differential Diagnosis.

I'm finishing up a book on healthcare AI for Penguin-Random House, and have spent the last year exploring the field in great detail, including conducting more than 100 interviews with AI and healthcare leaders. My enthusiasm for the potential impact of AI on healthcare has only grown – it's clear that early use cases, such as digital scribes, chart summarization, and billing assistance, have been useful, and their success has garnered buy-in from clinicians and health systems. But the real impact of AI will be its thoughtful application in diagnosis and clinical decision-making. At this point, progress in these areas is nascent.

With this in mind, I couldn't be more enthusiastic about the proposal by Dr. Rosner and colleagues. Not only have they identified, in differential diagnosis, a critical use case to explore the value that large language models – Versa Curate and OpenEvidence – can provide when deeply integrated into the electronic health record (EHR), but differential diagnosis is an LLM capability that can scale and provide value across UCSF Health. Furthermore, evaluating both Versa Curate and OpenEvidence (UCSF will be the first to do so with OpenEvidence) will offer us unique and healthcare-leading insights into the optimal tools with which to move forward.

I am confident that clinicians will use (and are already using) LLMs to help with diagnosis, but they are currently doing it "off label" and outside the EHR. The sooner we build these tools into the EHR and the clinical workflow in a way that is demonstrably safe, usable, and compliant, the more our patients and clinicians will benefit from them. And, once these tools are integrated into Epic, our clinicians, researchers, and learners will be able to innovate and tap innumerable opportunities to improve care, healthcare quality and equity, and medical education, advancing the missions of UCSF and UCSF Health in critical ways.

Please accept my highest endorsement for this proposal.

Sincerely,

Bob Waluter

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