AI Adoption Model (AIAM) Checklist

Level 0	Level 1	Level 2	Level 3	Level 4
Technology no ai – rad PACS, on premise-based solution, simplistic, if cardiology PACS (not integrated)	**Technology** exploring AI options - Integrated PACS, have computational power, some data security, vendor neutral archive (VNA) may exist	**Technology** Limited AI to incorporate core AI functionality and research is turning into action, concept of a central platform starts to take shape	**Technology** advanced AI - central platform to deploy AI easier and faster	**Technology** state of the art AI solutions implementation and begin to push new development of AI – IT infrastructure is adopted on centralized platform, AI adoption of algorithms is routine
Data data is siloed, not normalized in any way, no useful form into the integration of AI	**Data** data is partially centralized (some databases that may not be integrated), partially, data is radiology review and review, not enterprise analysis or use, retrospective analysis of data is in use	**Data** data is centralized, there is enterprise data management plan, analysis becomes more predictive, and data is now being normalized/standardized	**Data** data access is completely centralized, and other decisions and processes rely on the use of the data... more than radiology, the real-world database begins to form to enable cross-functional decisions, data is trustworthy	**Data** 100% of data is available, it is being used in a real-world evidence database, auto collected and enterprise data governance strategy in place
People & Competences no competences, may be reading about things, no skill set or experience in AI, classical IT capabilities, PACS admins double as IT administrators	**People & Competences** heavily or totally reliant on vendor/third party skillset, external AI resources, internal staff begin to gain AI awareness and have a mix of capabilities between radiology, AI and IT	**People & Competences** reliance on vendor decreases and becomes more equally shared – staff are trained and hired with specific AI capabilities; first data scientists appear on the team – internal competences are being developed and developed within specific departments	**People & Competences** hospital or provider relies minimally on the vendor or third parties' number of people with AI and data science experience ncreases and internal competencies are established, Data science department forms	**People & Competences** complete indolence of vendor and third-party expertise – could have entire AI or data science department
Organization & Processes not started, there is no AI projects of any sort	**Organization & Processes** starting to explore AI within separate departments	**Organization & Processes** cross-departmental coordination of using AI together is being explored, the start of an AI framework	**Organization & Processes** specific teams or departments are focused on rolling out AI, limited automation	**Organization & Processes** central team works on AI – AI enabled organization with an AI culture – bulk of processes are automated
Strategy & Management no strategy, but maybe starting to consider one, no solid plan, objectives are undefined, value unclear	**Strategy & Management** beginning of AI strategy take shape, objectives are formalized and use cases demonstrate value	**Strategy & Management** there is a strategy that begins to take shape, there is a vision for how AI will be adopted, and AI objectives are partially aligned with management objectives	**Strategy & Management** strategy becomes part of overall enterprise strategy – AI is part of strategic planning, and it is aligned with business targets	**Strategy & Management** AI strategy that defines how it should be used in delivering care and actively used to optimize and automate processes and create new business opportunities – AI flows all the way downstream

AI Adoption Model (AIAM) Checklist Cont.

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Budget no budget, no resources assigned	**Budget** initial, siloed budget that is partially supported by other budgets. Zero ROI for those deployed solutions	**Budget** established from different sources and integrated into other budgets as a separate part. Radiology and IT both have parts of budget towards AI. AI solutions give partial ROI	**Budget** some departments have dedicated AI budget and budget has increased. Getting full ROIs	**Budget** dedicated enterprise budget, AI is profitable and contributes to expanding and developing new business
Products & Services no AI use cases	**Products & Services** first use case for AI – the need has been identified. What is the benefit, what will it be used for. point solution, single algorithm POC (testing on one dock)	**Products & Services** point solution, single algorithm product implementations (rolled out to other docks)	**Products & Services** multiple use cases - multiple AI systems are deployed – production use for everyday patients, there is more of a dependence on AI to do the work	**Products & Services** AI is influencing all activities and scaled throughout the organization. It creates value and competitive advantage. all use cases are fully carried out by the AI algorithms
Ethics & Regulations no awareness	**Ethics & Regulations** Initial research and understanding regulations – develop principles, rules, and concepts to ensure ethics and regulations are followed	**Ethics & Regulations** begin to pilot the processes to make sure the organization can comply – hospital would start to measure how the AI works and wants to make sure FDA cleared, clear documentation on how AI algorithm is working, make sure the is AI transparency... (therefore abc decision was made based on this xyz algorithm), quality and more diverse data equals less biases	**Ethics & Regulations** AI can be fully deployed without and regulatory restrictions. AI is trustworthy and explainable	**Ethics & Regulations** decision making of all AI is transparent, accurate, understandable and explainable. Certified training standards are in place, Ethics and regulations of AI are embedded in hospital practice