



HLTH AI Pavilion Video 1

TRANSCRIPT

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All right.

Are we good?

Hey, guys.

Good morning. Welcome everybody's here on time for the first of the AI pavilion talks. I'd like to welcome you.

My name is Kaveh Safavi and I'm going to spend the next 20 minutes talking about something that I spend pretty much my day job working on, which is what is happening to work in this interesting intersection where we have both a demographic existential problem, which is we're running out of people to do the work, and we have the benefit of a set of technologies that can actually take the tasks that humans are doing at work and take them over, and how those two intersect to solve what would otherwise be an intractable problem. And I'm going to start by setting up the premise that our healthcare situation is not just simply, a problem of a shortage of workers.

It's a problem that the demand for the services is exceeding at a rate faster than any ability to fill it with human beings, even on our best day.

A little bit of math for you. By 2030, the number of people who retire out of the workforce will be 5,048% larger than it is in 2022.

But at the same time, the number of people who are in the workforce will go down by 17%. And that retired population uses 3 to 5 times as much resources as the non-retired population.

So, we have a non-linear separation between supply and demand. There's no amount of recruiting or retention or any other mechanism that can solve that problem by finding people to do the work.

So, the alternative is that we face an access problem. Now, this issue is particularly exacerbated in healthcare because every other sector of our society has had the benefit of not just technology, but information technology, improving human productivity and essentially taking some of those tasks from human so humans can do other tasks to create more output.

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But if you actually look at the healthcare sector and compared to the rest of our overall economy, this is a 20 year look at economic growth in the United States.

And you look at inputs to growth, labor, money and what are called multifactor productivity, which would include technology innovations in the time period of this study, the overall economy saw 25% of its growth from labor and the rest from technology and capital.

Healthcare was 99% labor in the same period. And specifically, if you look at the top bar, it was the only sector that actually saw a 13% loss of productivity.

Technology reduced labor productivity. Now, not a surprise if you think about why, it's because human interaction with the keyboard and typing.

But if you ask the question, how did we get here? The answer was simple. We brought healthcare information technology into do one thing, which was to make healthcare safer.

We didn't bring it in to make healthcare labor more productive. Its genesis comes from the to err is human.

And the Institute of Medicine report we hard wired processes.

Then we wanted to put technology and we needed structured data to run decision support and analytics.

How do you get structured data? You put it in. We didn't think we were going to run out of people. We just added work. We made the system safer, but it came at a price.

Now we're running out of bodies. We're not going to roll that back. And frankly, prior to about 2 or 3 years ago, we didn't have a good answer.

And what we didn't want to be is in a situation that you see in some countries, like in northern Europe, where, for example, in the UK right now is an 18-month waiting list for an elective procedure heavily driven by the lack of people to do the work. So, we had to find the path out. Fortunately, we did have a technology that was emerging that would begin to address that, and that was generative AI and specifically language models.

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It turns out 40% of all tasks people do in their jobs, in every sector is a language task that is amenable to the use of a language model. For healthcare, it's a little less than that for providers, but it's still a material number.

And the big difference is, rather than thinking about technology as a way of simply augmenting human capacity, which is the way we thought about it, you use technology, do your job and create a better outcome.

We thought about it as taking away the task, which is automation. The purple represents the percentage of tasks that can be replaced. The green next to it represents tasks still done by people but done in a better way. That's historically how we thought about AI.

Now we're pivoting our thinking to tasks and taking the tasks over. But it turns out that this idea is the beginning of the problem, not the end of the problem.

Technology is necessary, but not sufficient. And the last two years we have begun to really understand this. And that's what I want to spend the rest of my time on, which is what does it take in order for us to get the benefit of the technology that is now able to take over some of our tasks?

The first observation is it replaces no jobs, it only replaces tasks, and when it replaces tasks, I have to reorganize the remaining part of those tasks in the new jobs.

So, for example, this is some work we've done looking at five jobs in acute care settings. And I'll just ask you to look at the top one which is nurses. If you take ten nurses today on a floor doing about the same thing.

We have a set of technologies, both cognitive and physical robotics, that can take about 40% of those tasks away. No jobs. If I just stop there, I just made everything worse because now I have nurses that are only 60% productive.

I have to take the 60%, re-aggregate them and distribute them as new 100% jobs. The heavy lift is not the tech. The heavy lift is re-aggregating the job because when I re-aggregate the jobs, they're not the same jobs as they were before.

When you concentrate hard work, you see a couple of phenomena. One of the things you see is not everybody does the same thing. It's better to concentrate certain tasks in a few people that come and go as needed.

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So, you now have a workforce that's comprised of what we call adaptive and fixed. An adaptive being people who come and go on an as needed, basis based on skill and volume, demand and fixed, which is people who do everything a little bit all the time.

So, if today I manage ten nurses, tomorrow, I manage four employees, two people that come and go, and boss, my work is not my workforce.

It's all these re-orchestrated. That is a different job. That's a different job for the management and that's a different job for the nurses who are actually doing their work. And that causes us to think about this on two dimensions.

One dimension is the individual dimension, and one dimension is the organizational dimension. Because I need different kinds of people in different amounts, in different roles.

Some of my work is actually going to be done by digital agents because I can string these things together. We modeled here a workforce in an acute care setting, and we ask the question based on the percentage of tasks that can be liberated by going to technology and be freed up.

If I reaccumulated that and thought about how I redistributed that 100 people is actually now 75. 25 people are freed up to go do more work. In healthcare because the demand exceeds supply, nobody loses their job. That's more people we can serve because the alternative is they simply had to wait.

So, we don't have an issue of reducing the number of jobs. We have an issue of people who are going unserved. In fact, I would argue that the last two decades of information technology were designed to make healthcare better by improving the quality of decision making.

The next decade is about making it accessible. Because it doesn't matter about the quality of the decision making, if you have to wait. That's the ultimate quality problem, and that's the issue that we're going to get around.

So now your workforce is organized differently, which means managing your workforce is also organized differently. And this creates a whole set of interesting, complicating issues. So, let's talk a little bit about that.

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The first thing that people say is, well, what are you going to do with time when you get time back? Because the first thing you do is liberate time. If that's the ultimate metric of effectiveness, it's time. Well, you can do three things with time. You can waste time. You can reclaim time, which means use it for yourself.

Spend time thinking, rest, reading, whatever it might be. Or you can repurpose time, which means taking care, doing one more unit of work.

The worst thing is no plan because that's wasting time. The challenge in many organizations is they bring the technology in with no explicit plan for time. That is a wasting time strategy.

There's no necessary expectation that all the time that gets liberated is necessarily going to be repurposed into more productive work.

We know that because we know our healthcare workers in many cases are already stretched. But just getting that time back might have an impact on the workforce in terms of their willingness to stay in the workforce, the cost of turnover.

So, there are business cases, but it's not the business case of I can get an output with a little bit less human input.

It still takes the same amount of human input, but at least I have more humans to do the work.

So, the requirement of the organization's leadership is to have an explicit strategy around how am I going to think about time?

The next issue is people actually need a different set of skills, because first of all, the jobs that some of these individuals do are different. And this is just an example of the migration of what is a current set of skills to what would be a future set of skills in a world where technology is our, is a partner in doing the work.

And you can understand that because the some of the jobs are different. But what's super interesting is when technology is your coworker, you need specific skills for interacting with technology. This has been understood since before generative AI. Work coming out of human computer labs for two decades has talked about this challenge.

Which is the challenge when humans and machines work together, humans need to acquire different skills in order to get the benefits out of technology. I'll give you two examples.

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And the way to think about this is your potentiating, the technology potentiates the human, and the human potentiates the technology.

The first one I described is the question of time, for example. What do you do with time? The second one used to be called intelligent interrogation until generative AI showed up and we started talking about the concept of prompting.

Every single time a human interacts with a technology, particularly a generative AI technology, that technology changes. It's a non-deterministic output that is changing on every single interaction. You need to understand how to interact with that technology.

That is not the same skill as interacting with a human, but just like a human, when you have a new coworker, you need to understand how to talk to that coworker. You need to understand how to talk to the technology.

We're learning a lot. In fact, we used to think that you were going to talk to the technology using the lens we think about in terms of how we interact with technology today, which is through the lens of instruction.

You have to know the commands, you have to know the order. We actually understand now that the way generative AI and LLMs really work, is that you don't actually have to have the instructions, you just have to talk to it with your intent being clear, like you're talking to a human being.

The whole world of technology interaction is moving from instruction to intent driven. So, you actually don't need to know the rules, but you need to understand that you need to be clear about what it is that you want to get done, and it will figure it out. It's not about the right language, it's about clarity.

In fact, as people have asked the broader societal question, which is what is the impact of technology like generative AI language models on work?

We're beginning to understand that over time, the role of technology will be to answer the question, and the role of the human will be to ask the question. But to ask a good question needs expertise. So, it's not like expertise goes away. It's just that the job of the question is amplified because the job of the answer can go to the machine.

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So, the world of... the way we're going to get benefit as a society won't simply be turn on the tech. It's going to require us to turn on the tech, then change the work.

The work, the workforce, the organizational models, they all have to change. The long pull for us in the real benefits of this technology will come from the change in the human side. The technology is simply necessary, but it's not sufficient.

The last thing is an observation, which is what are we learning from the last two years of generative AI and language models?

And what we're discovering is the following. It's actually not about the industry. It's about the job. This is work representing how people...

This is European work. It matches up with American work. But this is a study done of European knowledge workers and their adoption of generative AI in their work.

The number one category are creatives. The next two categories are both technology. And, we know this because if you look broadly across society, one of the greatest uses of generative AI language models right now is coding.

The number one category are creatives. The next two categories are both technology. And we know this because if you look broadly across society, one of the greatest uses of generative AI language models right now is coding. And then you look underneath that, you see marketing and then look at the one underneath it.

Lawyers. One of the fastest using groups are lawyers. Why? Because in every one of these you see the same things, which is a significant amount of documentation activity.

They're not using this to create their final work product, but they are using this to reduce the amount of work product that they have that the experts need to create.

So, in a law firm, for example, it's the junior associates who create the boilerplate contracts that are being affected. It's not the senior lawyer that goes in and negotiates the deal points.

Once the deal points are done. The generation of a 35-page contract the machine can do, largely.

Similarly, when you think about us in healthcare, you think about the amount of documentation that we do that doesn't require clinical judgment.

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I'll say that in air quotes, there's a little bit of judgment because it must understand your language.

That includes clinical concepts for which it needs to be trained, but it's not making a clinical decision. That work is liberating time.

And if you look at the amount of time that some of these technologies are liberating, I, you know, we're seeing, for example, the ambient dictation for physicians is one of the fastest adopted information technologies that's being adopted directly by physicians.

You look outside in small medical practices, and doctors are swiping their credit cards to get ambient technology to do their notes, unconnected to any electronic medical record. Not just in the US, but outside the US, because they're getting that much time back.

There's a study done of a health system that is using language model technology, and a new kind of a human pyramid to manage clinicians' inboxes.

And they published this study, two hours and 50 minutes of time a day back when the technology and non-doctors can manage an inbox 71 minutes are at home. That's a huge amount of time. They might see some patients.

They might just not leave the workforce as early with that kind of technology.

So, what we're really saying is it's actually more about the person and the job, not necessarily about the industry they serve. And I think that's the most important lens, because what that really means is for all of you in your jobs,

one of the ways to start thinking about this is not to think about what the company is bringing to you, but whether or not the work you do is amenable to these kinds of technologies.

And if you have access to them, start playing around with them, because eventually they're going to show up. But the truth is that that's where you start.

The second part of this, which is the last part, is the realization that if you're responsible for an enterprise, all of these technologies sit on a fundamentally modern technology infrastructure, which doesn't exist.

We just did a recent study that was fascinating. 85% of the healthcare providers are investing in pilots, and only 10% are investing in the infrastructure that would be necessary to scale that pilot, even if it's successful.

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So, we love the lab, but there's nowhere to put this stuff when it comes out of the lab.

And that, for our organizations, is a realization that forget about whether there's a product to buy today.

That's not the right question. We're going to need this. It's going to come eventually when it comes. Will you be ready is the ultimate question.

So, with that, I'm going to close.

I don't know if there's any ability for me to take a question, but I want to thank you for your attention.

I'm happy to answer questions after the presentation and offline. And I hope that you all have a great few days in Las Vegas.

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