KT Gilcrease · Technology & AI Consulting

FINAL REPORT

AI Readiness Assessment

Where AI will pay off, where it carries risk, and what to do in the next 90 days.

PREPARED FOR	Harbor & Pine Medical Group (fictional)
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SAMPLE

This is an illustrative sample. Harbor & Pine Medical Group is a fictional organization, and every finding, figure, and estimate in this document is invented to show the format and depth of a standard assessment. Client reports are tailored to each organization, and larger engagements include additional sections.

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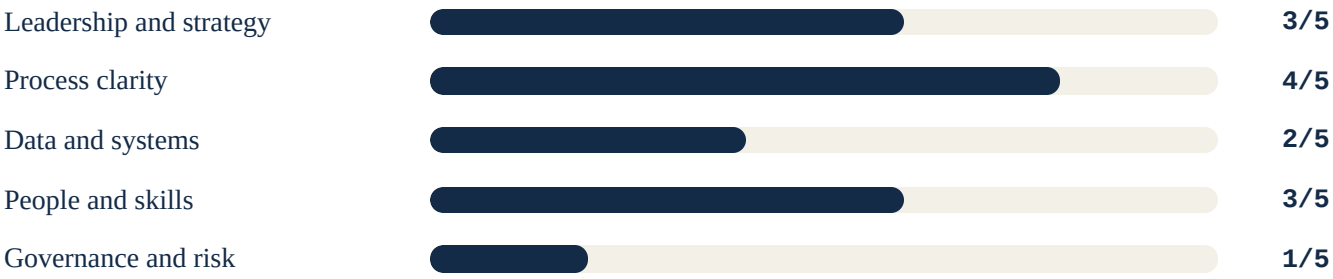
> **How to read this report.** Section 01 is written for someone who reads nothing else. Sections 02 through 07 hold the supporting detail, and every recommendation traces back to a finding from the interviews, survey, or process walkthroughs.

01 · EXECUTIVE SUMMARY

The short version

Harbor & Pine has real, near-term opportunities for AI in its administrative work. It is not ready for AI in clinical or patient-facing work yet, and staff are already using AI tools without guidance in ways that create risk today.

Readiness snapshot



Scored from interviews, survey responses, and walkthroughs. 1 means not in place, 5 means established and working.

Key findings

- Prior authorization letters consume an estimated 9 to 12 staff hours per week, mostly retyping from templates.
- Front desk staff rely on a 140-page policy binder and frequently interrupt supervisors with questions it already answers.
- About a third of survey respondents use free AI tools for work, and some reported pasting text that may contain patient information.
- No AI policy, approved tool list, or business associate agreement covers AI use today.

Recommendations

- Within 30 days, publish an AI acceptable use policy and move staff to one approved tool covered by a business associate agreement.
- Pilot three administrative quick wins with human review on every output.
- Hold clinical and patient-facing AI until governance is in place, then reassess.
- Name one owner for AI decisions and review progress monthly.

02 · SCOPE AND APPROACH

How the assessment was done

What we covered

ACTIVITY	DETAIL
Interviews	7 interviews, 45 minutes each, across leadership, operations, billing, compliance, IT, and front desk roles
Staff survey	Anonymous, 12 questions, 41 responses from roughly 70 administrative staff
Walkthroughs	4 screen-share sessions watching real work: prior authorizations, denial follow-up, scheduling, and new-hire onboarding
Documents	Policy binder, IT security policy, vendor list, and current software inventory

Out of scope. Clinical decision-making, EHR configuration, and legal review. Where a finding touches law or regulation, it is flagged for counsel.

How opportunities were scored

Each opportunity was scored from 1 to 5 on three factors, using evidence from the interviews and walkthroughs rather than general industry claims.

FACTOR	WHAT IT MEASURES
Value	Time recovered, errors reduced, or service improved, and how many people it affects
Feasibility	Whether the data, tools, and skills exist today, and how much change it asks of staff
Risk	Exposure of patient information, effect on patient outcomes, and consequence if the AI output is wrong

> Risk is weighed by asking what role the AI plays in each decision and what happens if it is wrong. AI that drafts a letter a person reviews carries far less risk than AI that answers patients directly, even when both use the same tool.

03 · CURRENT AI USE

What's already happening

AI is already in use at Harbor & Pine. None of it is approved, tracked, or covered by policy.

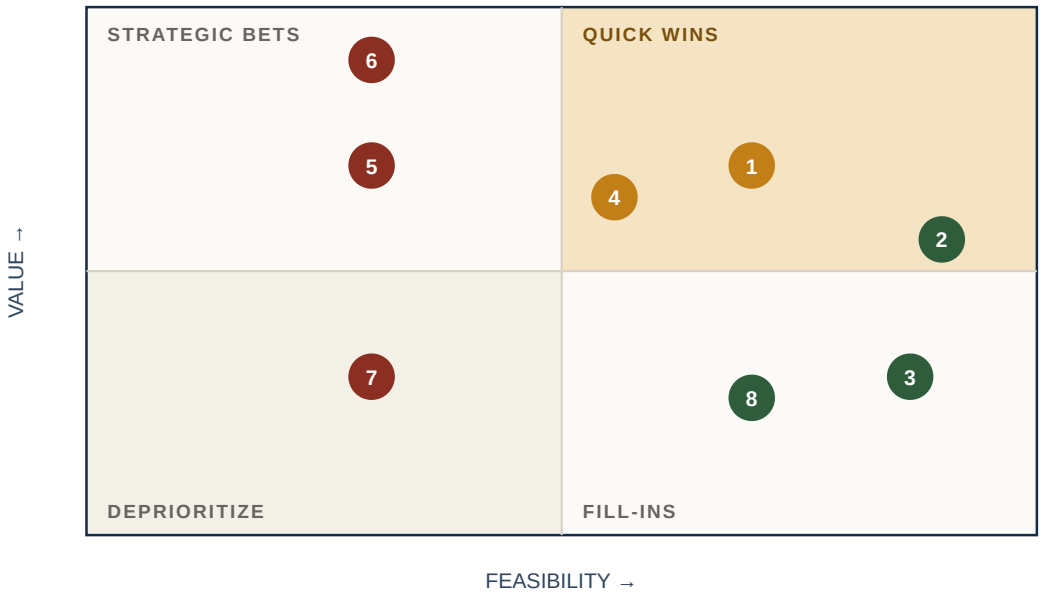
FINDING	EVIDENCE	RISK
Staff use free AI tools for work	14 of 41 respondents use a consumer AI tool at least weekly, most often to draft emails and rewrite letters	MEDIUM
Possible patient information in consumer tools	4 respondents reported pasting text that may include patient names or details	HIGH
No approved tool or policy	Confirmed in compliance and IT interviews. Staff said they "weren't sure if it was allowed"	HIGH
Strong interest from staff	68% of respondents want training, and several described tasks they hoped AI could help with	LOW
AI features in existing software	The practice management system includes AI features that are switched off and have not been evaluated	LOW

What this means

Unofficial use is a signal of demand, not misconduct. Staff are trying to work faster with what they have. The fix is to give them a safe, approved option and clear rules, not to ban AI and push the use further out of sight.

04 · OPPORTUNITY MAP

Where AI fits, and where it doesn't yet



Circle color shows risk: LOW MEDIUM HIGH

#	OPPORTUNITY	VALUE	FEASIBILITY	RISK	RECOMMENDATION
1	Drafting prior authorization letters for staff review	4	4	MEDIUM	Quick win
2	Policy and procedure Q&A assistant for front desk	3	5	LOW	Quick win
4	Sorting and summarizing claim denials for billing	4	3	MEDIUM	Quick win
3	Summaries of internal administrative meetings	2	5	LOW	Include with approved tool
8	Drafting job descriptions and training material	2	4	LOW	Include with approved tool
6	Ambient clinical documentation	5	2	HIGH	Reassess after governance
5	Drafting replies to patient portal messages	4	2	HIGH	Reassess after governance
7	Patient-facing scheduling chatbot	2	2	HIGH	Not recommended

Three places to start

Each quick win uses the same approved tool, keeps a person responsible for every output, and has a measure agreed before the pilot starts.

1 · Prior authorization letter drafts

AI drafts the letter from the order details and payer template. A coordinator reviews, corrects, and sends it.

WHAT IT TAKES	Approved tool, 3 to 5 reviewed templates, 2 coordinators for a 4-week pilot
MEASURE	Minutes per letter and resubmission rate, compared with a 2-week baseline
EST. COST	Covered by the approved tool license, plus about 10 hours of setup
GUARDRAIL	Business associate agreement in place first. No letter is sent without coordinator review.
OWNER	Revenue Cycle Manager

2 · Front desk policy assistant

An assistant that answers staff questions from the current policy binder and cites the page it used.

WHAT IT TAKES	A cleaned, current copy of the binder and one owner to keep it updated
MEASURE	Supervisor interruptions per shift and staff confidence, surveyed before and after
EST. COST	Covered by the approved tool license, plus about 15 hours to prepare the binder
GUARDRAIL	Internal use only, no patient information, answers always show their source
OWNER	Operations Director

3 · Claim denial sorting

AI groups incoming denials by reason and drafts a summary for each group, so billing staff work the largest categories first.

WHAT IT TAKES	An export of 90 days of denials and a billing specialist to check accuracy
MEASURE	Hours spent sorting per week and days to first follow-up
EST. COST	About 20 hours of setup. May need an integration quote if exports are manual.
GUARDRAIL	AI suggests groupings only. Staff decide every appeal.
OWNER	Billing Supervisor

Approved tool estimate for planning: $600 to $900 per month for 25 users, pending vendor quotes. Estimates are planning ranges, not quotes.

Guardrails before anything scales

GAP	WHY IT MATTERS	GUARDRAIL
No AI acceptable use policy	Staff don't know what is allowed, so they guess	One-page policy covering approved tools, prohibited data, and review rules
Patient information in consumer tools	Possible privacy exposure with no agreement covering the vendor	Approved tool under a business associate agreement. Review with counsel.
No owner for AI decisions	Requests and risks have nowhere to go	Name an AI lead and a small review group that meets monthly
No record of where AI is used	Leadership can't see or audit AI use	A simple register of each AI use, its owner, and its risk level
No standard for human review	Errors could reach payers or patients unchecked	Written review step for every AI output that leaves the building
No staff training	Good intentions without the skills to use AI safely	A 60-minute session for all staff when the approved tool launches

This section identifies risks and gaps. It is not legal advice. Items involving patient privacy or regulatory obligations should be reviewed with counsel.

07 · 90-DAY ROADMAP

What happens next, and who owns it

WHEN	ACTION	OWNER	OUTCOME
Days 1 to 30	Publish AI acceptable use policy	Compliance Officer	Every staff member knows the rules
	Select approved tool and sign business associate agreement	IT Manager	One safe option replaces consumer tools
	Name AI lead and start the AI use register	Executive Director	Clear ownership and visibility
Days 31 to 60	Train all administrative staff	Operations Director	Staff use the approved tool with confidence
	Launch quick wins 1 and 2 as pilots	Pilot owners	Baseline and pilot measures collected
	Prepare denial data for quick win 3	Billing Supervisor	Clean 90-day export ready
Days 61 to 90	Review pilot results against measures	AI review group	Decision to expand, adjust, or stop each pilot
	Launch quick win 3	Billing Supervisor	Pilot under way
	Reassess readiness for clinical use cases	AI lead	Go or no-go on next phase

08 · NEXT STEPS

Decisions for the readout

The leadership readout is a 60-minute working session. The goal is to leave with decisions, not just questions.

1. Confirm the three quick wins, or swap in another opportunity from the map.
2. Name the AI lead and the members of the review group.
3. Approve the acceptable use policy timeline and the tool selection.
4. Agree on how pilot results will be reported back to leadership.

Support after the report

Harbor & Pine can run the roadmap on its own using this report. Optional follow-on support is available for policy drafting, tool selection, pilot setup, or a 90-day check-in, scoped separately if needed.

> **About this assessment.** Findings reflect interviews, survey responses, walkthroughs, and documents provided during the engagement. Cost figures are planning estimates. Recommendations are vendor-neutral, and no client information was entered into AI tools without written permission.

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