UNIVERSITY OF CALIFORNIA HEALTH

University of California Health
1111 Franklin Street
Oakland, CA 94607

universityofcalifornia.health

July 14, 2025

Email to: ai-rfi@nih.gov
Re: RFI Response - NIH AI Strategy

Creating a Healthy America by Advancing the Science of Healthcare Innovation, Academic-Industry Collaborations, and an AI-Enabled Workforce

On June 3, 2025, the National Institutes of Health (NIH) issued a Request for Information (RFI): Inviting Comments on the NIH Artificial Intelligence (AI) Strategy. On behalf of University of California Health, we appreciate the opportunity to respond to the RFI and hope that it may inform NIH's efforts to promote research and innovation while safeguarding patient interests.

Improving the health of the American people while lowering the cost of care is a national priority. At University of California Health, we serve millions of patients each year across urban, rural, and underserved communities and educate thousands of trainees, with our footprint spanning six academic health centers and 21 professional schools. Every day across our system, we use research and innovation to reimagine healthcare through redesign of healthcare operations, improvements in care delivery and patient safety, and reduction of waste. We believe that smart investments in science, technology, and workforce development will help secure America's leadership in health care and create a healthy America.

Artificial intelligence (AI) is making it possible to rethink how people receive healthcare and improve people's experience and access to care through AI-supported workflows. Too often, new technologies are adopted without studying what works, an idea that has been termed the "health AI paradox," where researched health AI tools are not implemented, and implemented tools are not researched. This scientific gap in AI implementation slows innovation, wastes valuable resources, and poses safety concerns. For AI to improve outcomes at scale, there is a great need for science that tests AI's ability to improve patient outcomes while simultaneously delivering healthcare at greater efficiency and at a lower cost, including in under-resourced systems where affordability remains a key barrier. To ensure America cements itself as a

leader in the AI implementation sector, there must be targeted investments and better coordination across public and private sectors.

To ensure new care delivery models succeed and scale, we recommend NIH strengthen support for AI implementation science, especially in operational AI. While mechanisms already exist to fund clinical AI research through NIH's disease-oriented institutes, operational AI targets system-level improvements like throughput, scheduling, and population health management, all of which are needed for a healthy America. In contrast to disease-specific AI tools, operational AI solutions work across many parts of a health system, multiple chronic health conditions, and offer the potential for a broader impact. This area of innovation currently lacks a designated funding home within the Department of Health and Human Services (HHS), making NIH a logical choice to lead this work. Large-scale, multicenter studies evaluating AI-enabled approaches across diverse healthcare settings are essential to identifying effective solutions and ensuring that public investments yield the greatest impact.

We also recommend that the NIH take on a new, much-needed role as a facilitator of academic-industry partnerships. America's private sector is leading in AI development, but translating those advances into cost-effective care requires collaboration with academic research partners, who have the capability to deliver interventions and measure and report health outcomes for industry-developed AI tools. NIH can play a vital role in helping companies identify academic partners, and helping scientists connect with industry collaborators. By combining partial funding from the NIH with contributions from industry partners, jointly funded grant proposals could further the mutual goal of turning well researched discoveries into scalable, real-world solutions throughout the national healthcare system.

Third, translating innovations in AI into better health outcomes requires a workforce that can wield AI to redesign care delivery models and realize the benefits of a learning health system. To modernize care delivery through new AI solutions and ensure safe and effective technology deployment, we need to train the next generation of learning health system clinicians and scientists and upskill our current workforce in the use of AI tools. To ensure that we train clinically literate AI researchers and AI-literate clinicians, NIH will need to create new educational pathways, invest in AI literacy, and expand funding for training opportunities that support cross-functional education of trainees in data science, technology, and care delivery. NIH is well-positioned to jumpstart this effort and ensure that our health workforce is equipped to lead this care transformation.

Finally, we encourage NIH to play a catalytic role in regulatory coordination to enable high-impact, higher-risk research—such as AI-facilitated, direct-to-patient care models. NIH is uniquely positioned to convene stakeholders across the Food and Drug Administration (FDA), Centers for Medicare and Medicaid Services (CMS), and the Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology (ASTP/ONC), to develop research frameworks that allow for responsible experimentation. Through the development of a joint framework supported by other HHS agencies, NIH-supported studies can safely test, evaluate, and scale transformative innovations in real-world care settings.

In summary, we recommend that NIH:

1. Fund research that supports real-world evaluation and implementation of AI, especially in operational areas, to improve efficiency and lower costs.
2. Create new funding opportunities to encourage collaboration with industry partners, ensuring that health research discoveries can be translated to the real world in partnership with private sector partners.
3. Invest in the education and upskilling of a modern health workforce capable of delivering AI innovation at scale.
4. Convene regulatory agencies to develop a joint framework that enables safe, high impact research on transformative care models using AI.

By focusing on real-world results, innovative public-private collaborations, and modernizing workforce development, NIH can help America lead the world in affordable, high-quality, AI-driven health care. These steps will drive down costs, streamline American healthcare, and support better outcomes for patients and families across the country.

Sincerely,

DocuSigned by:
David M Rubin
D880668F622246E...

David Rubin, MD, MSCE
Executive Vice President
University of California Health

Co-signed by:

Karandeep Singh, MD, MMSc (Chief Health AI Officer, **UC San Diego Health)**
Sara Murray, MD, MAS (Chief Health AI Officer, **UCSF Health**)
Deepti Pandita, MD, FACP (Vice President of Clinical Informatics and Chief Medical Information Officer, **UC Irvine Health**)
Paul J. Lukac, MD, MS, MBA (Chief Health AI Officer, **UCLA Health**)
Jason Y. Adams, MD, MS (Director of Data and Analytics Strategy, **UC Davis Health**)
Naveen Raja, DO, MBA (Chief Medical Officer, **UC Riverside Health**)