Responsible AI in Healthcare
A Deployer's Perspective

What health systems are learning through real-world deployment

SANFORD HEALTH
Marshfield Clinic

The perspective I bring

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Healthcare deployer

Not a developer of AI. An organization that puts approved tools into real clinical and operational workflows — and is accountable for how they perform.

Marshfield Clinic, part of Sanford Health

An integrated health system perspective spanning care delivery, technology, and governance.

Rural Wisconsin and multistate

What is workable in a large metro system is not automatically workable in a critical-access setting.

Where the work intersects

Clinical practice, operations, governance, and implementation — the point where policy either functions or does not.

The system we are part of

SCALE, COMPLEXITY, AND RURAL REACH

Geography

A footprint that spans regional centers and rural and critical-access communities across multiple states.

Complexity

Hospitals, clinics, and connected services operating under one integrated governance and technology structure.

Rural relevance

Realities such as limited workforce depth and uneven broadband access shape both what we can implement and what patients can actually use — realities any new requirement must account for.

MARSHFIELD CLINIC – FACTS AT A GLANCE

65 Clinical Locations *in* **45** Communities

170+ Specialty Services

225,000
Security Health Plan members

Products available in every Wisconsin county.

Home to the area's only
Children's Hospital
1 of only 4 *in* Wisconsin

Marshfield Clinic Research Institute
With **5 research centers,** it is one of the largest private medical research institutes in Wisconsin.

3.7 million
Patient Encounters

350,000
Unique Patients

11,000
Employees

$976.6 million
Community Benefit

*Source: CY23 audit financial statements

Academic Location *for the*
University of Wisconsin
School of Medicine & Public Health

11
Hospitals

19
Pharmacies

36
Clinical Laboratories

1,400 Providers

91% of providers
with **4.5 Stars** or higher

We collaborate with
400 Community Organizations
on Community Health Initiatives

Sanford’s responsible AI foundation

FOUR COMMITMENTS THAT SHAPE USE

01

Human judgment

AI supports clinicians and staff. People remain responsible for consequential decisions.

02

Safety and monitoring

Performance, changes, and unintended effects are watched over time, not approved once.

03

Transparency and trust

Patients should understand when AI is meaningfully present in their care.

04

Practical, aligned regulation

Rules that are risk-based, technology-neutral, and consistent across state lines.

Four use cases, four different risk profiles

THE SAME TECHNOLOGY CARRIES DIFFERENT RISK DEPENDING ON THE TASK

Approved generative AI and agents

Approved, HIPAA-compliant chat and workflow assistants. Summarizing a policy is low risk; drafting clinical content a provider may adopt is not.

Ambient listening

Supports clinical documentation so the clinician can focus on the patient. Output remains subject to clinician review.

Care-gap closure

Helps identify patients who may need follow-up or preventive care. Discovery efforts paired with access realities, with focus on the right people and the right gaps.

Inbox management

Routes for human review. A wrong route is largely self-correcting — the next person forwards it.

The risk is in the task and the review around it — not in the category.

Trust requires more than technical security

AI LITERACY, PRIVACY, AND CYBERSECURITY ARE DISTINCT PROBLEMS

Technical protection	Approved, protected platforms with defined access, retention, and review.
Appropriate use	Where and how a tool is used in the physical space and the workflow.
Patient explanation	Language patients actually understand, at the moment it matters.
Staff and provider literacy	Training that is ongoing, not a one-time technical exercise.
Distinguishing the risks	AI risk is not the same as phishing, social engineering, or credential theft.

We are asking people who are still learning to recognize and use AI in everyday life to become informed users of AI at work.

Translating practice into policy

A DEPLOYER'S VIEW

Useful

- Risk-based, scaled to patient impact
- Technology-neutral and outcome-focused
- Clear human accountability
- Meaningful transparency, not repetitive notice
- Ongoing monitoring where risk is real
- Multistate and federal alignment
- Feasible in rural settings

Adds friction, not protection

- One-size-fits-all consent
- Treating all AI uses alike
- Duplicative reporting requirements
- Product-specific rules that age out
- Conflicting workflows state to state

Closing principle

- Protect trust
- Preserve accountability
- Enable responsible use
- Keep requirements workable

...for the communities healthcare serves.

THANK YOU