March 25, 2025

National Committee for Quality Assurance
1100 13th St., NW, Third Floor
Washington, D.C. 20005

Re: NCQA Programs Public Comment: Artificial Intelligence Survey Questions

Dear Margaret E. O'Kane:

On behalf of the American College of Physicians (ACP), I am pleased to share our comments on the National Committee for Quality Assurance's (NCQA's) public comment on artificial intelligence. The College is the largest medical specialty organization and the second-largest physician group in the United States. Our members include 161,000 internal medicine physicians, related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness. We look forward to continuing to work with NCQA to inform and implement policies that support and improve the practice of internal medicine.

Please see ACP's comments below in response to NCQA's public comment invite.

Global

How does your organization define AI solutions? Do you include deterministic models, or only large language models?

Per ACP's policy paper on Artificial Intelligence, ["Artificial Intelligence in the Provision of Health Care: An American College of Physicians Policy Position Paper,"](#) ACP defines AI solutions as a collection of electronic algorithms that collectively mimic human intelligence to tackle specific tasks and serve to augment, not replace, human reasoning and decision-making. This includes both deterministic models and large language models.

Auditing/Monitoring/Validation

Should risk determination dictate the volume, method and frequency of monitoring?

ACP maintains that it is critically important for organizations implementing new technologies, such as AI systems, to assess the risks and challenges these tools may create for patients, physicians, and other clinicians. These assessments should examine the impact new technological systems would have on patient safety and the effectiveness of treatments. Identifying potential risks and developing a management plan before deployment can also ensure that new AI systems do not harm patients. Further, gaining a better understanding of the limitations of AI and educating patients, physicians, and other clinicians can prevent AI from supplanting individual decision-making and help mitigate overreliance on AI systems.

Error Handling/Incident Management in Production

Should response protocols differ by severity of error (e.g., minor inaccuracies vs. severe failures)?

ACP maintains that readily available reporting mechanisms should exist where physicians and other clinicians can alert administrators about errors in an AI system and notify AI developers about these incidents to make appropriate corrections. Further, adverse events related to the use of AI in clinical settings should be reported to the appropriate regulatory bodies (e.g., FDA) and logged in public databases such as the FDA Manufacturer and User Facility Device Experience database.

Bias Mitigation

Should organizations evaluate data entered into the AI model and proactively detect, document and mitigate bias?

Yes. AI models' safety, utility, and applicability depend on the quality and attributes of the data used for their development. Flawed data can contribute to false-positive and false-negative results with clinically significant patient health and safety implications. Further, AI, ML, and other algorithmic technology can embed implicit biases into health care decision-making systems if not implemented carefully—which can threaten patient health and quality of care. This makes proactive detection, documentation, and mitigation of bias in AI systems a critically important practice for health care organizations.

Should organizations document inherent bias in the data and describe how they limit risk of bias?

Yes. As with any new technology, inherent risks must be managed to ensure the safe and effective use of the technology in practice. This can be accomplished by subjecting new AI systems to randomized controlled trials to test their capabilities in real-world settings. Further, carefully assessing data used to train new AI systems is vital to ensuring the safety and equity of clinical outcomes for diverse populations, locations, and applications. ACP supports proposals to establish public-private partnerships to implement a national network of health AI assurance laboratories to measure AI systems' performance and inherent limits in health care settings.

Transparency

Should organizations be required to disclose use of AI to members?

ACP maintains that transparency in AI use is important for patients, physicians, and other clinicians. Organizations should develop clear policies relating to what data is aggregated, how it is used, and when it is released for purposes other than patient care (e.g., performance aggregation, reporting, and research). Further, health care organizations should invest in educating their physician workforce about how AI may already be integrated into clinical workflows and how physicians can supplant or exercise individual discretion when AI systems produce a questionable output. Finally, patients may benefit from being informed about using AI in their care. However, questions about physician awareness, patient consent, AI use in non-clinical workflows, and the feasibility of opt-out mechanisms all require answering before deciding when and how to disclose AI use in health care organizations.

Should AI errors be disclosed to patients based on categorization (e.g., minor inaccuracies vs. severe failures)?

ACP maintains that transparency in using AI is important for patients, physicians, and other clinicians. Health care organizations should assess their use of AI and judge how disclosures would align with their patient's best interests and develop clear policies about how AI use would be disclosed in several different situations.

Conclusion

ACP appreciates the opportunity to provide feedback on these important topics pertaining to AI in health care. We look forward to continuing to work with NCQA to improve AI deployment in clinical settings and promote patient safety and quality of care. Please contact Dejaih Johnson, JD, MPA, Manager, Regulatory Affairs, at djohnson@acponline.org with comments or questions about the content of this letter.