



Navigating and advancing healthcare AI governance

Artificial intelligence has become a governance priority. As AI is integrated into clinical, operational and administrative workflows, it requires deliberate oversight, informed decision-making and clear accountability. This is crucial in healthcare, as suboptimal performance or unexpected outcomes can have life-altering implications.

While 88% of health systems use AI internally, only 18% have a mature AI governance structure and a fully formed AI strategy, according to [a recent study](#) by the Healthcare Financial Management Association and Eliciting Insights.

Unfortunately, there is no widely accepted, practical roadmap for governing these technologies. Existing frameworks are often designed for healthcare organizations with extensive resources and expertise, which poses a barrier for smaller hospitals.

To address this gap, researchers reviewed 35 frameworks for AI implementation in healthcare and identified the following [recommendations](#) organized into [seven categories](#).

- **Organizational structure:** Leadership and teams responsible for AI tool selection and evaluation.
 - Create a governance committee with stakeholders involved in all aspects of AI governance.
- **Problem formulation:** Assessment of the clinical issue addressed by the AI tool, including input and output specifications.
 - Investigate the current standards of care to develop a clear and objective rationale for the use of AI.
- **Algorithm development and model training:** Application development, including algorithm design and data collection/dataset selection.
 - AI development teams should confirm that the data ensure privacy, represent the target population and comply with privacy rules.
- **External product evaluation and selection:** Pre-launch testing by external parties to assess generalizability beyond the training population.
 - A governance panel or hospital system should evaluate data used for training to ensure it is representative of the target population and there is a clear rationale.
- **Model evaluation and validation:** Evaluation by healthcare systems to ensure applicability to specific populations and assess potential risks, errors or gaps.
 - Ensure the training data reflect the target population via internal retrospective evaluation.

- **Deployment and integration:** Implementation of the software/tool into healthcare system workflows.
 - Educate end users on the objectives of the tool and evaluate for human biases.
 - Create a system to identify potential sources of risk and where to report errors, etc.
- **Monitoring and maintenance:** Post-launch assessments to evaluate tool reliability and success as defined by initial problem formulation.
 - Have a real-time system in place to log, audit and test bias, accuracy, predictability and transparency of decision-making.

The researchers used these findings to create the Healthcare AI Governance Readiness Assessment. [HAIRA](#) is a five-level framework that provides actionable governance pathways based on organizational resources. It enables healthcare organizations to:

- assess their current readiness;
- identify governance gaps;
- prioritize investments; and
- progress toward more mature and safer AI use over time.

Healthcare organizations can use this tool to compare their in-house capabilities to benchmarks. Adaptive and resource-sensitive governance models like HAIRA are essential if healthcare AI is to be implemented responsibly and equitably across all types of healthcare organizations.

Interested in reading more?

- Read [this article](#) recently published in PubMed Central.
- Attend the [HTNYS Annual Trustee Conference](#) to hear Steven Berkowitz, MD, founder and president, SMB Health Consulting, discuss the latest with AI in healthcare and how trustees can facilitate the development of a meaningful AI governance structure at the hospital.

Information for this article was obtained from

- [Advancing healthcare AI governance through a comprehensive maturity model based on systematic review](#), PubMed Central, Feb. 11, 2026.

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