

Tekonivelsairaala

COXA



Tays

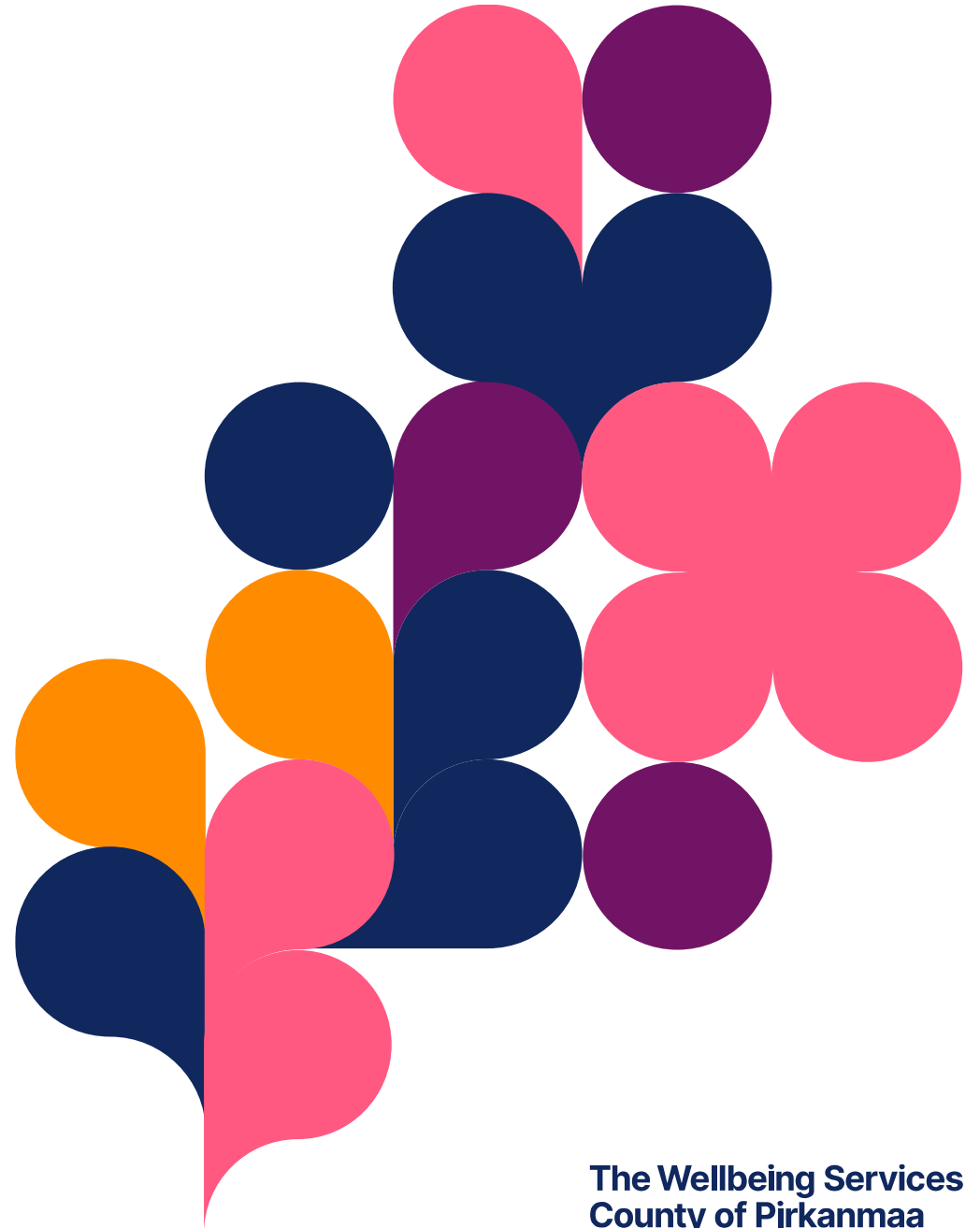
Views on digital/tele health and AI

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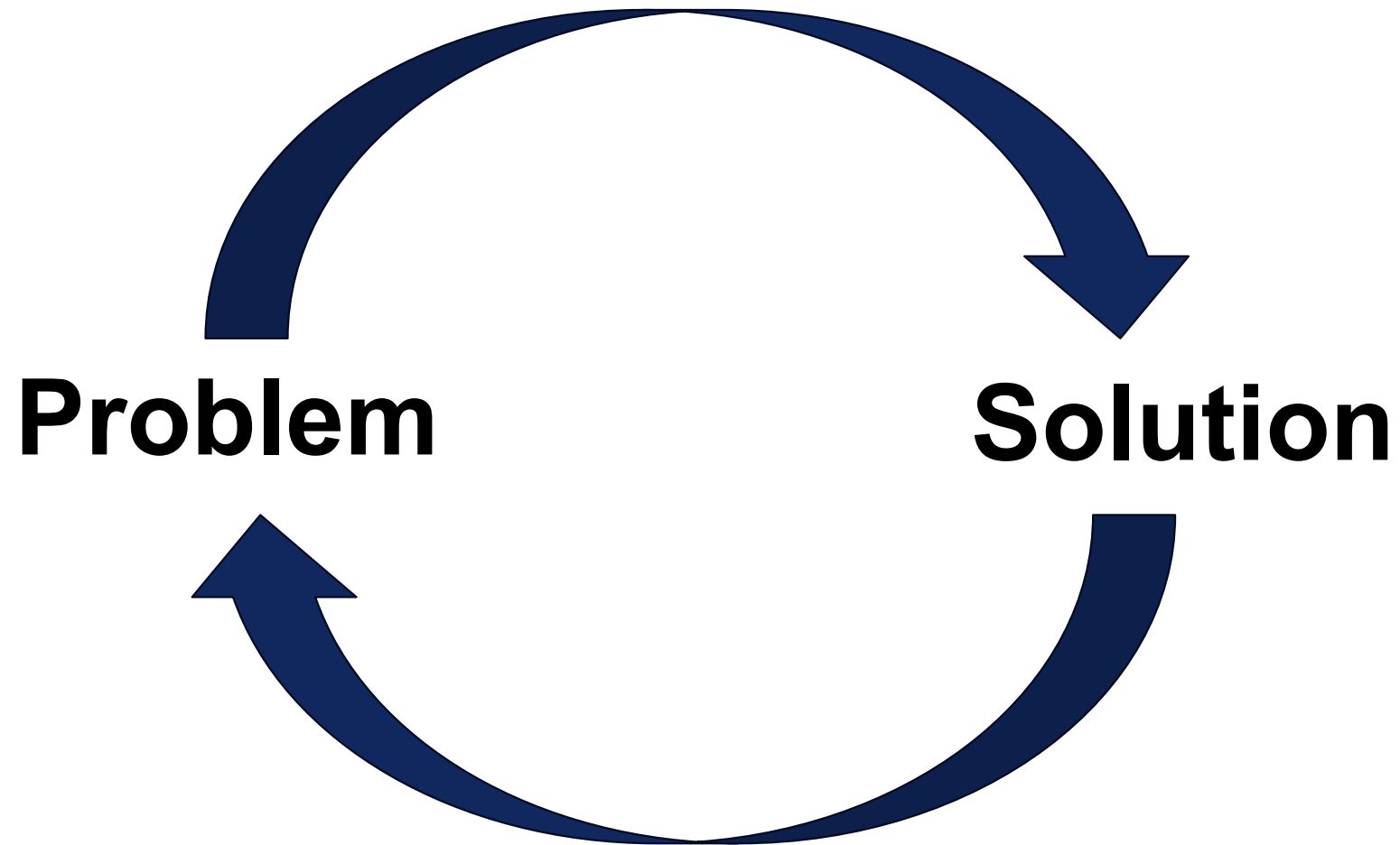


The Wellbeing Services
County of Pirkanmaa

My disclosure

- Clinical work
 - Pirkanmaa Wellbeing Area
 - Coxa Hospital for Joint Replacement
 - Pihlajalinna
- Research grant
 - Government research funding, Academy of Finland
- Article payments
 - Duodecim, Finnish Medical Journal

Main issue with telehealth and AI



We are on a problematic pathway

- Covid gave us telehealth and remote care
- Then we ran out of money → telehealth and AI are the saviour
- *Digital health saves the money and AI improves productivity*

- WHERE IS THE EVIDENCE?



Generatiivisen tekoälyn mahdollisuudet terveydenhuollossa ovat mittavat

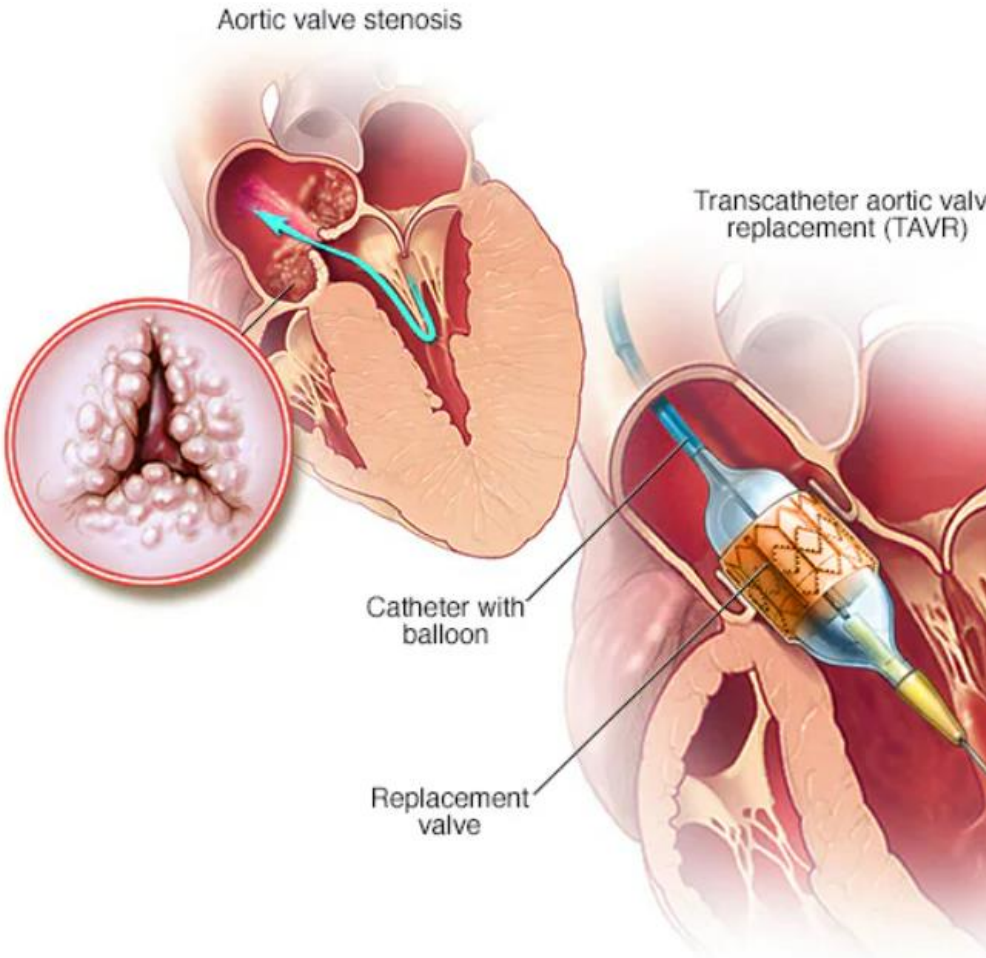
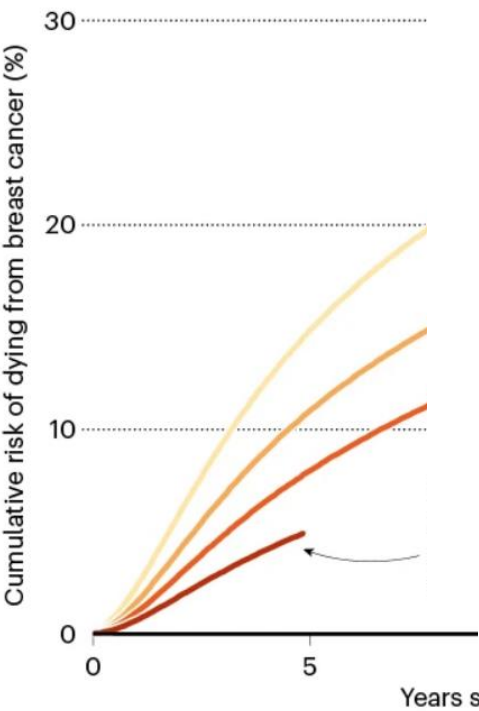
Modern medicine is VERY GOOD

Huge leap in ^{Fi} rate

IMPROVED ODDS

The likelihood of dying from breast cancer according to a study of half a million

Year diagnosed — 1993–99 —



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Transcatheter aortic valve replacement (TAVR)

©nature

THE Ozempic Revolution

MAKE GLP-1s WORK FOR YOU

Our World in Data

A DOCTOR'S PROVEN PLAN FOR SUCCESS TO HELP YOU:

Reverse Obesity

End Yo-Yo Dieting

Protect Yourself from Disease

ALEXANDRA SOWA, MD

Chile
Japan
Spain
France
Switzerland
United States

Cancer | CC BY
not have

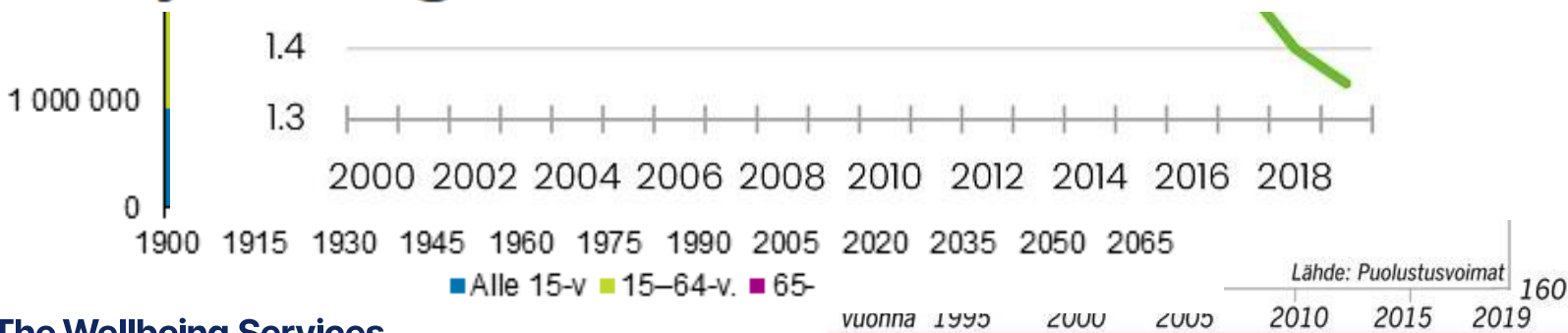
What is the problem

• The test Viewpoint

October 20, 2021

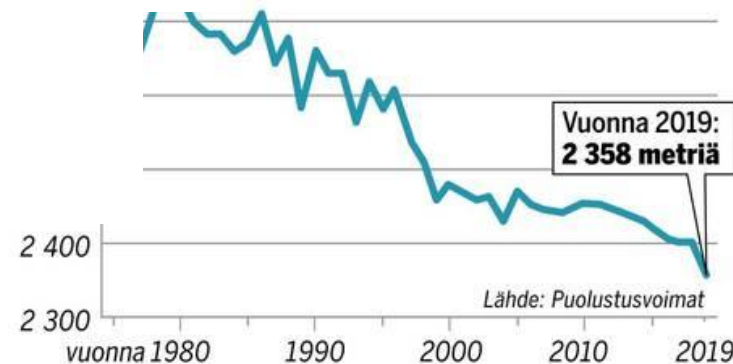
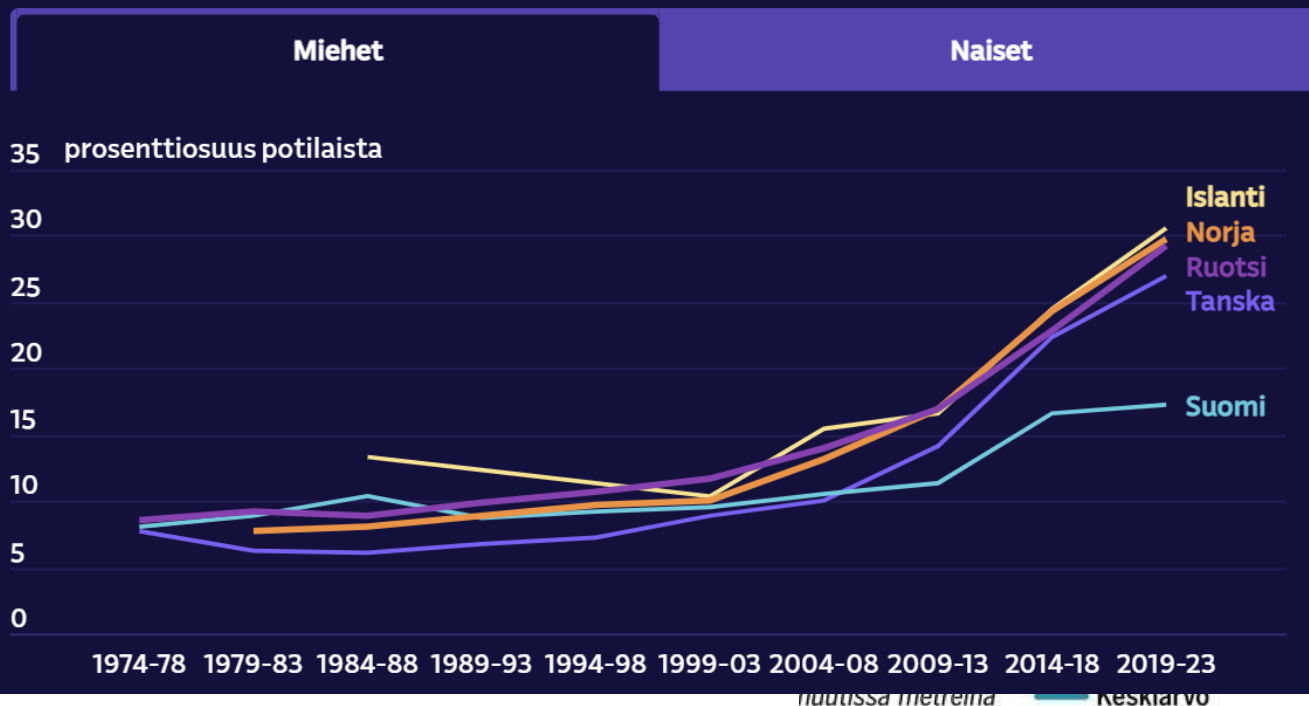
Administrative Expenses in System

Why So High?



The Wellbeing Services
County of Pirkanmaa

Elossa 5 vuoden kuluttua keuhkosyövän toteamisesta

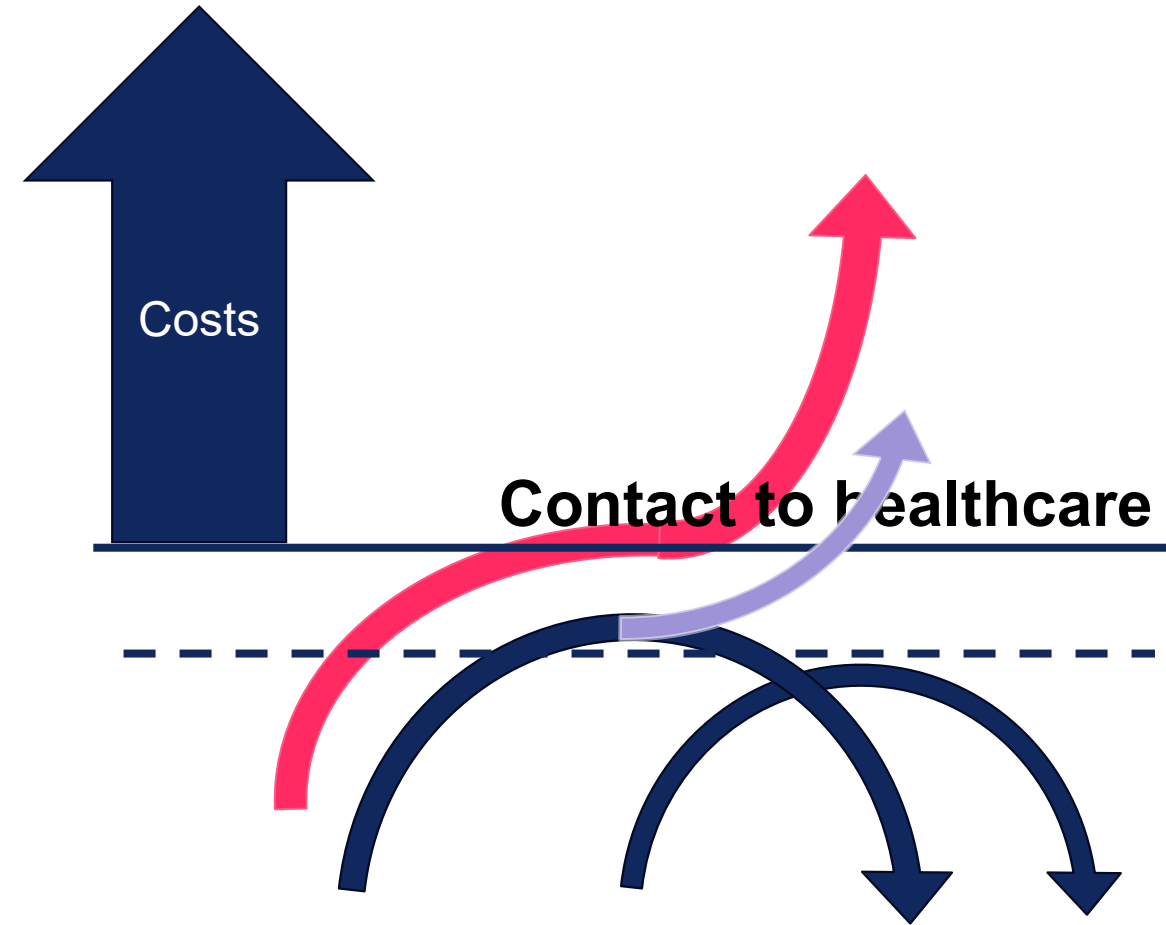


We already know very well

- Smoking kills
 - Sugar and fat are bad for your health
 - Don't do drugs
 - Exercise improves both mental and physical health
 - Bad life habits causes cancer
 - Stress is bad for your
- Yet people are sicker than ever
- Are digital health and AI really THE solution?

Digital health and remote care

- Just lowering the threshold for contact for healthy, high SES and literate patients?
- Just an echo-chamber for low-value care and unintended variation?
- Wearables?
 - Healthy people measuring their wellness?
- Failure demand
 - More contact possibilities?



AI based "transformation"

- Will genAI just create a goo and sludge of needless and unnecessary information in EHRs?
- Are AI-based decision tools just way to practice medicine according to clinical guidelines and structurally?
- Cost of maintaining third-party software?
 - Training? Dataset shift?



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LLM chatbot to facilitate primary-to-specialist care transitions: a randomized controlled trial

Tao, [Shuya Zhou](#), [Kai Ding](#), [Sairan Li](#), [Yanzeng Li](#), [Boyong Wu](#), [Qirui Huang](#), [Wangyue Chen](#), [Muzi Shen](#), [Xiaowang Chen](#), [Hong Hu](#), [Jinchao Zhang](#), [Jie Zhou](#), [Lei Zou](#), [Libing Ma](#) ✉ & [Shasha Han](#) ✉

Not just negativity

- Disease-specific or (subspecialty) stratified telehealth
 - AI as a safety net to reduce outliers and deviations in a clinical work-flow
 - Diagnostic specialties
 - AI agent-based data collection registries
- Urgent need for trials and well-thought-out prospective efficacy studies
- If this works, let's do it! ↔ Let's do this and maybe later see if it worked

- Kiitos!