AMS Compassionate Health Systems and AI 2026

SUMMARY REPORT

[April 21, 2026 - Globe & Mail Center - PROGRAM]

EXECUTIVE SUMMARY

The AMS Healthcare Summit on April 21, 2026, addressed a pivotal question: *how can Canada create AI ready health systems that maximize compassion?*

The summit captured a field and sector at an inflection point, moving from experimentation with point solutions, to the hard work of designing AI-ready care models and health systems with intention; systematically planning for implementation that maximizes compassion, at scale.

The energy in the room reflected both urgency and optimism, with patients, care partners, clinicians, researchers, policymakers, non-profits, funders and industry united around a shared recognition that we need to actively design all aspects of how AI permeates health and care systems and practice. The day updated us on the promise of AI in improving access, care experience & quality, and population health, but also the deeper tensions that will define how Canada navigates this transition: patient rights, data sovereignty, workforce identity, payment reform, and the preservation of a healthcare system that remains, above all, human.

Key themes emerged around the power (and caution) of patients ubiquitously using AI, urgency of organizational and cultural readiness, redefining care relationships and professional identity, economic and sovereign potential of Canadian health data, advantages/gaps current regulatory frameworks, educational foundations for an AI-forward health workforce, and the

AMS healthcare summit 2026 Compassionate Health Systems and AI

Tuesday, April 21, Globe & Mail Centre

AGENDA

Timing	Session Title	Speakers	
8:00 – 8:45	Breakfast		
Setting the Stage for AI Ready Health Systems			
8:45 – 9:00	Welcome: Co-Chairs	Helen Angus Stewart Gray	Payal Agarwal
9:00 – 9:15	Intention Setting	Zayna Khayat	
9:15 – 10:15	Opening Keynote: International Perspectives: AI Now, AI Next	Moderator: Andrew Bond Tjasa Zajc (Slovenia)	Shafi Ahmed (UK)
Compassionate Policy			
10:15 – 10:45	International Insights on the Path to Responsible AI	Artur Olesch (Germany)	
10:45 – 11:15	Break		
11:15 – 12:15	Great Debate: Six Big Questions of our Time Moderator: Lisa Richardson	Venkat Bhat Will Falk	Stewart Gray Jennifer Gibson
12:15 – 13:15	Lunch		
Getting Foundations in Place			
13:15 – 13:55	Putting our Data to Use Moderator: Kumanan Wilson	Panellists: Andrea Bielecki	Amol Verma Andrew Greenshaw
13:55 – 14:35	Getting the Payment Lever Right Moderator: Helen Angus	Panellists:	Dov Klein Michael Hillmer
14:35 – 15:15	Implementation Paths That Stick Moderator: Rina Lamba	Panellists: Payal Agarwal	Samuel Gareau-Lajoie Mahshid Yassaei
15:15 – 15:45	Break		
Building Capacity for the Long Term			
15:45 – 16:15	Two Lightning Talks: Patient Innovators Moderator: David Wiljer	Patient Voice:	Ken Porter Stewart Gray
16:15 – 16:55	Preparing the Health Workforce Moderator: Laura Desveaux	Panellists: Samir Grover	Paula Rowland Pedro Velmovitsky
16:55 – 17:00	What Leaders Need to Do Now	Tim Rutledge	
17:00 – 17:15	Closing Reflections & Commitments	Helen Angus Stewart Gray	Payal Agarwal
17:15 – 18:30	Networking Reception		

misalignment between existing payment models and outcomes AI could help achieve.

There was a strong and shared sense across some 185 attendees that Canadian healthcare stands at an inflection point, one that demands a new type of decisive leadership, coordinated effort and investment, and a willingness to redesign the structures around available and evolving AI tools and systems.

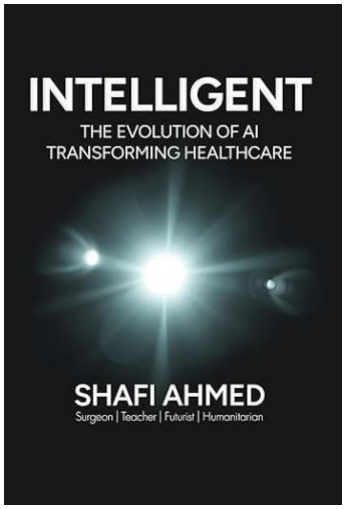
KEY MESSAGES FROM EACH SESSION

AMS Healthcare Summit co-chairs opened and framed the day as a high-accountability workspace, challenging attendees to move beyond passive learning. Each participant documented specific, measurable intentions they are setting for the day. The summit structure mirrors how AMS has architected its own work. After the opening keynotes to set the stage and tone for the day, the content of the program was organized around 3 streams underpinned by 6 sub-topics related to AI ready health systems. These 6 topics comprise AMS Healthcare's key focus areas for its platform; the combination of expert faculty + interaction with the collective room (using the Mentimeter tool) enabled AMS to not only stimulate discourse, but to also gather ideas and sentiments to shape how AMS uses its platform to advance the 6 theme areas in the coming year.

Here are some notable insights and quotes from each session:

0. Opening Keynotes

Patient's first: Tjasa Zajc
Grounding the summit in the perspective of the ultimate beneficiary of AI in healthcare Tjasa – a chronic disease patient from Slovenia - highlighted how AI provides vital support for patients navigating complex health journeys, while stressing the need for clinician readiness to work with patients and AI in new ways. She provided a balanced and nuanced view on the benefits and the risks of patients using AI and made a strong case for investment in AI literacy as a practical priority. Because of the research she did to prepare for the keynote, Ms. Zajc launched a new podcast at the summit: ***The Agentic Patient.***



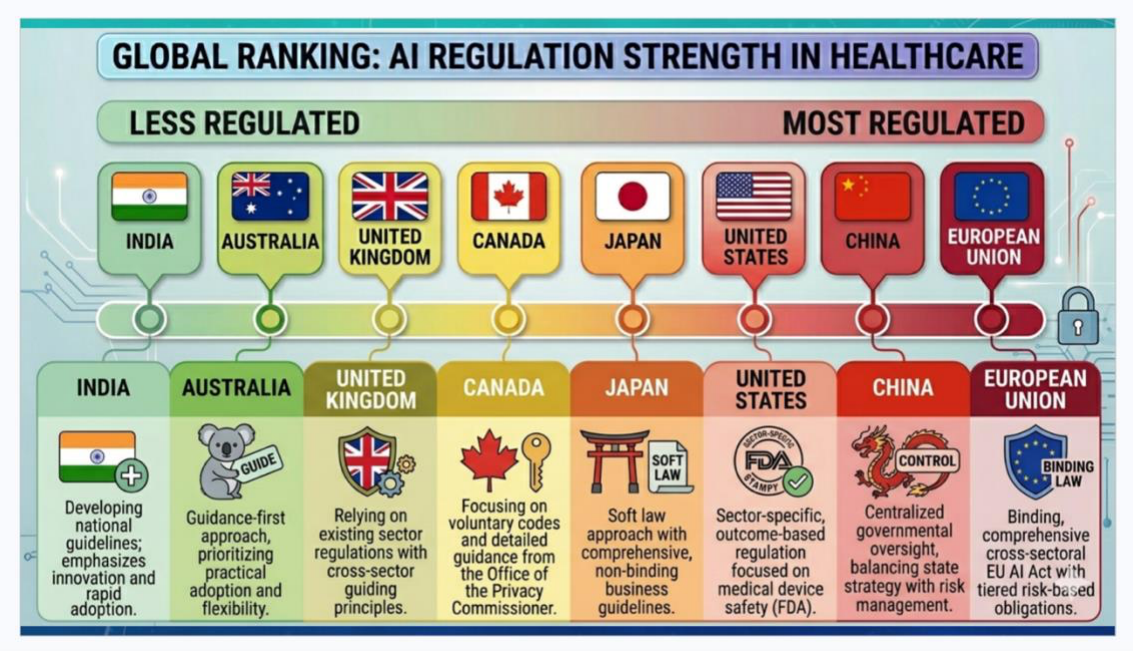
AI Now & Next: Dr. Shafi Ahmed
A UK-based health futurist, surgeon and medical educator Dr. Ahmed caught everyone up on AI's current and emerging role in healthcare and clinical practice across several domains, including surgical navigation, documentation, drug discovery, genomics, and preventive care. Shafi argued that AI's true potential is realized not through AI alone but through its convergence with multiple other emerging technologies in the ecosystem that AI and humans operate within.

"AI only works in conjunction with other technologies... whether it's cloud computing, edge computing, 6G, quantum computing... it's not about what [technology], it's about convergence"

Shafi drew from the new book that he launched in Toronto during the summit. The book tracks the evolution of AI in healthcare to our own evolution as a species, and to his evolution as a clinician.

Block I. Compassionate Policy - Responsible AI

International Insights on the Path to Responsible AI
German digital health journalist **Artur Olesch** gave a comparative overview of how several countries are regulating AI in healthcare concluding that regulatory choices must go well beyond patient safety concerns as choices made today about regulation will determine how AI plays out in health systems over the coming decade. Broader considerations are emerging beyond safety and efficacy, such as national values and economic strategy.No country has found the right balance. While approaches vary,



from the EU's risk-first framework to more innovation-forward models in the US and China, all jurisdictions are moving toward continuous monitoring and lifecycle oversight rather than one-time approval. Two messages were clear. The first is that everyone is still figuring out regulation.

"With the speed of AI development, it is basically an illusion to have a legal framework aligned with the latest model"

And secondly - regulating AI as a software that is “medical device-like” will not suffice,

"Current regulations were designed for traditional devices, not systems that learn and change over time"

Two other risks were highlighted by Artur: strict regulation drives clinicians toward unofficial "shadow AI," and the focus on high-risk clinical tools leaves consumer-facing chatbots, already widely used by patients, entirely ungoverned.

Mr. Olesch left the participants with some salient tips for regulating AI in Canadian healthcare:

Great Debate: Five Big Questions of Our Time

Using a structured debate and live audience voting, experts worked through 5 statements reflecting tensions across many lenses of responsible, trustworthy, safe and compassionate AI in Canadian healthcare. The expert debaters comprised of a patient, an ethicist, a policy wonk and a clinician-scientist.

The 5 debate statements were:

Be it resolved that AI will create more health inequity than it will solve

Be it resolved that the public—not private technology firms—should own the algorithms (and any profit) that shape patient care

Patient-facing large language models should be brought to Canada now

Be it resolved that clinicians have a professional responsibility to adopt AI — as the standard of practice

Be it resolved that by 2035, AI will be the primary interface between patients and the health system

For all but the last statement, the 4 experts did not always agree as to a ‘yay’ or ‘nay’. Several insights were surfaced by hearing their perspectives as well as several comments from the crowd:

- AI risks widening health inequities in the short term as investment follows profit rather than need, unless equity is made an explicit design priority from the outset.
- Public and private ownership of algorithms is not an either/or – accountability matters more than who holds the reins.
- Without Canadian-adapted guardrails, global LLMs will be used anyway, off-label and without oversight.

- AI is less a clinical standard of care than an inevitable practice tool, like a cell phone, but clinicians need space to exercise judgment over tools that may not fit every patient or community.
- By 2035, AI as the primary patient interface is widely seen as likely, with the real question being where human connection remains irreplaceable along the patient clinical journey.

- The deeper transformation underway may be less about clinicians' individual practice and identity and more about the reorganization of care teams, and the emergence of roles that don't yet exist.

"Chatbots are a no-brainer in a world where doctor's offices don't answer the phone within ten rings. We don't have an easy path for procurement in Ontario to buy this as administrative software, because it's getting caught under the digital health rules, and we need to change that. We need to be able to more easily buy this as an administrative tool, not a clinical tool"

Block II. Enabling Foundations: Data, Implementation Pathways, Payment Models

Putting Our Data to Use
Canada has world-class AI research talent, a universal health system, and a highly diverse population dataset that is unique globally. The faculty argued that health data should be treated as a strategic national resource, not just a research asset, and that the cost of inaction is already visible: Canadian data is flowing into American platforms, training algorithms that Canada then buys back.


OPINION

Without integrating our health data, Canada risks being left behind

FAHAD RAZAK AND AMOL VERMA
CONTRIBUTED TO THE GLOBE AND MAIL
PUBLISHED MARCH 24, 2025
UPDATED MARCH 25, 2025
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- The market opportunities are massive.
- Over the next 10 years, global spending on clinical trials will exceed US$150-billion, and the global health care IT market is projected to be worth US$1.4-trillion by 2034.
- Today, one in four U.S. venture-capital dollars invested in health care technology is going to health AI, according to the Silicon Valley Bank.

Source: Dr. Kumanan Wilson

The closing call was to be aspirational but pragmatic: protect Canadian data deliberately, engage communities in co-creating solutions, and walk into international partnerships with confidence.

Getting the Payment Lever Right
The session examined how funding models can either enable or undermine AI's potential in healthcare. Faculty explained the practical tensions: who pays when an AI tool, like an AI scribe, primarily improves a health professional's individual efficiency, raising the question of whether it should be paid for by the clinician rather than the system; how governments can tie public funding to accountability and quality metrics; and whether AI will evolve into shared infrastructure, like cybersecurity, or fragment into siloed competitive advantages that deepen existing inequities.

Using a case example of an end-to-end AI enabled clinical copilot for outpatient care, the audience got to work helping further flesh out the issues and opportunities by innovating on the payment model to enable AI adoption at scale.

“If the health system applies AI to accelerate patient access, but provides the same care delivery model based on previous incentives, you'll accelerate all the broken consequences”

Implementation Paths That Stick
The session focused on what it takes to adopt AI for impact, at scale in complex health and care environments. Three themes emerged: AI sticks when it solves an immediate pain point without disrupting workflow; adoption spreads peer to peer rather than top down; and the biggest red flag is a gap between leadership enthusiasm and clinical staff buy-in.

"AI deployment to clinicians is less of a deployment problem and more of a trust problem"

Moving from pilot to scale requires more than a working tool – it requires organizations to rethink broader processes and team structures around it, and to establish a clear baseline before deployment so that value can be measured.

"One of the differences between AI and software is that the expectation for AI is that it needs to adapt to you, rather than the other way around"

"In a pilot, people can always do workarounds... but to really make something stick — how does it redefine teams and how they operate? How does it redefine our broader processes and policies? That's what you have to take on to allow AI to stick, because that's the level of impact it could have."

Block III. Capacity – Patients & the Health Workforce

Lightning Talks: Patient Innovators
Two Canadian patient innovators offered a view of how they are already using AI in healthcare – one as an individual patient navigating myriad healthcare journeys, the other as a leader of a community of patients codesigning solutions. **Stewart Gray** from Nova Scotia shared how he uses AI as a care companion, preparing for complicated medical appointments, interpreting test results, and researching conditions, arguing that AI is shifting the patient-provider relationship from a dyad to a triad, not to challenge clinicians but to arrive better prepared. **Ken Porter** from **Mood Disorders Canada** shared how the patient community developed MIRA, a free AI enabled mental health navigation tool built around lived experience, designed to connect users to vetted resources safely and without diagnosis. Both raised concerns about data sovereignty and the absence of Canadian built alternatives.

"Compassionate AI is not just about making a model sound empathetic. It's about the full ecosystem around it: the quality of the information, the safety of the framework, the clarity of its role, and whether people feel respected using it"

The session also marked the official launch of the first **Canadian Patient Charter of Rights for AI in Healthcare**, a new initiative spearheaded by AMS Senior Fellow, Dr. David Wiljer.

Preparing the Health Workforce
The session explored new ways to think about how to prepare the health workforce (clinicians, staff, researchers) for an AI-integrated future, shifting the focus from technical literacy to professional judgment and trust. A major concern raised was "never-skilling," where over-reliance on AI might prevent trainees from developing foundational clinical intuition. To counter this, the faculty emphasized "trust calibration," teaching clinicians when to defer to or override technology. Despite these risks, the faculty noted that AI empowers health professionals to rapidly prototype their own digital solutions using natural language. Ultimately, the session concluded that integrating AI into medical curricula is now an educational necessity, as trainees will navigate an AI-forward system throughout their entire careers.

"It may actually be negligent–not only to not be using AI, but not to be teaching it"

"An important part of AI literacy becomes trust calibration: determining, as a practitioner, when to trust the AI, when not to, and where the edge cases exist"

CROSS-CUTTING THEMES ACROSS ALL SESSIONS

1. Rapidly Evolving Patient-Clinician Relationship
A central theme is the transformation of the traditionally sacred dyad between patient and clinician into a triadic relationship involving AI.

- **The Agentic Patient:** AI is enabling patients into more active participants who arrive at clinical encounters better informed and more prepared, sometimes improving the quality and speed of care decisions. At the same time, it can distort behaviour, delaying necessary care in some cases or driving unnecessary anxiety and overuse of services in others, making clinical judgment and timely access to care even more critical.
- **Redefining Roles in the Clinical Encounter:** As AI gives patients direct access to medical intelligence, clinicians are no longer the main gatekeepers of knowledge. When roles shift, identities shift with them, and so does the way value is created. The clinical encounter is no longer a routine check-up but a partnership, where the clinician's value lies in guiding patients through the complexity of their care, not simply delivering facts
- **Enhancing the Humanness of Care:** Healthcare as a relational enterprise is what is innately human compared to the machines. Rather than displacing the patient-clinician relationship, AI strengthens it by handling routine tasks and relieving the cognitive burden on patients and providers. This frees clinicians to focus on what matters most: empathy, judgment, and reassurance. AI creates the conditions for care to be more human.

2. Systems Thinking & Design
The discourse focused on how to set up the conditions for larger-scale, ubiquitous implementation of AI systems

- **Systems Change:** How to prepare organizations and leaders to adopt it responsibly at scale. This calls for coordinated leadership across all levels and deliberate trust-building through early, meaningful engagement of stakeholders, including both providers and those receiving care. *“Technology is the tip of the iceberg. Adoption of AI technologies needs to be approached as a system change, not simply as a tool deployment”*

- **Strategic Alignment:** For AI solutions to succeed, they cannot exist as a parallel innovation agenda; they must be embedded in organizational priorities and directly support what the organization is trying to achieve.
- **The "Giddy Up" Moment:** Delaying governance and readiness efforts risks leaving organizations behind, emphasizing the need for immediate, practical action. This includes building adaptable governance frameworks that focus on iteration, risk, safety, privacy, and compliance with existing regulations, while also addressing ethics, equity, and the impact on the workforce. It also involves investing in data quality and readiness, and strengthening AI literacy across both the workforce and the broader public.

3. Health Workforce and Education in the AI Era

As one faculty noted, *"the use of AI in education is going to change the identity of the [clinician] and the identity of the learner."* The challenge is not only adopting new tools but ensuring the next generation develops the judgment to use them wisely.

- **The Threat of Never-Skilling:** Trainees who rely on AI too early may bypass the essential phase of learning through mistakes. A resident who depends on AI to detect polyps may never develop the observational skills needed when the technology is unavailable. If AI executes the task before the learner can stumble, the foundational skill may never form.
- **Vibe Coding and Democratization:** Natural language tools now allow clinicians without technical backgrounds to prototype their own digital health solutions, enabling those closest to patients to identify gaps and build bottom-up solutions without a computer science background or development budget.
- **Trust Calibration in Curriculum:** A seasoned endoscopist can outperform AI on optical diagnosis; a novice who never learned the underlying skill simply trusts the output. Future curricula must embed reflective practice that helps clinicians recognize edge cases and develop sound judgment alongside the tools.

This demands a rethinking of health professions education. The teachers most empowered to lead this shift are often those least prepared for it, educators who *"did not grow up in that world."* As one faculty put it: it is negligent not only to avoid using AI in practice, but to fail to teach it altogether.

4. The Power of Payment Models

Payment models are powerful policy levers that signal what a society values. To truly benefit from AI, we must move beyond simply speeding up a flawed system and instead redesign how we fund care as entirely new models of care emerge with AI.

- **The Perverse Incentive Trap:** Let's not repeat the multiple ways we currently incentivize practices and procedures that are ultimately not the best path to population or individual health and wellbeing (limb preservation was a striking example).
- **Focus on Cost vs. Price in the AI Era:** AI may lower the cost of delivering care, but the price to government often stays the same. More volume under fee-for-service without adjusting price means higher spending without better outcomes.
- **Beyond Task Replacement:** AI as task replacement does the same thing faster. AI as structural change shifts where and how care is delivered. Funding models must follow the latter, moving away from procedure-centric structures toward outcomes-based approaches. ***"****If the health system applies AI to accelerate patient access but provides the same care delivery model based on perverse incentives, you'll accelerate all the broken consequences."*
- **What Gets Measured Matters:** One panelist noted, "With scribes, we can see more people, but is that the success metric we want?" Real value comes when incentives reward quality, prevention, and coordination rather than volume alone.

5. Health Data as Strategic National Infrastructure

Canada possesses a high-value natural resource in its health data, reflecting a global demographic and holding a trillion-dollar economic potential. To capture this value, Canada must shift to viewing data as essential national infrastructure.

- **Securing Data Sovereignty:** A lot of Canadian health data is processed via software owned by foreign firms that then use it to build proprietary algorithms, forcing us to buy back our own insights. A robust Canadian strategy can keep this value and the resulting jobs within our borders.
- **Building Multi-Provincial Networks:** Multi-site data infrastructure like GEMINI offers a blueprint for pooling standardized, near real-time data across provinces, allowing all types of players to generate solutions at scale rather than being trapped in local, regional or provincial silos.
- **Canadian Data Access:** Hard-to-access provincial data causes Canadian researchers to rely on foreign or third-party datasets. Streamlining access is critical to retaining talent and ensuring Canadians benefit first from cutting-edge clinical trials.
- **A Cultural Shift in Value:** Like the move to internet banking, capturing the value of health data requires a mindset shift. The goal is a learning health system that treats data as an asset, fueling both better patient care and economic growth.

6. Adaptive Governance in the Regulatory Landscape

Canada currently occupies a middle ground between the innovation-first approach of the US and the stricter regulatory model of the EU. As AI transitions from static software to systems that learn and change over time, governance must evolve from one-time approval to continuous, lifecycle-based oversight.

- **Addressing Shadow AI:** Slow or rigid regulation often backfires. When official pathways lag behind adoption, clinicians and patients turn to unregulated consumer tools like standard ChatGPT to manage health decisions. The risk is not only what is approved, but what spreads without any oversight at all.
- **From Devices to Learning Systems:** Current rules were designed for traditional medical devices, not systems that update and adapt over time. There was strong consensus that regulating AI systems as a medical device will not be sufficient. Canada needs AI-specific regulatory frameworks that emphasize post-market monitoring to ensure tools continue to perform in real clinical settings.
- **Defining Accountability:** Many frameworks require a human in the loop, but this may become outdated as AI accuracy improves. Canada must proactively clarify who is the accountable (and liable) authority, whether that is the developer, the institution, or the clinician.
- **Building Testing Infrastructure:** Following models like India's, Canada needs independent testing environments and a stronger data infrastructure to validate AI tools in controlled settings before broad deployment.

CALL TO ACTION

Several calls to action emerged that any participant can actualize immediately:

- **Operationalize patient rights** by protecting whatever aspects of what humans do that we believe must be protected at all costs; and actively partnering with informed, patients
- **Treat AI adoption as systems change**, not tool deployment, anchored in organizational priorities and driven by strategic priorities top-down, and patient/clinician/staff pain points bottom-up
- **Redesign health professions education** to create - and ensure relevance to -the health workers who will join the workforce as ‘AI natives’, while preventing a generation of never-skilling

- **Realign payment models** so that the gains from AI lead to better outcomes (quintuple aims), not just more volume
- **Adopt lifecycle-based governance** that manages shadow AI and defines clear accountability when AI makes a mistake
- **Assert Canada's health data sovereignty** by building pan-Canadian data infrastructure and preventing the hemorrhaging of Canadian health data to foreign firms

APPENDIX

Appendix A: Key LinkedIn Summaries & Takeaways

Helen Angus: AMS Healthcare's CEO highlighted the need to reframe AI as an "added value" rather than a cost, emphasizing the use of Canadian health data to close equity gaps, and the necessity of broad AI literacy for both clinicians and patients.

Professor Shafi Ahmed: Commended Canada's right approach to AI, specifically noting the development of a sovereign foundation model (Cohere) and the 10% deployment of ambient scribes in primary care.

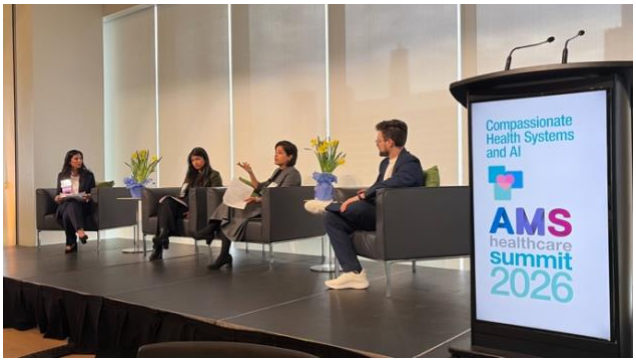
Artur Olesch: Warned against the rise of "shadow AI," where strict regulation of high-risk tools inadvertently pushes clinicians toward unregulated, low-risk consumer solutions like ChatGPT.

Appendix B: Moments from the Day

Opening keynotes: Tjasa Zajc and Dr. Shafi Ahmed in conversation with AMS board member Dr. Andrew Bond

Artur Olesch, digital health journalist from Germany - on the global regulatory landscape for AI in health systems

The Great Debate: a patient, an ethicist, a policy wonk and a clinician scientist debate 5 defining tensions on AI's role in Canadian healthcare



Dr. Payal Agarwal, AI startup founder Mahshid Yassaei and Quebec physician Dr. Samuel Gareau-Lajoie discuss the real-world challenges of scaling AI adoption with moderator & AMS Fellow Rina Lamba