Rad AI

CMIO Principles for the Strategic Implementation of Radiology AI:

From diagnostic novelty to enabling workforce resilience

The radiology AI landscape is shifting from a focus on autonomous image interpretation to enabling operational resilience. While diagnostic AI remains valuable for clinical triage, the current strategic imperative is to alleviate "cognitive load" to ensure workforce sustainability while preserving margin visibility.

Across multiple CMIO perspectives, there is striking alignment. Despite coming from different clinical and operational vantage points, Elizabeth Bergey, MD, Andrew Del Gaizo, MD, and Rishi Seth, MD, CIIP, agree on six principles for evaluating AI based on operational impact, unique financial governance and the build versus buy calculation.

Elizabeth Bergey, MD

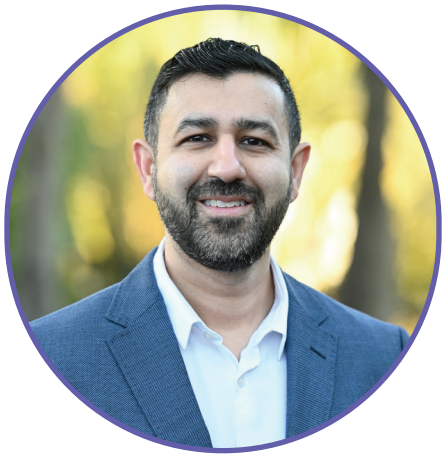
Chief Medical Information Officer, **Rad AI**

- Immediate past: President & CEO, Quantum Imaging
- Former academic pediatric interventional radiologist

Andrew Del Gaizo, MD

Chief Medical Information Officer, **Rad AI**

- Abdominal radiologist, Moffitt Cancer Center



Rishi Seth, MD

Chief Medical Information Officer, **Rad AI**

- Neuroradiologist, Fairfax Radiological Consultants

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Define the Problem First

To maximize ROI, leadership must distinguish between two distinct categories of AI functionality. Misalignment here is the primary cause of failed adoption.

- *Diagnostic AI (The "Pixels"): Tools designed to detect specific pathologies, such as intracranial hemorrhage, pulmonary embolism or breast cancer. The primary value with these tools is triage.*
- *Operational AI (The "Workflow"): Tools that manage "what happens around the pixels," such as case assignment, impression drafting, follow-up orchestration and workload leveling. The primary value with these tools is efficiency.*

> *"In practice, they both have potential and can be used together to reduce friction, but not all AI is the same. It's essential to understand the needs of your practice and evaluate the real utility of a tool in your specific patient population."*
>
> - Andrew Del Gaizo, MD

2

The Build Versus Buy Decision Matrix

Radiology leaders frequently face the dilemma of purchasing vendor solutions versus developing internal tools. Industry CMIOs recommend the following criteria to guide capital allocation:

When to Buy (Vendor Partnership)	When to Build (In-House/Academic Partner)
• The issue is common across the industry and requires enterprise-grade uptime, support, and integrations. • The solution requires heavy regulatory frameworks or liability coverage. • Immediate ROI is required, supported by proven results from other practices.	• The workflow is unique to your practice or provides a strategic competitive advantage. • You require specific analytics on procedure profitability and site performance that off-the-shelf products cannot provide. • Vendors cannot financially prioritize your specific workflow bottleneck.

> *"The decision often hinges on data access, iteration speed and long-term ownership of the workflow. In a practice setting, it's equally important to consider who will maintain and support the solution over time."*
>
> - Rishi Seth, MD

3

Acknowledge “Invisible Work”

“Eat-what-you-kill” approaches to compensation, where faster radiologists earn more, often fail because they discourage necessary non-revenue tasks. Leadership must operationalize the value of “invisible work.”

- *Develop a fair way to measure work performed, both revenue-generating and non-revenue generating.*
- *Practices can adjust RVU targets or offer time-adjusted RVU equivalents for non-revenue-generating minutes, such as consulting with colleagues, training residents or speaking with patients.*
- *Leverage tools that clarify exactly which sites, procedures and assignments are profitable, driving better contract negotiations.*

> *“Radiologists must be properly credited for all their time, or bad things happen to the enterprise – no one picks up the phone. If you want to retain top talent, recognition has to be tangible.”*
>
> - Elizabeth Bergey, MD

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Beyond “Checkbox Generators”

Avoid AI that forces rigid templates, which risks turning radiologists into “checkbox generators.” The ideal solution amplifies value rather than obscuring it.

- *Structure should support downstream analytics without constraining clinical judgment.*
- *Reporting tools must preserve individual voice and reasoning.*
- *Effective tools increase radiologist visibility to patients, including translation of reports into lay language.*

> *“The sweet spot is a hybrid model – structured where precision matters, free text where judgment lives. AI should help translate structure into natural, expressive prose without flattening individuality.”*
>
> - Rishi Seth, MD

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Risk Management and Governance

Adopting AI introduces automation bias, where clinicians – particularly those working outside their subspecialty – may over-rely on algorithmic outputs.

- *Select tools that provide calibrated confidence and explain the "why" not just a binary answer.*
- *Route low-confidence cases to subspecialists, so human expertise leads when the model is uncertain.*
- *Train end users on common AI failures.*
- *Do not rely solely on IT for validation. Frontline radiologists must "kick the tires" to define success metrics.*

> *"Honest testimonials help AI adoption within a practice and throughout the community."*
>
> - Rishi Seth, MD

6
The "North Star" Metric

Efficiency metrics alone are insufficient for measuring long-term success. The ultimate measure of success is not output but sustainability.

- *If productivity (RVUs) rises but retention lags behind national trends, the solution is extractive and unsustainable.*
- *AI should act as an ambient, intuitive assistant rather than a separate system requiring constant attention.*
- *Radiologists spend more time looking at images and exercising clinical judgment and less time on clerical and administrative work.*

> *"If productivity looks good but retention is lagging, then the changes aren't really helping."*
>
> - Elizabeth Bergey, MD

Conclusion: The 5-Year Vision

The goal of a radiology AI investment is to restore the radiologist's role as a consultant. A successful implementation will result in:

1. Clarity:

AI that eliminates hedging in reports and ensures no patient is lost to follow-up.

2. Flow:

Radiologists kept in their "flow state" by automated orchestration.

3. Joy:

A reduction in administrative tasks that allows the "altruism that drew many of us to medicine" to shine through.

> *"My hope is that AI exponentially delivers on its efficiency promise, giving time back to the doctor to look at the image rather than perform clerical duties."*
>
> - Andrew Del Gaizo, MD

Take the Next Step

These principles are best evaluated in context. For organizations actively assessing radiology AI, reviewing a live workflow – how clerical tasks are removed, how uncertainty is handled and how analytics are surfaced – can support informed decision-making. **Schedule a short demo** to evaluate alignment with your specific needs.

Note: The insights in this executive briefing were captured during interviews with Rad AI's CMIOs from October 2025 - January 2026. You can read the full conversations at **www.radai.com**.