

# Healthcare Clinicians Driving Innovation: *Using AI to Build the Tools You Actually Need*

May 19, 2026, 12:15 to 1 p.m.

Presented by: Dr. Byron Song & Dr. Kevin Brophy

Webinar recording link: [Healthcare Clinicians Driving Innovation: Using AI to Build the Tools You Actually Need](#)

## Key Message

- Clinicians can now be both users and builders of digital tools and you don't need a developer background!
- AI lowers the barrier to entry by helping with planning, prototyping, coding, and revision
- Clinician-Led design is the key advantage: those closest to the workflow are best positioned to identify what needs to improve

## Tips for Success

- Keep the first project small and useful for your own practice
- Build things without PHI first
- Use AI as a copilot or coach to help plan, draft, and revise the solution
- Starting small, with workflows that do not contain PHI at first to ensure safety while testing (i.e. focus on something related to billing for example)
- Always keep human oversight in place!

## A Practical Build-Test-Refine Workflow

- 1) Define the problem and desired outcome
  - a) Start with a specific workflow problem, not a technology
- 2) Prompt the AI in plain language
  - a) Describe the desired outcome
  - b) Build with vibe coding (E.g. Platforms include Cursor, Windsurf, Replit) Many platforms have a free version to test, try them out!
  - c) Example: *"Build a simple offline app to convert lab units from US to SI"*
- 3) Review the first draft or prototype
  - a) Treat AI as a coach or copilot, not an independent decision maker to solve the problem on their own
- 4) Expect to test and iterate
  - a) Test with safe example data

- b) If using PHI, ensure the instructions code to tell the app to process and run locally, and not to share or send any info off local device for security and privacy
- 5) Give feedback, refine, and repeat
- a) Use plain-language feedback to improve the output
  - b) Break large tasks into smaller steps

## Privacy and Safety Considerations

Privacy is a critical guardrail. The presenters emphasized that clinicians should not enter personal health information into general AI tools or coding environments unless they are working within a properly secure local or on-premises setup.

- Build things without PHI first
- Use synthetic, fake, or de-identified data for design and testing
- Processing locally is an option to ensure information never leaves your secure control
- You will need to supervise the AI. Your coding agent should directly interact with PHI at any point

## Clinician-Led AI Tools in Action!

### Remittance Advice (RA) report reader (Dr. Byron Song)

- A free downloadable tool for Ontario Physicians
- Provides a fast intuitive way to view and analyze monthly OHIP remittance Advice Reports. A complete tool that does not store or collect data
- Visit [pmhx.ca/practice-tools](https://pmhx.ca/practice-tools) to request access and download

### AMELI AI: Your EMR Assistant (Dr. Byron Song)

- EMR-Integrated AI Agent that does targeted chart reviews and surfaces past medical history to support clinical decision making
- Currently piloting with a select few clinics. Please visit <https://pmhx.ca/signup> to signup!

### Easy Clinic (Dr. Kevin Brophy)

- A comprehensive tool for billing efficiency, finding codes, roster reconciliation and more!
- Visit [easyclinic.ca](https://easyclinic.ca) to learn more or contact Dr. Brophy at [easyclinicadmin@gmail.com](mailto:easyclinicadmin@gmail.com)

### FHO+ Hourly Tracker (Dr. Kevin Brophy)

- Solving the administrative burden of the new hourly billing model with seamless tracking and EMR documentation generation
- Visit [easyclinic.ca/fho-hourly-tool](https://easyclinic.ca/fho-hourly-tool) to learn more!