AI on Friday

What to Know, Why It Matters

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This weekly email shares key developments, use cases and practical AI-in-health concepts in plain English, helping us apply AI in our technical cooperation and discuss emerging opportunities with Member States and partners.

DEVELOPMENT TO WATCH

Patient-facing conversational AI tested in real primary care visits

What is happening: A 2026 feasibility study published in The Lancet evaluated a conversational AI system during real urgent primary care visits. Patients interacted with the system before seeing a clinician. The AI gathered information, discussed possible diagnoses and produced transcripts and summaries that clinicians could review before the appointment. Physician safety supervisors monitored every interaction.

Potential value: Of the 114 patients enrolled, 98 completed both the AI conversation and the primary care visit. No interaction required a safety stop under the study's predefined criteria. Among the 44 clinicians who reviewed the AI-generated information, 33 considered it helpful for preparing the visit and 25 reported that it might have influenced their clinical approach.

What to keep in mind: This was a small, single-center study involving English-speaking adults with a single urgent health concern. Safety supervisors identified one hallucination and added clinical information in five interactions. The study did not determine whether the system improved diagnostic accuracy, health outcomes, access, equity or clinician workload.

Why it matters: Patient-facing AI could change how information is collected before a primary care consultation and help patients and professionals arrive better prepared. Its use would require clear limits, informed consent, professional oversight, secure handling of patient information and reliable pathways for escalation when urgent or uncertain situations arise. **Read more** here

AI IN PLAIN ENGLISH

AI-Supported Clinical Decision Support

AI-supported clinical decision support uses patient information, clinical guidelines and other authorized data to provide suggestions during care. It may identify risks, highlight missing information, suggest possible diagnoses, or recommend tests, treatments and referrals for professional review.

Why it matters for primary health care: It may help professionals recognize warning signs, apply clinical guidance more consistently and identify patients who need follow-up. Recommendations can still be incomplete, biased or inappropriate for the local context, so health professionals remain responsible for every decision.

Example: The system identifies that a patient with diabetes and high blood pressure has missed laboratory tests and follow-up visits. It alerts the clinician and proposes actions based on approved guidance.

AI-Assisted Triage

AI-assisted triage uses information about symptoms, medical history and risk factors to help determine how urgently a person may need care and which service may be appropriate. It can support telephone lines, digital platforms, reception teams and community health workers.

Why it matters for primary health care: It may help identify urgent cases earlier, guide people toward appropriate services and make better use of limited capacity. Incorrect or biased recommendations could delay care or create barriers, particularly for people whose language, symptoms or circumstances are poorly represented in the data.

Example: A patient reports chest discomfort through a digital service. The system identifies warning signs and immediately directs the case to a health professional instead of scheduling a routine appointment.

Important reminder: AI-generated content may contain errors, outdated information or incorrect references. Always verify original sources, publication dates and links before using or sharing it, particularly for clinical, policy or technical decisions.

FROM THE AMERICAS

Colombia

Regulating AI to Strengthen Telehealth and Primary Care

In July 2026, Colombia's Ministry of Health issued **Resolution 1644**, updating the national framework for telehealth and telemedicine. The regulation permits AI platforms to support health services under human supervision. AI cannot replace clinical judgment, professional autonomy or the relationship between patients and health professionals. The resolution also strengthens primary health care and Basic Health Teams, with adapted requirements for rural, remote and ethnically diverse territories. More here.

Barbados

Testing AI for Chest-Pain Assessment in Urgent Care

Barbados' Ministry of Health and Wellness reported the launch of a pilot at the Urgent Care Medical Centre using AI to support the assessment of patients presenting with chest pain. Physicians participated in preliminary testing while anonymized data were collected to refine the technology. The initiative responds to the country's burden of cardiovascular disease and explores how AI-supported assessment in community-based urgent care could enable earlier intervention and reduce unnecessary hospital referrals. No follow-up results have yet been published, and the technology remains under development and clinical validation. More here.

Additional recommended readings

Towards Autonomous Medical Artificial Evidence, Use Cases, and Implementation Safeguards of Large Language Models in Primary Care

Published in Communications Medicine in 2026, this review found that the clearest near-term value of large language models in primary care is in documentation, inbox management and communication support. Evidence of improvements in diagnostic reasoning, treatment planning and patient outcomes remains more limited. The authors recommend beginning with high-volume, lower-risk tasks while maintaining professional verification, accountability, privacy, security and continuous monitoring. ***Read more here.***

The Role of Agentic Artificial Intelligence in Healthcare: A Scoping Review

Published in *The Lancet Primary Care* in 2026, this article organizes AI applications across primary care functions, including documentation, triage, clinical decisions and population health planning. It highlights the need for a health-system approach so that AI supports continuity, coordination, equity and person-centered care rather than adding new fragmentation.
Read more here.

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