



# ADVANCING INNOVATION FOR AGING



We are welcoming you to our 14th newsletter of the Penn Artificial Intelligence and Technology Collaboratory for Healthy Aging (PennAITech). PennAITech, funded by the National Institute on Aging, is committed to developing, evaluating, commercializing, and disseminating innovative technology and artificial intelligence systems to support older adults and those with Alzheimer’s Disease and Related Dementias. Earlier this fall we announced our Year 5 awardees and are looking forward to working with this new cohort!

In this newsletter we highlight selected activities and resources within our Collaboratory. We feature PennAITech Innovation Fellow, Chaerin Lee. PennAITech is committed to mentoring and facilitating research and educational opportunities for our Innovation Fellows. We also learn more about Year 3 pilot project by our second awardee at the Beth Israel Deaconess Medical Center.

On November 21, 2025, we had the opportunity to co-sponsor along with the Institute on Aging the Sylvan M. Cohen Annual Retreat entitled "Aging Reimagined: Innovation in the Era of AI." This was a day full of presentations by our awardees and other national speakers who showcased emerging opportunities for innovative solutions for healthy aging. We summarize some of these proceedings in this newsletter. The week before, we participated at the Gerontological Society of America (GSA) Annual Conference in Boston, MA where several of our PennAITech faculty, innovation fellows and awardees presented findings from their work.

Our [PennAITech Video Library](#) consists of educational modules focusing on ADRD, aging, AI tools and techniques, ethical implications of research and system design for aging and persons with dementia, and many other domains covered by our PennAITech experts.

Finally, our webinar series now in its fourth year was launched for this academic year 2025- 2026; as before, all recorded sessions are available on our [YouTube channel](#). As always, we invite you to follow our social media platforms, including our [LinkedIn profile](#) and reach out with any questions or suggestions.



George Demiris

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# Meet the Team

## Principal Investigators



**George Demiris,  
PhD, FACMI**



**Jason Karlawish, MD**



**Jason H. Moore,  
PhD, FACMI**

## Aging Focus Pilot Core



**Kathryn H. Bowles  
PhD, FACMI, FAAN**



**Pamela Z. Cacchione,  
PhD, CRNP, FAAN**



**Lauren Massimo  
PhD, CRNP**



**Dawn Mechanic-  
Hamilton, PhD**

## AD/ADRD Focus Pilot Core

The overarching goal of the Aging Focus Pilot Core is to promote the advancement of science using technology and artificial intelligence to optimize quality of life and healthcare management for older adults living in their homes independently, as well as those receiving skilled home and community-based services. This Core solicits, selects, and manages pilot studies that develop or test AI and technology applications to detect risks, predict needs, address disparities, improve access to care, and support decision making for chronic illness management and safe aging in place.

The overarching goal of the Alzheimer's Disease and Alzheimer's Disease Related Dementias (AD/ADRD) Focus Pilot Core is to promote the advancement of science and engineering for predictive analytics, clinical decision support, or the care of adults with AD/ADRD. This Core solicits, reviews, and supports pilot studies that develop or advance the use of AI and technology for AD/ADRD predictive analytics, clinical decision support, or the care of adults with AD/ADRD.

# Meet the Supporting Core Team

## Networking and Mentoring Core

The overarching goal of the Networking and Mentoring Core is to support activities intended to facilitate networking and mentoring for the awardees of the Aging and AD pilot projects, all of whom are invested in Artificial Intelligence (AI) approaches and technology for aging adults, including those with Alzheimer's disease or related dementias (AD/ADRD). This Core organizes and supports consortium networking activities and communicates with the broader scientific community.



Dokyoon Kim, PhD

## Technology Identification and Training Core



Li Shen, PhD, FAIMBE



Ryan Urbanowicz, PhD

The overarching goal of the Technology Identification and Training Core is to use evidence from the literature, stakeholder and expert inputs to identify the technology needs of older Americans, as well as develop training activities for artificial intelligence (AI) and technology for scientists, engineers, clinicians, medical professionals, patients, policy makers, and investors.

## Ethics and Policy Core



Emily Largent, JD, PhD, RN



Anna Wexler, PhD

The overarching goal of the Ethics and Policy Core is to shift the current ethics and policy paradigm by focusing on issues that arise at the intersection of aging and of AI methods and technologies for healthy aging. The Core will work in close collaboration with the other PennAITech Collaboratory Cores to address four key issues: (1) promoting the autonomy of older adults by balancing considerations of usefulness and intrusiveness; (2) protecting older adults in light of vulnerability due to cognitive and functional decline; (3) mitigating bias and addressing health disparities, such as racial disparities and urban-rural disparities; and (4) safeguarding the data privacy of older adults.

## Clinical Translation and Validation Core

The goal of the Clinical Translation and Validation Core is to use the science and practice of geriatrics and gerontology to assess the feasibility and clinical utility of artificial intelligence (AI) methods for clinical decision support and of new technology for monitoring aging adults in their home. This Core provides an expert panel to assess the feasibility and clinical value of new artificial intelligence models for predictive analytics and clinical decision support and of new technologies designed to monitor aging adults and those with AD/ABRD. It provides a testbed for new technologies designed to monitor aging adults and those with AD/ABRD with an emphasis on underserved and rural populations.



Jason Karlawish, MD



Rebecca T. Brown, MD, MPH

## Stakeholder Engagement Core

The overarching goal of the Stakeholder Engagement Core (SEC) is to ensure that technology solutions and AI approaches proposed and developed by the PennAITech Collaboratory are maximally adoptable by and accessible to their end users by soliciting ongoing stakeholder input and involving all key parties throughout all phases of the development and testing processes. The Core maintains a technology consortium (consisting of technology companies, startups, venture capital firms, and angel investors) that provide guidance and collaboration opportunities for pilot projects and a platform for potential dissemination and commercialization of innovative tools.



George Demiris, PhD, FACMI



Lisa M. Walke, MD, MSHA

## Internal Advisory Board (IAB)



John Holmes, PhD, FACE, FACMI

The Internal Advisory Board (IAB) plays an important role in providing perspective and detailed advice and recommendations to the leadership team and the core directors. The IAB is chaired by Dr. John Holmes who is a Professor of Informatics and Epidemiology with significant experience in artificial intelligence and clinical decision support. We have assembled a team of local Penn experts representing three key areas of expertise. The first area, Biomedical Informatics and Artificial Intelligence, includes Drs. John Holmes (Professor of Informatics, AI expert), Ross Koppel (Professor of Sociology, EHR expert), Konrad Kording (Professor of Computer Science and Neuroscience, AI expert), Insup Lee (Professor of Computer Science and Engineering) and Danielle Mowery (Chief Research Information Officer). The second area, Geriatrics and Medicine, includes Drs. Mark Neuman (Anesthesiologist specializing in older adults), Matt Press (Medical Director of Primary Care), and Ramy Sedhom (Palliative Care, Geriatric Oncology, Penn Medicine Princeton Health). The third area, Home Care, includes Danielle Flynn (Director, Penn Medicine Home Health), Nancy Hodgson (Professor of Nursing), Bruce Kinosian (Division of Geriatrics), and Brian Litt (Director, Penn Center for Health, Devices, and Technology).

# INNOVATION FELLOW SPOTLIGHT:

## Chaerin Lee

Current PhD student  
School of Nursing



Tell us about your research interests. Describe some of your research projects.

I am a first-year PhD student in Nursing at the University of Pennsylvania with a focus on improving transitional and long-term care for older adults. My research interests center on how subtle or "ignored" clinical data can be recognized and integrated into care to better preserve dignity and prevent adverse events. For example, I am interested in nonverbal signals such as facial expressions, gestures, and posture, which often reflect discomfort or decline but are overlooked in routine practice. I am also exploring how ambient sensor data and digital health tools can be embedded into nursing workflows to capture these signals in real time and support decision-making. I am presently engaged in research on transitional care interventions focused on sepsis survivorship and fall prevention, where I am learning how interdisciplinary collaboration and patient-centered design can shape more effective models of care. Moving forward, my goal is to develop technology-informed strategies that enable nurses to respond to overlooked signals, strengthen continuity of care, and improve the everyday experience of older adults in care settings.

### *How do you envision the role of AI and technologies in supporting aging?*

I see AI and technology as tools that can expand the scope of nursing care for older adults. AI systems are uniquely capable of continuously analyzing complex data streams to detect early signs of decline that nurses might not be able to observe consistently, such as subtle variations in sleep patterns or mobility. Beyond clinical monitoring, I am especially interested in the potential of AI agents to ease documentation, flag safety concerns, and provide real-time decision support. These functions could free nurses to spend more time on direct, person-centered care at the bedside. At the same time, AI can also enhance the social dimensions of care: conversational agents, for example, may reduce loneliness and facilitate communication for individuals with speech or cognitive limitations. In my view, technology should not replace nursing presence but extend its reach, reinforcing both the physical and emotional aspects of aging care. When guided by principles of equity, privacy, and cultural sensitivity, AI can serve as a partner that strengthens autonomy and connection.

### *What do you see as some of the greater opportunities and challenges for the future?*

Looking ahead, one of the greatest opportunities lies in shaping technologies that genuinely respond to the needs of nurses and older adults. When thoughtfully integrated, AI has the potential to reduce preventable hospitalizations, ease workforce strain, and make care more proactive by highlighting risks before they escalate. These advances could also create space for nurses to focus on therapeutic relationships and the dignity of patients, which are central to holistic practice. However, realizing this vision requires addressing significant challenges. If tools are designed without input from frontline nurses, they risk creating additional workload or introducing data that is not clinically meaningful. Unequal access to technology could also widen disparities, particularly in long-term care environments with limited resources. In addition, privacy concerns and ethical questions about surveillance must be carefully managed to sustain trust. The challenge for the future is not only technological development but also ensuring alignment with nursing values, so that innovation enhances human connection rather than diminishes it.



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## INTRODUCING OUR 2025-2026 YR5 PILOT AWARDEES



### Zhe He

Developing a Multi-Agent AI System for Explaining Lab Results to Older Adults

Florida State University



### Kathryn Pollak

CounterforceAI: AI-Powered Health Insurance Appeals Generator

Duke University



### Marie Brodsky

WISE Connect AI: Personalized Local Support for Aging in Place

WISE Cities, Inc.



### Ravi Karkar

Conversational AI Agents to Support Mental Wellbeing of AD/ADRD Caregivers

University of Massachusetts Amherst



### Angela Bradbury

GRACE: A Generative AI Clinical Chatbot to Support APOE Testing

University of Pennsylvania



### Nipun Chopra

StepAhead: Breaking Free from Freezing of Gait with Augmented Reality

DexTech, Inc.



### Tina Sadarangani

AI-ge of Nutrition – AI Nutrition Support for Persons with Dementia in Adult Day Centers

New York University



### Karla Washington

A Synthetic Data Approach to Catalyzing Innovation in Dementia Caregiver Support

Washington University in St. Louis



### Seyed Reza Mahmoodi

AI-Integrated Nanowell Biosensors for Multimodal Detection of NPD Biomarkers

University of Denver



### Hong Qin

Knowledge-Augmented Genomics Transformers for Mechanistic Links to AD Dementia

Old Dominion University Research Foundation



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2025-2026 YR4 PILOT AWARDEES  
LOOK BOOK



**Min Ji Kwak**

Detection of Adverse Drug  
Event Using NLP Among Older  
Adults with Heart Failure

University of Texas Health  
Science Center at Houston



**Katherine Kim**

A Novel Digital Twin for  
Chronic Care Coordination  
and Healthy Aging

Health Tequity LLC



**Nili Solomonov**

Scalable subtyping for  
personalized assessment of  
late-life social disconnection

Weill Cornell Medicine



**Nancy Hodgson**

Using AI to predict depression  
& burden AD/ADRD  
caregiving conversations

University of Pennsylvania



**Bin Huang**

AI-Driven Chatbot to Navigate  
Cognitive Care Plan for  
Persons with AD/ADRD

BrainCheck



**Kyra O'Brien**

WATCH (Warning Assessment  
and Alerting Tool for  
Cognitive Health)

University of Pennsylvania



**Emily Moin**

Determinants of access to  
and outcomes following  
specialized palliative care for  
patients with ADRD

University of Pennsylvania



**Rory Boyle**

Understanding aging and  
ADRD disparities using a  
representative epigenetic clock

University of Pennsylvania



**Vijaya Kolachalama**

AI-based tool for mixed  
dementias

Boston University



**Mehmet Kurt**

An explainable deep learning  
framework for brain age  
prediction in AD

University of Washington



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2024-2025 PILOT AWARDEES  
LOOK BOOK



**Xina Quan**

Improved algorithms for  
wearable, passive,  
noninvasive BP monitoring  
for seniors

PyrAmes



**Soheyla Amirian**

AI-powered Web Application  
to Analyze Knee Joint Space  
for Aging Population

Pace University



**Rui Zhang**

Task-Oriented Multimodal  
Conversational AI for  
Assisting Seniors with Daily  
Tasks

Penn State University



**Chun Lim**

Mobile technology as a  
cognitive biomarker of  
Alzheimer's disease

Beth Israel Deaconess  
Medical Center (BIDMC)



**Mohammad H. Mahoor**

Building Deep Digital Twins  
for Prediction of AD/ADR/MCI  
in Older Adults

DreamFace Technologies, LLC



**Ab Brody**

Aliviado Dementia Care  
Machine Learning Algorithm  
Development for Caregiving

New York University



**Nicholas Kalaitzandonakes**

AI/ML Analyses of Mobility  
Changes Among Elderly Using  
Continuous Gait Data

Foresite Healthcare



**Daniel Press**

Developing a Home Cognitive  
Vital Sign to Detect Cognitive  
Changes AD

Beth Israel Deaconess  
Medical Center (BIDMC)



**Trent M. Guess**

Motor function assessment for  
mild cognitive impairment,  
frailty, and fall risk

University of Missouri



**Hualou Liang**

Detecting Cognitive  
Impairment using Large  
Language Models from Speech

Drexel University



**Jindong Tan**

MUSICARE-VR: Music  
Intervention with Virtual  
Reality for Alzheimer's Care

University of Tennessee,  
Knoxville

# PILOT IN THE SPOTLIGHT:

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## Developing a Home Cognitive Vital Sign to Detect Cognitive Changes AD



**PI: Daniel Press, MD**  
Associate Professor of Neurology  
Harvard Medical School  
Chief, Division of Cognitive  
Neurology Beth Israel Deaconess  
Medical Center



**John Torous, MD**  
Director, Digital Psychiatry  
Division Beth Israel  
Deaconess Medical Center  
Instructor in Psychiatry  
Harvard Medical School

### **TELL US ABOUT YOUR PROJECT AND WHAT YOU HAVE DONE THIS YEAR.**

Patients with Mild Cognitive Impairment (MCI) and Mild Alzheimer's Disease (AD) can have daily fluctuations in their cognitive abilities. These changes can potentially indicate a serious health condition such as delirium or ARIA, a potentially life-threatening side effect of amyloid removal therapies. Unfortunately, no clinical tools for measuring cognitive function are currently available to frequently collect data on and monitor cognition at home. We have designed a simple spatial working memory test, the D-Cog, that can be performed regularly at home in under 2 minutes and have integrated the D-Cog into a publicly available platform (mindLAMP) that allows for remote monitoring. For 6 months, 15 MCI/AD patients and 15 cognitively normal controls are asked to complete the D-Cog daily, and we will analyze participant compliance, day-to-day score variation, and more gradual changes over months that might indicate disease progression. So far, we have enrolled 13 MCI/AD participants and 5 control participants; we expect to complete enrollment in the next few months, and complete data collection 6 months following that.

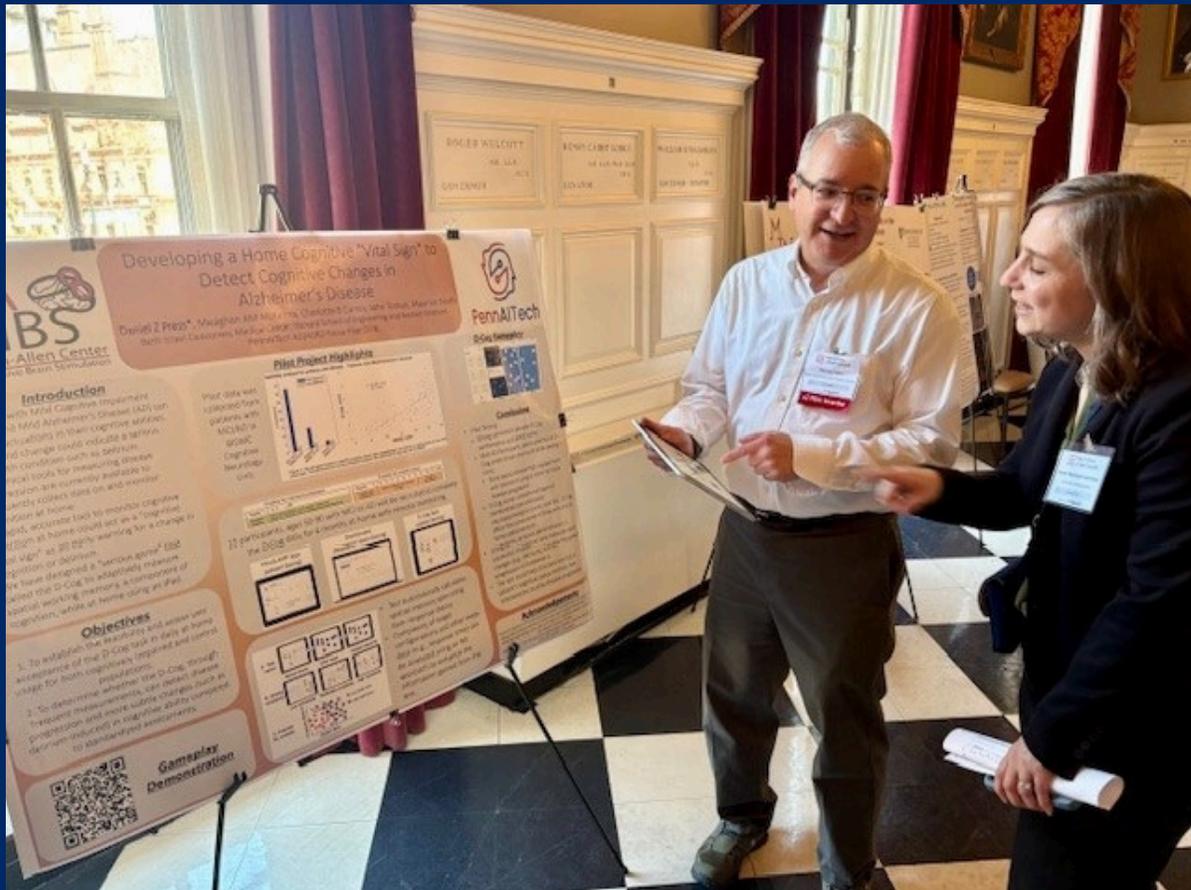
### **WHAT ARE THE LONG TERM GOALS FOR YOUR RESEARCH?**

The primary goal of the task is to enhance care and monitoring of patients with MCI or AD through regular home assessments of cognition to detect acute and chronic changes. Daily measurements, even of a relatively crude cognitive measure, can be extremely informative in measuring disease progression, and detecting untoward events such as ARIA. Following validation of the task against other standardized cognitive tests, we hope to demonstrate the advantages of using a simple digital test compared to lengthier, pencil and paper tests that are performed infrequently in evaluating people for cognitive issues. We plan on making the D-Cog test freely available to the public on the mindLAMP app, for self-monitoring of cognitive status. In the future, we hope to integrate this into clinical systems to allow physicians to monitor their patient's cognitive status while at home.

## HOW DO YOU ENVISION THE ROLE OF AI AND TECHNOLOGIES IN SUPPORTING AGING?

The major goal of using Machine Learning and AI analyses in this study is to dramatically enhance the information gathered by the task through a supervised learning approach, using the rich data set that the D-Cog test collects. The advantage of technology-based cognitive testing is the ability to collect data other than just scores (e.g. response time, complexity of task), as well as the possibility for patients to self-administer these tests. With the assistance of AI and Machine Learning, a significant amount of information is newly available to inform our understanding of performance on cognitive testing. In addition, AI can be used to automatically detect results raising concern for delirium, ARIA, or other conditions and notify clinicians or family members of these cognitive changes which might otherwise be missed. Public access to cognitive testing technology improves accessibility to healthcare and allows for a more data-driven approach to the detection of cognitive impairments.

Beth Israel Lahey Health   
Beth Israel Deaconess Medical Center



Daniel Press presents the study poster at the a2 National Symposium in Boston, MA.

PennAITech co-sponsored  
The Institute on Aging's  
Sylvan M. Cohen Annual  
Research Retreat and Poster  
Session,

“Aging Reimagined:  
Innovation in the Era of AI”  
at the University of Pennsylvania  
on November 21, 2025.  
Bringing together over 100  
in-person and 50 virtual  
participants.

Read the full recap in the IOA’s  
blog post here:  
<https://www.med.upenn.edu/aging/nov2025retreat.html>

Includes links to presenter bios  
and video presentations plus  
a listing of all poster presenters -  
several from our pilot awardees  
and Innovation Fellows.



Thank you to Jason Kavulich, Pennsylvania Secretary of Aging for Opening Remarks



## MEET THE SPEAKERS



Amanda Lazar, PhD  
University of Maryland



Ab Brody, PhD, RN, FAAN  
New York University



Aidong Zhang, PhD  
University of Virginia



Maria Valero, PhD  
Kennesaw State University



Zhi Huang, PhD  
University of Pennsylvania



Daniel Z. Press, MD  
Beth Israel Deaconess Medical Center



Trent Guess, PhD  
University of Missouri



Gary Weissman, MD, MSHP  
University of Pennsylvania



Nancy Hodgson, PhD, RN, FAAN  
University of Pennsylvania



Rory Boyle, PhD  
University of Pennsylvania



David Yonce  
Cogwear

A SYLVAN M. COHEN ANNUAL RETREAT AND POSTER SESSION  
Hosted by the Institute on Aging and PennAITech

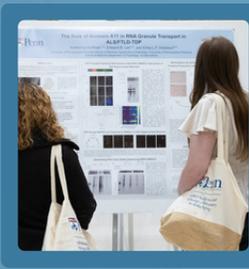




Thank you to keynote speaker, Amanda Lazar for setting the tone of the retreat and challenging the participants and presenters to continue "Redrawing the Boundaries of Innovation: Making AI Work in Real Life."

Throughout the retreat we heard from PennAITech Pilot Awardees from our first four cohorts. They had opportunities to present their work and next steps.

Additionally, there were 30 posters available for view throughout the event.



Congratulations to PennAITech Innovation Fellow and University of Pennsylvania School of Nursing PhD Student Oonjee Oh for receiving the first prize for her poster "Artificial Intelligence in Hospice Dementia Care: Perspectives of Hospice Staff and Family Caregivers" in the "Design and Implement AI Solutions" Category at the retreat!



**Artificial Intelligence in Hospice Dementia Care: Perspectives of Hospice Staff and Family Caregivers**  
Oonjee Oh & George Demiris  
University of Pennsylvania School of Nursing

Background	Results		
<ul style="list-style-type: none"> <li>Despite the growing impact AI is anticipated to have in dementia care, the voices of those on the frontline of care are seldom heard.</li> <li>Aim: To examine the perceptions of family caregivers and hospice staff regarding AI integration in end-of-life care settings for persons with dementia.</li> </ul>	Categories	Subcategories	Example quotes
<b>Methods</b> <ul style="list-style-type: none"> <li>A qualitative descriptive study and derived content analysis.</li> <li>10 dementia caregivers (individually interviewed as part of the ENCODE randomized clinical trial) (primarily caregivers of patients with dementia) specifically with those assigned to the advanced care group.</li> <li>Hospice staff: Conducted 3 focus group interviews with providers recruited from hospice agencies collaborating on the ENCODE study.</li> <li>Conceptual Framework: Technology Acceptance Model by Davis (1989).</li> </ul>	<b>Perceived Usefulness</b>	<b>Benefits</b> <ul style="list-style-type: none"> <li>Monitoring and assessment</li> <li>Personalization and education</li> <li>Information and care access</li> <li>Support and coordination</li> </ul>	<ul style="list-style-type: none"> <li>"If I could collect patterns that the patient is using, and use that data when they're talking like this, sometimes they need this..."</li> <li>"I think that the work we do is so unique in hospice, that I think, how would the patient with a family respond to something that with more than human, the humanity part of us, how would that be captured in AI?"</li> <li>"I think for dementia, I think earlier processing isn't really the medium of choice for what you're engaging in a therapeutic activity with someone who has advanced dementia that they'd be in hospice."</li> <li>"I worry older generations... what people who are caregivers now are in their 50s or 60s and they're pretty sure they with technology I don't know..."</li> <li>"I would always want to keep in mind the caregiver's perspective in mind... I think that the caregiver also usually has PTSD from patients with dementia."</li> <li>"I would want somebody else to do it. We hear this a lot, that, the ethics of it."</li> </ul>
	<b>Perceived Ease of Use</b>	<b>Concerns</b> <ul style="list-style-type: none"> <li>Lack of human warmth</li> <li>Limited ability to capture nuances of dementia behaviors</li> <li>Lack of trust in AI</li> <li>Human-initiated bias</li> </ul>	
	<b>Guiding the New Wave of the Future</b>	<ul style="list-style-type: none"> <li>Age</li> <li>Education level</li> <li>Familiarity</li> <li>Acknowledge the heterogeneity of dementia</li> <li>Engage and involve caregivers</li> <li>Establish governance and regulatory oversight</li> </ul>	
	<b>Discussions</b>	<ul style="list-style-type: none"> <li>Caregivers and staff identified dementia-specific opportunities and concerns of AI being used in the context of hospice.</li> <li>Critical considerations for designing AI systems that impact seriously ill PwD include recognizing the heterogeneity of the condition and integrating the perspectives of direct caregivers.</li> </ul>	<b>Funding</b> <ul style="list-style-type: none"> <li>This study was supported in part by: <ul style="list-style-type: none"> <li>The National Institute on Aging of the National Institutes of Health (Grant No. 1R01AG069936;</li> <li>A Student Grant Award from the Office of Nursing Research at Penn Nursing (PI: O. Oh)</li> </ul> </li> <li>The content is solely the authors' responsibility and does not represent the official views of the funders.</li> </ul>

# NEWS FROM THE FIELD

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## WHAT'S HAPPENING IN AI?

### Global push for safe and equitable health AI

The World Health Organization and the Republic of Korea co-hosted AIRIS 2025 in Incheon, bringing together regulators, industry, and researchers to align on “safe, effective, ethical, and equitable” AI in health across the medical product lifecycle. The meeting emphasized inclusive, accountable governance and shared regulatory frameworks. Read more:

<https://www.who.int/news/item/24-10-2025-countries--regulators-and-partners-urge-a-collaborative-approach-to-advance-safe-and-equitable-ai-in-health>

### PAHO releases practical guide to AI prompt design for public health

The Pan American Health Organization published a new guide on how to design AI prompts that generate reliable, culturally appropriate public-health content. The resource targets agencies using generative AI to draft alerts, educational materials, and plain-language summaries, stressing that good prompt design is essential for trustworthy outputs.

Read more:

<https://www.paho.org/en/news/20-10-2025-paho-publishes-guide-designing-artificial-intelligence-instructions-public-health>

### AMA launches Center for Digital Health and AI

The American Medical Association announced a Center for Digital Health and AI to ensure physicians shape the development, regulation, and implementation of AI tools. The Center will focus on policy and regulatory leadership, clinical workflow integration, education, and cross-sector collaboration, highlighting both growing enthusiasm and ongoing concerns among clinicians.

Read more:

<https://www.ama-assn.org/press-center/ama-press-releases/ama-launches-center-digital-health-and-ai>

### Health systems double down on AI to redesign care delivery

A national survey by Chartis, summarized in Healthcare Dive, found that 9 in 10 health-system leaders are prioritizing digital and AI tools to improve access, forecast demand, and manage capacity—viewing AI as central to more proactive care models in an increasingly unaffordable system. Read more: <https://www.healthcaredive.com/news/health-system-leaders-prioritize-ai-healthcare-challenges-chartis/804539/>

# SELECTED PUBLICATIONS

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## WORK BY OUR TEAM

01.

Recognizing Structural and Social Determinants of Health in the Diagnosis and Care of Dementia.

Stites SD, Midgett S, Patel N, Halberstadter K, Schumann R, Streitz ML, Shi Y, Morris JC, Flatt J, Glover CM, **Mechanic-Hamilton D**. *Dementia* (London). 2025 Nov 24;14713012251397182. doi: 10.1177/14713012251397182. Online ahead of print. PMID: 41284335

03.

Diurnal variation of wearable device-based heart rate variability in the Chronic Renal Insufficiency Cohort study.

Skarke C, Yang W, Sha D, Lahens NF, Isakova T, Unruh M, Deo R, Carmona-Powell E, **Holmes JH**, Ficarra E, Chen J, He J, Rincon-Choles H, Shah V, Hsu CY, Anderson AH, Lash JP, Rahman M; CRIC Study Investigators. *NPJ Digit Med*. 2025 Nov 13;8(1):653. doi: 10.1038/s41746-025-02010-5. PMID: 41233490

05.

Communicating a Diagnosis of Mild Cognitive Impairment or Dementia.

O'Brien K, **Largent EA**, **Karlawish J**. *JAMA*. 2025 Sep 16;334(11):1014-1015. doi: 10.1001/jama.2025.13006. PMID: 40736397

02.

From prompt engineering to agent engineering: expanding the AI toolbox with autonomous agentic AI collaborators for biomedical discovery.

**Moore JH**, Tatonetti NP. *BioData Min*. 2025 Nov 13;18(1):78. doi: 10.1186/s13040-025-00502-4. PMID: 41233899

04.

Plasma Phosphorylated Tau 217 to Identify Preclinical Alzheimer Disease.

Salvadó G, Janelidze S, Bali D, Dolado AO, Therriault J, Brum WS, Pichet Binette A, Stomrud E, Mattsson-Carlgen N, Palmqvist S, Coomans EM, Teunissen CE, van der Flier WM, Rahmouni N, Benzinger TLS, Gispert JD, Blennow K, Doré V, Feizpour A, Rowe CC, Alcolea D, Fortea J, Villeneuve S, Johnson SC, Rosa-Neto P, Petersen RC, Jack CR Jr, Schindler SE, Suárez-Calvet M, Ossenkoppele R, Hansson O; **ADNI, ALFA, and PREVENT-AD Study Groups**. *JAMA Neurol*. 2025 Nov 1;82(11):1122-1134. doi: 10.1001/jamaneurol.2025.3217. PMID: 40952756

06.

Germline genetic scores associated with cancer gene expression and immune responses across multiple cancer types.

Cha S, Shim I, Jung SH, Kim B, Kim S, Park MS, Cho H, Nam Y, Park WY, **Kim D**, Won HH. *Commun Med (Lond)*. 2025 Jul 1;5(1):265. doi: 10.1038/s43856-025-00958-9. PMID: 40593119

# PUBLICATIONS

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07.

Caregiver-reported barriers and facilitators to hospice enrollment for persons with dementia: A systematic review of qualitative evidence. Oh O, Ulrich CM, **Massimo L**, **Demiris G**. Palliat Med. 2025 Oct;39(9):948-964. doi: 10.1177/02692163251353013. Epub 2025 Jul 26. PMID: 41044929

09.

Development and Validation of an App Rating System for Caregiver Financial Management Apps. Cho E, Naylor MD, **Demiris G**, Winnay SS, Cibildak A. Sage Open Aging. 2025 Sep 24;11:30495334251379916. doi: 10.1177/30495334251379916. eCollection 2025 Jan-Dec. PMID: 41020060

11.

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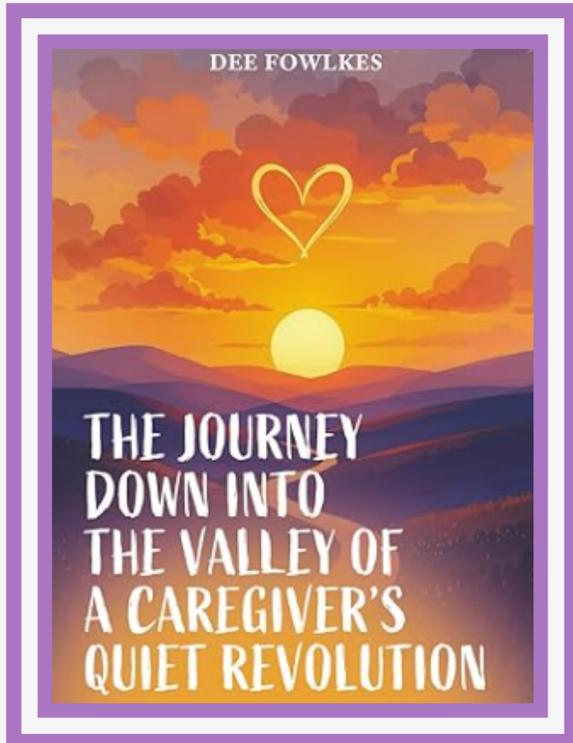
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**Dee Fowlkes** is a stakeholder of the Johns Hopkins AITC and has been a family caregiver for over 25 years to her parents and grandparents. Her experience includes being a 24-hour caregiver as well as attended 4 years of intense education about caregiving, dementia, and Alzheimer's Disease. She understands how the different stages affect loved ones and family caregivers at different stages. Dee Fowlkes is an advocate, she spoke before several Maryland hearings concerning the mandatory education of healthcare professionals. Dee is a Certified Johns Hopkins Medical Lay Health Educator and created her own TIZ I Health & Wellness Program for ages 50 and up.



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 <p><b>Introduction to PennAITech</b> with Dr. George Demiris</p> <p>04:53</p> <p>Introduction to PennAITech</p>	 <p><b>AD / ADRD: Definitions</b> with Dr. Jason Karlawish</p> <p>04:31</p> <p>AD/ ADRD: Definitions</p>	 <p><b>Heterogeneity in Neuropsychiatric Symptoms: Challenges and Opportunities</b> with Dr. Lauren Massimo</p> <p>09:57</p> <p>Heterogeneity in Neuropsychiatric Symptoms: Challenges and Opportunities</p>
 <p><b>Understanding Functional Status Among Older Adults</b> with Dr. Rebecca Brown</p> <p>08:24</p> <p>Understanding Functional Status Among Older Adults</p>	 <p><b>Generative AI and Aging</b> with Dr. George Demiris</p> <p>06:10</p> <p>Generative AI and Aging</p>	 <p><b>AI and Machine Learning for ADRD</b> with Dr. Li Shen</p> <p>07:42</p> <p>AI and Machine Learning for ADRD</p>
 <p><b>Automated Machine Learning and Best Practices in Data Science</b> with Dr. Ryan Urbanowicz</p> <p>05:47</p> <p>Automated Machine Learning and Best Practices in Data Science</p>	 <p><b>Interprofessional Robotics Research</b> with Dr. Pamela Z. Cacchione</p> <p>13:45</p> <p>Interprofessional Robotics Research</p>	 <p><b>Ethical Considerations in Human Subjects Research</b> with Dr. Emily Largent</p> <p>06:39</p> <p>Ethical Considerations in Human Subjects Research</p>
 <p><b>Ethical Considerations for Wearable Devices and AI Applications</b> with Dr. Anna Wexler</p> <p>04:30</p> <p>Ethical Considerations for Wearable Devices and AI applications</p>	 <p><b>Engaging Older Adults and Geriatric Specialists in the Design of New Technologies</b> with Dr. Lisa Walke</p> <p>03:05</p> <p>Engaging older adults and geriatric specialists in the design of new technologies</p>	 <p><b>Translating AI to the Bedside</b> with Dr. John Holmes</p> <p>07:03</p> <p>Translating AI to the bedside</p>
 <p><b>Big Data and ADRD</b> with Dr. Marylyn Ritchie</p> <p>06:18</p> <p>Big Data and ADRD</p>	 <p><b>Digital Technology Use in Cognitive Assessment: Is it feasible and does it add value?</b> with Dr. Dawn Mechanic-Hamilton</p> <p>05:57</p> <p>Digital Technology Use in Cognitive Assessment: Is it feasible and does it add value?</p>	 <p><b>Passive Sensing and Smart Homes for Aging</b> with Dr. George Demiris</p> <p>10:03</p> <p>Passive Sensing and Smart Homes for Aging</p>
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