OMD Clinician Survey: AI Use in Ontario Community Clinics

2026 Findings

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Executive Summary

Overview

In efforts to better understand the clinical landscape of AI digital health tools in Ontario, OntarioMD (OMD) conducted a provincial survey with a questionnaire developed in Customer Voice and deployed to all community clinicians listed in OMD'S CRM system via email. Other Ontario-based clinicians were invited to participate via social media, OMA News, and professional groups. The aim of the survey was to gain practical insights from physicians and clinics to assess the value, benefits, challenges, and impacts of these tools in day-to-day practice in support of Ontario community clinics. In total, 1,686 clinicians and other clinic staff completed the questionnaire. After data cleaning and processing, 1,656 rows of data remained for analysis.

Key Trends in AI Adoption and Attitudes

(Note: from fixed choice questions)

Use of AI Tools:	67% of survey respondents reported current or previous use of at least one AI tool in their clinic. Among survey respondents, AI scribes were the most used AI tool (58% of respondents use or have used it in the past) and AI inboxes were the least used AI tool (7% of respondents use or have used it in the past). 18% of respondents reported currently using or having used AI CDS tools before. 21% reported using various other AI tools in their clinic.
Confidence as a potential driver of use:	Almost 60% of survey respondents reported feeling at least moderately confident understanding and evaluating AI tools for the clinic (18% very confident and 41% moderately confident). In contrast, 14% reported not feeling confident at all. Levels of confidence appeared to differ somewhat among certain subgroups.
Trusted sources to verify that AI is safe and effective:	More survey respondents would trust provincial associations such as the OMA and provincial organizations such as OMD (72% of respondents), regulators (47% of respondents), and national colleges (46% of respondents). Very few identified vendors as a trusted source (3% of respondents).
AI Learning preferences:	Survey respondents' top 3 learning preferences were: 1. short self-paced modules (69% of respondents), 2. quick reference resources (61% of respondents), and 3. video demonstrations (57% of respondents). Relatively few identified independent self-directed learning (25% of respondents) or peer learning/mentorship (23% of respondents) as learning preferences.
Learning needs:	Survey respondents identified workflow integration (77% of respondents), 2. clinical decision-making (70% of respondents), and 3. legal and liability (66% of respondents) as the most useful AI literacy program topics. Only 5% reported that they were not currently interested in AI training.
Concerns regarding the future of AI in health care:	Respondents identified legal and regulatory (61% of respondents), data privacy (51% of respondents), overreliance (47% of respondents), and misinformation (44% of respondents) as their top concerns regarding the future of AI in health care. 11% reported no concerns.
Reasons for not using an AI tool:	Cost, integration, and time were identified as fairly consistent factors in clinicians' decision not to use an AI tool. These can be viewed as potential barriers to use.

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Executive Summary

Clinician Feedback and Workflow Priorities

(Note: from open text questions)

Clinicians identified tasks that AI could handle to relieve administrative burden:

Inbox & data management:	Automated fax/lab sorting, result triaging, and Cumulative Patient Profile (CPP) updates.
Administrative automation:	Form completion, referral generation, and redundant data entry.
Refined scribing:	Highly integrated, context-aware EMR documentation.

Recommendations for OMD Based on Survey Findings

Leverage trust:	In partnership with the OMA and regulatory bodies, OMD can deliver authoritative, unbiased AI guidance.
Deliver micro-learning:	OMD's educational offerings can expand to include the rollout of asynchronous, bite-sized modules focusing on practical workflow integration and legal compliance.
Target highly administrative tasks:	Leverage OMD's change management expertise to focus implementation efforts on inbox triaging, form filling, and document processing rather than just note-taking.
Serve as an objective vetting body:	Based on its experience with the provincial implementation of AI scribes, OMD can lend its expertise to provide transparent vendor evaluations, side-by-side feature comparisons, and clear procurement standards to counteract market hype.

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Introduction

OMD conducted a comprehensive survey of community-based clinicians (family physicians, specialists, nurse practitioners, and nurses) and community clinic staff to gain insight into their experiences using AI tools designed to support clinical efficiency. With these insights, OMD can better assess the value and impact of these tools in day-to-day practice to better support Ontario community clinics.

Methods

Survey: Quantitative and Qualitative (open text) questions

February 17 to March 6, 2026

Engagement/Input

- OMD
- Ontario Health
- OMA
- SGFP
- CMA
- Provincial & Territorial Medical Associations (PTMA) Virtual Care Working Group
- Ontario Medical Group Management Association (OMGMA)

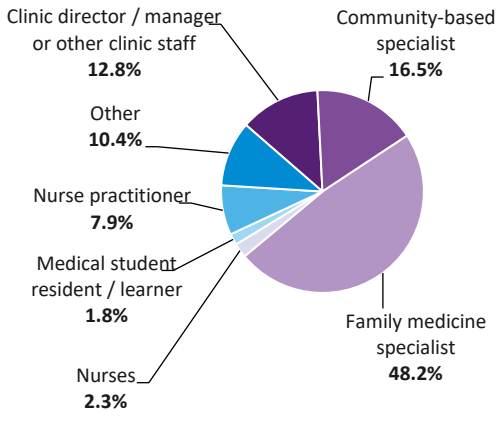
Recruitment Strategy

- Emails
- OMD CRM
- OMD eTips Newsletter
- OMA News
- Professional groups
- Physician social media sites

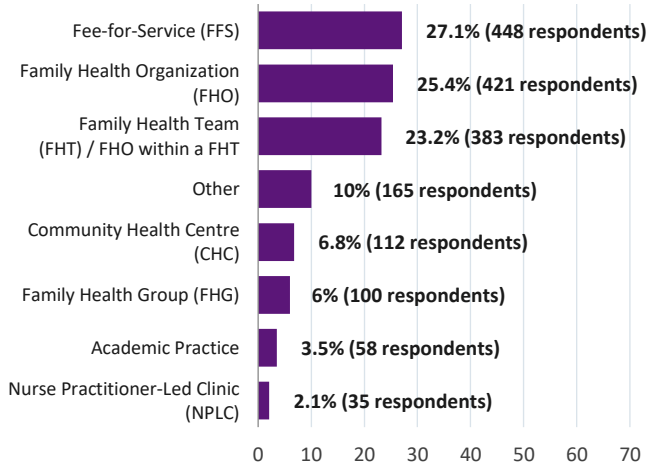
Responses

- 1,686 total
- 1,656 after exclusions

Respondent Demographics



N = 1,686



N = 1,656

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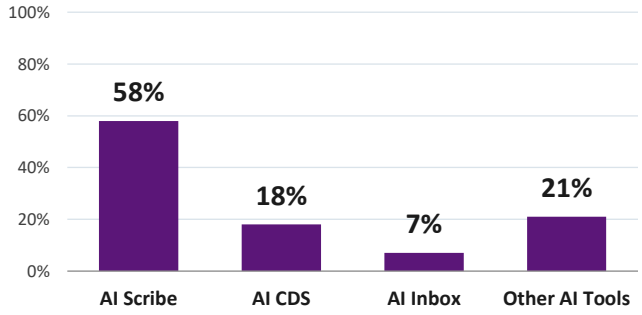
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Key Findings

I. Use of AI Tools in the Community

67% of survey respondents reported current or previous use of at least one AI tool in their clinic. Among survey respondents, AI scribes were the most used AI tool (58% of respondents use or have used it in the past) and AI inboxes were the least used AI tool (7% of respondents use or have used it in the past). 18% of respondents reported currently using or having used AI Clinical Decision Support (CDS) tools before. 21% reported using various other AI tools in their clinic.



AI is widespread (N=1,656)

67% use or have used at least one AI tool in their clinic

II. Confidence, Concerns and Adoption

It is important to understand what influences adoption in the community. OMD asked several questions about confidence, concerns and barriers and what influences adoption. The survey highlighted that final decision making regarding the use of AI in a clinic impacts confidence and adoption.

Respondents were asked about who makes the final decision regarding the use of AI in the clinic.
61% of the respondents themselves make the final decisions, while
36% (600) DO NOT MAKE the final decisions regarding AI

Of those that do not (n= 600):

- 27.5% (165) stated that each clinician in the clinic makes their own decisions
- 24% (142) stated the clinic as a group makes the decision
- 21% (124) said that the clinic director/manager makes the decisions
- 14% (82) stated a designated clinician lead makes the decisions
- 8.5% (51) "other" another staff makes the decision
- 6% (36) IT makes the decision

There were correlations between those who make the final decisions regarding AI and confidence. Those that make the final decisions tend to have higher levels of confidence in AI. Family physicians and those in solo practices tended to be the final decision makers.

When respondents were asked **how confident they are in understanding** AI tools, 58% (965) are at least *moderately confident.*

- 17.5% are very confident
- 40.8% are moderately confident
- 27.5% are slightly confident
- 14.3 % are not at all confident.

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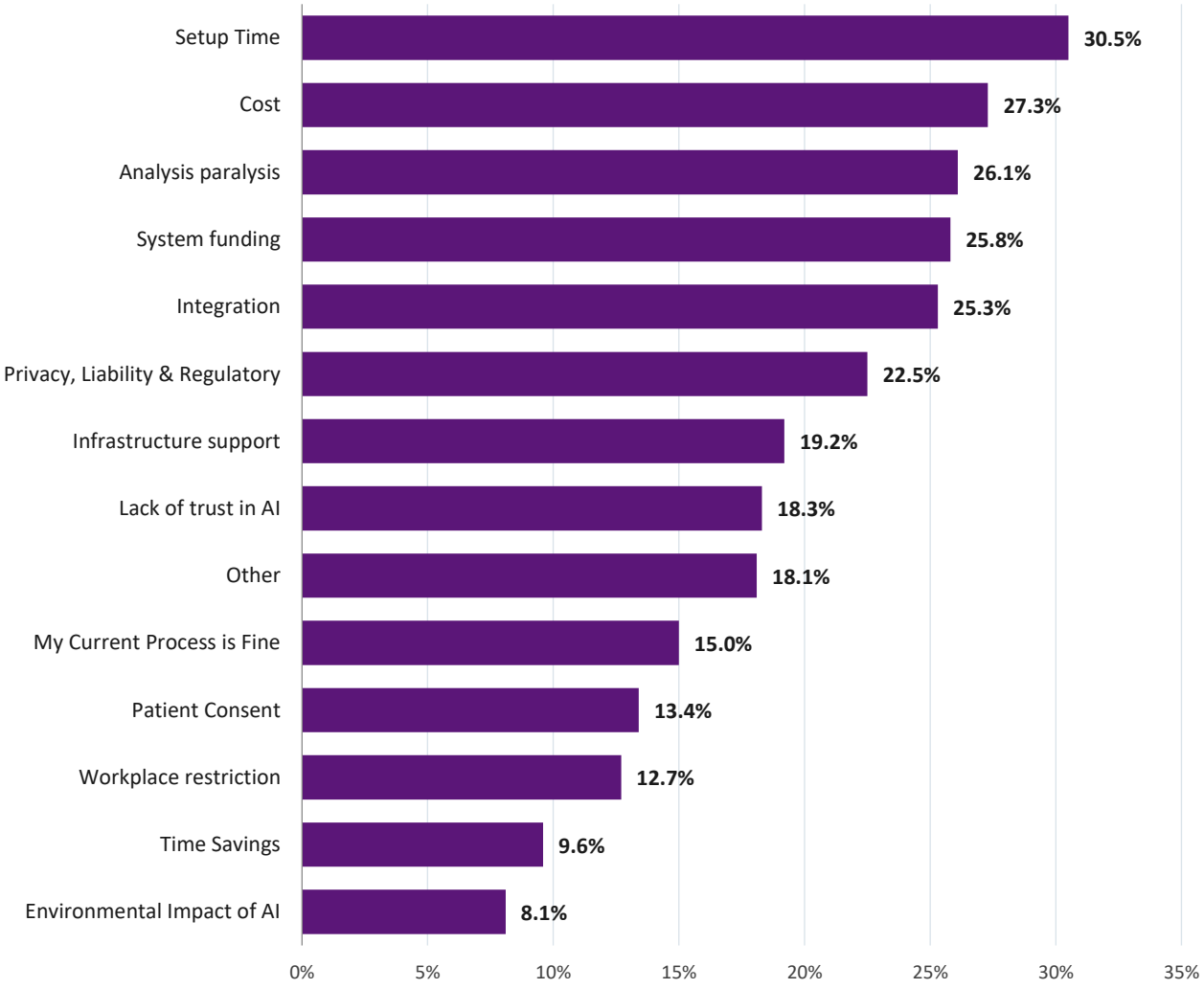
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Key Findings

II. Confidence, Concerns and Adoption (cont'd)

Despite the increased use (67%) of AI in the community, it is important to understand why clinics are not using AI. OMD asked about concerns in general for AI and about specific AI tools. The top reasons were time to set up, cost, trouble choosing, funding, integration, privacy, liability and regulatory reasons.

Why are you not using AI at all in your practice/clinic?



This was further supported in an open text question asking, **"What is the single biggest "deal-breaker" that would stop you from using an AI tool?"** The top 3 responses were themed into legal and privacy issues, cost and time. Also articulated were issues with data governance, information bias, accuracy, environmental concerns about AI.

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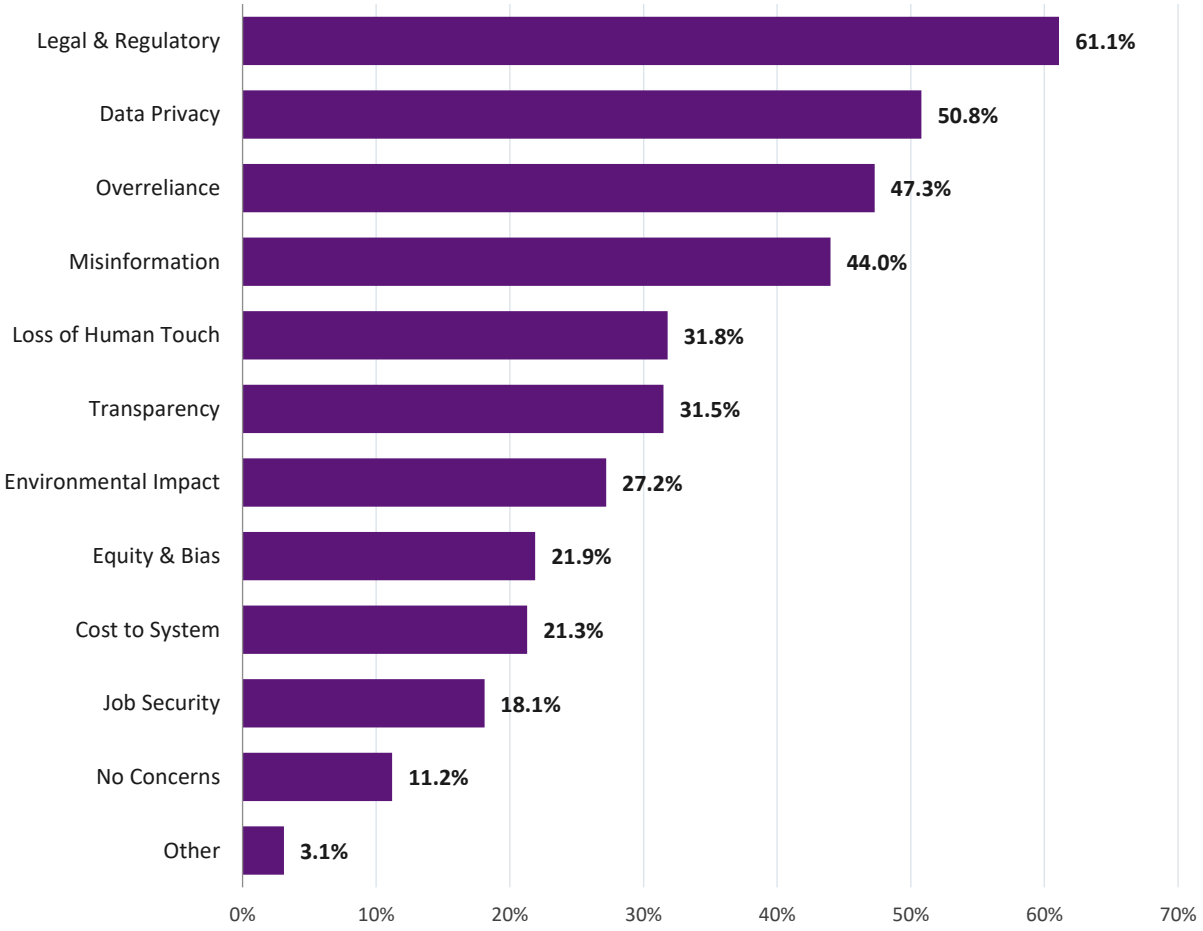
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Key Findings

II. Confidence, Concerns and Adoption (cont'd)

OMD asked another important question: **"What are your biggest concerns regarding the future of AI in health care?"** This question addressed AI use in general, and respondents reported issues such as legal and regulatory, overreliance, misinformation and loss of human touch.

What are your biggest concerns regarding the future of AI in health care?



This was further expanded in the open text responses regarding the fear of overreliance of AI by clinicians and the impact on critical thought.

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Key Findings

II. Confidence, Concerns and Adoption (cont'd)

Clinicians on AI Overreliance and its Impact on Critical Thought

(open text)

Erosion of critical thinking:
Concern that reliance on AI-generated summaries, documentation, and recommendations may reduce clinicians' active synthesis, reasoning, and independent clinical judgement.

Impact on training and future workforce:
Medical learners and early-career clinicians could become dependent on AI before fully developing core analytical and diagnostic skills.

Automation bias and reduced scrutiny:
Clinicians may be less likely to question or verify AI-generated information, potentially increasing the risk of errors and inappropriate clinical decisions.

Insufficient evidence on long-term harms:
Respondents noted a lack of independent research on the cognitive effects of AI use in physicians, despite emerging concerns from studies in other populations.

Need for cautious implementation:
While AI was recognized as valuable for improving efficiency (particularly with EMR integration and administrative tasks), respondents emphasized that AI should support—not replace—clinical reasoning and decision-making, and that adoption should proceed with careful evaluation of patient care and professional impacts.

What clinicians said…

"If we adopt this technology too quickly without considering these risks, we may be about to train a generation of young physicians who will never fully develop their critical thinking skills".

"Lack of independent research on potential HARMS of AI use on the critical thinking skills of physicians, or other harms".

"Rapid adoption of AI in our profession is being driven by industry and is not being implemented with enough thought with respect to the consequences this will have on patient care, the patient/physician relationship, trust in healthcare systems or the potential atrophy of physician skills/cognition".

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Key Findings

III. Clinician AI Literacy Program & Learning Preferences

Key Takeaway: Many clinicians may need practical, fast, and workflow-integrated AI learning, especially those in the later stages of their careers.

A clinician's level of confidence and proficiency with AI tools can increase by becoming more 'AI literate'. Targeted education based on clinician needs can support an increase in the use of AI in clinics.

AI Literacy Program Preferences

From a list of potential AI program topics, survey respondents were asked to select as many as applied to them. Based on the survey responses, clinicians appeared to prioritize practical integration, direct patient care applications, and risk management over general background or fundamentals of AI.

Category	Numerator	Percentage Value
Integrating AI into your workflow efficiently	1,274 responses	76.9%
Using AI in patient care and clinical decisions	1,163 responses	70.2%
Legal & liability	1,087 responses	65.6%
Prompt engineering (writing effective prompts)	937 responses	56.6%
Getting started	885 responses	53.4%
Tool selection & safety	840 responses	50.7%
Ethics & the Big Picture	776 responses	46.9%
Communicating AI recommendations to patients	673 responses	40.6%
I am not interested in AI training right now	88 responses	5.3%
Other	24 responses	1.4%

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Key Findings

AI Learning Preferences

From a list of AI learning preferences, survey respondents were asked to select as many as applied to them. According to the survey responses, clinicians seemed to prefer more asynchronous, concise, and readily accessible learning formats over long-form traditional lectures.

Category	Numerator	Percentage Value
Short, self-paced modules (micro-learning)	1,084 responses	69.1%
Quick reference resources (cheat sheets, checklists, prompt libraries)	949 responses	60.5%
Video demonstrations (screen recordings to show how the tool is used)	892 responses	56.9%
Live webinars or lectures	651 responses	41.5%
Hands-on workshops or practice sessions	492 responses	31.4%
Independent self-directed learning (no formal sessions)	398 responses	25.4%
Peer learning or mentorship	355 responses	22.6%
Other	13 responses	0.8%

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Key Findings

IV. What Clinicians Want AI to Do for Them

When asked the open text question, **"If an AI tool could handle one specific task that drains your energy or time, what would it be?**", clinicians identified several areas in which AI could help support them to alleviate administrative workload. These areas were supplemented by quantitative data and discussed in this section.

1. **Administrative burden & workflow automation**
   "Automating administrative documentation and data entry"
2. **Inbox & information management**
   "Appropriately label/categorize incoming documents. Automatically updated CPP for easy future reference. Flag any triaged items"
3. **Clinical documentation & AI scribes**
   Note-taking is a major time drain, AI scribe helps but "many still require 20-30% manual editing"
4. **Fax management**
   "When we get a fax, I'd love to automatically find its way to a patient chart and do things like update medications"
5. **Results review & clinical data processing**
   "Lab review to eliminate reviewing normals or unchanged abnormals"
6. **Scheduling, communication & patient coordination**
   "We need systems that allow patients to enter their names into schedules without the necessary use of a secretary"
7. **Referrals & care coordination**
   "Managing direction of referrals and tracking referral sources for patients that I take care of..."
8. **EMR integration & interoperability**
   "EMR-integrated AI tools that can help guide {data} management decisions efficiently"

1) Administrative Burden and Workflow Automation

In response to, **"If an AI tool could handle one specific task that drains your energy or time, what would it be?**":

Direct quote from a survey respondent: "Automating administrative documentation and data entry".

Key Takeaway: Clinicians may feel overwhelmed by repetitive, non-clinical tasks. This is supported by OMD's published study of tech-related burnout (https://doi.org/10.2196/93266), which evidenced higher levels of burnout and burdensome administrative tasks that could be supported by AI technology.

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Key Findings

1) Administrative Burden and Workflow Automation (cont'd)

Major Source of Burnout:	Repetitive, non-clinical tasks represent one of the main contributors to physician and care team burnout.
Task Diversity:	Involves form completion, referral letters, and redundant, duplicate data entry across system interfaces.
Non-Billable Work:	These administrative duties are highly time-consuming and non-billable, taking valuable time away from direct patient interactions.
Automation Demand:	Strong demand for AI for end-to-end automated routine administrative work

2) Inbox and Information Management

In response to, **"If an AI tool could handle one specific task that drains your energy or time, what would it be?**":



Direct quote from a survey respondent : "Document management: appropriately label/categorize incoming documents. Automatically updated CPP for easy future reference. Flag any triaged items".



Key Takeaway: Managing incoming data (labs, faxes, reports) is scattered and time-consuming.

Overwhelmed Inboxes:	Clinical inboxes are congested, disorganized, and difficult to manage systematically.
High Volume & Duplication:	Practices receive large volumes of lab results, diagnostic reports, faxes, and duplicate medical reports.
Triage Bottlenecks:	Care teams struggle to quickly distinguish urgent, actionable clinical findings from low-value or routine paperwork.
AI Priority:	Need for intelligent AI systems capable of triaging, prioritizing, categorizing incoming data, and auto-updating the Cumulative Patient Profile (CPP) for seamless reference.

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Key Findings

2) Inbox and Information Management (cont'd)

Of the clinicians and clinics using AI, only 7% (124) were using an AI inbox. We asked a subset of questions about AI inbox to understand the functionality of the AI inbox tool and how clinics felt about them. The majority of products on the market managed only incoming e-faxes (25%) in the EMR inbox.

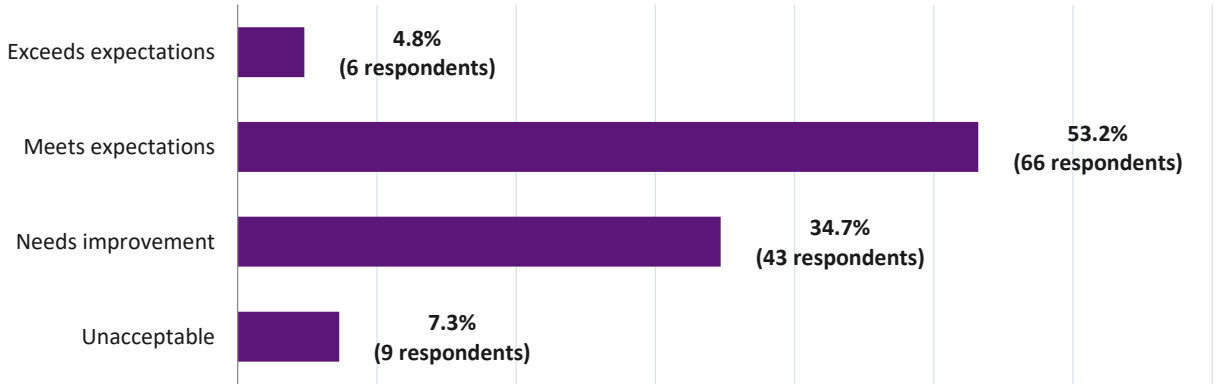
The top 5 AI inbox assistant functions:

1. Identifying the correct patient in a document (90/124 respondents or 73%)
2. Categorizing and labelling (78/124 respondents or 63%)
3. Routing / assigning (68/124 respondents or 55%)
4. Auto filing (35/124 respondents or 28%)
5. Data extraction (31/124 respondents or 25%)

As with all AI tools, there are challenges and concerns, with the top 5 for AI inbox being:

1. Accuracy and reliability (73/124 respondents or 59%)
2. Poor integration into workflow or EMR (33/124 respondents or 27%)
3. Not achieving the expected time savings (31/124 respondents or 25%)
4. Cost or long-term sustainability (29/124 respondents or 23%)
5. Liability or medico-legal (28/124 respondents or 23%)

It is important to note that over 50% felt that the AI inbox assistant tool they were using met their expectations.



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Key Findings

3) Clinical Documentation and AI Scribes

Key Takeaway: Note-taking is a major time drain, though partially improved by AI already.

AI scribes are becoming more prevalent in health care to manage clinical documentation. They are steadily improving to require less clinician time to review clinical notes.

Persistent Time Sink:	Clinical documentation remains one of the largest ongoing operational time consumers in patient care.
Editing Overhead:	While ambient AI scribes have improved drafting speed, current implementations can still require 20-30% manual review and editing for some users.
Accuracy & Customization:	Limitations in clinical accuracy, terminology, and personalization continue to hamper efficiency gains.
Tool Demand:	Strong demand for more reliable, context-aware, and deeply EMR-integrated ambient scribing systems.

From the open text answers**, OMD heard that physicians want practical AI.**

The quantitative questions asked specific details about AI scribes. In fact, 58% (519) of clinicians use or had used an AI scribe for documentation.

1. 519/1,656 respondents or 31% have ***never used*** an AI scribe tool **despite being aware** of the solution
2. 175/1,656 respondents or 11% are ***not aware*** *of* the solution
3. 962/1,656 respondents or **58% *use or have used* an AI scribe tool.**

It is interesting to understand why a clinic is not using an AI scribe. OMD heard that it was due to several reasons, the most prevalent being the editing burden of the notes and the cost and setup time needed. OMD notes that 24% (123) felt that they did not need an AI scribe as that was not a friction point they wanted to solve.

1. Editing burden (155/519 respondents or 30%)
2. Cost (147/519 respondents or 28%)
3. Setup time (146/519 respondents or 28%)
4. Privacy concerns (131/519 respondents or 25%)
5. Integration (118/519 respondents or 23%)

Note: 123/519 respondents or 24% reported that ***their current process is fine*** (i.e., no need for an AI scribe).

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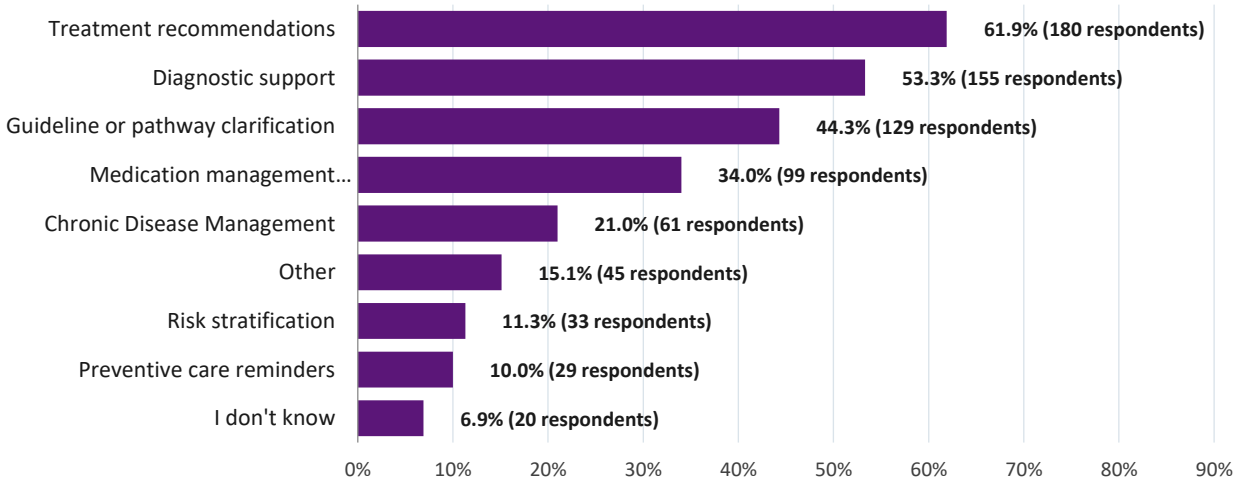
Key Findings

V. AI CDS is Trusted, but Concerns About Clinical Accuracy Remain

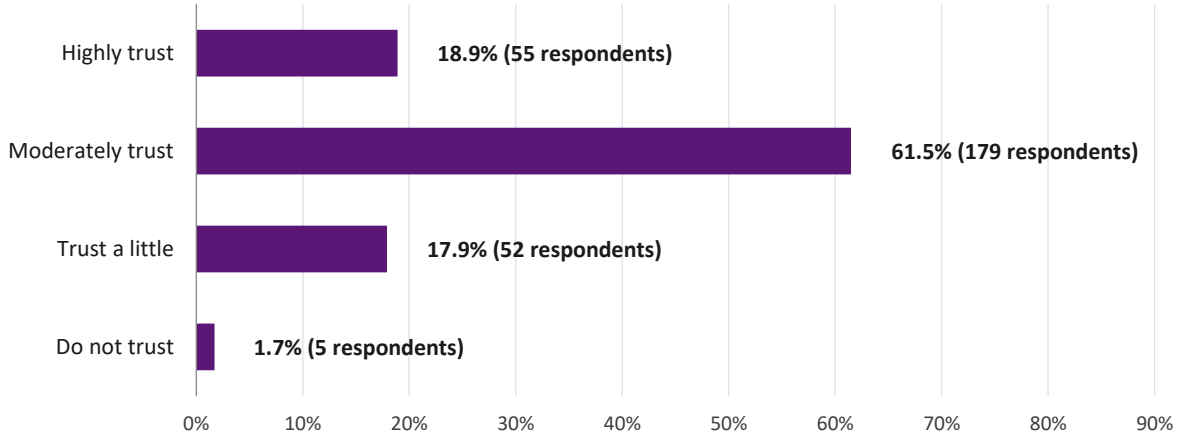
OMD asked several questions in the quantitative section to understand the use of AI Clinical Decision Support (CDS) tools. AI CDS is a tool that helps clinicians make decisions by providing recommendations, alerts, or evidence-based insights. It includes AI scribes (+ CDS), EMR-embedded decision support, population health or panel management tools, and conversational or evidence-based systems. They are designed to support, **not replace**, clinical judgement.

According to the survey, 18% (291) of respondents had used, or were using, an AI-CDS tool, primarily an Open Chat type tool (65%/188) or an AI scribe with integrated decision support (49%/142). Interestingly, family physicians and clinicians with a higher level of confidence in understanding and evaluating AI tools were more likely to use an AI-CDS tool.

The **top 5 AI CDS functions** were for treatment recommendations, diagnostic support, guideline clarification, medication management and chronic disease management.



Given the nature of AI-CDS tools, we asked about trust and influence. Keeping in mind the majority of respondents were using an Open Chat where the sources are clearly identified in a "pull" or "on request" fashion.



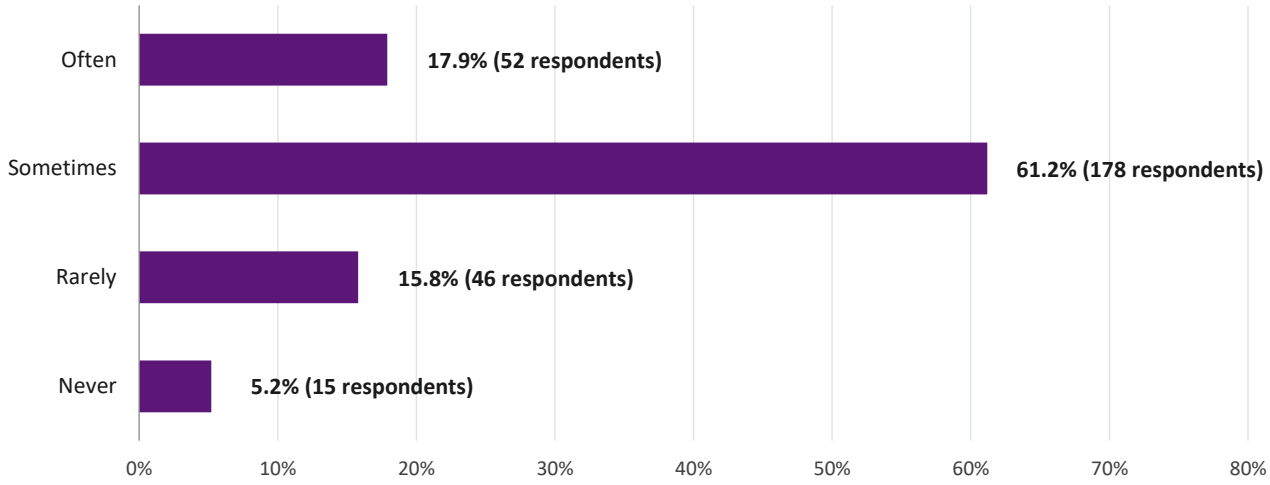
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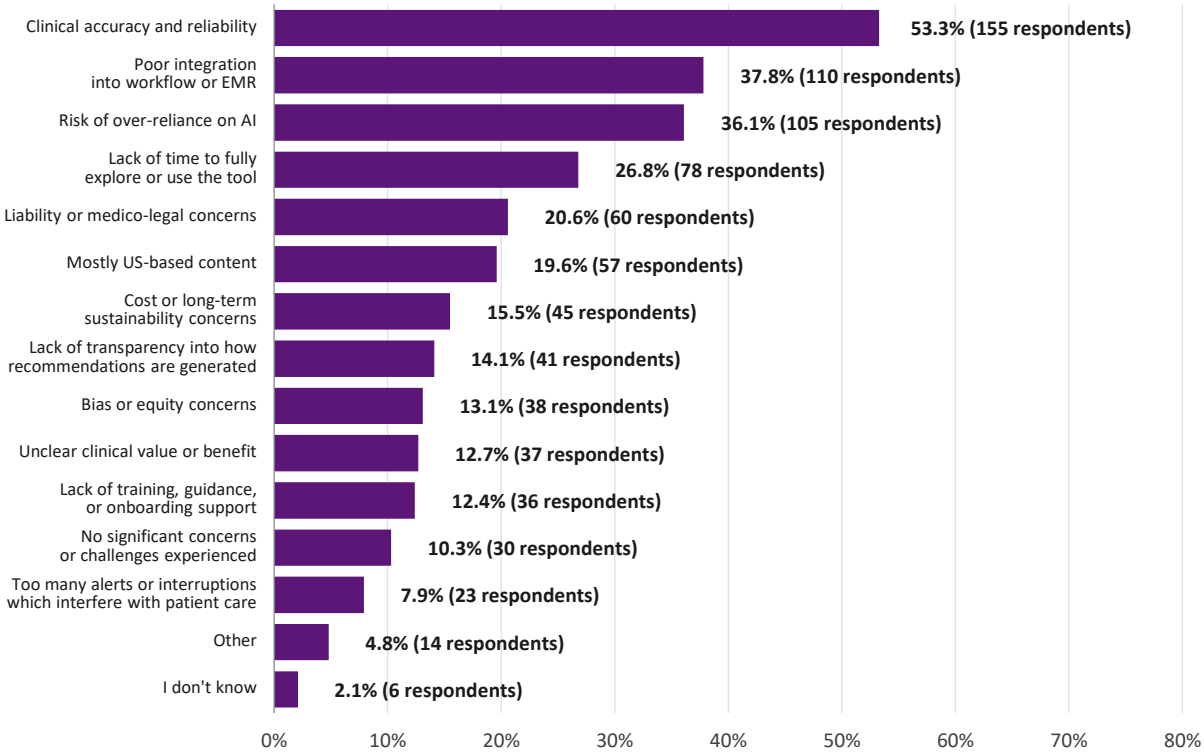
Key Findings

V. AI CDS is Trusted, but Concerns About Clinical Accuracy Remain (cont'd)

OMD asked about the influence of these tools on clinical decisions. The majority (61.2%) responded (sometimes).



OMD then asked the users of AI-CDS (n=291) about their challenges or concerns. Clinical accuracy and reliability, poor workflow integration, risk of overreliance, liability and medico-legal concerns were in the top 5.



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Key Findings

VI. Trusted Sources to Verify that AI is Safe and Effective

Key Takeaway: Levels of trust are highest in formal institutions, especially provincial associations such as OMA and provincial organizations such as OMD, while vendors play a very minor role. Few would trust their own evaluation.

Survey respondents were provided with a list of potential sources to verify that AI is safe and effective, and asked to select the one(s) that apply to them. Based on survey responses, clinicians appeared to trust the following sources:

Category	Numerator	Percentage Value
Provincial associations/organizations (e.g., OMA, OMD)	1,184 responses	71.5%
Regulators (e.g., CPSO)	785 responses	47.4%
National colleges (e.g., CFPC, RCPSC)	755 responses	45.6%
National associations (e.g., CMA)	574 responses	34.7%
Colleagues (word of mouth / peers)	553 responses	33.4%
Academic / research bodies	488 responses	29.5%
Governmental bodies	481 responses	29.0%
Only trust my own evaluation	118 responses	7.1%
Other	62 responses	3.7%
Industry / Vendors	46 responses	2.8%

Survey respondents most frequently identified provincial associations and organizations (71.5%), regulators (47.4%), and national colleges (45.6%) as sources they would trust when evaluating whether AI is safe and effective. Relatively few respondents selected "Only trust my own evaluation" (7.1%) or industry/vendors (2.8%).

According to survey responses, trusted sources appeared to vary across community clinic roles:

Governmental Bodies:	Trusted by a greater percentage of clinic staff and nurse practitioners, and a lower percentage of community-based family physicians and specialists
Regulators:	Trusted by a greater percentage of nurses and nurse practitioners, and a lower percentage of community-based specialists
Academic / Research Bodies:	Trusted by a greater percentage of nurses and nurse practitioners
National Colleges:	Trusted by a greater percentage of community-based family physicians and a lower percentage of clinic staff, nurses, and nurse practitioners

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Key Findings

VII. Additional Clinician Feedback on AI from Open Text Questions

AI must solve real admin pain points (e.g., inbox triage, duplicate results). In response to the question: **"Anything else about the use of AI that we have not asked, but is important for us to know?"**

Direct quote from a survey respondent :
"Writing notes is not the problem".

Key Takeaway: Many clinicians report that charting is not their biggest burden. They want AI applied to a wider range of highly administrative tasks.

Referral Management:	Automated referral generation and status tracking.
Form Completion:	Streamlining insurance and disability forms.
Inbox Optimization:	Automated inbox triaging.
Data Reconciliation:	Results comparison and duplicate result filtering.
Practice Operations:	Booking, reception handling, and intake triage.
Document Processing:	Fax OCR (Optical Character Recognition) and auto-summarization.

Need for Training, Support and AI Literacy

Direct quote from a survey respondent :
"Desperately need a baseline level 1 information session".

Key Takeaway: Clinicians want structured support to get started and evaluate available tools effectively.

Baseline Education:	Beginner-level education and orientation sessions.
Operational Support:	Practical, hands-on implementation assistance.
Personalized Guidance:	1:1 coaching for clinical staff.
Data Reconciliation:	Results comparison and duplicate result filtering.
Practice Operations:	Booking, reception handling, and intake triage.
Document Processing:	Fax OCR (Optical Character Recognition) and auto-summarization.

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Key Findings

Distrust of Vendors and Approval Processes

Direct quote from a survey respondent : “Need transparency on how approved vendors are approved”.

Key Takeaway: There is skepticism toward AI vendors and the organizations responsible for approving technology products.

Acquiring an AI tool can be a significant investment for clinicians. They need assurance that the AI tools work as advertised. Thorough validation against clinical, privacy and security requirements by trusted, vendor-neutral entities with this expertise must be leveraged to reduce clinicians’ skepticism. Clinicians’ distrust stems from:

Procurement Opacity:	Lack of transparency regarding how approved vendor lists are constructed.
Conflict Concerns:	Suspicion of insider deals and non-merit-based vendor selection.
Over-Promising:	Vendor marketing hype significantly exceeds demonstrable clinical evidence.
Post-Purchase Support:	Weak ongoing support and training after software acquisition.
Premature Releases:	Beta-stage products being commercialized and sold prematurely.

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Conclusion

This report represents one of the first large-scale provincial assessments of AI use, perceptions, learning needs, and implementation priorities among community-based clinicians and clinic teams in Ontario. OMD surveyed the province and received more than 1,600 clinician and staff responses to better understand how AI is being used in practice, what benefits and challenges are being experienced, and what support is needed to enable safe, effective, and responsible adoption.

The findings suggest that AI adoption is already occurring in Ontario community practices, with two-thirds of respondents reporting current or previous use of at least one AI tool. Use is strongest in ambient AI scribes, while clinicians identified a broader opportunity for AI to support administrative efficiency, inbox management, information triage, and workflow automation.

The survey also highlights that successful AI adoption extends beyond technology alone. Respondents identified the need for trusted guidance, practical implementation support, AI literacy education, and independent evaluation of tools. Confidence in understanding and evaluating AI varied across respondents, while trusted sources of information leaned toward professional associations, regulators, and national colleges rather than vendors.

Importantly, clinicians expressed both optimism and caution regarding the future of AI in health care. While many see opportunities to address administrative burden and improve efficiency, concerns remain regarding legal and regulatory issues, privacy, misinformation, overreliance on AI, and the potential impact on clinical judgement and the patient-clinician relationship.

Taken together, these findings suggest that the next phase of AI adoption in Ontario is not simply about making more AI tools available. It is about identifying the problems clinicians need solved, supporting the development and implementation of solutions that address those needs, and building the trust, literacy, and supports required for responsible adoption at scale.

Implications for the Health System and Next Steps

The findings from this survey are intended to inform a broad range of stakeholders involved in the development, adoption, implementation, evaluation, regulation, and governance of AI in health care. They provide an evidence-based snapshot of the current state of AI use in Ontario community practices and may help guide future product innovation, policy, education, evaluation, procurement, and implementation activities across the province.

For OMD, the results will help shape future work in several areas:

- Development of practical AI literacy and education programs that reflect clinicians' and clinic teams' preferred learning formats and priority topics.
- Support for trusted, evidence-informed evaluation of AI tools to assist clinicians and practices in making informed decisions.
- Focus on AI solutions that address high-burden administrative and workflow challenges identified by clinicians, including inbox management, workflow automation, and information management.
- Continued collaboration with clinicians, health system partners, regulators, professional associations, researchers, vendors, and policymakers to support responsible AI innovation, adoption and use across Ontario.

OMD intends this report to serve as a resource for health system leaders, researchers, policymakers, educators, clinicians, and technology developers seeking to better understand the evolving role of AI in community-based care. As AI capabilities continue to advance, ongoing engagement with clinicians will remain essential to ensure that technology supports clinical practice, strengthens trust, and improves care while preserving the human elements of medicine that patients and clinicians value most.

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About OntarioMD

OntarioMD is a national leader in advancing artificial intelligence and other innovative technologies for family physicians, specialists, nurse practitioners, and their clinics in Ontario communities. The company has more than 20 years of proven success in developing and deploying technology solutions that improve patient care. OntarioMD also provides complimentary change management support to help clinicians integrate technology into their workflows to digitally optimize their practices. OntarioMD is a wholly owned subsidiary of the Ontario Medical Association and receives funding from the Province of Ontario, through its agency, Ontario Health.

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