

4. Artificial Intelligence in Non-Clinical Functions: A Strategic Framework for Healthcare Organizations

Author: Aziz Alzeqri

<https://doi.org/10.70301/CONF.SBS-JABR.2024.1/1.4>

Abstract

Artificial Intelligence (AI) has demonstrated significant potential in healthcare, particularly in clinical applications such as diagnostics and personalized treatment. However, the application of AI in non-clinical areas, such as operational efficiency, data governance, and data monetization, remains underexplored. This paper addresses this gap by proposing an AI-driven framework for healthcare organizations, synthesizing existing literature on AI applications and data management.

Using a qualitative approach, this study identifies six key areas where AI can enhance non-clinical operations: data governance and quality management, technological infrastructure and scalability, leadership and workforce development, operational efficiency, data monetization, and ethical considerations. The framework provides a strategic framework for healthcare organizations to adopt AI technologies effectively while ensuring compliance with local and international regulations. This paper contributes to the growing body of research by offering practical solutions for leveraging AI to improve healthcare administration and create new revenue streams through data valorization.

2. INTRODUCTION

2.1 Background and Context

The integration of Artificial Intelligence (AI) into healthcare has been transformative, particularly in clinical applications such as diagnostics, imaging analysis, and personalized medicine (Topol, 2019; Mesko, 2017). These advancements have received significant attention in the literature, leading to widespread AI implementation in healthcare to improve patient outcomes. Research shows that AI technologies, such as machine learning and predictive analytics, have revolutionized clinical decision-making and diagnosis (Esteva et al., 2017). However, non-clinical applications of AI, such as data governance, operational efficiency, and data monetization, have not received the same level of focus, despite their potential to optimize healthcare operations and improve financial sustainability (Davenport & Harris, 2017).

As healthcare systems globally face increasing pressures to improve efficiency while adhering to stringent regulatory frameworks, the role of AI in managing non-clinical functions becomes critical. For healthcare organizations, adopting AI in administrative and operational functions offers the potential to significantly streamline operations and unlock new revenue streams through data valorization.

2.2 What is Data?

Data refers to raw facts, figures, and observations collected from various sources, which can be processed and analyzed to extract meaningful insights (Kitchin, 2014). In healthcare, data is generated through patient records, diagnostic tests, and administrative functions, making it a crucial element in decision-making. Data can be categorized as structured (e.g.,

numbers, text) or unstructured (e.g., images, social media content) (Kitchin, 2014).

In the digital age, Big Data has emerged as a key driver of innovation. Big Data is typically characterized by its volume (large datasets), velocity (speed of generation), and variety (diverse data formats) (Laney, 2001). According to Thomas and Leiponen (2016), data can be viewed as a non-rivalrous public good, meaning that its use by one party does not reduce its availability to others, making it a highly valuable resource. In healthcare, data serves as the backbone of both clinical and operational decision-making, and its potential for monetization—where organizations can generate financial returns from data insights—further enhances its value (Ofulue & Benyoucef, 2022).

2.3 What is Artificial Intelligence?

Artificial Intelligence (AI) refers to the capability of machines and systems to mimic human intelligence in tasks such as learning, problem-solving, decision-making, and pattern recognition (Russell & Norvig, 2016). AI encompasses various technologies, including machine learning (ML), natural language processing (NLP), and computer vision, enabling machines to process vast amounts of data and generate actionable insights.

AI has gained significant traction in healthcare, particularly for its ability to process large datasets and uncover patterns that inform clinical and non-clinical decision-making. In clinical settings, AI systems are used for diagnostics, imaging analysis, and personalized treatments (Topol, 2019), while non-clinical applications focus on automating administrative tasks, improving operational efficiency, and optimizing resource allocation (Davenport & Harris, 2017).

2.4 Research Gap

Despite the growing body of research on AI's clinical applications, the role of AI in non-clinical functions—such as data governance, operational efficiency, and data monetization—is still underdeveloped. Additionally, the application of AI in these areas lacks a comprehensive framework to guide healthcare organizations in implementing AI technologies to maximize their operational potential. Furthermore, many organizations face challenges in integrating AI into non-clinical operations due to insufficient technological infrastructure, limited AI literacy among staff, and a lack of leadership in driving data-driven decision-making (Aldoseri et al., 2023).

2.5 Research Objectives

This paper aims to address this gap by developing an AI-driven framework tailored for healthcare organizations. By synthesizing existing literature, the framework highlights six key areas where AI can enhance non-clinical operations: data governance and quality management, technological infrastructure and scalability, leadership and workforce development, operational efficiency, data monetization, and ethical considerations. The framework provides a strategic roadmap for healthcare leaders to adopt AI technologies effectively while ensuring compliance with local and international regulations.

3. LITERATURE REVIEW

3.1 AI in Healthcare: Clinical vs. Non-Clinical Applications

AI's applications in healthcare have predominantly focused on clinical functions

such as medical imaging, disease prediction, and personalized medicine, improving patient outcomes and reducing human error in decision-making (Topol, 2019; Esteva et al., 2017). While these clinical applications have been widely studied, much of the existing literature has overlooked AI's potential in non-clinical functions, such as data governance, operational efficiency, and data monetization.

3.2 Technological Infrastructure and Scalability

A robust technological infrastructure is essential for the successful deployment of AI in healthcare organizations. AI systems require significant computational power, data storage, and seamless integration with existing systems. Cloud-based solutions, data lakes, and interoperability standards such as HL7 FHIR enable healthcare providers to store and process large datasets efficiently (Aldoseri et al., 2023).

3.3 Data Governance and Compliance

As AI systems handle vast amounts of sensitive healthcare data, ensuring data governance and compliance with regulations like GDPR and HIPAA is critical. Floridi et al. (2018) emphasize the need for robust data governance frameworks to ensure that AI systems manage patient data responsibly, focusing on data privacy, security, and ethical use.

3.4 Leadership and Workforce Development

Successful adoption of AI in healthcare also depends on effective leadership and comprehensive workforce development programs. Leadership is crucial in guiding organizations through the challenges of AI integration, particularly in addressing resistance to AI technologies and ensuring that staff are adequately trained. AI literacy programs for non-technical

staff are essential to ensure that AI systems are fully utilized across all levels of the organization (Huang et al., 2019).

3.5 Operational Efficiency

AI technologies have the potential to dramatically improve operational efficiency in healthcare settings. AI-driven predictive analytics can forecast patient admissions and optimize staffing and resource allocation. AI-driven automation can improve processes like scheduling, billing, and claims processing, leading to cost savings and reduced administrative burdens (Davenport & Harris, 2017).

3.6 Data Monetization

The concept of data monetization in healthcare is emerging as AI technologies allow organizations to generate valuable insights from vast data sets. Ofulue & Benyoucef (2022) highlight that healthcare data, when leveraged correctly, can create new revenue streams by sharing data-driven insights with pharmaceutical companies, research institutions, or through internal optimization.

4. METHODOLOGY AND FINDINGS

4.1 Research Approach

This research adopts a qualitative approach using a systematic literature review (SLR) to explore the current body of knowledge on the non-clinical applications of AI in healthcare. This approach allows for a comprehensive understanding of how AI is being integrated into operational areas like data governance, leadership, infrastructure, and workforce development, which are often underrepresented in the literature compared to clinical AI applications.

A **systematic literature** review is well-suited to synthesize insights from various studies, ensuring that the proposed AI-driven framework is grounded in a broad and diverse range of academic and industry sources. By synthesizing existing research, this paper aims to develop a framework that provides practical, actionable guidance for healthcare organizations.

4.2 Literature Search Strategy

A systematic search was conducted across several academic databases, including Google Scholar, PubMed, IEEE Xplore, and Scopus, to capture the most relevant literature published between 2017 and 2023. These databases were chosen for their comprehensive coverage of AI, healthcare, and related technologies. The search strategy used specific keywords and search terms designed to capture literature on AI in non-clinical applications, including:

- “AI in healthcare operations”,
- “AI data governance in healthcare”,
- “Non-clinical AI healthcare applications”,
- “AI-driven decision-making in healthcare”,
- “AI operational efficiency in healthcare”,
- “AI and data monetization in healthcare”.

The inclusion criteria were as follows:

1. **Relevance:** Only papers and reports that focused on non-clinical applications of AI in healthcare were selected.
2. **Publication date:** Articles published between 2017 and 2023 were considered to ensure up-to-date findings.
3. **Types of sources:** Both academic studies (empirical and theoretical) and

industry reports were included to capture both scholarly insights and practical applications.

4. **Quality and credibility:** Articles from peer-reviewed journals, reputable conferences, and industry reports from recognized consulting firms were prioritized.

The initial search yielded many articles, which were then screened for relevance. After applying the inclusion criteria, several key sources were selected for detailed review and analysis.

4.3 Data Extraction and Thematic Analysis

Once the relevant literature was identified, a data extraction process was conducted to capture the main findings and insights from each source. Key information related to AI technologies, healthcare applications, challenges, and strategic frameworks was documented. This provided the foundation for understanding how AI is being used in non-clinical healthcare functions. A thematic analysis was employed to organize the extracted data into six key categories, which form the inputs and outcomes of the proposed AI-driven framework:

1. **Technological Infrastructure and Scalability:** The infrastructure required for AI deployment in healthcare.
2. **Data Governance and Compliance:** How AI systems manage data securely and in compliance with regulations like GDPR and HIPAA.
3. **Leadership and AI Adoption:** The role of leadership in fostering AI adoption and promoting data-driven decision-making.

4. **Workforce Development and Skills:**

The need for developing AI literacy and skills among healthcare staff.

5. **Operational Efficiency:** The use of AI to optimize workflows and resource allocation.

6. **Data Monetization:** AI's potential to create new revenue streams by leveraging healthcare data.

4.4 Findings: AI-Driven Framework for Healthcare

The thematic analysis of the literature yielded a structured framework that healthcare organizations can adopt for the effective implementation of AI in non-clinical functions. The framework consists of six key components, split into inputs and outcomes, reflecting both the necessary conditions for AI adoption and the expected benefits.

4.4.1 Inputs

The findings indicate that successful AI integration in non-clinical functions requires the establishment of several critical inputs, which ensure that healthcare organizations are technologically and operationally prepared for AI adoption. These inputs lay the groundwork for the outcomes that organizations can achieve.

1. **Data Governance and Quality Management**

o **Interpretation:** The review revealed that data governance is foundational to AI adoption, as it ensures the integrity, security, and ethical use of healthcare data. Many sources emphasize the importance of implementing robust frameworks to ensure that data remains compliant with international regulations

such as GDPR and HIPAA (Floridi et al., 2018). Effective data governance not only protects patient data but also guarantees that AI algorithms operate on high-quality, reliable data, leading to more accurate and trustworthy outcomes. Existing studies frequently underscore the need for healthcare data governance (Davenport & Harris, 2017). This theme consistently appeared in the literature, reaffirming that data governance is a critical prerequisite for AI to function effectively and ethically.

2. **Technological Infrastructure and Scalability**

o **Interpretation:** The findings highlight that scalable technological infrastructure is indispensable for AI implementation. Healthcare organizations need cloud-based platforms, data lakes, and systems capable of handling large datasets for AI to provide real-time insights. Without this infrastructure, AI technologies would face severe limitations in terms of processing power, interoperability, and scalability (Aldoseri et al., 2023). The emphasis on technological infrastructure aligns with research on system interoperability and overcoming legacy system barriers, as noted by Aldoseri et al. (2023). This finding also parallels studies that argue AI's potential can only be fully realized when healthcare organizations modernize their IT systems to accommodate advanced AI applications.

3. **Leadership and AI Adoption (Data-Driven Leadership)**

o **Interpretation:** Leadership plays a

vital role in promoting a culture that embraces AI adoption and data-driven decision-making. The literature points out that without effective leadership, organizations struggle to overcome resistance to AI and integrate it into everyday operations. Leadership must not only advocate for AI but also foster a data-driven culture where decisions are made based on insights generated by AI (Burns, 1978). This finding aligns with transformational leadership models, which emphasize leaders' roles in managing organizational change and promoting innovation. Numerous studies highlight how leaders who embrace data-driven decision-making help foster an environment where AI can thrive (Huang et al., 2019).

4. Workforce Development and Skills

- o **Interpretation:** Effective AI integration is contingent on AI literacy among healthcare staff. AI tools cannot reach their full potential unless the workforce is skilled in using these technologies. The findings reveal that developing the necessary skills and competencies to operate AI systems is a critical input, requiring ongoing training and capacity building (Davenport & Harris, 2017). Workforce development is commonly cited as a major barrier to AI adoption in healthcare, particularly when it comes to non-clinical functions. Many studies call for targeted training programs that enhance staff competency in AI technologies, ensuring smooth integration into healthcare workflows (Huang et al., 2019).

4.4.2 Outcomes

Once the necessary inputs are established, the literature indicates that healthcare organizations can achieve several key outcomes from AI integration. These outcomes demonstrate the value-add of AI in improving organizational efficiency, decision-making, and financial sustainability.

1. Operational Efficiency

- o **Interpretation:** AI technologies have been shown to significantly improve operational efficiency by automating routine administrative tasks, optimizing workflows, and improving resource allocation. For example, predictive analytics allow hospitals to forecast patient demand and adjust staffing levels accordingly, reducing waste and improving patient care (Deloitte, 2020). AI systems also enhance resource management, streamlining billing, scheduling, and claims processing processes. The literature consistently supports this finding, with numerous case studies demonstrating AI's ability to reduce operational costs while improving service delivery. For example, Deloitte (2020) highlights how predictive analytics and automation can optimize workflows and reduce costs, while Davenport and Harris (2017) emphasize how organizations that compete on analytics achieve better operational efficiency. Additionally, Obermeyer et al. (2019) demonstrate how AI models in population health management help allocate resources more effectively, lowering unnecessary interventions and associated costs. Finally, Topol (2019) discusses how AI

can transform operational functions in healthcare, driving efficiency and improving service delivery in a competitive environment.

2. Data Monetization

o **Interpretation:** A novel outcome revealed by the review is the potential for data monetization in healthcare. AI-driven insights enable healthcare organizations to create new revenue streams by sharing de-identified data with external entities such as pharmaceutical companies and research institutions. Furthermore, by optimizing internal operations through data analytics, organizations can achieve cost savings and greater financial efficiency (Ofulue & Benyoucef, 2022). The potential for data monetization aligns with emerging research on AI in healthcare finance, which suggests that data is an underutilized asset. Several studies propose that healthcare organizations can strategically monetize their data by creating partnerships with other stakeholders, thus opening new avenues for revenue generation (Ofulue & Benyoucef, 2022).

3. Data-Driven Decision Making

o **Interpretation:** One of the most significant outcomes identified is the shift toward data-driven decision-making. AI systems generate actionable insights that enable leaders to make more informed, evidence-based decisions. This outcome reinforces the importance of integrating AI across the entire organization to support strategic decision-making processes, from resource allocation to policy development (Burns, 1978). This outcome

corresponds with the growing body of studies advocating for data-driven leadership in healthcare organizations. Studies suggest that healthcare leaders who rely on AI insights are better equipped to manage risks, improve patient outcomes, and drive organizational success (Davenport & Harris, 2017).

5. CONCLUSION

5.1 Summary of Findings

This framework presents a structured approach for adopting AI in non-clinical functions in healthcare organizations. The inputs—data governance, technological infrastructure, leadership, and workforce development—form the foundation for AI-driven innovation in healthcare organizations. The three outcomes of the framework—operational efficiency, data monetization, and data-driven decision-making—illustrate the transformative potential of AI. Once the necessary inputs are established, healthcare organizations can improve operational efficiency, generate new revenue streams through data insights, and use AI to drive evidence-based decision-making at the leadership level.

5.2 Contribution to the Field

This study shifts the focus from clinical AI applications to the often-overlooked non-clinical areas such as operational efficiency, data governance, and data monetization. The proposed framework offers practical guidance for healthcare leaders and provides a strategic roadmap for implementing AI technologies in non-clinical healthcare functions.

5.3 Future Research and Applications

Future research should focus on empir-

ical validation of the proposed framework by applying it in real-world settings. Additionally, investigating case studies of healthcare organizations that have adopted AI in non-clinical areas will provide deeper insights into the framework's application and effectiveness. Moreover, ongoing research into ethical AI practices remains vital, ensuring that as AI adoption grows, healthcare organizations adhere to global and local regulatory frameworks.

REFERENCES

- Aldoseri, H., Alanezi, F., Miraz, M. H., & Al-mohammadi, M. (2023). System interoperability in healthcare: Challenges and solutions for AI adoption. *Journal of Healthcare Informatics*, 17(3), 103–120.
- Burns, J. M. (1978). *Leadership*. Harper & Row.
- Davenport, T. H., & Harris, J. G. (2017). *Competing on analytics: The new science of winning*. Harvard Business Review Press.
- Deloitte. (2020). AI in healthcare: A study on improving operational efficiency through predictive analytics. Deloitte Insights. <https://www2.deloitte.com>
- Esteva, A., Kuprel, B., Novoa, R. A., Ko, J., Swetter, S. M., Blau, H. M., & Thrun, S. (2017). Dermatologist-level classification of skin cancer with deep neural networks. *Nature*, 542(7639), 115–118. <https://doi.org/10.1038/nature21056>
- Floridi, L., Taddeo, M., & Turilli, M. (2018). Data governance by design: Principles and applications. *Philosophy & Technology*, 31(2), 177–193. <https://doi.org/10.1007/s13347-017-0263-5>
- Floridi, L., & Cowls, J. (2018). AI ethics: Guiding artificial intelligence through policy. *Journal of Ethics & Information Technology*, 20(1), 15–25. <https://doi.org/10.1007/s10676-018-9459-4>
- Goodman, B., & Flaxman, S. (2017). European Union regulations on algorithmic decision-making and a “right to explanation”. *AI Magazine*, 38(3), 50–57. <https://doi.org/10.1609/aimag.v38i3.2741>
- Huang, G. Q., Lau, J. S. K., & Mak, K. L. (2019). AI workforce readiness and leadership. *International Journal of Innovation Management*, 23(7), 155–170. <https://doi.org/10.1142/S1363919619500433>
- Kitchin, R. (2014). *The data revolution: Big data, open data, data infrastructures & their consequences*. SAGE.
- Laney, D. (2001). 3D data management: Controlling data volume, velocity, and variety. Gartner. <https://www.gartner.com/doc/1032384>
- Mesko, B. (2017). The role of artificial intelligence in precision medicine. *The Lancet*, 390(10091), 2621. [https://doi.org/10.1016/S0140-6736\(17\)32163-2](https://doi.org/10.1016/S0140-6736(17)32163-2)
- Ofulue, I., & Benyoucef, M. (2022). Data monetization strategies for healthcare: AI applications. *Healthcare Finance Review*, 28(4), 89–105.
- Obermeyer, Z., Powers, B., Vogeli, C., & Mullainathan, S. (2019). Dissecting racial bias in an algorithm used to manage the health of populations. *Science*, 366(6464), 447–453. <https://doi.org/10.1126/science.aax2342>
- Russell, S. J., & Norvig, P. (2016). *Artificial intelligence: A modern approach* (3rd ed.). Pearson.
- Tegmark, M. (2017). *Life 3.0: Being human in the age of artificial intelligence*. Vintage.
- Thomas, V., & Leiponen, A. (2016). *Big*

- data as a public good. *Management Science*, 62(4), 1123–1137. <https://doi.org/10.1287/mnsc.2015.2413>
- Topol, E. J. (2019). *Deep medicine: How artificial intelligence can make healthcare human again*. Basic Books.
- Viljoen, S. (2020). A relational theory of data governance. *Yale Law Journal*, 130(2), 599–627. <https://doi.org/10.2139/ssrn.3727562>

