Leadership Corner: A Conversation with Dr. Atin Jindal

Dr. Atin Jindal is a hospitalist and Director of Medical Informatics at Brown University Health, where he works at the intersection of clinical care, health system operations, and technology. With formal training in both software engineering and clinical informatics, he has led operational and workflow redesign initiatives aimed at making inpatient care more reliable, ethical, and data-informed. His work focuses on translating AI's technical capabilities into tools that clinicians can realistically use, bridging the gap between what technology can do and what care teams actually need.

We asked him to reflect on what primary care should take away from this moment.

Q **Where should primary care start? As AI tools continue to evolve, what are the most promising low-risk, high-impact use cases that primary care practices should be exploring today, particularly those that can reduce administrative burden and support workforce well-being?**

A The clearest wins right now are in ambient documentation, inbox support, and back-office workflows (prior authorizations, scheduling). It's about giving clinicians back the time and attention for the patient-facing care that drew them to primary care in the first place.

Q **As AI becomes more integrated into healthcare, what do you think is most important for organizations to do to maintain patient trust?**

A Be transparent about how AI is used and keep the clinician accountable for every decision that touches a patient. Done right, these tools should deepen the patient relationship rather than insert distance into it.

Q **Five years from now, what do you hope AI will have helped primary care achieve? Not from a technology perspective, but from the perspective of patients, clinicians, and the primary care community.**

A I hope we look back and find that AI helped clinicians be more present, patients feel more heard, and all of us step back from the data to return to the art of medicine. My deeper hope is that we see less burnout and more shared, personalized decision-making, with the therapeutic relationship restored to the center of care.