

ANCHORAM CANADA's 'CATALYZING CLINICAL Artificial Intelligence (AI)' AUSTRALIA CANADA CASE STUDY

During Toronto Tech Week 2026, Anchoram Canada hosted an executive roundtable featuring the following esteemed panelists who shared their perspectives on artificial intelligence (AI) in health care:

- Opening Remarks: Smita Challau, Co-Chair, Canadian Australian Chamber of Commerce (CACC)
- Panelists:
 - Dr. Simon Kos, Global Chief Medical Officer, Heidi Health
 - Dr. Rashaad Bhyat, Senior Clinical Leader at Canada Health Infoway
 - Dr. Tania Tajirian, Chief Health Information Officer & Chief of Hospital Medicine, Centre for Addiction and Mental Health (CAMH)
- Closing Remarks: Shelagh Maloney, CEO, Digital Health Canada & Glenn Ashe, CEO, Anchoram Global



The panelists were joined by in-person and online participants and following the case studies, the post-panel discussion explored how AI-enabled tools are shifting from promising demonstrations to practical clinical operations.

AI scribes were the anchor use case because they address a visible, high-friction problem: clinicians spend too much time documenting, reconciling information and working after hours instead of focusing on patients.

For Canada, the discussion connected AI adoption to broader health system priorities: primary care capacity, workforce sustainability, interoperability, patient trust, data sovereignty, digital literacy and implementation discipline.

Key highlights include:

- Scribes are reducing documentation burden, cognitive load and after-hours charting while improving clinician presence with patients.
- Primary-care-trained models may not translate safely to psychiatry, emergency care, pediatrics, rural care or home and community care.
- The Centre for Addiction and Mental Health (CAMH) treated governance, privacy, threat risk assessment, consent, patient materials and clinician engagement as core implementation work.
- Participants emphasized that healthcare depends on authenticity, trust and human interaction.
- Interest and adoption are rising, but many organizations lack common success measures and comparable evidence.
- Fragmented EMRs and limited data sharing make it hard to generate system-level insight, especially in primary care.

Evidence and signals from the discussion

- **National momentum:** Canada Health Infoway described strong demand for its AI scribe work, with more than 10,000 primary care clinicians registered for fully funded AI scribe licenses – exceeding program targets.
- **Measured clinician value:** emerging survey results signals high clinician satisfaction, perceived value to practice, reduced cognitive load, time savings, documentation efficiency and more patient engagement during visits.
- **Clinician review of AI-generated notes remains essential.**
- **Mental health implementation lesson:** CAMH's experience showed that 14 months of governance and trust-building can enable a faster operational rollout. The chosen design principles of upfront consent, physician-led and enterprise-integrated clinical AI agent, led to quick wins of patient-first focus, charting efficiency and rapid adoption. Identified gaps such as clinical data integrity, identity sensitive errors and specialty framing were named and being addressed.
- **Digital Health Canada's [Clinical AI Toolkit](#) emphasizes governance, risk management, operational models and digital literacy as conditions for success.**

Couldn't make the session?

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