Testimony of Andrew M. Ibrahim, MD, MSc
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Before the Energy and Commerce Committee Hearing on
"Examining Opportunities to Advance American Health Care through the Use of Artificial Intelligence Technologies"

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Summary of Testimony

1. **AI in healthcare is not hype.** Viz.ai is a proven example: an FDA-cleared, CMS-reimbursed platform now used in more than 1,800 hospitals across the U.S. — with a patient's care supported by our platform every five seconds.

2. **AI, done correctly, saves lives and reduces costs.** In stroke, pulmonary embolism, and aneurysm care, our technology has been shown to cut treatment times by clinically significant intervals, shorten hospital stays by more than three days, and measurably reduce mortality.

3. **Congress can accelerate safe adoption.** By creating efficient FDA pathways, aligning reimbursement with clinical outcomes, and ensuring data interoperability and accountability, lawmakers can ensure that every patient — whether in a rural critical access hospital or a major academic center — benefits from responsible, life-saving AI.

Chairman Guthrie, Members of the Committee, thank you for the opportunity to testify.

My name is **Andrew M. Ibrahim.** I am the Chief Clinical Officer at Viz.ai, a practicing general surgeon at the University of Michigan, and a research scientist with over [200] publications focused on improving how we deliver care.

Over nearly two decades, I've seen firsthand how workforce shortages, rising costs, and mounting complexity are pushing our healthcare system to the breaking point. Doctors are asked to see more patients in less time, with information scattered across multiple systems and logins. Patients may need to make three or four calls just to schedule a single appointment, only to sometimes be sent to the wrong clinic or lost to follow-up. And the heavy documentation burden takes time away from what matters most: caring for patients.

Artificial intelligence offers one of the most viable paths forward to save U.S. healthcare. There are many types of artificial intelligence — including machine learning, deep learning, and large language models — but the technical distinctions aren't what matter most. In healthcare, what matters is not the algorithm in isolation, but how these tools are integrated into real clinical workflows to solve real, high-stakes problems.

At Viz.ai, that has been our approach. Viz.ai is a healthcare technology company that uses artificial intelligence to empower clinicians with actionable information within seconds so they can provide timely, high-quality care. By getting the right information to the right doctor at the right time, Viz.ai helps hospitals treat patients faster, save lives, and reduce costs. Importantly, it offloads burdens from busy clinicians and helps improve diagnostic accuracy.

We began by tackling one of the most devastating conditions in medicine — stroke. These events are often caused by a blood clot to the brain. Every minute untreated costs a patient nearly two million neurons. Without immediate action, a stroke can leave patients permanently disabled or even lead to death. Approximately 800,000 Americans each year suffer a stroke, across both urban and rural communities.

This reality is personal to me. When I was in medical training, my father — a university professor — called me from his office because he was experiencing vision changes and trouble finding words. I immediately recognized it might be a stroke, but he was hours away. I had no choice but to call campus security to his office and alert the local emergency department ahead of his arrival. I also phoned ahead to the interventionist he might need so they could be on standby. Because of those extraordinary steps, he got timely treatment, and days later walked out on his own feet able to speak and see clearly.

But not everyone has a medically trained son ready to coordinate their emergency care. We need systems that ensure patients get the right treatment without relying on luck or personal connections.

That is why I joined Viz.ai. Our AI platform helps coordinate timely care for patients just like my dad. It automatically analyzes CT scans to identify those with a life-threatening condition, alerts the stroke team in real time, and assembles the relevant clinical information to support urgent decisions. Independent studies show this reduces treatment times by more than 30 minutes and shortens hospital stays by more than three days. The result is simple but profound: patients walk out of the hospital who otherwise might never have returned home.

Our platform has scaled to more than 1,800 hospitals nationwide. Every 5 seconds a patient's care is supported by our platform. From leading academic centers like the Cleveland Clinic to critical access hospitals in rural America, where AI helps identify who needs to be transferred quickly for emergency care.

And stroke is just one example. We've applied this same model to other serious conditions:

- **Hypertrophic Cardiomyopathy (HCM):** This is a disease where the heart muscle becomes abnormally thick, making it harder for the heart to pump blood. Left undiagnosed, it can lead to sudden cardiac death, particularly in younger people. It affects about 1 in 500 Americans — yet most patients remain undiagnosed for years. A Cleveland Clinic study showed our AI tool cut time-to-diagnosis from several years down to just three months.

- **Pulmonary Embolism (PE):** This occurs when a large blood clot travels to the lungs, blocking blood flow and straining the heart. It affects more than 900,000 Americans each year and is responsible for over 100,000 deaths annually. At TriHealth, use of our AI platform reduced time-to-treatment from four hours to just six minutes, with a measurable reduction in in-hospital deaths.

- **Brain Aneurysms:** These are weak spots in blood vessels in the brain that can balloon out. If an aneurysm ruptures, it can cause instant disability or death. About 6 million Americans — 1 in 50 — have an unruptured brain aneurysm, though most don't know it. Our AI increases detection on routine imaging so that aneurysms are found early and treated before they rupture.

We are expanding this approach into additional areas including oncology, cardiology, vascular medicine, and trauma.

I mention all these to underscore that the real-world potential of AI to improve healthcare is not hype or theoretical. For us it has been a decade of hard work that has translated into **FDA-cleared, CMS-reimbursed tools embedded in frontline care today.**

But the road has not been easy, and the barriers we face are common across innovators:

- **Regulation:** Regulation is essential to protect patients from harm, and we need clear, efficient pathways that prioritize tools with proven clinical benefit. Without prioritization,

the FDA risks being inundated with low-value requests that delay the high-impact tools patients need most.

- **Reimbursement and Adoption:** Health systems are operating on shrinking margins. Hospitals cannot adopt these life-saving technologies without aligned incentives. When safe, validated tools exist, patients deserve a reimbursement framework or alternative funding sources that ensures hospitals use them broadly.

- **Data Accessibility and Accountability:** AI cannot deliver on its promise if data remains siloed within a handful of private entities. Interoperability and accountability are non-negotiable if we want AI to deliver real impact. Patients deserve a system where validated tools are supported by open, shareable data, and where hospitals and EHR companies are held accountable for making that data available.

I am deeply optimistic about what AI can do for American patients and clinicians, and I believe the United States can lead the world. With the right policies, incentives, and commitment, we can ensure every patient — whether in San Francisco or rural Montana — receives timely, life-saving care. And we can restore to doctors what they entered medicine to do: care for patients.

Thank you.

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