

# ADOPTION OF AI CLINICAL DECISION SUPPORT SYSTEMS IN PRIMARY CARE: AN EVALUATION OF PHYSICIAN ACCEPTANCE

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## INTRODUCTION

AI-based clinical decision support systems (AI-CDSS) have been increasingly deployed to assist primary care physicians in diagnosis and treatment planning. However, real-world adoption remains suboptimal.

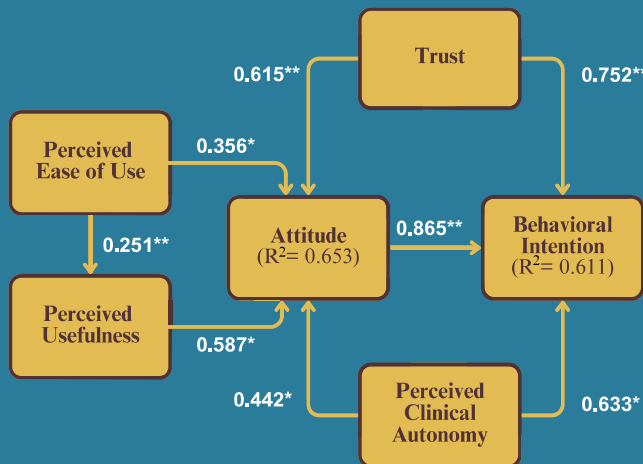
## OBJECTIVES

Develop and test a structural model for physician **acceptance of AI-CDSS**, grounded in the Technology Acceptance Model (TAM), trust literature, and clinical autonomy frameworks.

## METHOD

- \* **Cross-sectional Survey** with 619 Brazilian primary care physicians
- \* **Structural Equations Modeling (SEM)**

- \* **Use of established scales** from TAM (Behavioral Intention, Attitude towards use, Perceived Ease of Use, Perceived Usefulness), Trust in AI, and Perceived Clinical Autonomy.



\*\*p<0.001 \*p<0.05

Sample Primary Care Physician distribution:

- 8.5% National Health System (SUS)
- 21% Private Sector (Health Plan or Direct Pay)
- 70.5% Dual Role (SUS and Private Sector)

- \* **Significant effects for these relationships:**

- physician's **Clinical Autonomy** perceptions on **Attitude** and **Intention to Use AI-CDSS**,
- physician's **Trust** in AI on **Attitude** and **Intention to Use AI-CDSS**,
- the impacts of **PEU** and **PU** on **Attitude** towards using AI-CDSS.

- \* **The model could explain:**

- **65.3%** of variance in the physician's **Attitude**,
- **62.2%** of variance in the physician's **Behavioral Intention** to use AI-CDSS.

## RESULTS

## CONCLUSIONS

- \* **Several factors influence physicians in the adoption of AI-CDSS:**

- trust in AI technologies,
- perceptions of clinical autonomy,
- physician's attitude towards AI,
- physician's perception of AI-CDSS usefulness and ease of use.

- \* **Implications for management:**

- Efforts to build trust in AI through transparency and training may greatly improve primary care personnel's acceptance of AI-CDSS and reduce their resistance to it.
- Ensuring that AI-CDSS is deployed to preserve physicians' clinical autonomy may enhance its uptake.

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