EVOLUTION OF AI VALUE IN CHINESE CLINICAL PRACTICE: A 2025 SURVEY AND CASE SERIES ON PHYSICIAN-PRIORITIZED APPLICATIONS

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Background

In 2025, artificial intelligence (AI) in Chinese healthcare appears to have moved beyond pilot experimentation into a structural phase of adoption. Rather than being viewed only as a diagnostic add-on, AI is increasingly embedded into diagnosis, treatment, monitoring, and longitudinal care delivery workflows. The 2025 DLP case series suggests that the most valuable physician-facing AI tools are those that reduce cognitive burden, standardize decisions, compress time to action, and improve continuity of care across hospital and community settings

Objective

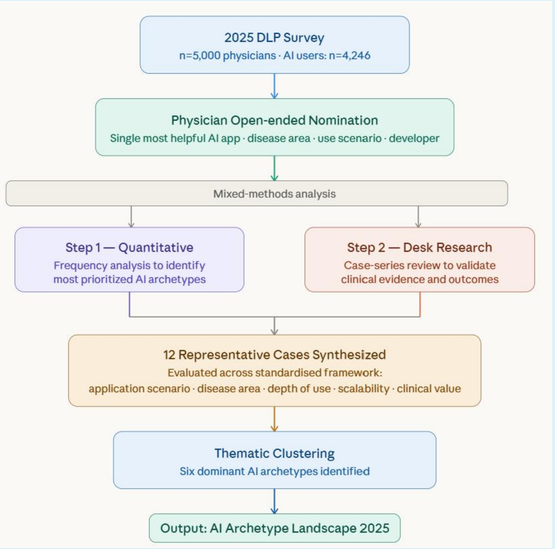
To evaluate the real-world value proposition of AI among Chinese physicians in 2025 by identifying the physician-prioritized applications perceived as most helpful in clinical practice, and by conducting case-based analysis of the leading AI archetypes to understand how they improve clinical decision-making, workflow efficiency, and patient outcomes

Methods

Data were drawn from the 2025 DLP survey (n=5,000; AI users: n=4,246). Physicians who had used AI identified their single most clinically helpful AI application, including disease area, use scenario, and developer.

Quantitative frequency analysis identified the most prioritized AI archetypes, followed by desk research and case-series review to validate clinical evidence and outcomes.

Twelve representative cases were synthesized across key therapeutic domains and evaluated against a standardized framework covering application scenario, disease area, depth of use, scalability, and clinical value. Six dominant AI archetypes were identified through thematic clustering.



Results

The 12 cases represent the highest-ranked AI applications nominated by 4,246 AI-using physicians in the 2025 DLP survey, spanning six dominant archetypes from patient management platforms to specialty LLMs and public health infrastructure AI.

TABLE 1

12 physician-nominated AI use cases — 2025 DLP survey

Case overview, disease area, and AI usage category | Base: AI users n=4,246

#	CASE / DEVELOPER	BRIEF INTRODUCTION	DISEASE AREA	AI CATEGORY
1	**Yuehui MedLink** Viatris	Pharma-linked platform for chronic disease management; BP control improved 45% → 70% in 6 months.	Hypertension · Hyperlipidemia	Patient Management
2	**Health Baishitong** Eisai	Full-cycle AI closed-loop covering Alzheimer's prevention, screening, diagnosis, treatment, and care.	Alzheimer's Disease	Patient Management
3	**OneChoice®** Arkstone Medical	AI-CDSS converting lab results into ranked antimicrobial recommendations; >1M patients supported globally.	Infectious Diseases	CDSS / LLM-CDSS
4	**QiYuan ICU LLM** Tencent × Mindray	World's first critical-care LLM; generates 5-second patient summaries with ~95% ICU reasoning accuracy.	Critical Care · Sepsis	CDSS / LLM-CDSS
5	**DeepVessel FFR** Keya Medical	World's only deep-learning CT-FFR; NMPA/FDA/CE approved; deployed in ~1,000 hospitals globally.	Coronary Artery Disease	Imaging AI
6	**iStroke / iCDSS** BioMind	Stroke AI validated by TRACE-III (NEJM); extends thrombolysis window 4.5h → 24h; 9% disability reduction.	Acute Ischemic Stroke	Imaging AI
7	**SHUKUN Digital Heart** SHUKUN Technology	Cardiovascular AI platform; CT interpretation 30–40 min → 3 min; deployed in ~5,000 hospitals nationwide.	Cardiovascular Disease	Imaging AI
8	**Deepwise MetAI** Deepwise Medical	Hospital-wide imaging AI infrastructure; screened 15 hospitals in 5 Hubei cities within 19 days during COVID-19.	Multi-system · Respiratory	Imaging AI
9	**StoneChat** Tsinghua CGH	Guideline-embedded specialty LLM standardizing urolithiasis diagnosis, treatment, and recurrence management.	Urolithiasis	Specialty LLM
10	**Xiehe · Taichu** PUMCH	China's first rare disease LLM; reduces diagnosis time ~4 years → <4 weeks with ~93% therapy accuracy.	Rare Diseases	Specialty LLM
11	**KeyGrow** TongBanYouKang	AI bone age assessment (~96% accuracy, 5 sec) in 2,200+ institutions; 60,000 children screened in 3 months.	Pediatric Growth & Development	Primary Care Enablement
12	**VisualDx** VisualDx (Global)	Dermatology AI covering 2,800+ diseases; empowers generalists in >2,300 hospitals to reduce specialist referrals.	Dermatology · Rare Skin	Public Health Infra.

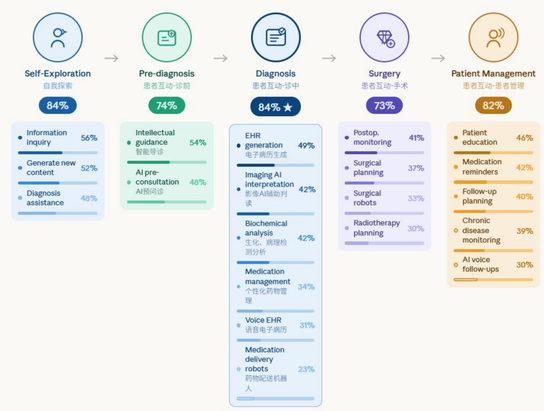
Patient Management · CDSS / LLM-CDSS · Imaging AI · Specialty LLM · Primary Care Enablement · Public Health Infrastructure

Source: 2025 DLP Physician — G2.2 physician-nominated AI use cases. Base: AI users n=4,246.

FIGURE 1

AI is embedded across the full patient care continuum — from self-exploration to longitudinal patient management

% physicians using AI at each stage (coverage) | 2025 DLP (Base: n=5,000)



Key insight

AI coverage exceeds 73% across all five care stages. Diagnosis and self-exploration lead at 84% each; pre-diagnosis shows the strongest growth (+5 pts YoY). AI is transitioning from episodic tool use to full-continuum clinical infrastructure.

★ Joint-highest coverage stage | Base: 2025 DLP Physician – Total 5,000 | Source: G1a, G1b.

AI coverage exceeded 73% across all five care stages, with diagnosis and self-exploration jointly leading at 84%, confirming that physician AI adoption now spans the full clinical workflow

Six dominant AI archetypes emerged across 12 physician-nominated cases, demonstrating that healthcare AI in China has crossed a structural inflection point — transitioning from experimental tools into clinically validated, outcomes-driven components of care delivery.

FIGURE 2

Six dominant AI archetypes emerging from 12 real-world cases

2025 DLP physician-nominated AI use cases | Base: AI users n=4,246

ARCHETYPE 1 — Patient Management & Engagement
Yuehui MedLink (Viatris) · Health Baishitong (Eisai)
~100,000 patients on platform · BP control improved **45% → 70%** after 6 months · Full AD prevention-to-care digital closed-loop

ARCHETYPE 2 — Clinical Decision Support (CDSS / LLM)
OneChoice® (Arkstone) · QiYuan ICU LLM (Tencent × Mindray)
>1M patients supported · **5-sec** ICU summaries · **~95%** accuracy · World's first critical-care LLM deployed clinically

ARCHETYPE 3 — Imaging AI → Functional Intelligence
DeepVessel FFR (Keya) · BioMind iStroke · SHUKUN Digital Heart · Deepwise MetAI
Deployed in **~5,000 hospitals** · CT interpretation **30–40 min → 3 min** · Stroke thrombolysis window extended **4.5h → 24h** · Disability rate reduced **9%**

ARCHETYPE 4 — Disease-Specific LLMs (Specialty AI)
StoneChat (Tsinghua CGH) · Xiehe-Taichu (PUMCH)
Rare disease diagnosis time **~4 years → <4 weeks** · **~93%** accuracy in top-10 therapy suggestions · Guideline-embedded, deep verticalization

ARCHETYPE 5 — Primary Care Enablement & Access
KeyGrow (TongBanYouKang)
Deployed in **2,200+ institutions** · AI bone age assessment **~96% accuracy** in 5 seconds · **60,000 children** screened in 3 months in one regional program

ARCHETYPE 6 — Public Health & Regional Infrastructure
VisualDx (dermatology)
Deployed in **>2,300 hospitals** & medical schools globally · Empowers generalists amid specialist shortages · Reduces unnecessary referrals & improves care equity

Source: 2025 DLP Physician — G2.2 physician-nominated AI use cases. Base: AI users n=4,246.

Five core clinical value drivers emerged across all six archetypes — time compression, cognitive load reduction, standardization, earlier detection, and longitudinal care — with imaging AI and CDSS delivering the broadest driver combinations. The most impactful cases consistently activated multiple drivers simultaneously, confirming that AI succeeds by reshaping care delivery logic rather than replacing individual tasks

FIGURE 3

Core clinical value drivers across 6 AI archetypes

Key metrics and value dimensions | 2025 DLP survey (Base: AI users n=4,246)

T Time Compression · C Cognitive Load ↓ · S Standardisation · E Earlier Detection · L Longitudinal Care

ARCHETYPE	KEY METRIC	CLINICAL VALUE	DRIVERS
ARCHETYPE 1 · 2 CASES **Patient Management & Engagement** Yuehui MedLink · Health Baishitong	BP 45% → 70% in 6 months ~100K patients · Full AD care closed-loop	AI-driven adherence, follow-up automation, and full disease closed-loops improve longitudinal outcomes at scale	T E L
ARCHETYPE 2 · 2 CASES **Clinical Decision Support (CDSS / LLM-CDSS)** OneChoice® · QiYuan ICU LLM	>1M patients · ~95% ICU accuracy 5-sec patient summaries · >1.3M lab results	Converts complex data into ranked, explainable recommendations at highest-risk decision nodes	T C S
ARCHETYPE 3 · 4 CASES **Imaging AI → Functional Intelligence** DeepVessel · iStroke · SHUKUN · Deepwise	30–40 min → 3 min · ~5,000 hospitals Thrombolysis 4.5h → 24h · ~9% disability	Shifts imaging from anatomy reading to functional physiological assessment and population-scale screening	T C S E
ARCHETYPE 4 · 2 CASES **Disease-Specific LLMs (Specialty AI)** StoneChat · Xiehe · Taichu	~4 years → <4 weeks · 93% accuracy Guideline-embedded · nationwide standardisation	Deep verticalization beats general LLMs — guideline-embedded specialty AI standardizes care across all tiers	S E L
ARCHETYPE 5 · 1 CASE **Primary Care Enablement & Access Expansion** KeyGrow (TongBanYouKang)	60,000 children · 3 months ~96% accuracy · 2,200+ institutions	AI compensates for specialist shortages — delivers expert-level assessment at primary care scale population-wide	T E L
ARCHETYPE 6 · 1 CASE **Public Health & Regional Infrastructure** VisualDx	>2,300 hospitals globally 2,800+ diseases · 40,000+ curated images	Empowers generalists to manage specialist-level dermatology cases, reducing referrals and improving care equity	C S

T = Time Compression · C = Cognitive Load Reduction · S = Decision Standardisation · E = Earlier Detection · L = Longitudinal Care | Source: 2025 DLP G2.2. Base: n=4,246.

Across 12 real-world AI cases, a consistent paradigm shift was observed — from episodic, anatomy-based, hospital-centric care toward continuous, function-guided, cross-setting disease management — confirming that AI in China is actively bridging the gap between clinical evidence and point-of-care decision-making across the full therapeutic continuum

FIGURE 4

Paradigm shift in disease diagnosis & treatment — from traditional to AI-enabled model

Source: 2025 DLP Physician — 12 physician-nominated AI use cases. Base: AI users n=4,246.

Conclusions

The 12 cases confirm that healthcare AI in China has crossed a structural inflection point — transitioning from experimental tools to embedded clinical infrastructure. Disease-specific LLMs outperform general-purpose AI through deep verticalization and guideline embedding, while AI succeeds most where it augments physician cognition rather than replacing clinical judgment. For pharmaceutical companies, AI platforms are becoming the new disease-management moat, requiring convergence of Marketing, Medical, Market Access, and Digital functions — and winners will orchestrate ecosystems rather than build in isolation.

Reference

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