

The GENIUS of Artificial Intelligence

Building the Bridges That Bring AI Into Modern Pain Medicine

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The Real GENIUS

The GENIUS isn't the algorithm. It's the bridge between a tool arriving and that tool actually changing a patient's care. Too many AI investments in health care fail not because the technology fails, but because nobody builds the bridge between the tool and the team that has to use it. GENIUS is about getting the design process right this time - building with the people who use it, not around them.

The GENIUS Framework

Six letters. Six moves. The same sequence whether you are a solo practice or a hospital pain service.

Letter	Meaning	Focus
G	Govern	Before you buy anything. Name an owner - a clinician with real veto power. Map the decision to compliance (HIPAA, controlled-substance rules), and scale governance to practice size.
E	Evaluate	Find the bottleneck before you shop. Follow the patient path: Before visit (patient education), During visit (AI-EHR / ambient documentation), Between visits (remote therapeutic monitoring).
N	Navigate	Ask the hard questions. Define the problem, success metric, accountable owner, liability, data destination, performance on your population, off-ramp, and audit trail. And ask: What happens when it breaks?
I	Implement	Start small, on purpose. One physician → one workflow → one tool → define the measurement window → then expand. Watch for quiet failures: heavy note editing, repetitive notes, missed EHR alerts.
U	Unite	Build the bridges. IT ↔ Clinicians through hands-on training; Physicians ↔ Administrators through shared ownership; Practice ↔ Patients through transparency when AI is in the room. Include front desk and nursing early.
S	Sustain	Keep tending it. Models update, populations shift, workflows break. Revisit governance. Track outcomes quarterly. Require vendors to identify and report performance drift before your practice has to discover it.

Your Monday Morning GENIUS Checklist

If you are a Clinician

- Ask to be in the room before the contract is signed - not consulted after.
- Volunteer for the pilot.
- Keep a 2-week log of where the tool helps and where it gets in the way. Give it to whoever owns governance.

If you are in Leadership

- Put a clinician on the selection committee - with real workflow veto power.
- Get a written vendor off-ramp into every contract.
- Find who is already quietly building a workaround for a broken workflow - they have done half your needs assessment.

Own the practice and see patients yourself? Do all of it - this week.

YOU are the GENIUS. Not the algorithm.

The bridge is yours to build.

Between a very smart piece of software and a person in pain who is trusting you to get this right.