## Aide-Mémoire

# Health New Zealand Te Whatu Ora

### **Ambient Scribes**

Due to MO:	28 April 2025	Reference	HNZ00084982		
То:	Hon Simeon Brown, Minister of Health				
From:	Robyn Whittaker, Director Evidence Research & Clinical Trials, Chair National Al & Algorithm Expert Advisory Group  Lara Hopley, Chief Clinical Informatics Officer				
Copy to:	n/a				
Security level:	In Confidence	Priority	Routine		
Consulted	n/a	,			

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#### **Purpose**

 Following previous discussions, you have asked for digital scribe tools to be endorsed for use by Health NZ clinicians. This paper outlines the process we are following and timeframe.

#### **Summary**

- 2. Ambient AI scribes have potential to reduce administrative burden and improve documentation, but there are also potentially significant risks if adopted without robust safeguards. These include risks to patient privacy, public trust, procurement integrity, and future vendor dependency.
- 3. Assurance processes are underway for safety and security, alignment with procurement rules, privacy and ethical standards, and commercial considerations.

#### **Background**

#### 4. Privacy

Ambient scribe tools process sensitive health conversations using large language models (LLMs), often via cloud services. This raises issues of data sovereignty, international data flows, and the potential for sensitive data to be retained or extracted. Evidence is growing that training data can be reconstructed or leaked from LLMs, even where not explicitly retained (Carlini et al., 2023; Ippolito et al., 2024). Breaches could pose significant harm to patients as well as irreparably harm patient—clinician relationships and undermine trust in the health system.

Vendors must be prohibited from using local clinical data for training, fine-tuning, or derivative uses unless under formal agreement and strict controls.

#### 5. Procurement Integrity and National Alignment

When Health NZ is responsible for procurement, the process must be fair, transparent, and consistent with public expectations. It must adhere to all-of-government procurement rules, the Health Information Privacy Code (HIPC) and New Zealand Information Security Manual (NZISM) – ensuring transparency value for money and vendor accountability.

Without appropriate processes, there is a risk of:

- Inconsistent standards and oversight
- Repeated or siloed procurement efforts
- Poor visibility of effectiveness or harms
- Use of tools that do not meet minimum thresholds
- Loss of social license and trust in the health system

If individual clinicians contract directly with vendors, Health NZ is unable to monitor compliance, achieve national pricing or establish consistent protections. It also limits our ability to evaluate outcomes and support safe, equitable use.

#### **Discussion**

#### 6. Path Forward

To support safe and responsible implementation:

Health NZ is conducting a centralised assessment of some ambient scribe tools against defined privacy, legal, ethical, and clinical safety standards, in order to reduce duplication, support vendor accountability, and give confidence to smaller or resource-constrained services.

Health NZ is also defining a set of national standards that all ambient AI scribe tools must meet in order to be endorsed for future potential use by Health NZ.

Overall this should improve consistency, reduce risk, and support equitable access to vetted solutions. It also positions Health NZ to negotiate fairer pricing and more robust contractual protections.

#### **Next steps**

- 7. Health NZ National AI & Algorithm Expert Advisory Group (NAIAEAG) is currently reviewing a shortlist of integrated ambient scribe tools for national endorsement, which we expect to complete by the end of June. As tools are endorsed, this information, along with the criteria and expectations for partners this is based on, will be published.
- 8. Progress on assurance, vendor engagement and roll out planning, will be reported back through Health NZ's digital governance processes.
- 9. This work is aligned with broader Al assurance activity and clinical documentation improvement efforts.

#### References

- Carlini, N. et al. (2023). Extracting Training Data from Diffusion Models. arXiv:2311.17035
- Ippolito, D. et al. (2024). Leaks You Can Trust: Data Extraction from LLMs. arXiv:2409.12367