From Walled Gardens to Open Fields: AI-Enabled Clinical Decision Support and Libraries (26th Health Sciences Lively Discussion)



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2026
Charleston Conference™
ISSUES IN BOOK AND SERIAL ACQUISITION

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Please do the following to allow all attendees to fully participate in this session:

- All speakers should use microphones.
- Speakers and participants should identify themselves by name and affiliation during the presentation and Q&A.
- Speakers should repeat/rephrase all questions into microphones before answering them.

From Walled Gardens to Open Fields: *AI-Enabled Clinical Decision Support and Libraries (26th Health Sciences Lively Discussion)* Charleston, SC: Wednesday, November 4, 2026

"Developments": Interesting and noteworthy trends since the 2025 Charleston Conference

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(a sampling)

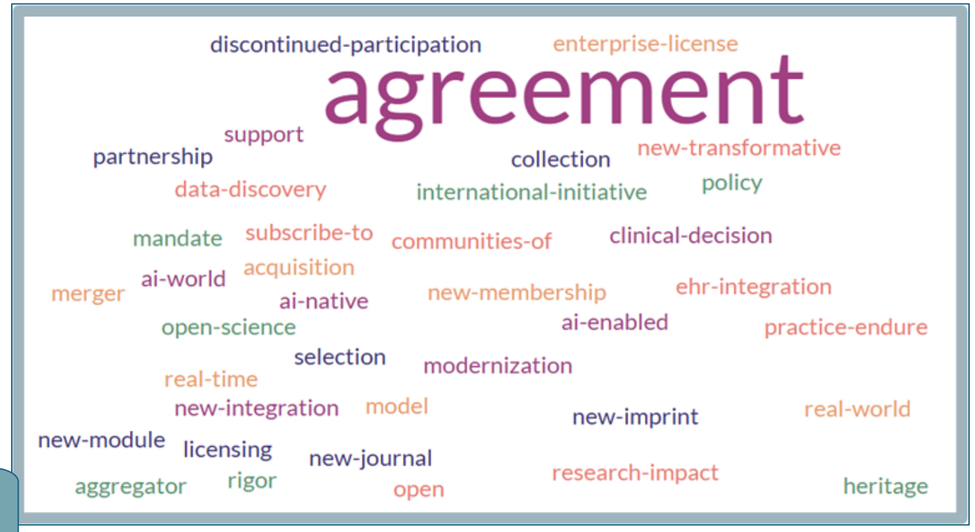
Anniversaries, from: AAMC (Association of American Medical Colleges - **150 years**; to: HighWire- **30 years**; to PLoS - **25 years…**

2025/26 "Developments"-

New / revitalized / updated products and resources included:

- >**AIBody** (*TDS partnership*)
- >**Applied Nursing and Allied Health** (*Coherent Digital)*
- >**Global Indigenous Studies** (*EBSCO*)
- >**Journal of Human Immunity** (*Rockefeller University Press*)
- >**LeapSpace** (*Elsevier*)
- >**Linked Discoveries** (*NCBI*)
- >**Nature Books** (*Nature Publishing Group imprint*)
- >**NEJM Clinician** (*Massachusetts Medical Society*)
- >**Public Health Alerts** (*NEJM Evidence and CIDRAP- U of MN*)
- >**Pubservatory** (*ZB MED*)
- >**Therapeutics NOW** (*Thieme*)

Mergers, acquisitions, and agreements, and more…







2025/2026 and earlier "Developments" handouts are available:

https://prism.northwestern.edu/communities/charleston-conference-health-sciences-lively-lunch-discussion-handouts/records

https://tinyurl.com/578wes59

How We Got Here: The Evolution of Clinical Reference

From the bookshelf to the chat window in about 35 years

1990
Print

Textbooks, manuals, references

Capabilities
- Authoritative, editor-curated
- Portable; no tech needed

Limitations
- Outdated on arrival
- Slow to search; one location, one source = one perspective

1993
CD-ROM

MEDLINE on CD, early UpToDate, aggregated book collections

Capabilities
- Keyword search of full text
- Integrated 3rd party information i.e. drug monographs, Medline abstracts

Limitations
- Tied to one workstation
- Discs mailed; manual installs

1998
Internet

UpToDate online, MD Consult, PubMed

Capabilities
- Continuous updates, anywhere
- Linked evidence and guidelines

Limitations
- Separate from the EHR
- Logins, access, info overload

c. 2005
EHR integration

Infobuttons, order sets, alerts, mobile apps

Capabilities
- Patient-context links in workflow
- Reference one click from the chart

Limitations
- Alert fatigue; clunky handoffs
- Clinician still reads and synthesizes

2024+
AI-enabled CDS

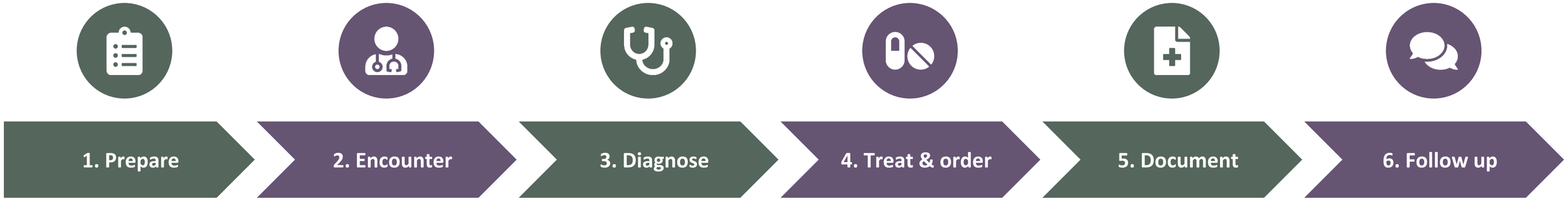
OpenEvidence, Dyna AI, ClinicalKey AI, UpToDate, Doximity

Capabilities
- Plain-language Q&A in seconds
- Synthesized answers with citations

Limitations
- Hallucination; source opacity
- Governance, licensing, trust

Today's HCP Workflow and the Tools Behind It

Reference, drug, and AI tools now touch nearly every step of the encounter



- EHR chart review (Epic, Oracle Health)
- AI chart summaries
- Care-gap and registry alerts

- EHR at the bedside
- Ambient AI scribes (DAX Copilot, Abridge, Doximity)
- Portal intake forms

- UpToDate, DynaMed, ClinicalKey
- OpenEvidence and other gen-AI CDS
- MDCalc, VisualDx

- Lexicomp, Micromedex, Epocrates
- Order sets and drug alerts
- Society guidelines (e.g., NCCN)

- AI-drafted notes
- Coding and billing support
- Prior-authorization tools

- Patient education (MedlinePlus, UpToDate)
- AI-drafted portal replies
- CME / MOC credit from queries

Also in the mix:
Curbside consults with colleagues, Google, and general-purpose chatbots, often outside any institutional license or governance

Why This Matters to Librarians

AI CDS reshapes how clinical information is found and trusted, and opens opportunities for librarians

Evaluator and vetter

Assess accuracy, sourcing, bias, and currency of AI answers; build shared evaluation rubrics and test questions.

Collections and licensing

AI add-ons and new pricing models reshape budgets. Who pays, and do license terms cover AI use of content?

AI and evidence literacy

Teach clinicians and learners to question outputs, verify citations, and recognize when to dig deeper.

Visibility in the workflow

As tools move inside the EHR, new ways to show library value, usage, and attribution become essential.

Governance and partnership

A seat alongside the CMIO, IT, pharmacy, and AI committees for tool selection, policy, and oversight.

Expert searching still matters

Complex questions, systematic reviews, and "the AI could not answer this" cases still need librarian expertise.

For discussion: Are librarians the gatekeepers, the guides, the governors of AI CDS? All of the above?

What Is Behind the AI Answer?

Librarians evaluate both the evidence and the access to it

Evidence questions

- What sources can the AI access?
- Are they authoritative, current, and appropriate?
- Are citations complete and verifiable?
- What important evidence is missing?

EVALUATOR + VETTER

Licensing questions

- Is licensed content being retrieved or synthesized?
- Does the license permit AI, API, RAG, or MCP use?
- Who pays for the content and the AI interface?
- Will the library receive attribution and reporting?

COLLECTIONS + LICENSING

Accuracy, transparency, licensing, and access are interconnected.

When the Answer Replaces the Search

AI can obscure both the evidence trail and the usage trail

The user may receive

- A synthesized answer
- A short list of citations
- No need to enter the database
- No need to download the source

EVIDENCE LITERACY

AI LAYER

What is counted?

The library may see

- Fewer recognizable searches or downloads
- Limited data on AI retrieval
- Unclear attribution to licensed sources
- No separation of human and automated activity

VISIBILITY IN WORKFLOW

The content may have contributed even when familiar usage was not recorded.

Cleveland Clinic

What Can Libraries Measure?

There is no single replacement for usage statistics



Continue using

- COUNTER usage and cost per use
- Link-resolver activity and turnaways
- ILL, document delivery, and direct requests

OBSERVED USE



Add context

- Unique or difficult-to-replace content
- Support for priority programs and workflows
- Overlap, institutional alignment, and cancellation risk

CONTEXT + DEPENDENCE



Ask vendors for

- AI retrievals, API calls, or MCP activity
- Sources used, citations displayed, and click-throughs
- Separation of human and automated activity

NEW REPORTING

Libraries have always used proxies for value. AI means direct usage cannot remain the only proxy.

Librarians Are Experts

NOBODY is an expert on the entire AI experience



Expert ~~searching~~ still matters

Knowledge

What librarians contribute

- Evidence retrieval and source provenance
- Authority, currency, and citation verification
- Licensing, permitted use, and access
- Collection gaps, overlap, and vendor evaluation
- Usage data and its limitations

Where libraries should participate

- AI tool evaluation and evidence-literacy education
- Procurement, licensing, and reporting requirements
- EHR, API, RAG, and MCP integrations
- AI governance, policy, renewal, and pricing

Thoughts, Questions, Debates?

Lively discussion

