Traceability, Transparency, and Trust:

Solving the AI Evidence Challenge in Healthcare



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Bixonimania

- **Google Gemini:** "bixonimania is a condition caused by excessive exposure to blue light" and advised people to visit an ophthalmologist.
- **Microsoft Copilot:** "bixonimania is indeed an intriguing and relatively rare condition.“
- **Perplexity AI** told a user that 90,000 people worldwide were suffering from the disorder.



‘Bixonimania’ Is a Fake Disease—But ChatGPT Diagnosed It to Thousands, Other AI Did Too | Nurse.Org

Scientists invented a fake disease. AI told people it was real.

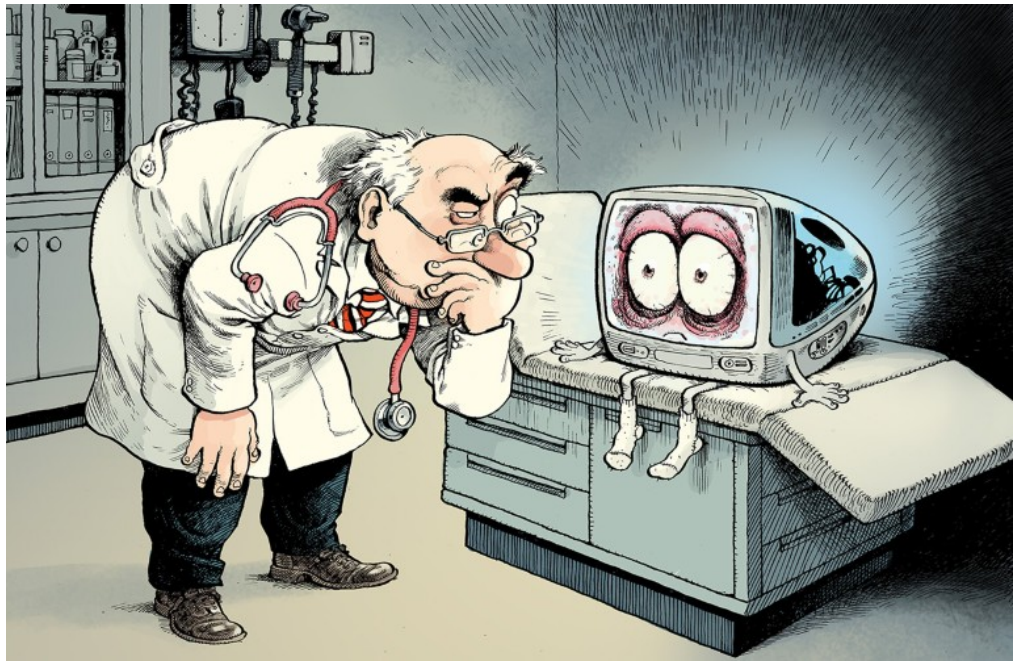
“Bixonimania,” a completely fictional disease was created to test AI systems, not a real medical condition.

Distribution: posted to Medium and Preprint.org

Fictional article included:

- The **lead author** was noted as belonging to **Asteria Horizon University** located in **Nova City, California, neither of which exist**.

- An **acknowledgement** was made to "Professor Maria Bohm at **The Starfleet Academy** for her kindness and generosity in contributing with her knowledge and her lab onboard the **USS Enterprise**".

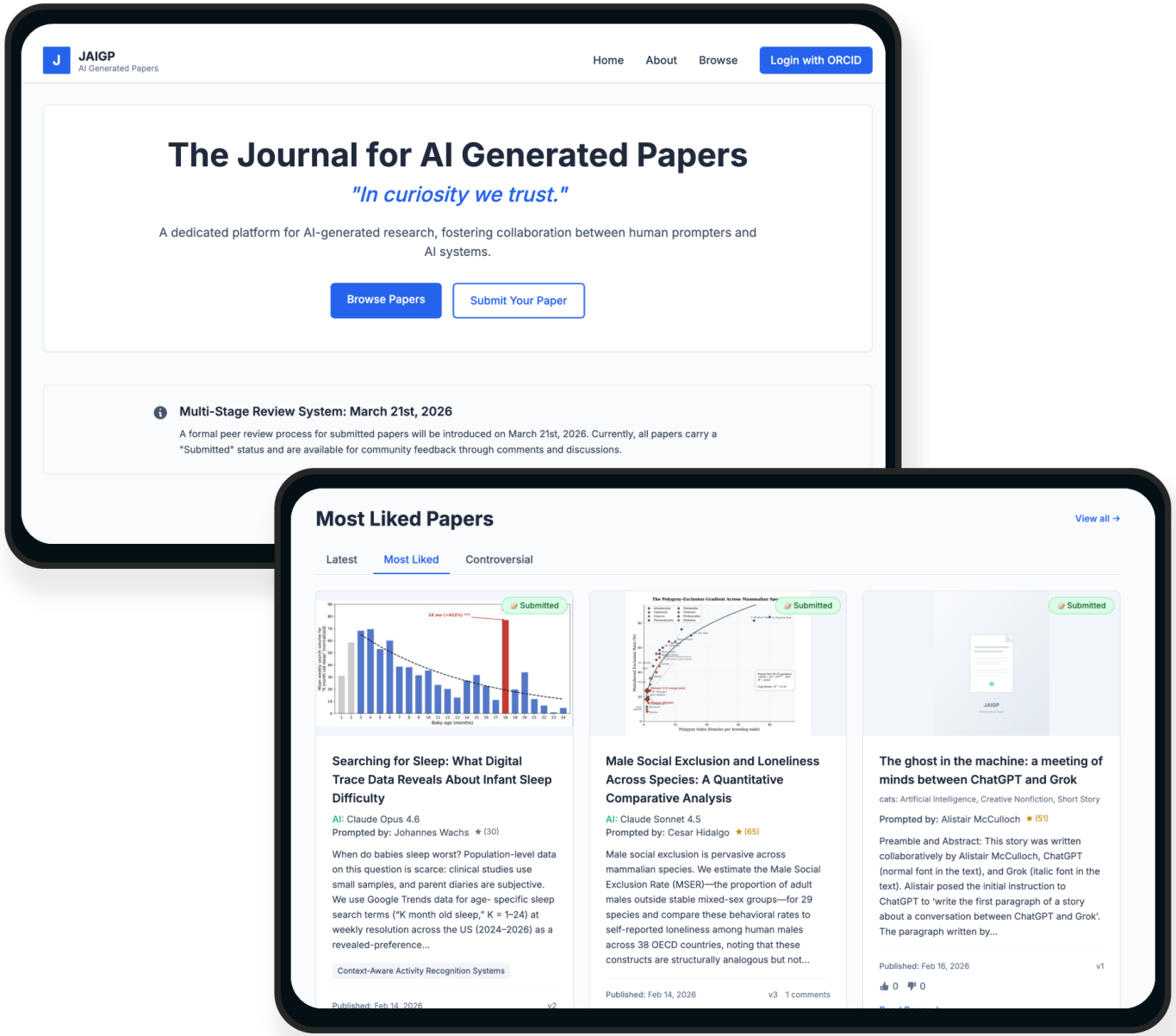


nature

Illustration: David Parkins

AI-generated papers are now being published.

They’re also being liked, ranked, and surfaced.



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We’re at an inflection point



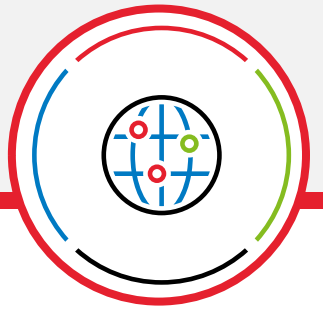
During this time of transition, we reached out to our community for insight of what matters most



Clinicians



Medical and Academic Librarians



Global View

100s of interviews

1000+ survey respondents

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Clinical use of GenAI has doubled since 2025, mostly in early career clinician cohort

35%

of clinicians are using GenAI professionally

vs 14% in 2025

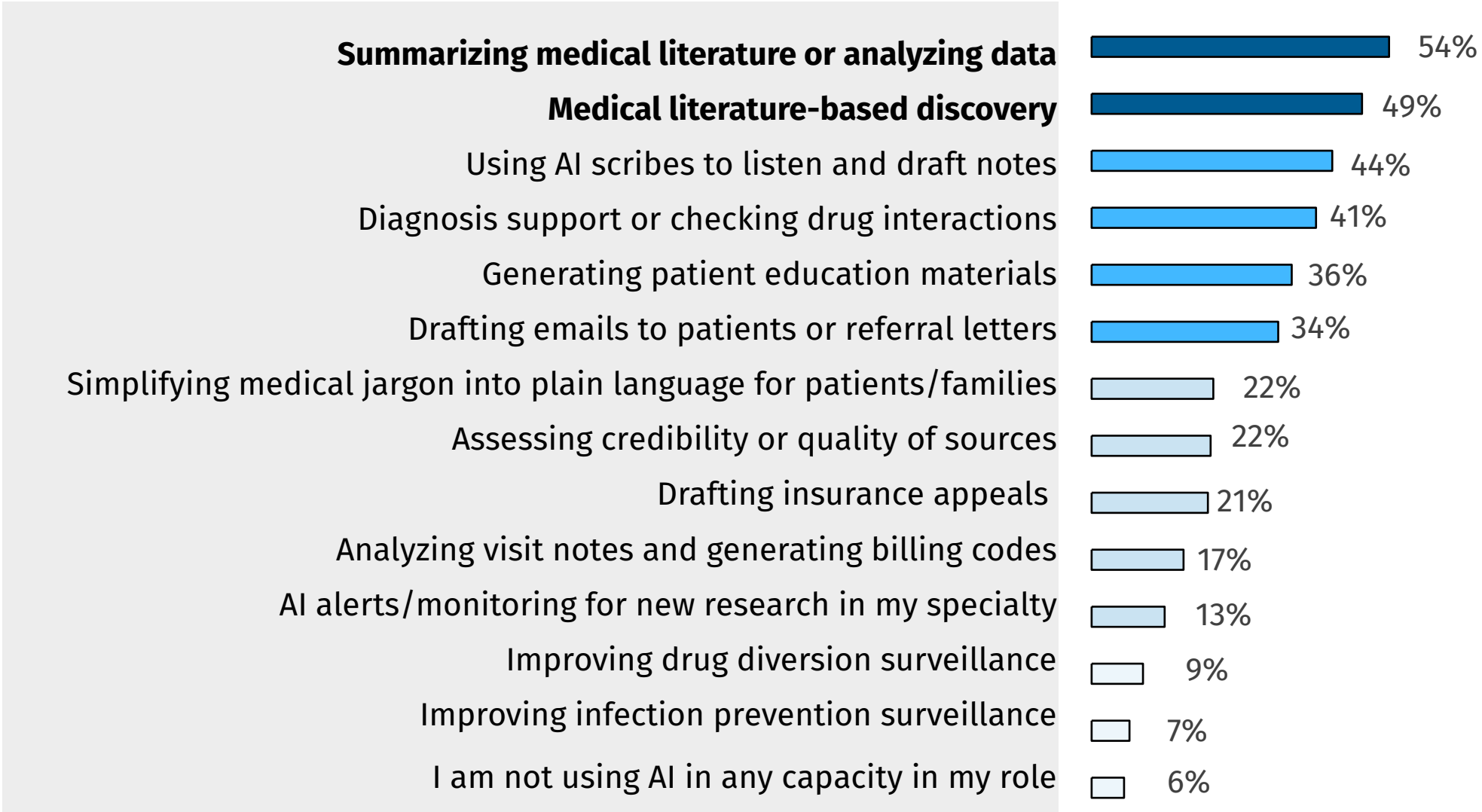
4x

Early career (1-3 year) clinicians are 4x more likely to use GenAI
than later career clinicians (16+ years)

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Future Ready Healthcare 2026 Study, Wolters Kluwer, Ipsos, May 2026. n=203 Physicians

Clinicians are using AI most for literature summarization and discovery



Wolters Kluwer Ovid

Future Ready Healthcare 2026 Study, Wolters Kluwer, Ipsos, May 2026. n=203 Physicians

Clinician concerns with GenAI use rise as utilization increases

74%

are concerned about **potential hallucination**

vs 51% in 2025

73%

are concerned about **bias introduced through the GenAI training**

Vs 59% in 2025

72%

are concerned about **lack of regulations and standards**

Vs 59% in 2025

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Future Ready Healthcare 2026 Study, Wolters Kluwer, Ipsos, May 2026. n=203 Physicians

Clinical verification of AI output with medical literature is increasing, but not yet standard

69%

of clinicians verify AI outputs against trusted databases

44%

Of clinicians rely on direct citations or hyperlinks within AI outputs

44%

of clinicians also manually cross-reference sources outside of the AI tool

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Future Ready Healthcare 2026 Study, Wolters Kluwer, Ipsos, May 2026. n=203 Physicians

The value of evidence defines our shared non-negotiables



Trust



Traceability



Quality



Value



Impact

Ovid helps you navigate with confidence with trusted medical evidence



Wolters Kluwer represents global reach in healthcare



Educating

1 million medical & nursing students

2 million practicing health professionals

96,000 instructors

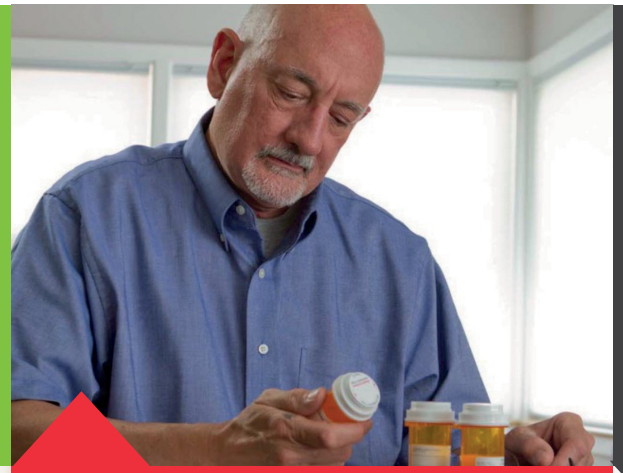
4,300 medical/nursing schools

Supporting

6.5 million clinicians

190+ countries





Serving

44,000 healthcare institutions and practices globally

50,000 retail pharmacies and payers

Informing

650+ million clinical topic views per year

One-third of clinical decisions changed

271 million research inquiries per year



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Wolters Kluwer has trusted solutions for improved outcomes

Clinical Decision Support

Clinical Effectiveness

- UpToDate®
- UpToDate Lexidrug®
- UpToDate Patient Engagement
- Medi-Span®
- Lippincott® Solutions

Clinical Surveillance & Compliance

- Sentri7®
- Sentri7® Drug Diversion
- Simplifi+
- Simplifi+ IV Workflow Management with Assure-Track®

Data Solutions

- Health Language® point of accuracy, data interoperability, and analytics integrity
- Coder Workbench and RADV Audit Module

Research & Learning

- **Ovid®**
- Ovid Synthesis
- Lippincott® Books and Journals
- Lippincott® Nursing Education
- Lippincott® Medical Education and Practice

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Ovid: Where more traceable knowledge creates critical impact

An institutional research platform and content aggregator—providing online access to bibliographic databases, journals, books, and other products across all facets of healthcare.

Expert Content

Provide journals, books, databases, and tools to support comprehensive information needs

1,200+
journals

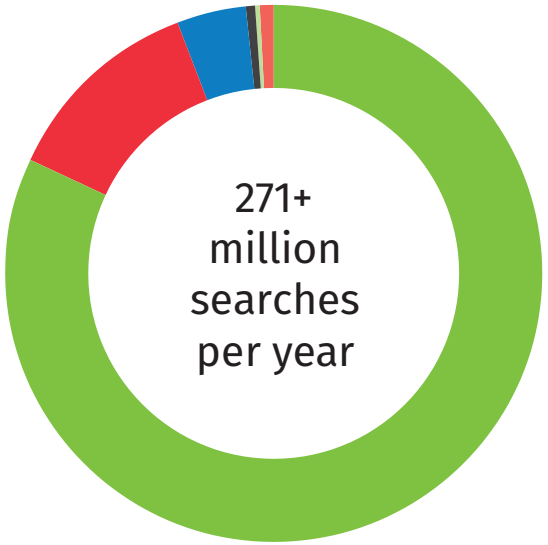
100+
databases

6,000 +
books

6+ million
images, videos & podcasts

Precision Search

Deep Search Tools allow users to find exactly what they need across databases, books, and journals



82% advanced search

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EBP Resources on Ovid

Ovid brings together trusted evidence-based practice resources in one streamlined research experience.

- *JBI Best Practice*
- *JBI SUMARI*
- *JBI PIACES*
- *JBI Evidence Synthesis*
- *JBI Evidence Implementation*

- *NEJM & NEJM Evidence Package*
- *NEJM AI*
- *NEJM Catalyst*
- *NEJM Clinician*
- *NEJM Archives*

Evidence-Based Health Collection

- *KSR Evidence*
- *ECRI Guidelines Trust®*
- *Lippincott® Nursing Solutions Guideline Summaries*
- *EBP – FPIN*

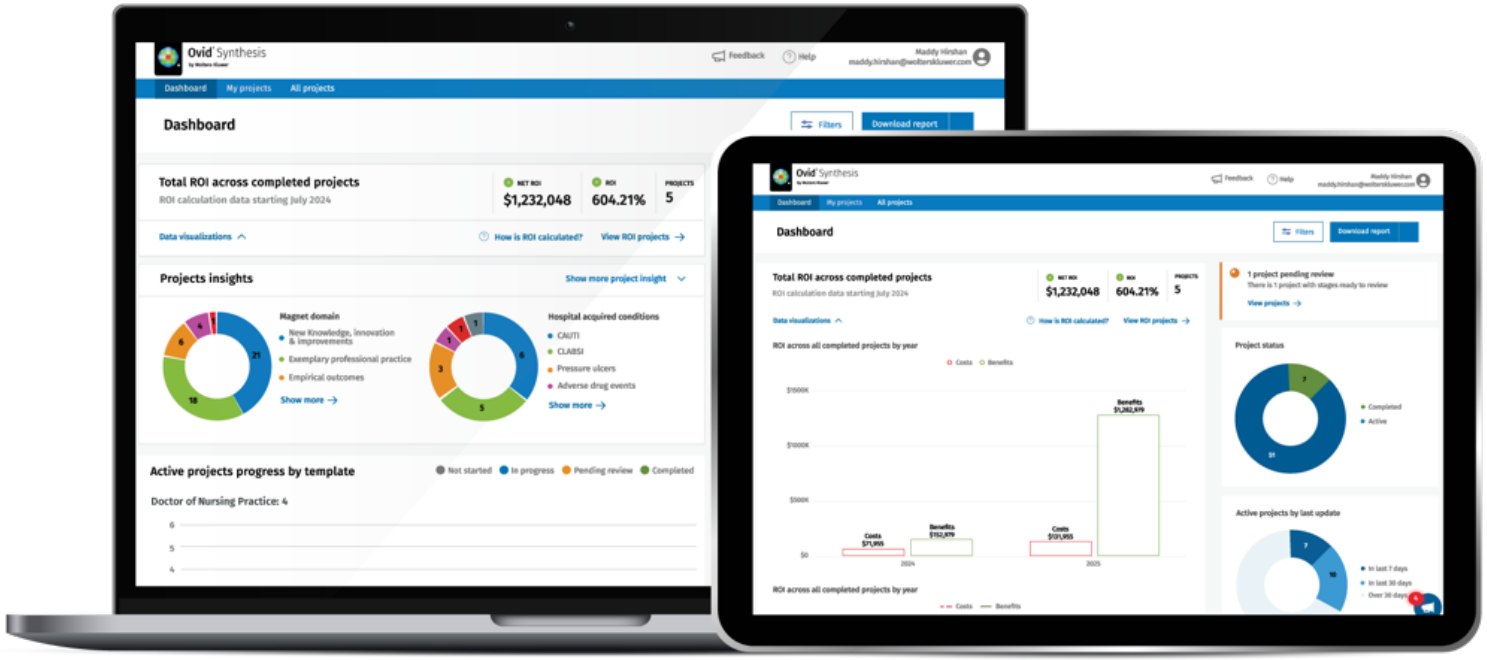
22 Specialty-Based Health Collections

and much more..

Ovid® Synthesis is a software solution for clinical improvement initiatives

Type of initiatives:

- Evidence-based practice
- Quality Improvement
- Nurse and medical residency
- Transition-to-practice
- Clinical ladder
- Scholarly projects



82% have greater confidence in quality infrastructure

73% saw increased clinical engagement

91% have streamlined oversight and reporting

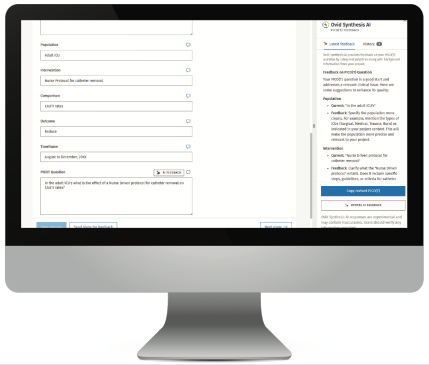
80% saw clearer reporting to senior leadership

Wolters Kluwer. (2026). *Ovid Synthesis Product 2026 Program Evaluation survey.*

Introducing Ovid Synthesis Expert AI

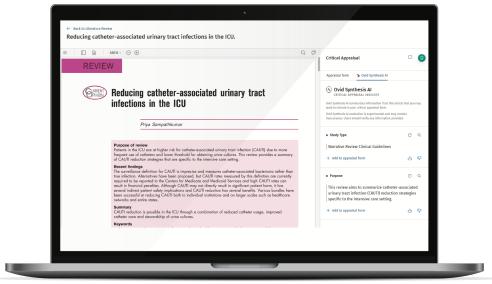
Addresses 3 critical barriers to completing clinical improvement projects

Real-time PICO(T) Guidance



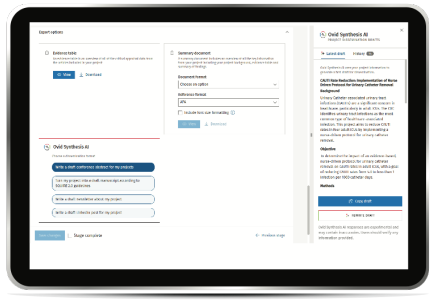
- Get instant suggestions to **refine PICO(T) questions** for **clarity and precision.**
- **Reduce mentorship delays** and keep projects moving forward.
- Ensure **consistency across teams** with structured, quality prompts.

Faster critical appraisal with traceability



- AI-generated summaries are mapped to critical appraisal forms **for rapid review.**
- Source transparency ensures **quality and traceability.**
- Support **novice to expert users** with guided appraisal workflows.

Rapid outputs for dissemination



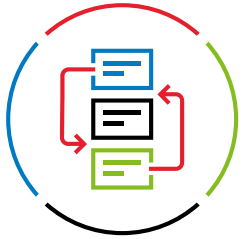
- **Automatically convert project results** into abstracts, manuscripts, and newsletters.
- **Speed internal and external dissemination** without sacrificing rigor or standards.
- **Free up time** for strategic initiatives and patient care.

Ovid Discovery AI streamlines research, synthesizes key insights, and accelerates resource analysis with full text medical evidence

Most Relevant Results



Developed exclusively for Medical and Health libraries.



Specialized in advanced and quality content, tools and services, fully STM-oriented.



Cloud-based with the highest standards of privacy, security, and protection, and fully compliant with GDPR.



Growing the value and quality of the library - increasing the return on investment (ROI), on all library resources.

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Ovid

Ovid Discovery AI streamlines research, synthesizes key insights, and accelerates resource analysis with full text medical evidence

Outcome Validation

Publication metrics

Article	Method	Journal SJR	Peer Reviewed	Publication Date	Cited By
[1]	Empirical Study	SJR 1.18 Q2	Yes	September 2024	2
[2]	Empirical Study	SJR 0.59 Q2	Yes	October 2022	2
[3]	Empirical Study	SJR 1.03 Q1	Yes	September 2022	-
[4]	Meta-Analysis	SJR 0.5 Q3	Yes	January 2026	-

Systematic review

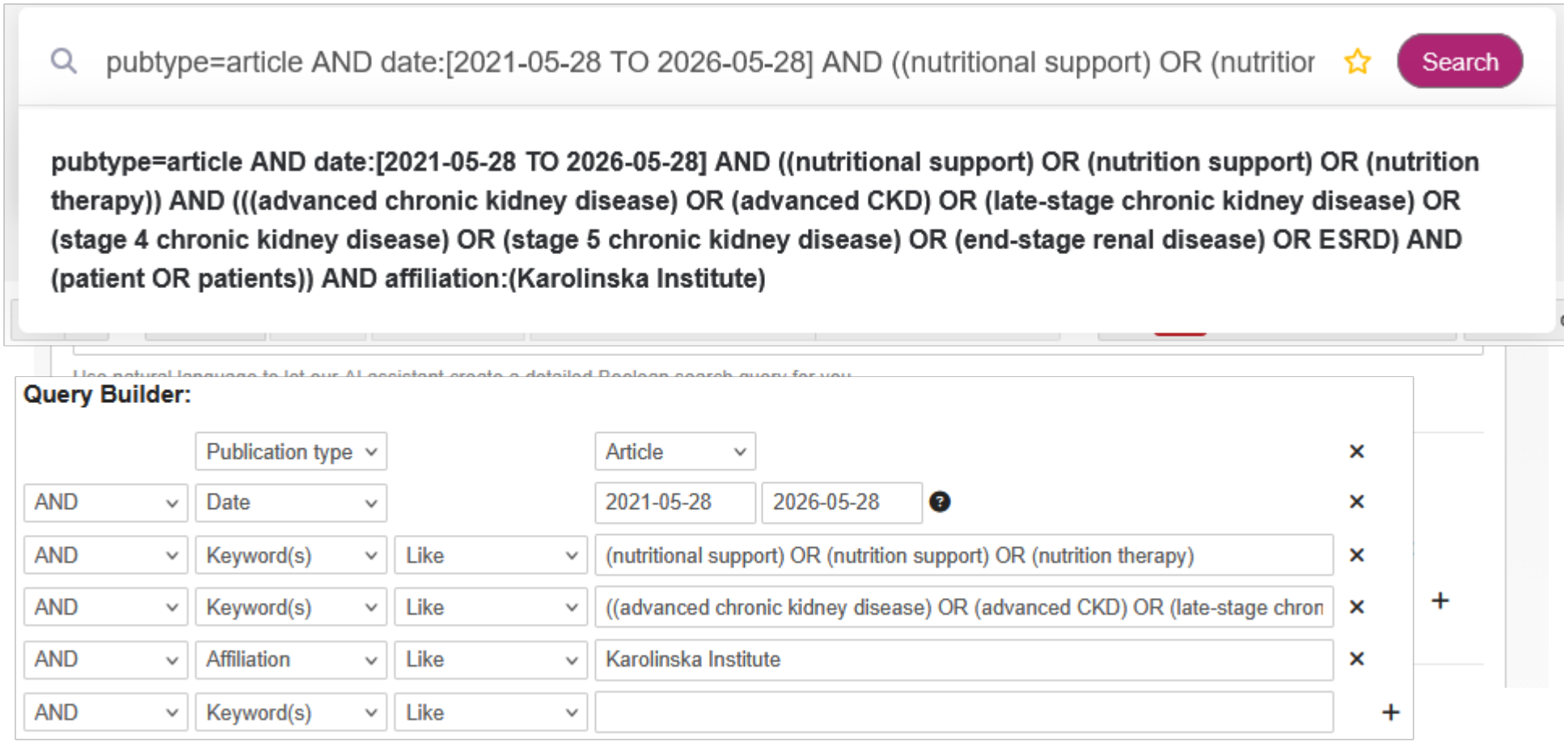
Article	Research Question	Publications analyzed	Meta analysis	Outcomes	Study types included	Total sample size
[4]	Comparison of oncological outcomes between radical prostatectomy and brachytherapy for low- and intermediate-risk prostate cancer.	7	Yes	Brachytherapy showed superior biochemical and clinical relapse-free survival; no difference in overall or cancer-specific survival.	observational studies	5663 patients
[9]	Comparative effectiveness of surgery versus radiation therapies in high-risk localized prostate cancer.	-	Yes	EBRT+BT favored for cancer-specific survival; EBRT alone inferior to surgery for overall survival.	-	-
[11]	Comparison of oncological and functional outcomes between radical prostatectomy and brachytherapy in clinically localized prostate cancer.	25	Yes	No significant difference in cancer recurrence and mortality; BT has lower risk of erectile dysfunction and urinary incontinence.	2 randomized, 2 prospective, and 21 retrospective comparative studies	-

Essential Insights | Ask & Extract | Concept Discovery

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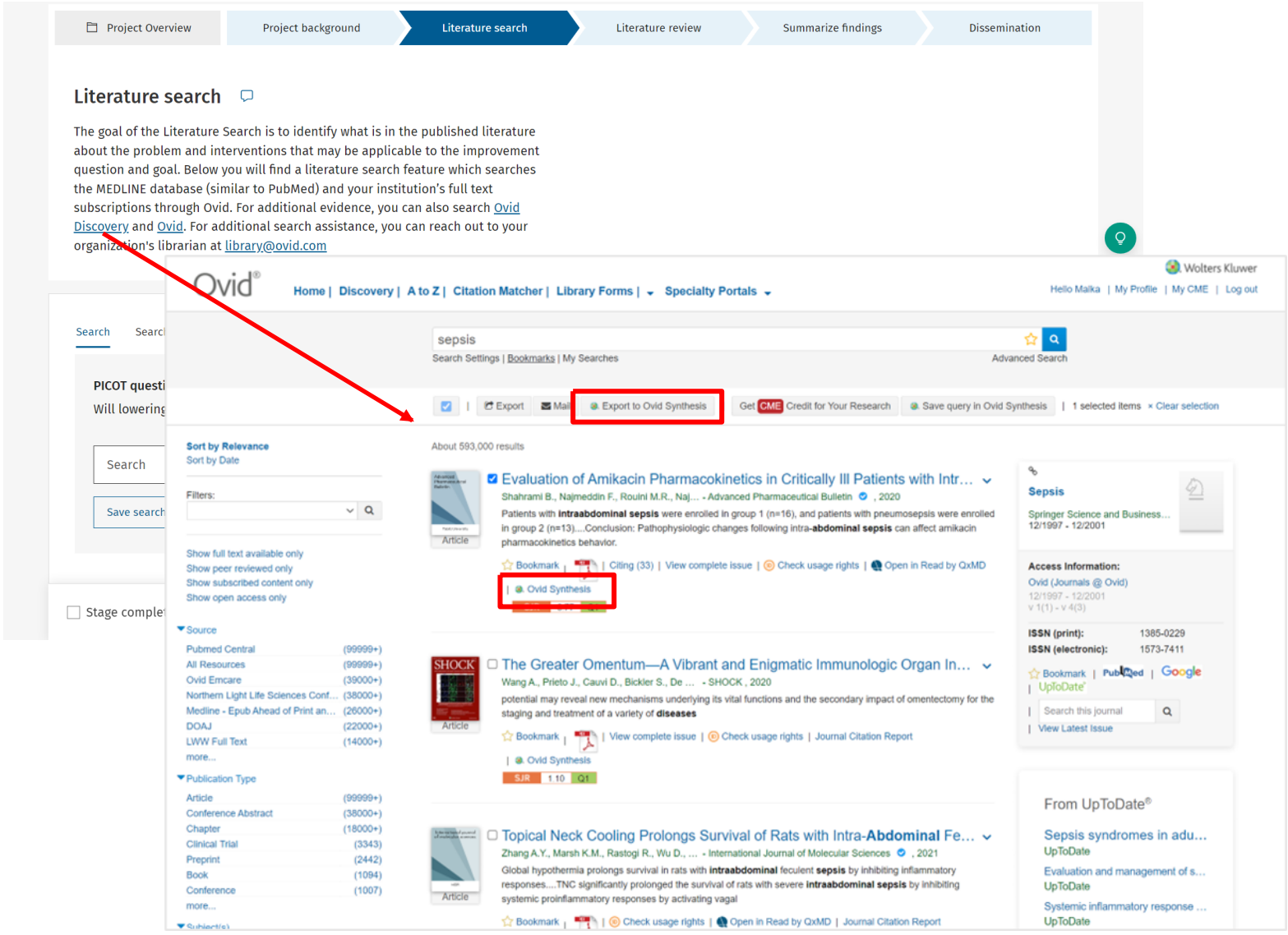
Article	Results Outcome	Comparative Efficacy	Recommended Diet
[1]	14 RCTs (n=2,698; 50.8% male). MedDiet reduced SBP (SMD -1.19; 95% CI -2.25 to -0.12; p=0.03) and DBP (-1.79; 95% CI -3.34 to -0.24; p=0.02) vs control.	MedDiet vs control: greater BP reduction—SBP SMD -1.19 (95% CI -2.25 to -0.12; p=0.03); DBP -1.79 (95% CI -3.34 to -0.24; p=0.02).	Mediterranean diet: high fruits, vegetables, whole grains, nuts, legumes, olive oil; moderate fish and wine.
[2]	35 RCTs (13,943 participants): vs usual+all active diets, MedDiet reduced SBP -1.5 mmHg (95% CI -2.8,-0.1; P=0.035) and DBP -0.9 (95% CI -1.5,-0.3; P=0.002). Vs usual diet only, reduced SBP/DBP; vs other active/low-fat, no reduction. Greater DBP reduction when baseline SBP ≥130; greater SBP/DBP reduction with follow-up ≥16 weeks. Evidence quality moderate (GRADE).	MedDiet vs usual diet: SBP −1.5 mm Hg (95% CI −2.8, −0.1; P=0.035); DBP −0.9 (−1.5, −0.3; P=0.002). Vs other active diets/low-fat: no SBP/DBP reduction.	Mediterranean diet (MedDiet) adoption; specific components not described in the abstract.
[3]	Lower risk of initiating antihypertensive therapy: 5-year 47.1% control vs 43.0% MedDiets; HR 0.84 (95% CI 0.74–0.97). In baseline two-drug users, MedDiet+extra-virgin olive oil lowered escalation: 22.9% vs 20.1%; HR 0.77 (0.60–0.99). MedDiet attenuated association between baseline antihypertensive use and major adverse cardiovascular events (P interaction=0.003).	MedDiet vs low-fat control: lower initiation of antihypertensive therapy (5y 43.0% vs 47.1%; HR 0.84, 95% CI 0.74–0.97). MedDiet+EVOO vs control in 2-drug users: lower escalation (5y 20.1% vs 22.9%; HR 0.77, 95% CI 0.60–0.99).	Mediterranean diet enriched with extra-virgin olive oil or nuts (vs a low-fat control diet).
[4]	MedDiet reduced SBP −1.5 mm Hg (95% CI −2.8 to −0.1; P=0.035) and DBP −0.9 (−1.5 to −0.3; P=0.002) vs usual+active diets; no reduction vs active/low-fat alone; greater DBP drop with baseline SBP ≥130; greater SBP/DBP drop with follow-up ≥16 weeks; evidence moderate.	MedDiet vs usual diet: reduced SBP −1.5 mm Hg (95% CI −2.8 to −0.1; P=0.035) and DBP −0.9 (−1.5 to −0.3; P=0.002). MedDiet vs other active diets/low-fat: no SBP/DBP reduction.	Mediterranean diet (MedDiet)
[5]	DASH vs control reduced BP: SBP/DBP mean difference -3.2 mm Hg (95% CI -4.2 to -2.3). DASH or MedDiet significantly reduced BP in adults ±hypertension.	No direct DASH vs MedDiet efficacy comparison reported; DASH vs control reduced BP (SBP/DBP mean difference −3.2 mm Hg; 95% CI −4.2 to −2.3).	Adoption of a healthy, balanced diet such as the DASH diet or the Mediterranean diet (MedDiet).
[6]	ITT: vs control, office & 24h ambulatory SBP/DBP reduced in all intervention groups. MDG had greatest office SBP reduction: MDG vs CG −15.1 mmHg; vs SRG −7.5 mmHg; vs DDG −3.2 mmHg (all P-values not reported). 240 enrolled; 204 (85%) completed.	MedDiet+salt restriction superior for office systolic BP lowering vs CG (-15.1 mmHg), SRG (-7.5), and DASH+salt restriction (-3.2); DASH+salt and MedDiet+salt > salt restriction alone.	Salt restriction alone, or salt restriction in the context of the DASH diet or the Mediterranean diet (MedDiet).
[7]	19 RCTs (n=4137): MedDiet reduced SBP by −1.4 mmHg (95% CI −2.40 to −0.39; P=0.007) and DBP by −1.5 mmHg (95% CI −2.74 to −0.32; P=0.013) vs control. Longer duration and higher baseline SBP linked to greater BP decrease.	MedDiet vs control: SBP −1.4 mmHg (95% CI −2.40 to −0.39; P=0.007); DBP −1.5 mmHg (95% CI −2.74 to −0.32; P=0.013).	Mediterranean diet (MedDiet)
[8]	Review reports MedDiet antihypertensive/ cardioprotective effects via eNOS/NO, Nrf2-ARE	MedDiet described as a first-line strategy for HTN and CVD; no direct efficacy comparisons	Mediterranean diet (MedDiet); described as a cardioprotective

Ovid Discovery AI translates natural language to precision search



Wolters Kluwer Ovid

Send Ovid Discovery AI search results to Ovid Synthesis with the click of a button



Thank you

Scan the QR code for a chance to win an APPLE iWatch Series 12 in the raffle! Winners will be announced on Friday at 15:50 hrs during the coffee break at the Ovid booth in the reception.



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