PAINWEEK 2026 · 20TH ANNIVERSARY

The GENIUS Roadmap

Six moves for bringing artificial intelligence into a pain practice — in the order they actually have to happen. Start Monday with **G**; do not start with **I**.

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G — Govern

BEFORE YOU BUY ANYTHING

> **Name who can say yes — and who can switch it off — before the first demo.**

- Write the chain down: who scopes the need, who approves it, who owns the clinical risk.
- Give **one named person** authority to shut a live tool off the same day, without convening a meeting.
- Watch the common failure: **sales promising what engineering never scoped.**

E — Evaluate

FIND THE BOTTLENECK BEFORE YOU SHOP

> **Pick your most expensive bottleneck, not the most impressive demo.**

- Name the one that costs most today: phones, dormant procedural patients, authorizations, cancellations, mid-funnel education.
- Solve that first and work backwards — **crawl, walk, run.**
- If you cannot measure it today, you will not be able to prove the tool moved it.

N — Navigate

ASK THE HARD QUESTIONS

> **The question almost nobody asks a vendor: what happens after it breaks?**

- Ask for their **QA process** and the written SOP for catching and remediating edge cases.
- Nothing is perfect out of the gate. Tuning is the job — the absence of a process for it is the red flag.
- Ask for references **live 6+ months**, not pilots. Then ask those references for the data.

I — Implement

SMALL, ON PURPOSE

> **A pilot is staffed, not switched on.**

- Size the window to the solution — a full AI receptionist can take **90 days** to dial in.
- Keep a hands-on, vigilant team through the whole pilot, not just week one.
- **"Set it and forget it"** is the most reliable way to make a rollout go sideways.

U — Unite

BUILD THE BRIDGES

> **Clinicians, administrators and vendor on one roadmap — or you rebuild the EMR's mistakes in a vacuum.**

- Agree the **priority order** before anyone scopes: every group ranks the pain differently.
- Do not tackle the whole patient journey at once. Pick the most impactful entry point and build toward the rest.
- Choose the vendor on proven data and long-tenured referrals — not on the demo.

S — Sustain

KEEP TENDING IT

> **There is no room for flying blind. Only the data can tell you it is still working.**

- Require **monthly reporting** on impact to patient care and to the business.
- A practice rarely notices the moment a tool stops delivering — put that burden on the vendor.
- When something is not working, decide together how to proceed. **Honesty beats a renewal.**

Distilled from the GENIUS session Q&A at PAINWeek 2026. Guidance for evaluating and deploying clinical AI — not medical, legal, or investment advice.

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