Early Adoption of Innovative Ambient AI Scribe in Long-Term Care

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eventus WHOLE HEALTH

Key Points:

Early adoption of AI in healthcare organizations has been slower than in other industries, due to factors including:

- Regulatory concerns
- Clinician skepticism

Eventus WholeHealth (EWH) is an organization that delivers primary care services to medically vulnerable adults living in:

- Assisted living facilities
- Long-term care homes
- Skilled nursing facilities

In 2023, EWH became early adopters of an ambient AI scribing platform. Within one year of implementation, EWH saw impressive results including:

- 60% decrease in new patient documentation time
- 3% RAF-increase cap from improved coding accuracy
- 16% improvement in clinician burnout

Overview

Early adoption of AI in healthcare organizations has been slower than in other industries, due to a variety of factors, including regulatory concerns and clinician skepticism. Eventus WholeHealth (EWH) is an organization that delivers primary care services to senior populations living in assisted living facilities, long-term care homes, and skilled nursing facilities. In 2023, EWH made the strategic decision to become an early adopter of an ambient AI scribing platform. Within one year of implementation, EWH saw impressive results, including a (1) 60% decrease in new patient documentation time, (2) a 3% RAF-increase cap from improved coding accuracy, adding $1.48 million in risk-adjusted revenue across 58 providers, and (3) a 16% improvement in clinician burnout. Future goals for ambient AI scribing at EWH include: a 40% decrease in after-hours clinician charting, and >90% CERT-grade accuracy on all AI-surfaced ICE-10 and CPT codes with audits continuing to trend above 95%.

Introduction

Since the release of ChatGPT in 2022, attitudes toward the routine use of AI in the workplace have ranged from enthusiasm to rejection. The healthcare industry has generally been cautiously optimistic about the opportunity for AI to solve a variety of pain points in clinical operations. However, the implementation of AI in the workflow of most care delivery organizations has been slow.

Factors contributing to slow adaptation include:

- Regulatory concerns
- Rigid clinical operations
- Clinician skepticism.

Factors contributing to slow adaptation include regulatory concerns, rigid clinical operations, and clinician skepticism. Most clinical practices are regulated at a variety of levels - by the federal government (through Medicare contracting), by the state government (through Medicare contracting), and by commercial health care insurance payers (through commercial contracting). Additionally, clinicians are regulated through their professional licensing agencies at the state and federal levels. Finally, shifting political winds create a rapidly changing ecosystem of legislation where policies may change annually. With this high level of scrutiny comes a higher level of risk to adopt new technology. Any new technology must comply with all federal, state, and commercial contracts, while at the same time complying with licensing board standards and legislative mandates.

Clinical operations refer to the method in which a health care organization delivers services to patients (also called “members” in payor parlance). Over the past 50 years, clinical work has become increasingly industrialized, reflecting an overall societal shift in the ways of working. With regulatory complexity has come an ever-increasing reliance on administrative supports and the accompanying bureaucracy, adding manpower and cost. For example, in 2023, only 14.8% of healthcare spending went to physician services (AMA research trends, 2023). The remaining spend goes to “clinical operations” and the support mechanism for the clinician’s work. The mental model of clinical operations in most care delivery organizations has become a factory floor model, where patients move through a series of steps, most of which do not involve contact with a clinician. Some clinicians remain in private practices where they can be more flexible with clinical operations, and a variety of new companies, often backed by private equity capital, are designing new clinical operations. However, the vast majority of care continues to follow a rigid clinical operations model.

Finally, clinicians have been skeptical and reluctant to incorporate AI and automation into their daily workflow. Understandably, they are concerned that if the AI or automation makes a mistake, they will be ultimately liable for that mistake, and it could have devastating consequences for both their patients and themselves. The pace of AI and automation evolution has been extremely rapid, and clinicians were not trained in the use of AI and are typically not able to spend time and energy learning about AI and how to incorporate it into their practice.

As cited above, most organizations have rigid clinical operations, and they do not permit the clinician time and resources needed to continue their professional education with regards to new technology. As a result, when a healthcare organization seeks to become an early adopter of AI or other new technologies, clinicians often resist. Sometimes resistance is vocal and conscious, and sometimes resistance is passive and subconscious.

The technology has shown remarkable potential in three key areas:

- Physician experience
- Patient care quality
- Financial outcomes

Recent studies have demonstrated compelling evidence for the effectiveness of ambient AI scribes across multiple dimensions of healthcare delivery. The technology has shown remarkable potential in three key areas: physician experience, patient care quality, and financial outcomes. Studies consistently demonstrate significant improvements in physician workflow and well-being. The Stanford Health Care study [1] showed substantial reductions in task load and physician burnout, while the OntarioMD evaluation [2] reported a striking 70% reduction in documentation time. These findings suggest that ambient AI technology is not merely an incremental improvement but a transformative solution to clinical workflow challenges.

The economic case for ambient AI adoption is compelling. With physicians saving approximately 2 hours per day on documentation [3], practices can realize substantial returns through improved productivity and potential increases in patient throughput. The reduction in after-hours work, reported by nearly 50% of physicians, directly addresses costly burnout-related turnover.

The technology's impact extends beyond provider experience to patient care quality. Studies indicate that reduced documentation burden allows for increased direct patient interaction time [4], potentially improving care quality and patient satisfaction.

Eventus WholeHealth (EWH) is an organization that delivers primary care services to senior populations living in assisted living facilities, long-term care homes, and skilled nursing facilities. As of this writing, EWH operates in 7 states (Ohio, Indiana, Kentucky, Virginia, West Virginia, North Carolina, and South Carolina), employs 1081 people, and cares for 60,000 patients. EWH has grown through mergers and acquisitions of existing primary care, geriatric, and psychiatry practices; typically, the leaders and clinicians from the acquired practices will remain at EWH indefinitely.

As of this writing, EWH:

- Operates in 7 states
- Employs 1081 people
- Cares for 60,000 patients

In 2023, EWH made the strategic decision to become an early adopters of an ambient AI scribing platform. This decision was made by the leadership team, which notably includes 30% physicians in the C-suite, and 43% clinicians in the next level of leadership. Key reasons for the decision included ongoing pain points of 1) slow time to close notes, leading to clinician "pajama time" completing notes after hours, 2) clinician complaints, and burnout, 3) and "under-coding" of patient encounters leading to decreased short-term revenue for the appointments and long-term decreased revenue from value-based care revenue.

In this paper, we discuss the impressive results in the first year of clinical operations at EWH using the ambient AI scribing platform. We will also discuss some of the likely factors leading to this successful early adoption use case and future directions for the technology.

Methods

The ambient AI scribing platform was deployed across a subset of Eventus WholeHealth (EWH) clinicians. In total, 315 clinicians were actively using the ambient AI scribing platform across two ambulatory specialties. For the month of January 2025, clinicians averaged 189 recordings each using the ambient AI scribing platform.
Key metrics gathered included data on usage, clinical satisfaction, documentation burden, chart closure time, clinician well-being, and financial output of improved coding of visits.

Usage was defined as the numerator, the number of clinicians with at least 2 encounters using the ambient AI scribing platform, divided by the denominator, the number of clinicians onboarded to the Ambience platform.

Clinical Satisfaction included a metric that was collected 8 weeks after using the ambient AI scribing platform. Data was gathered from 58 clinicians. (1) Opinion on the ambient AI scribing platform was judged by the question “How would you feel if you could no longer use the ambient AI scribing platform?” With options for “very disappointed”, “somewhat disappointed”, and “not disappointed”.

Documentation Burden included two metrics that were collected at baseline and at 8 weeks after using the ambient AI scribing platform. (1) ”pyjama time: self-reported answer to the question “In a typical week how many hours do you spend on clinical documentation outside of work hours?”, (2) new patient documentation time.

Clinician Well-Being was measured by the Maslach Burnout Inventory, comparing baseline to 8 weeks after starting use of the ambient AI scribing platform.

Financial Outcome was measured by the increased revenue generated because of improved HCC coding of the encounter when the clinician used the ambient AI scribing platform. This was reported in average dollars per clinician per year with an assumed 3% cap.

Results

Usage of the ambient AI scribing platform was 96% of clinicians onboarding having at least two encounters using the ambient AI scribing platform.

Clinical Satisfaction improved across several metrics. Comparisons were made from baseline to after using the ambient AI scribing platform for 8 weeks. The opinion on the ambient AI scribing platform was positive, with 84% of users saying they would be very disappointed if they could not continue to use the product. The self-reported (in hours) needed to do clinical documentation outside of work improved by 68%.

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Clinician Well-Being improved – there was a 16% decrease in Maslach total burnout score, and a 17% decrease in surveyed clinicians agreeing to “I feel burned out at my work”.

Financial Output saw a 3% RAF-increase cap from improved coding accuracy, adding $1.48 million in risk-adjusted revenue across 58 providers, averaging $25.5K per provider. Additionally, users treated 1.18 more patients per shift, generating an additional $1.44 million in visit revenue.

Conclusions

Critical Questions and Challenges

The experience of EWH with an 8-week period of using an ambient AI scribe was overall positive in multiple domains. Improvements were seen in all metrics, including usage, clinical satisfaction, documentation burden, chart closure time, clinician well-being, and financial output of improved coding of visits. The EWH experience aligns with research findings in other settings.

Despite compelling evidence supporting ambient AI adoption, several critical questions remain.

Why isn't adoption more widespread given the demonstrated benefits?

In the EWH experience, adoption of new technology like the ambient scribe is highly dependent on leadership and clinician trust. There was only a small number of clinicians who were onboarded to the ambient AI scribing platform but did not use it. Further quantitative and qualitative analysis of this subset will be helpful to understand what the barriers to implementation may have included. It has been the experience at EWH that some clinicians are highly resistant to any change, regardless of the quality of implementation or the demonstrated benefits to their practice. Of note, EWH has designed their clinician pay to reflect the autonomy to decline use of the ambient scribe tool, so clinicians are not penalized if they refuse to use the tool.

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One of the likely reasons for the high usage percentage at EWH is the organizational focus on clinical support and education. EWH has a dedicated arm of the company called “EWH University,” where clinicians are proactively trained and upskilled in the EWH care pathways and technology. This University includes both virtual and in-person training and has a dedicated Education C-Suite leader for the learning and development team.

How can healthcare organizations better overcome privacy and security concerns while maintaining HIPAA compliance?

The leadership at EWH was pleasantly surprised by the comfort level of clinicians and patients with the auto-scribe recording their encounters. This is likely due to a high level of trust between both the EWH clinicians and their leaders, as well as a high-level of trust between the patients and their clinicians.

This high level of trust has likely been built over the years through strong clinician leadership at EWH. Unlike many healthcare organizations, EWH was built by practicing clinicians and maintains a strong physician leadership structure, with most leaders actively seeing patients in addition to their leadership role. This structure lends to higher levels of trust because the clinicians see their leaders as "getting it" and having an intuitive sense of what is essential to clinicians on the ground.

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What role do institutional policies and reimbursement models play in slowing adoption?

Ambient AI scribes have an advantage over other forms of new technology in that they can support a variety of reimbursement models. "Fee for service" (FFS) reimbursement benefits from AI scribes because clinicians spend less time on paperwork and, as a result, can complete more encounters per day, resulting in increased revenue. When the AI scribe also improves the accuracy of visit coding, there is increased revenue per visit when the complexity of the visit increases, and the organization receives a higher revenue for that visit.

"Value-based care" (VBC) reimbursement also benefits from AI scribing. The annual wellness visit (AWV) is a cornerstone of VBC. Having a scribe to prep the visit, check for preventative care screenings, and accurately code the diagnoses and problem sets during the AWR, can all generate increased revenue in the VBC setting.

EWH, like many healthcare organizations, has traditionally relied on FFS reimbursement models. However, in recent years, EWH has significantly progressed in its ability to enter into VBC reimbursement agreements. EWH has participated for years in an Accountable Care Organization (ACO) and has performed at a high level in the ACO, resulting in new shared savings revenue. Given that the EWH model of care is well-aligned with decreased cost and decreased healthcare utilization, EWH plans to continue to expand its VBC agreements while decreasing its reliance on FFS contracting.

How can the technology be optimized for different specialties and practice settings?

The evolution of ambient AI scribing is moving quickly and is currently being optimized for various health specialties and practice settings. For example, as of the writing of this white paper, the ambient AI scribing platform EWH used is in the process of rolling out specialty-specific scribing.

EWH is well-poised to take advantage of the next generation of AI scribing which will be tailored to different specialties and practice settings. EWH specialties include chronic disease management, mental and behavioral health, palliative care, wound care, and dementia. EWH delivers services in specialized settings in assisted living facilities, long term care facilities, and skilled nursing homes.

Future Implications

The evidence suggests that ambient AI scribes represent a significant opportunity to address multiple challenges in healthcare delivery. As the technology continues to evolve, healthcare organizations must carefully consider how to overcome implementation barriers and optimize the technology's potential to improve both clinical and financial outcomes.

The path forward requires careful consideration of implementation strategies, robust evaluation frameworks, and continued research into long-term impacts. Healthcare organizations that successfully navigate these challenges stand to realize significant improvements in provider satisfaction, operational efficiency, and patient care quality.

EWH is optimistic that ambient AI scribes will continue to rapidly evolve their ability to better serve their patients, their clinicians, and the facilities they partner with. Results at the 8-week mark have been impressive, and EWH is now considering how to best expand ambient AI scribing across their entire population.

References:

1. Shah et al. (2025) - Stanford Health Care study demonstrating statistically significant reductions in physician task load and burnout across 48 physicians.
2. OntarioMD Evaluation Study (2024) - Large-scale implementation study showing 70% reduction in documentation time across 152 primary care providers.
3. JAMA Network Open Study (2024) - Comprehensive analysis of virtual scribe impact on EHR time and physician workflow patterns.
4. WELL Health Technologies Report (2024) - Real-world implementation data showing 3.5-minute reduction in administrative tasks per patient encounter.
5. Brigham and Women's Hospital/Massachusetts General Hospital Study (2024) - Analysis of virtual scribe implementation across specialties, demonstrating significant reductions in total EHR time.