Innovation Lightning Rounds
Ambient AI Scribes in Private Practice

Experience for a large multispecialty clinic
Disclosure:

I do not have a financial relationship with any of the Ambient AI vendors.
Who we are

• Established in 1963 by 10 physicians
• Now one of the largest physician-owned multi-specialty clinics in Southeast US

304 physicians

202 advanced practice providers

41 specialties

73 locations in 17 counties

Over 2,500 employees

Market of approximately 725,000 patients

Over 825,000 outpatient visits in 2023, excluding dialysis
Over 34,000 outpatient surgeries/procedures in 2023

Quick Facts:

Shareholders:
Dept of Medicine: 110
Dept of Primary Care: 108
Dept of Surgery: 65
28 primary care clinics
5 urgent care clinics
16 dialysis units
6 ASCs and OBLs

Over 825,000 outpatient visits in 2023, excluding dialysis
Over 34,000 outpatient surgeries/procedures in 2023
Background: AMA Survey Comparison

<table>
<thead>
<tr>
<th>Category</th>
<th>HBC 2022</th>
<th>HBC 2023</th>
<th>National Comparison</th>
<th>Joy Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Satisfaction</td>
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<tr>
<td>Less Job Stress</td>
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<tr>
<td>Less Time Outside Work</td>
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<tr>
<td>Good Documentation Time</td>
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<tr>
<td>Manageable EHR Stress</td>
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Background Info on our Documentation Journey

• Autonomy allows for varied practice style and several different ways to capture documentation
• Even high-level EHR adoption leaves gaps for documenting office notes
• Front-end speech (voice-to-text) is widely adopted and is a shared “indirect” cost for the organization
• Previous relationships with two vendors allowed early access to ambient scribe technology
Riding a Bicycle While Building It

• Early pilots of a small group of physician super-users to refine workflow
• Larger pilot with a mix of “hand raisers” and at-risk physicians
• Vendor A trial over 3 months with 1 month paid by organization
• Vendor B “forced crossover” trial followed A with core of same physicians over 1 month paid by organization
• AMA-style survey comparison paired with EHR efficiency data
• Head-to-head comparison highly valuable for subsequent choice by physicians
Data Overview

• Survey data
  • Both vendors improved burn out scores – especially documentation stress and time outside of work

• Efficiency data
  • Smaller trends in decreased pajama time and increased first day note closure
  • Limited by back-to-back trials with no baseline for second vendor

• Adoption
  • 75 providers (7 were APP) tried one or both ambient vendor
  • Currently 38 are using (and paying) for ambient
### Survey Data

<table>
<thead>
<tr>
<th></th>
<th>Job Satisfaction</th>
<th>Less Job Stress</th>
<th>WOW</th>
<th>Doc Time</th>
<th>EHR Stress</th>
<th>Add Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vendor A</td>
<td>17% more</td>
<td>22% less</td>
<td>21% less</td>
<td>46% better</td>
<td>48% less</td>
<td>43% better</td>
</tr>
<tr>
<td>Vendor B</td>
<td>13% more</td>
<td>13% less</td>
<td>8% less</td>
<td>32% better</td>
<td>42% less</td>
<td>26% better</td>
</tr>
</tbody>
</table>

#### Rating Features

- **29%** Note Quality
- **21%** EHR Integration
- **23%** Suggestion Quality
- **29%** Support

Note: Differences between vendors did not reach statistical significance.
Learning Points

- Ambient works for a wide variety of physicians, but not all
- Start with a small trial with a limited number of engaged and efficient physicians
- Consider EHR integration and roadmap of features
- Try more than one vendor if possible
- Advertise widely and be flexible with length of trial
- At-the-elbow training by a clinical user at go live is helpful
- AI technology continues to improve but is ready for clinic visits now
AMA-like Survey Comparison for pilot participants

- Job Satisfaction
- Less Job Stress
- Less Time Outside Work
- Good Documentation Time
- Manageable EHR Stress

Comparison:
- Pre
- Post-Vendor A
- Post-Vendor B
Connecting Members With Customized Care for Cardiometabolic Conditions

Care solutions from a Center of Excellence with 80+ years of experience.
### Ochsner Connected Health: Transforming the Care of Cardiometabolic Disease with Remote Patient Management

<table>
<thead>
<tr>
<th>Remote Monitoring</th>
<th>Members use a digital device, such as a blood pressure cuff or glucometer, that connects to their smartphone and feeds data directly into the electronic health record via Epic.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Coaching</td>
<td>A health coach considers social determinates of health along with other information to design a healthy living plan.</td>
</tr>
<tr>
<td>Medication Management</td>
<td>A licensed clinician is assigned to each member and works closely with them to identify trends, manage medications and order labs.</td>
</tr>
<tr>
<td>Support</td>
<td>A support team is available to assist members with questions at any time over the phone.</td>
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</table>

Experience with more than 40,000 members.
Member-Centric Digital Care

Our goal is to engage effectively with **every member**, matching them with **the right** clinician, coach **and/or registered** dietitian based on their specific needs within the cardiometabolic spectrum.

Cardiometabolic Disease Spectrum

- **Optimal Health**
- **Overweight**
- **Overweight + Hyperlipidemia**
- **Overweight + Hyperlipidemia and Hypertension**
- **Obese + Hyperlipidemia, Hypertension and Type 2 Diabetes**
- **Risk of Significant Medical Event**
Member Enrollment is Seamless

Dedicated **Digital Medicine** support is available to guide members through the process step-by-step.

1. **Member enrollment outreach from Digital Medicine team**
2. **Member visits sign up portal to complete consent form and schedule virtual visit**
3. **Member completes virtual visit to determine clinical eligibility**
4. **Device shipped directly to member’s home (where applicable)**
5. **Member sets up device and submits first reading in the Digital Medicine app**
6. **Member is connected to their care team for personalized clinical support**
The member has access to real-time data on the Digital Medicine app and receives reporting digitally.

The care team regularly monitors results and reporting, allowing them to supplement PCP efforts to manage cardiometabolic disease. Monthly reports are shared with providers both in and out of network via Epic EMR.
Driving better outcomes: quality, cost, patient experience

<table>
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<th>Clinical Outcomes</th>
<th>Utilization Reduction</th>
<th>NPS Scores</th>
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<tr>
<td>Of members achieved their blood pressure goal after 6 months: 79%</td>
<td>Emergency room visits among Hypertension enrolled members: 45%</td>
<td>Netflix: 82</td>
</tr>
<tr>
<td>Of members achieved their A1C goal after 6 months: 81%</td>
<td>Hospital admissions among Hypertension enrolled members: 38%</td>
<td>Amazon: 62</td>
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</tbody>
</table>

>3:1 ROI*

Average savings of over $2,200 per member per year

*NCost Savings confirmed via third-party actuarial studies:
Acute care at home update
Washington state
SHB 2295: Concerning hospital at-home services
Washington state
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