Case Study: AMA Insight Network Summit

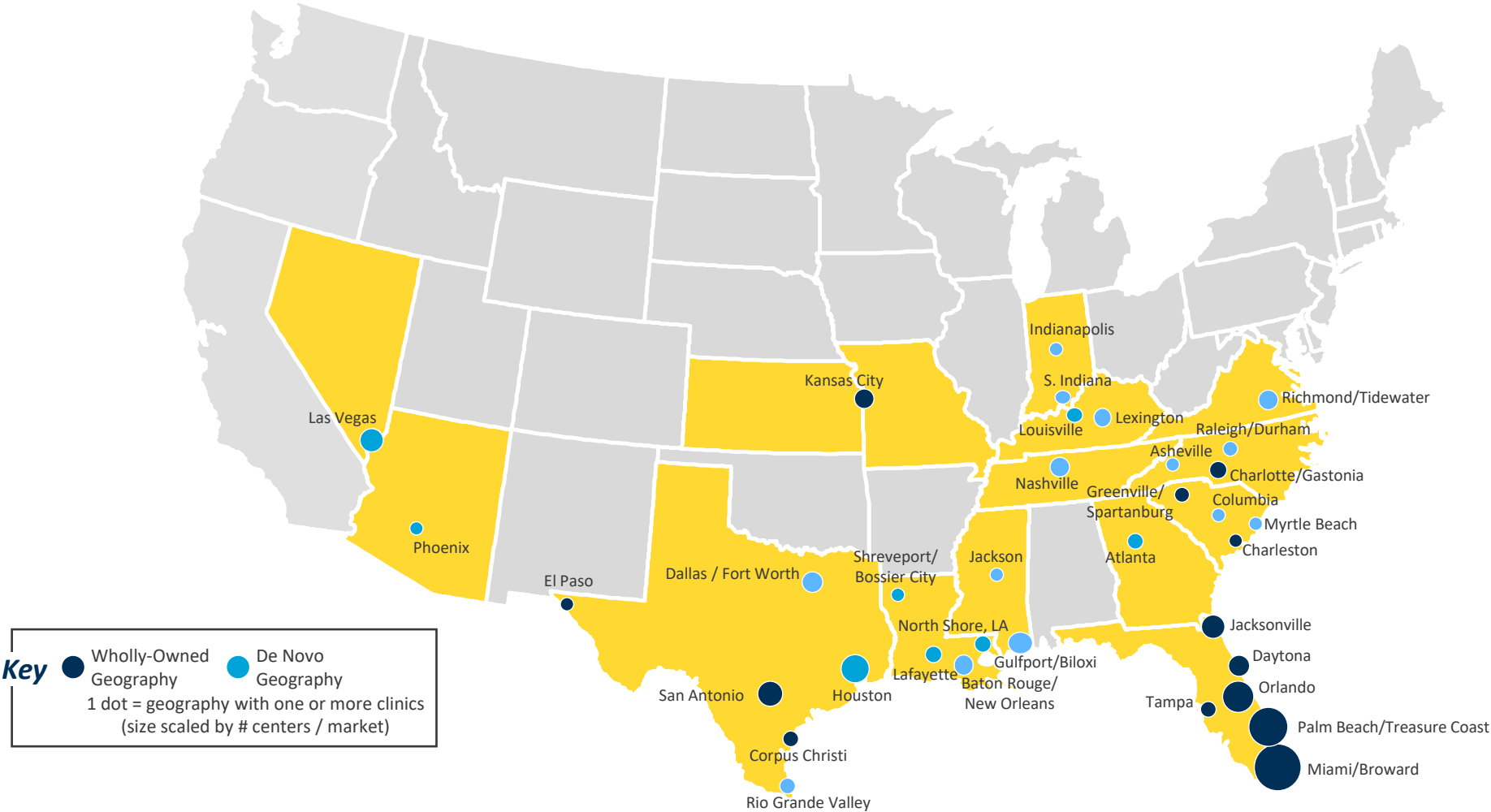# From Feedback to Function: Turning Satisfaction Data into System Change

June 2025

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CenterWell Senior Primary Care

# CenterWell is US' Largest Senior-Focused Primary Care Group
950+ clinicians deliver care to 344k patients in over 300 locations in 15 states

49 CBSAs[1]

301 Center locations[2]

~400 IPA affiliates[3]

~950 Clinicians[4]

~344k Patients[5]

Map labels: Las Vegas, Phoenix, El Paso, Dallas / Fort Worth, San Antonio, Houston, Corpus Christi, Rio Grande Valley, Kansas City, Shreveport/Bossier City, North Shore, LA, Lafayette, Baton Rouge/New Orleans, Gulfport/Biloxi, Jackson, Indianapolis, S. Indiana, Louisville, Lexington, Nashville, Asheville, Greenville/Spartanburg, Atlanta, Richmond/Tidewater, Raleigh/Durham, Charlotte/Gastonia, Columbia, Myrtle Beach, Charleston, Jacksonville, Daytona, Orlando, Tampa, Palm Beach/Treasure Coast, Miami/Broward

Key
- Wholly-Owned Geography
- De Novo Geography

1 dot = geography with one or more clinics (size scaled by # centers / market)

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The Challenge: Flipping the Script on the EHR

Can we make the EHR a source of engagement, satisfaction, and professional satisfaction?

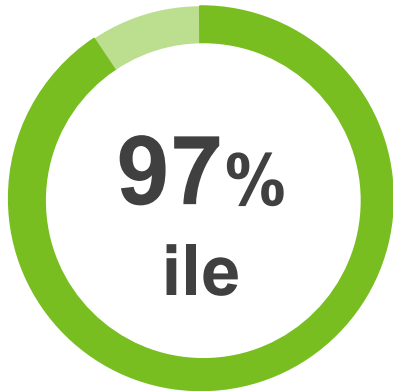**27%**
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69%
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97%
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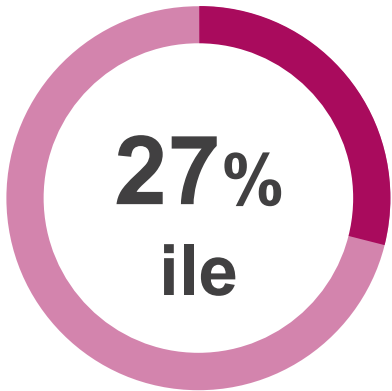
"Pajama Time"
Satisfaction with amount of home charting was lower than peers
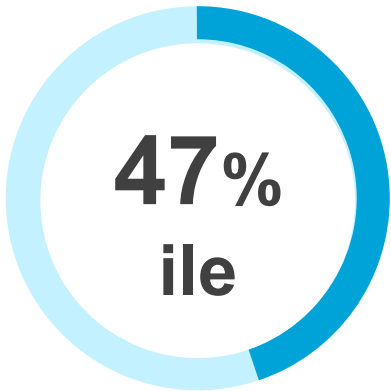
Overall EHR
Our satisfaction was similar to peers, but with wide variation by Market (Range: -32 to +34%ile pts)
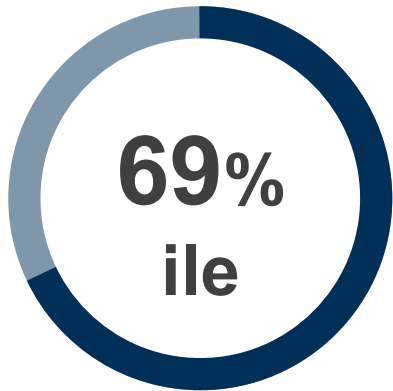
Analytics
Home-grown analytics delivered via Snowflake and PowerBI

Training
High satisfaction with EHR Training

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Source: 2024 ARCH Collaborative Physician EHR Satisfaction Survey Benchmarked Against Similar Practices

Our Response: Following EHR Improvement Collaborative Best Practices and Responding to Our Physician Satisfaction Data

ARCH Improvement Framework:
- Training
- Shared EHR Ownership
- Personalization
- Clinician Wellness

Cost Components	Description	Amount	% of Total
Hiring	Recruitment to Job Filled	$69,000	27.5%
Onboarding	Job Filled to Starting in Role	$15,000	6.0%
Ramp Up	Start in Role to Fully Productive	$44,000	17.7%
Departure	Fully Productive to Resignation	$14,000	5.6%
Lost Revenue	Patient churn related to provider exit	$106,000	42.7%
		$248,000	

Understanding the depth and complexity of the issue.
- Leveraged benchmarked ARCH Collaborative survey to focus on opportunities
- Identified pain points – charting inefficiencies to lack of ownership
- Connected to broader group issues (e.g., workforce sustainability, cost of attrition)

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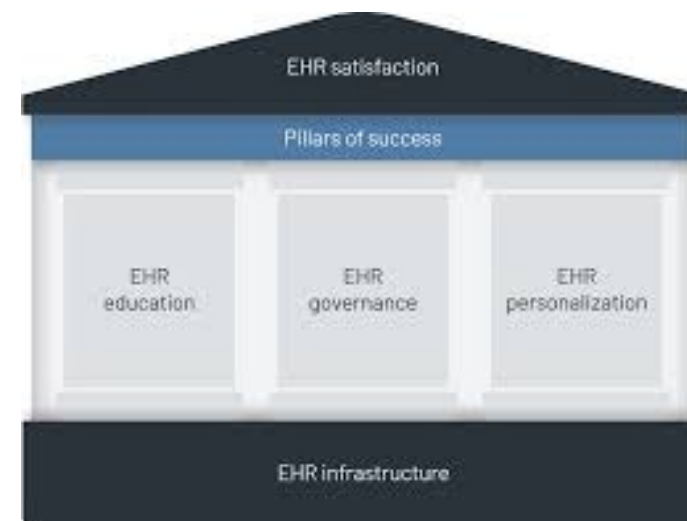
Intervention

EHR Optimization. Followed best practices including advice from AMA's STEPS Forward: "Get Rid of Stupid Stuff," cleaning up regulatory myths, intentionally delegating tasks like refills, increased HIM support for HER.

Integrated AI Into the Charting Workflow. Pilots planned with 3 AI vendors through non-interfaced (copy and paste) method. Resulted in roll out of single vendor product with positive impact on clinician wellbeing.

Clinical Informatics Governance. Reconstituted approach to EHR governance with CI committee with subcommittee for clinical documentation improvement (clinical, compliance, and coding). Focused on prioritizing improvements that reduced charting and coding time.

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AI Charting Trial Results

Business partners identified several KPIs as graduation criteria to proceed with a full-scale pilot. Results all passed criteria, and Providers had positive feedback to share.

EHR Time Reduced 6% (5h/d)

89% of Notes Retained

30,452 Notes Created

50% Utilization (Range: 1-100%)

Pajama Time Down 16% (45m/d)

Note Lag Down 52% (F/U Visits)

4.5 Average Note Quality Rating

Same Day Close Up 12% (to 37%)

"This was the most exciting and helpful tool afforded to me in the past decade since going from paper charts to an EMR. I no longer feel rushed from patient to patient as I know when I go back to my office my note is complete and more thorough than anything I would have written and spent significantly longer to complete. This is revolutionary and will certainly help all who struggle to get through the day or are feeling burnt out, it will reignite your passion about why you became a physician!"

"I think for me, it takes away some of the tendency to procrastinate and put off work and just do the note because 90% of it is done. Then you just have to tweak it a little bit."

"Abridge allows for better focus during the appointment, more eye contact; helps the patient feel heard"

"It's frankly more enjoyable to document when I have a helper, and that's what I really think of it as."

"Amount of time spent on notes feels like it has decreased, and the quality of the HPI has improved. I would never have had an HPI this detailed."

AI is 1000x better than human scribes. My scribes simply excluded details when they were unsure of relevance.
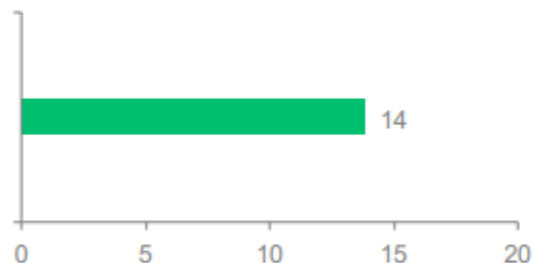
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Cognitive Load

Clinician's data shows substantially reduced cognitive load in the pulse survey compared with baseline data, across all three standard measures.

Baseline – Oct 2024, n=339

On a scale of 0-20, how mentally demanding is it to write your notes?
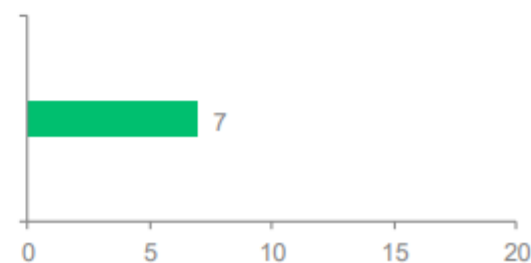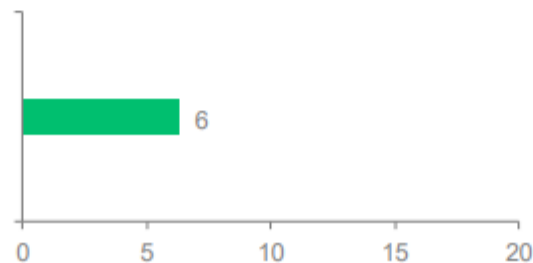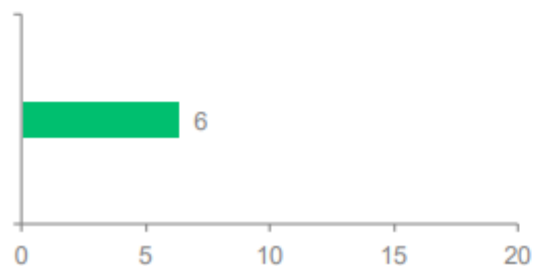

On a scale of 0-20, how hurried / rushed is the pace of your note writing?

On a scale of 0-20, how hard do you have to work to accomplish your level of note-writing performance?

With Abridge Pulse Survey – Jan 2025, n=115

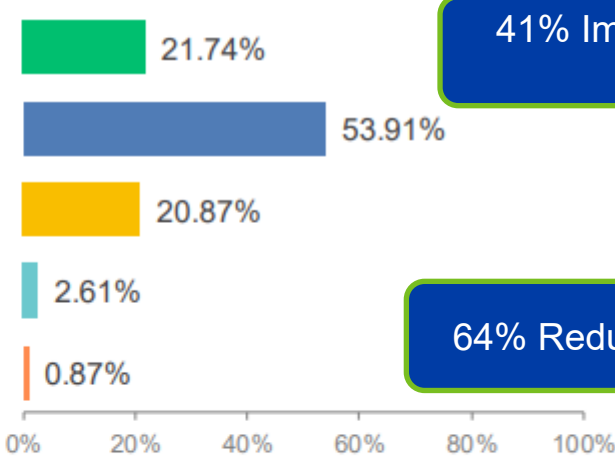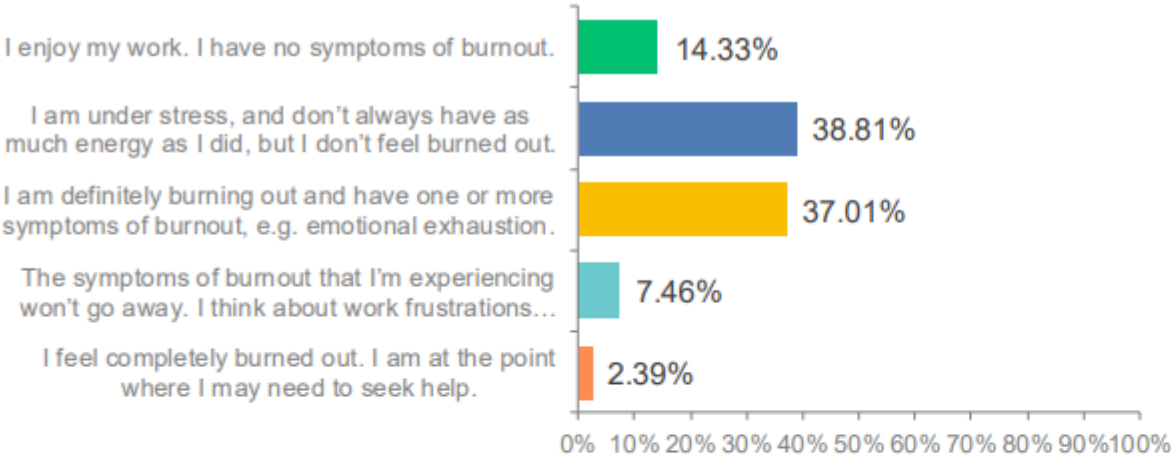

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Burnout

64% Reduction in Providers Reporting Burnout

Clinician's self evaluation of burnout shifted to the less burned out and less symptomatic end of the scale.

Using your own definition of "burnout", please select one of the answers below

Baseline – Oct 2024, n=339

Response	Percentage
I enjoy my work. I have no symptoms of burnout.	14.33%
I am under stress, and don't always have as much energy as I did, but I don't feel burned out.	38.81%
I am definitely burning out and have one or more symptoms of burnout, e.g. emotional exhaustion.	37.01%
The symptoms of burnout that I'm experiencing won't go away. I think about work frustrations…	7.46%
I feel completely burned out. I am at the point where I may need to seek help.	2.39%

Pulse Survey – Jan 2025, n=115

Response	Percentage
I enjoy my work. I have no symptoms of burnout.	21.74%
I am under stress, and don't always have as much energy as I did, but I don't feel burned out.	53.91%
I am definitely burning out and have one or more symptoms of burnout, e.g. emotional exhaustion.	20.87%
The symptoms of burnout that I'm experiencing won't go away.	2.61%
I feel completely burned out.	0.87%

41% Improvement of No Burnout Responses

64% Reduction in Severe Burnout

Implications/Take Aways

Above all else, respect physician's time Physician time and focus is a precious and limited resource – treat it as such. Demonstrate respect for physician's time at every opportunity.

Demonstrate commitment to engaging and responding. Ensure physicians both lead and participate in developing strategies to improve life in the clinic. Engage senior leadership and help them speak to the effort. Connect the decisions to the data you already have about opportunities.

Evaluate impact at the individual level. Wide variation in physician workflows can mask improvements. Look beyond "averages" and investigate the impact for each provider.

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