

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

Epic

Gold Stars



himss ^{STAGE} **7**

HATTIESBURG CLINIC

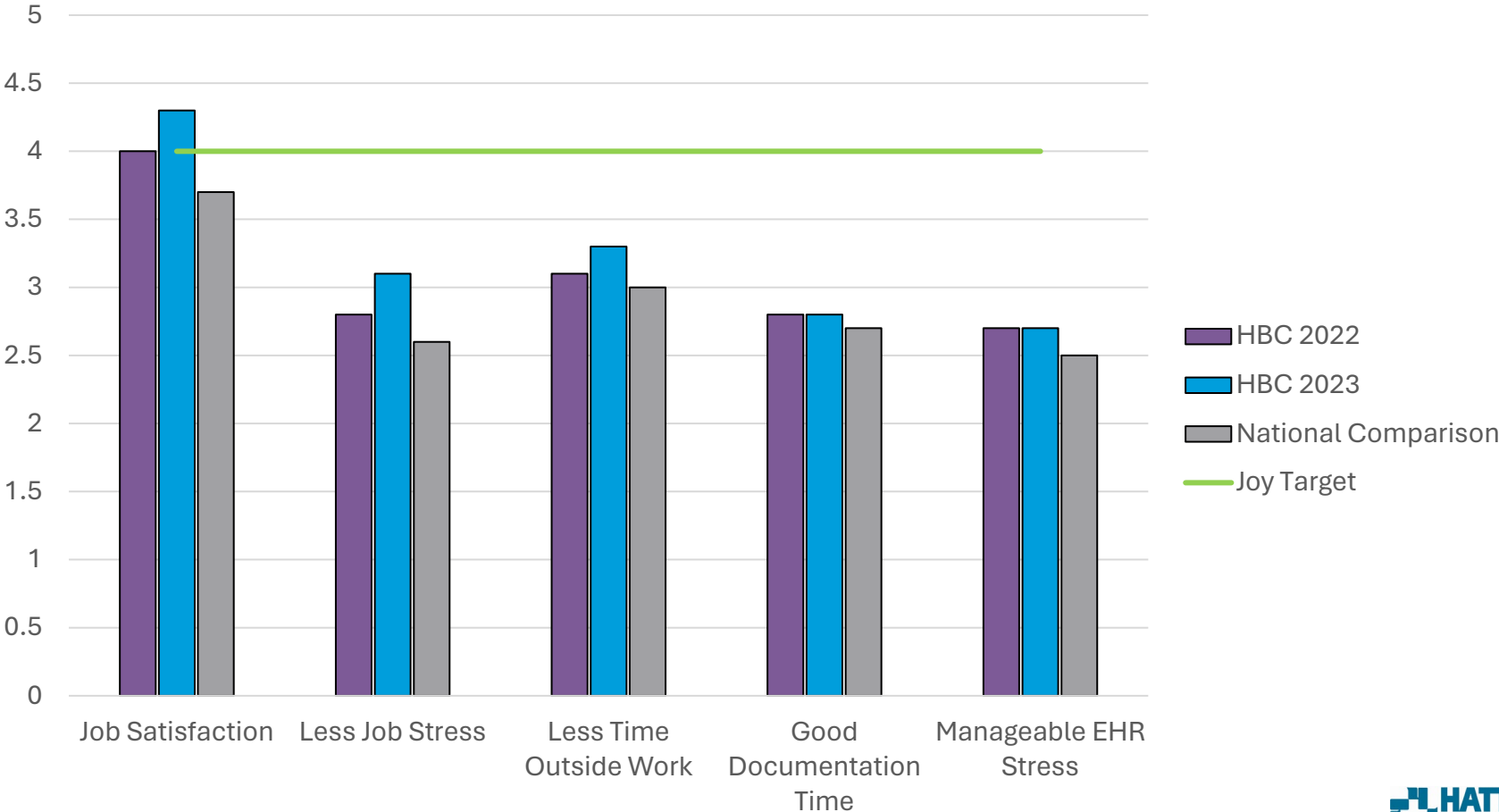
AWARDED

**#1 BEST PLACE
to work in MS 2022**

BY FORBES®



Background: AMA Survey Comparison



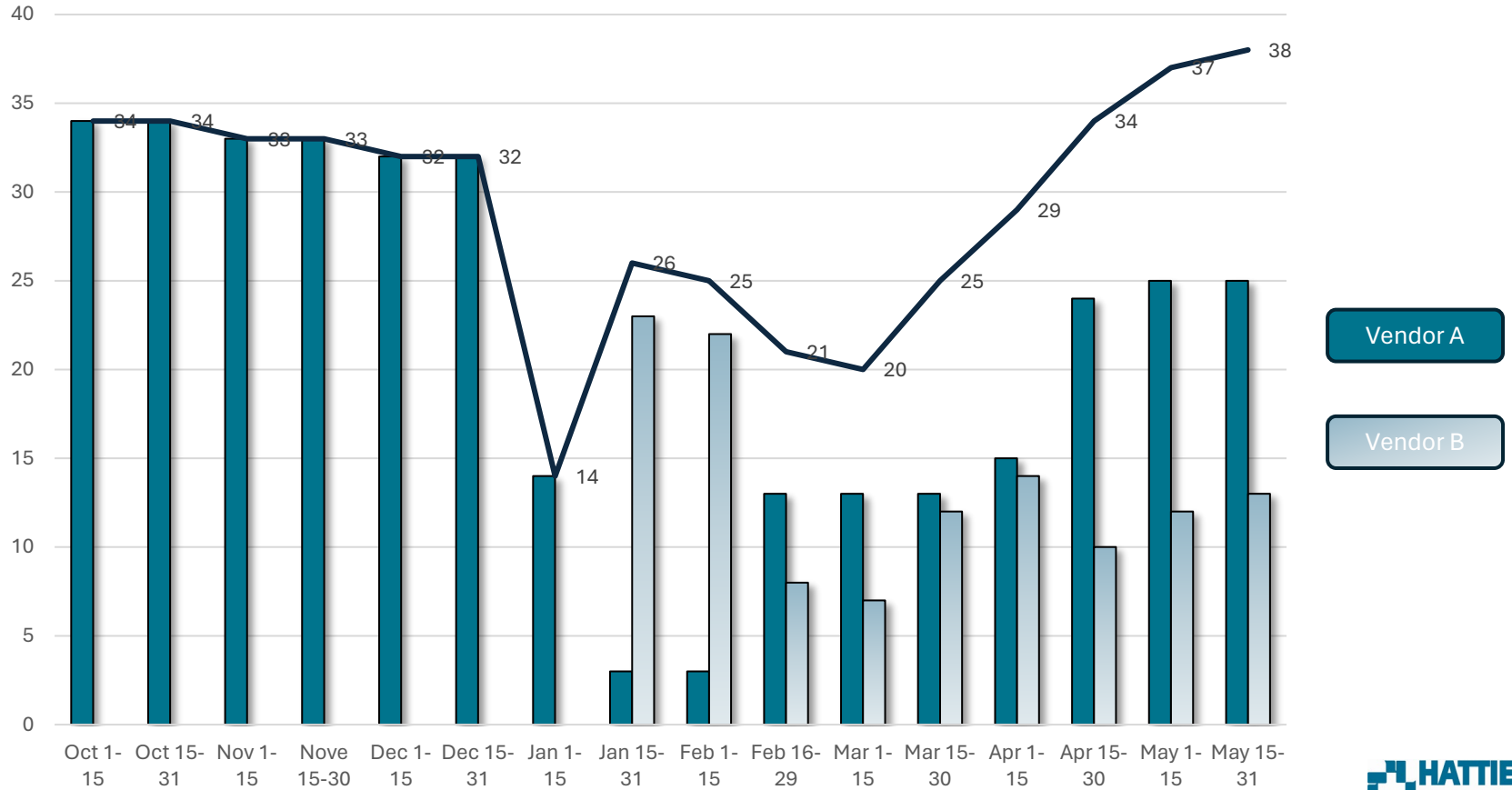
Background Info on our Documentation Journey

- 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

Users Over Time



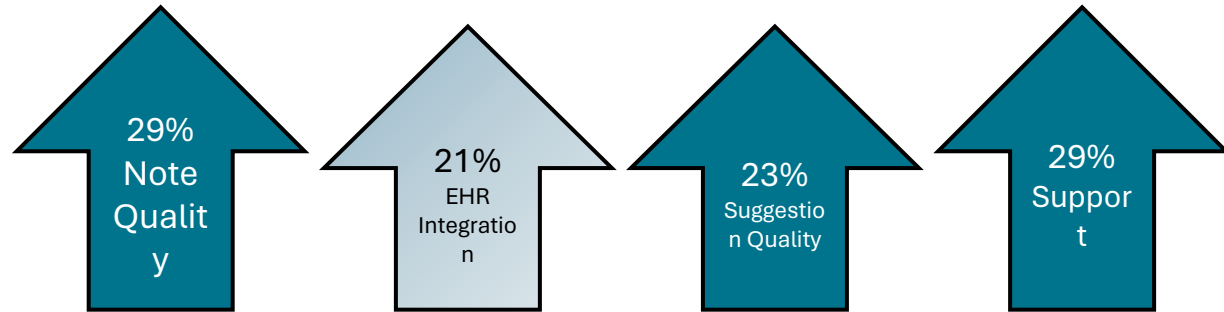
Data Overview

- 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

	Job Satisfaction	Less Job Stress	WOW	Doc Time	EHR Stress	Add Patient
Vendor A	17% more	22% less	21% less	46% better	48% less	43% better
Vendor B	13% more	13% less	8% less	32% better	42% less	26% better

Rating Features

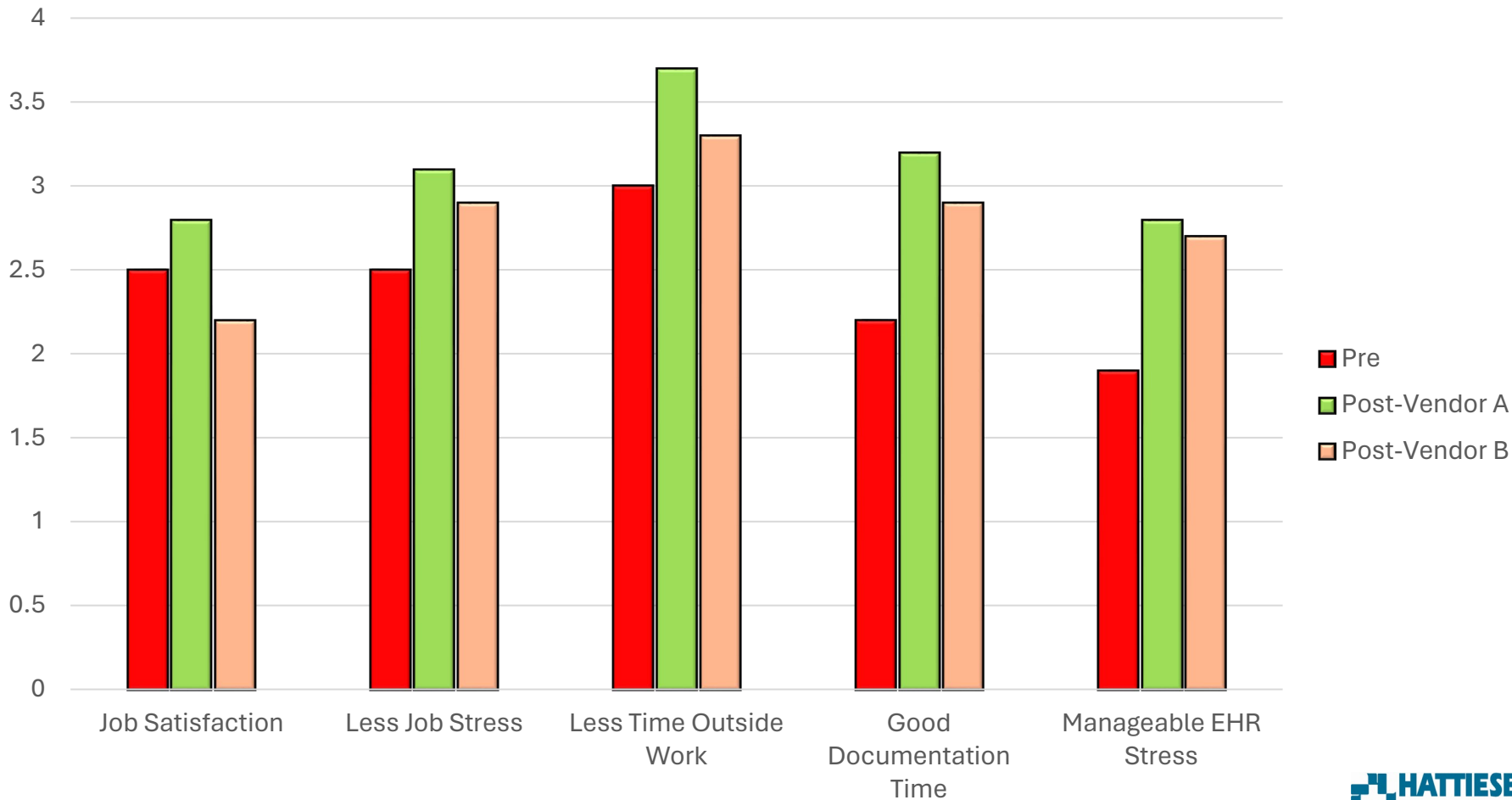


Note: Differences between vendors did not reach statistical significance

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



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

Remote Monitoring

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.

Health Coaching

A health coach considers social determinates of health along with other information to design a healthy living plan.

Medication Management

A licensed clinician is assigned to each member and works closely with them to identify trends, manage medications and order labs.

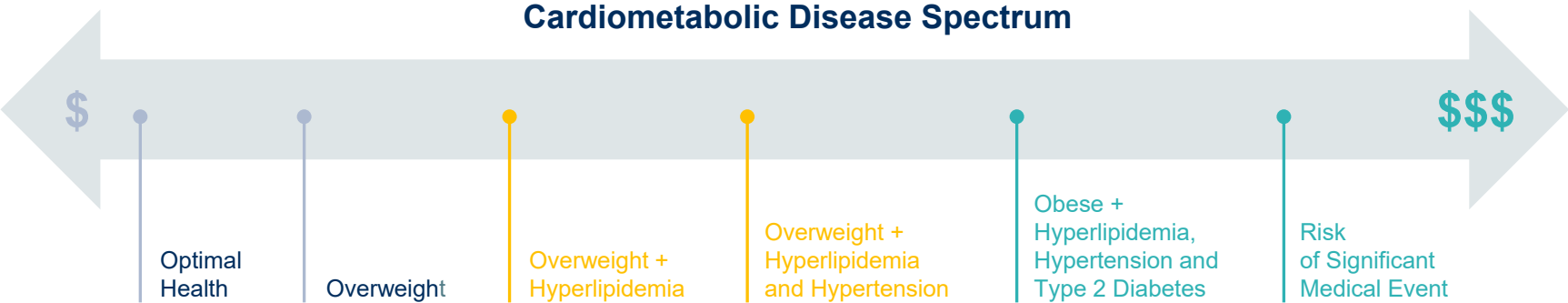
Support

A support team is available to assist members with questions at any time over the phone.

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.



Member Enrollment is Seamless

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



Member enrollment outreach from Digital Medicine team



Member visits sign up portal to complete consent form and schedule virtual visit



Member completes virtual visit to determine clinical eligibility



Device shipped directly to member's home (where applicable)



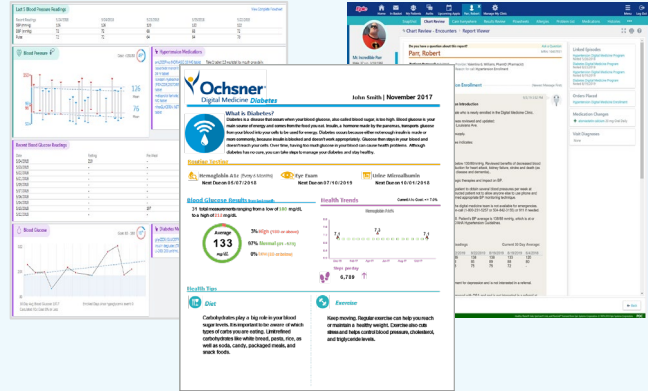
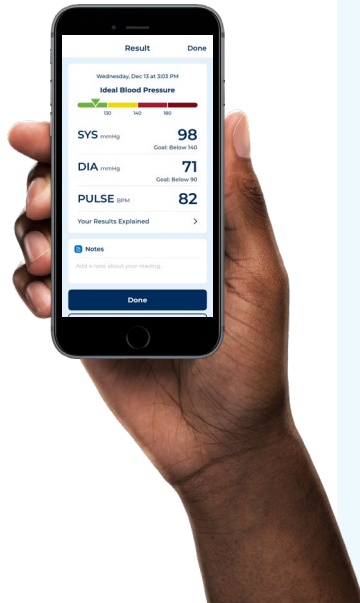
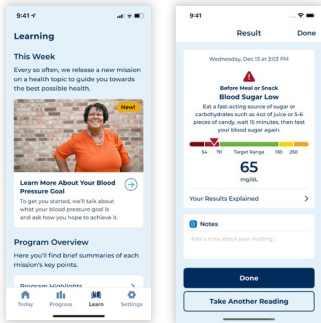
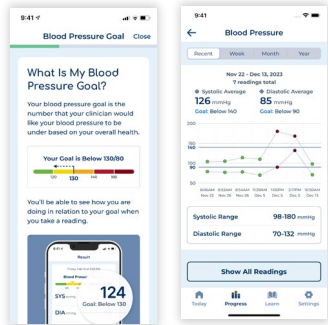
Member sets up device and submits first reading in the Digital Medicine app



Member is connected to their care team for personalized clinical support

Communication and Collaboration

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

Clinical Outcomes

- 79%** Of members achieved their blood pressure goal after 6 months
- 81%** Of members achieved their A1C goal after 6 months

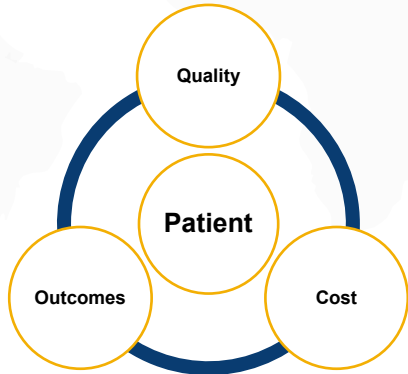
>3:1 ROI*



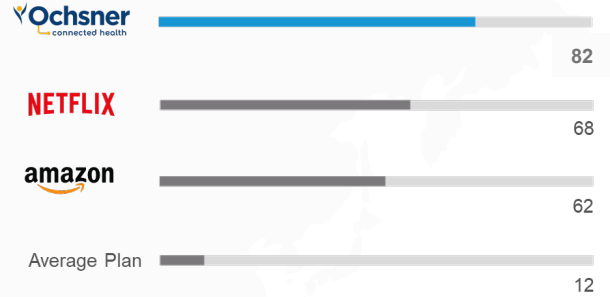
Average savings of **over \$2,200** per member per year

Utilization Reduction

- 45%** Emergency room visits among Hypertension enrolled members
- 38%** Hospital admissions among Hypertension enrolled members
- 30%** Emergency room visits among Type 2 Diabetes enrolled members
- 15%** Hospital admissions among Type 2 Diabetes enrolled members



NPS Scores



***Cost Savings confirmed via third-party actuarial studies:**





Acute care at home update

Washington state

SHB 2295: Concerning hospital at-home services

WASHINGTON STATE LEGISLATURE

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Bill Information > HB 2295

Search for another bill or initiative:

2295 2023-2024

HB 2295 - 2023-24

Concerning hospital at-home services.

Sponsors: **Bateman, Hutchins, Riccelli, Bronoske, Reed, Orwall, Davis, Tharinger, Simmons, Callan, Macri**

Companion Bill: **SB 6101**

Bill Status-at-a-Glance ⓘ

See **Bill History** for complete details on the bill

As of Thursday, May 30, 2024 11:50 AM

Current Version:	Current Status:
Substitute - SHB 2295	C 259 L 24

Where is it in the process?

Introduced In Committee On Floor Calendar Passed Chamber

In the House: ●————●————●————●

In the Senate: ●————●————●————●

After Passage: ●————●————●————●

Passed Legislature On Governor's Desk Governor Acted Session Law

[Go to documents...](#)

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Washington state

SHB 2295: Concerning hospital at-home services

Available Documents

For a complete list of documents, go to Online Reports [Text of a Legislative Document](#).

Bill Documents	Bill Digests	Bill Reports
Original Bill		House Bill Analysis 2024
Substitute Bill		House Bill Report
Bill as Passed Legislature		Substitute Senate Bill Report
Session Law		Substitute House Bill Report
		Final Bill Report

Fiscal Note

[Get Fiscal Note](#)

Amendments

Amendment Name	Num	Sponsor	Type	Description	Action
2295-S AMS HLTC S5102.1		Health & Long Term Care	Committee	Striker	ADOPTED 02/22/2024

Available Videos

(Video links take you to the TVW website)
Live video is available at the stated time. Archived video becomes available approximately two hours after the close of the hearing or floor session.
[Jan 24, 2024 House Health Care & Wellness at 1:30 PM](#)
[Jan 30, 2024 House Health Care & Wellness at 1:30 PM](#)
[Feb 16, 2024 Senate Health & Long Term Care at 8:00 AM](#)

