



Ambient AI Adoption:

An Unconventional Approach that Delivers Results

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Introduction

Healthcare providers are facing a set of unprecedented challenges today. From high physician burnout and turnover to long wait times for patients and increasing regulations to changes in reimbursement, these issues affect every aspect of healthcare.

Technology has the potential to help solve many of these problems. However, solutions like EHRs are often purchased by organizations for reasons such as adhering to changing regulatory requirements without considering the physician experience. **For example, patient records are more accessible and secure, but 57% of providers report using them is a cause of burnout and hurts the provider-patient relationship.**

The need for new solutions to integrate with the EHR has also stymied innovation, focusing more on the integration than the provider or patient experience. To achieve truly transformational change and have a measurable impact on the biggest issues in healthcare, it's time to put the focus on experience and usability instead of integration. **In other words, integration can be a feature, but it shouldn't be the product.**

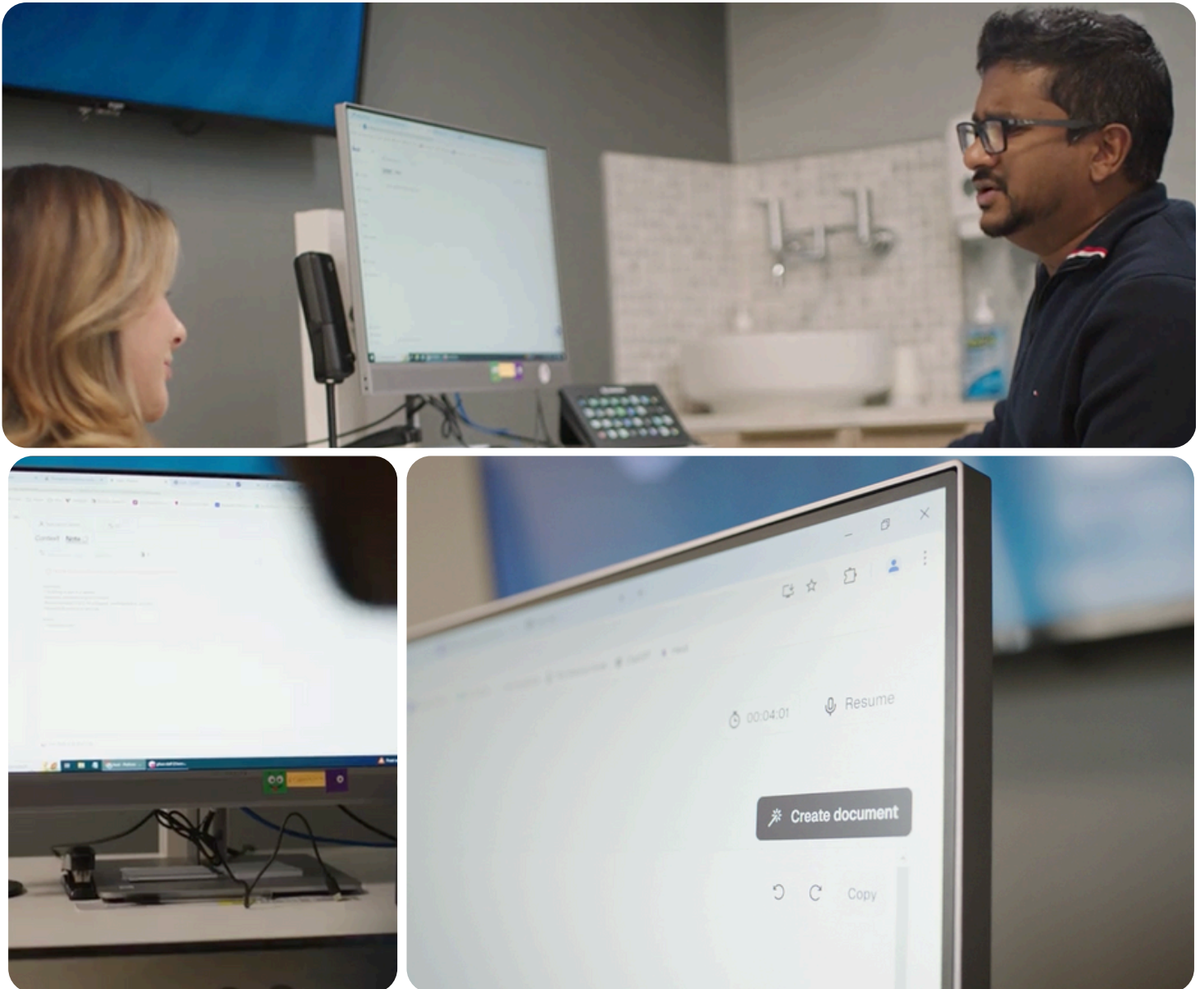
Ambient AI is a technology that can make a huge impact when it is fully adopted. With 70%, or higher, adoption, providers can save 5-10 minutes per visit, cutting time on documentation by two hours daily and potentially expanding capacity to add up to four more patients a day. Achieving maximum utilization, however, means including physicians, who are the key stakeholders, in the selection process. When an organization takes a physician-led approach, ambient AI can not only reduce burnout and turnover by saving providers time, it can also improve documentation and billing accuracy and increase capacity.

“Doctors really love the human part of medicine. Going into a room, talking to the person in front of them, figuring out what’s going on, and coming up with a plan to hopefully make things better. That nucleus of what medicine is has really been ruined by a lot of the administration that goes around care. This leads to burnout, it leads to people leaving, and it’s a significant problem when we already don’t have enough doctors practicing.”

Dr Tom Kelly, CEO, Heidi Health



In this guide, we'll share some unconventional wisdom around driving adoption. We'll show you how changing your approach to choosing and implementing a solution like ambient AI can deliver unexpected levels of engagement and results.



Big Challenges

Health systems have never been under more pressure. Rising costs and aging populations with more chronic, comorbid disease have added complexity at a scale never seen before.



20%

of U.S. GDP is spent on healthcare

27%

of U.S. adults suffer from multiple chronic conditions

In the U.S., healthcare now accounts for 20% of GDP, despite efforts to turn the focus from fee-for-service to value-based reimbursement. The cost of managing chronic conditions is only expected to grow in the coming decades.

48%

of physicians report burnout

7%

annual turnover rate of physicians

Frontline providers are feeling this strain, and its driving unprecedented levels of burnout, dissatisfaction with their work, and ultimately causing thousands of doctors to walk away from careers.

28-38

average wait time in days for appointments

200k

average revenue cost of losing a patient

Patients experience the effects, with prolonged waits for appointments and in emergency departments. Delays in available care reduce access, impact outcomes, and hurt the health system's bottom line.

Conclusion

Recruiting and retaining staff has also become increasingly difficult, necessitating a need to differentiate your organization in not just the work you do, but how you do the work.

The Opportunity AI Scribes Present

There is no single panacea to this crisis confronting health systems around the world. However, prioritizing interventions and tools that meet the rising demands of the health system and the individual providers will:

- Improve system efficiency
- Reduce drivers of burnout
- Increase the time doctors with patients

Organizations that are successful in this approach will attract and retain staff and patients, deliver the best outcomes, and see a return on their investments.

The emergence of ambient AI as a transformational technology in healthcare has occurred rapidly.

Underscoring its uptake is its ability to provide measurable improvements in efficiency felt by individual providers and the system at large. Significant benefits, include:

- Reducing documentation time by up to 85%
- Improving documentation quality and coding accuracy
- Increasing capacity for providers

Most importantly, AI scribes are returning doctors' attention to their patients, creating a more empathetic doctor-patient interaction and better experience all around.

"[The AI scribe] has significantly reduced the load on my working memory, allowing me to be more present with patients. They get a brighter, more engaged me. I'm able to listen more attentively without worrying about capturing every word manually."

Dr. Meera Rajah, GP Partner and Co-founder, NHS Hampton Medical Center



“There was a cohort of us who would just always be here an hour or so after work, trying to finish up notes... The other thing that would happen is people would cut short a patient encounter, so they would have enough time to write their note before the next patient... [The AI scribe] allows me to just talk to the patient—we are just listening and communicating and really being present—patients love it!”

Dr. Shelagh Fraser, Priority Physicians Director
of Medical Excellence and Innovation

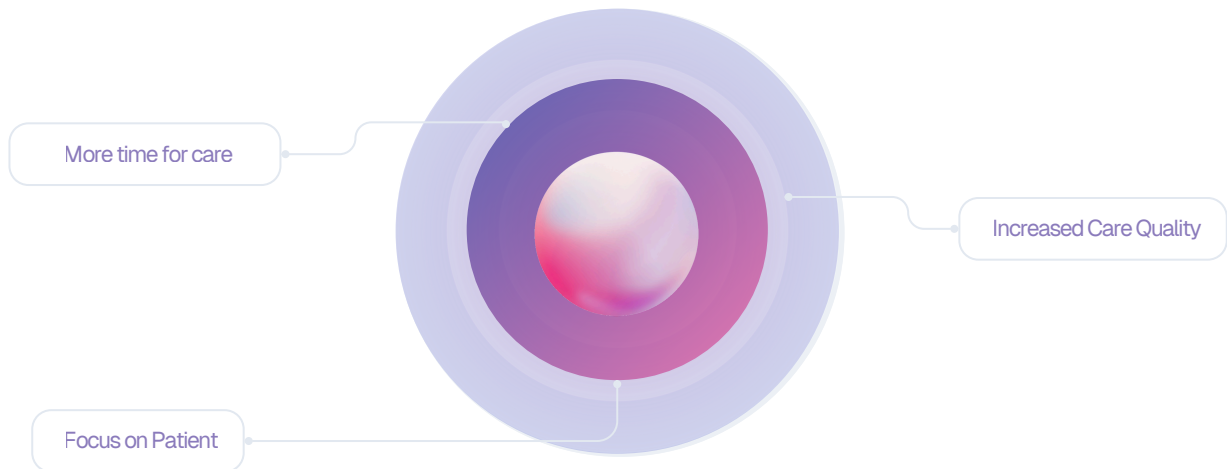


Realizing the Potential of AI Scribes

AI technology isn't the hard part—anyone can build an AI tool. Neither is building an integration with an EHR. The hard part is making it truly transformational for a healthcare organization. For that to happen, it must be thoughtfully designed and widely used. Utilization and adoption of tools is the multiplier that drives exponential impact. **The accepted wisdom is that you need a minimum of 70% adoption to see significant ROI.** The best results come when that adoption is because of preference and not pressure. Having an AI care partner that understands this will be the main driver of success.

Thinking about physician adoption and experience first may be a novel way to approach digital transformations, but today, solutions aren't just digitizing workflows, they are doing the work. **Doctors aren't exchanging a pen for a keyboard, they are getting another worker, and AI scribes should be assessed as such.**

AI scribes therefore need to be assessed not only on their ability to adapt to an individual provider, but also to changing clinical environments. Physicians will trust and use a scribe that can keep up with them and reduce their workload reliably by replacing their need to do the work.



“Adoption and utilization are determined by the ability of an AI scribe to meet the unique style and workflow of the provider. AI scribes are replacing work physicians have historically done themselves. Since documentation is the emblem of a doctor’s craftsmanship, ensuring their comfort with owning the output is the single most important way to drive repeated use.”

Dr. Thomas Kelly, CEO, Heidi Health

How to Assess This New “Worker”

When looking at AI scribes as new “workers”, focus on the features that provide the customization, personalization, and flexibility to support any provider in any type of environment to maximize adoption. Being able to transcribe, dictate, and deliver a note to the EHR should be table-stakes. The following features are what it takes to ensure high adoption with providers across specialties.

Feature	Description	Why it matters
Style customization	Access style choices that match individual clinical preferences and ensure outputs are in preferred formats while maintaining accuracy.	Replacing note-taking is difficult. The AI solution must adapt to every provider’s unique style or they won’t use it. This requires flexibility across everything from formatting to syntax.
Robust templating infrastructure	Develop bespoke templates that do more than just fill in headings or content. Enable conditional logic, context-aware sections that pull in relevant information, calculations, etc.	A clinical document should not be thought of as a static mixture of headings and content. Most clinical documents are a set of complex reasoning choices that need to be imbued into the artifact.
Smart dictation	Add dictations into the parts of the note where it is important. Dictation should be bolstered by a “smart” layer that can self-correct with contextual clues. It should also have additional time saving capabilities such as word-triggered phrases and interpreting instructions.	While transcription turns the interaction into a summarized visit, it’s critical to be able to fine-tune with verbatim context, without typing. The solution needs to nicely harmonize dictation and transcription.
Chat-based interactions	Interact with the clinical context via a chat interface. Create, update, and retrieve information with textual (and dictated) instructions. For example, “Remove mention of family from the SOAP note.”	You need to make on-the-fly adjustments. This mimics the work of a great assistant, who isn’t trained on every request a doctor may make, but is able to intuitively use the context clues to create documents, summarise, or surface insights.

How to Assess This New “Worker”

Feature	Description	Why it matters
Context awareness	Capture comprehensive patient information and observations without disrupting visits, creating a complete clinical picture. The scribe should be able to consider context from past sessions, uploaded documents, pre-charted dications, and other sources.	There's more to the visit than taking vitals or the primary complaint. Providers need clinical context from referrals, imaging reports, lab results, or nursing observations to get up to date or document sensitive observations like "Patient appeared distressed."
Task management	Transform clinical encounters into actionable follow-up items, ensuring continuity of care through systematic tracking of referrals, medication monitoring, and more.	The AI solution needs to do more than record and transcribe a visit. It needs to support activities pre-visit and post-visit like generating automatic to-do lists from each clinical encounter with follow-up actions.
Collaboration functionality	Enable multi-user workflows that facilitate collaboration on single-patient care with admin oversight or generate documents collaboratively with shared access.	Care is not done by one person. A good worker is not a point person that does one thing. They should be able to work with different members of the care team.
Modality and setting flexibility	Does the scribe work equally well in any clinical environment, on any device? Can it match the nature of the workflow with mobile, desktop, web, telehealth, offline mode, multiple patients, etc.	A good “worker” should move with the provider across environments and modalities. An AI scribe that works in a clinic, but not on a round or in the ED is less impactful than one that works in any setting.

Personalization Matters

Replacing your providers as note writers is inherently difficult. This is primarily because:

- Within a patient interaction, the conversation is not wholly representative of a provider’s decision-making process.
- The clinical decision making doesn’t reflect the structure and style of the clinical documentation.
- A provider may be asking questions to build rapport, whilst observing patient behavior.
- The doctor may have known a patient for years and only need a brief interaction to complete their assessment and make clinical decisions.


Building an AI scribe that can detect these nuances, draw on other contexts like investigation results and past history, and reliably synthesise and deliver clinical documentation that meets a physician’s high expectations requires a deep understanding of this complexity and variability, and a structured approach to personalization that is deeply ingrained in the platform's design.


“Replacing notes is really difficult. It’s challenging because doctors have lots of personal preferences. They do things that aren’t always said out loud. And these notes are emblematic of their practice. Replacing that is really tricky.”

Dr. Thomas Kelly, CEO, Heidi Health

Consider this: which of these notes is “better”. Both? Neither? A physician would probably feel very strongly about one approach over the other even if the rest of us think they look largely the same. For providers, the nuances matter—in the actual encounter and in the way they document it. Offering a solution that is designed for personalization, customization, and context meets that need and will drive higher engagement and adoption.

Personalisation really matters





Young Kim

Gastroenterologist

Standard SOAP note

Subjective
Presents with epigastric pain. Long-standing history of Crohn's disease with previous surgical resections of small and large bowel.

Current symptoms:

- Epigastric pain, particularly peri-prandial
- Fevers and general inflammatory symptoms
- Sleep disturbance
- Feeling feverish
- Recent weight loss
- Loss of enjoyment in activities

Personalised note

GI Note

Subjective:
Presenting with epigastric pain, with history of long-standing Crohn's disease and previous surgical resections of small and large bowel. Epigastric pain occurs peri-prandially. Associated symptoms include fevers, night sweats, and general malaise. Denies nausea, vomiting, melaena, haematemesis. No bleeding, bruising, or new rashes noted. No extra-anatomical manifestations of Crohn's disease. Reports mood issues related to Crohn's disease: anhedonia, sleep disturbance, poor appetite, weight loss. Recently discontinued SSRIs. Significant impact

The ROI of Ambient AI

The best thing about an ambient AI “worker” is that it delivers a return on your investment that far exceeds a human scribe. To achieve the adoption and use that delivers this result requires a system designed to drive high utilization.

Value	ROI
Minutes saved per provider per encounter	6
Minimum encounters recorded per week	100
Minutes saved weekly	600
Hours saved per provider per week	10
Weeks worked per year	46
Total minutes saved annually per provider	27,600
Total hours saved annually per provider	460
# of providers in health system	6,000
70% adoption = # of provider users	4,200
Minutes saved annually	115,920,000
Hours saved annually	1.9M
Annual hours per FTE (46 wks X 40 hrs / wk)	1840
Equivalent FTE's	1,050
Median wage for healthcare providers	\$83,000
20	Average visit time in minutes
5.7M	Equivalent visits

* The data in this chart is a combination of industry accepted averages and data from Heidi Health clients in a health system setting.

Physician-Led Transformation

Given adoption and utilization of AI scribes is key to success, listening to your providers will allow you to gain invaluable insights. Most scribes are available for individual providers to trial without needing to first be integrated to a medical record. **Simply put: your doctors can tell you which scribe is the best and most likely to be widely adopted.**



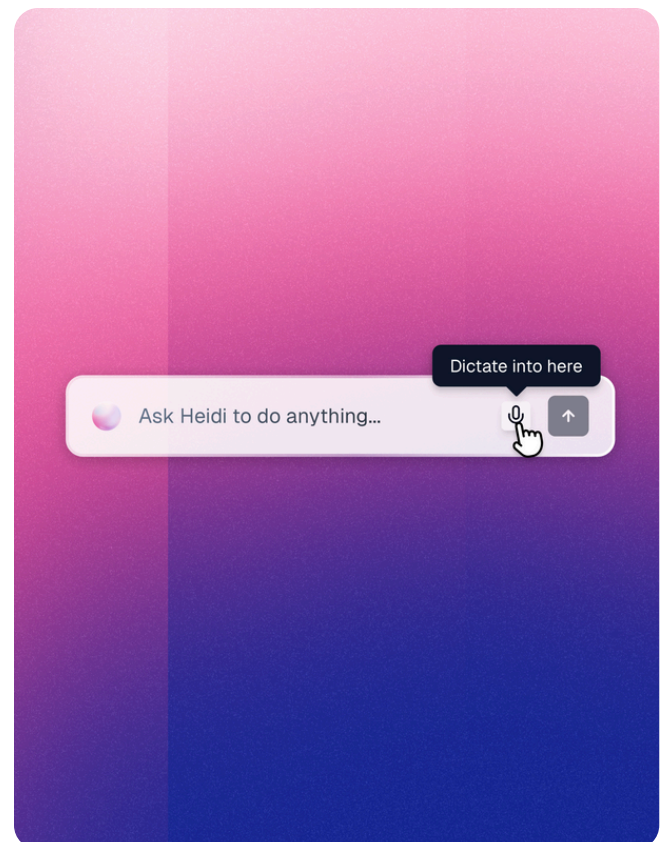
In the past, intensive training and onboarding was required to drive adoption and success with healthcare technology. That is no longer true. The right AI scribe delivers out of the box results without lengthy onboarding. Providers can be up and running in minutes, even in a fast-paced clinical environment, and the ideal scribe gets better the more the provider uses it. In fact, this should be a top feature to look for in an AI scribe—is it quickly and easily adopted by providers across all types of organizations and specialties?

If you want the best AI scribe, and you want to drive adoption to deliver results, the best approach is to ask your doctors.

Framing Integration

This physician-led adoption, often referred to as product-led growth, is relatively new in healthcare as traditionally products needed to be integrated with electronic health records and centrally procured. This often meant implementing technology without considering the impact on the experience for providers or patients. In other words, integration was the product.

With modern AI tools, providers can and often prefer using a separate app and interface beyond their record. They want the best tool for the job—integrated or not. As we shift from digitizing to replacing work, integration is moving from being a foundation to a feature. The scribe you choose should be the one that performs the best and has the highest adoption. That will only improve when it is integrated with your EHR. If you revert to traditional integration-first procurement, you risk distracting yourself from the thing that matters most—adoption.



Key Questions to Assess AI Scribes

When assessing which AI scribe will have maximum impact in your organization, there are several key questions that you should ask:



- Are the physicians within your organization already using an AI scribe? Are they paying for it out of pocket? This is a powerful early marker of a great solution.
- Did providers adopt the product organically (self-led onboarding) or were structured onboarding and training sessions required to use the product? How long did it take for them to get up and running on the solution?
- If doctors are already using a scribe, how many sessions/visits are they conducting a week?
- Does the scribe offer a broad range of templates for most specialties as well as deep customization and personalization? Will it adapt to the unique needs of each provider?
- Can the AI scribe be used in every clinical setting? Will it keep up with your doctors wherever they are working, from the exam room to the emergency department to a telehealth visit?
- How does the AI scribe handle context? Does it drop unnecessary conversation and pick up on unusual behavior? Can it pull in EHR data or upload reports, referring provider notes, etc? How easy is it to dictate or type in additional notes?
- How does the AI scribe provider define an active user and adoption? It should be by number of sessions (ideally >25 sessions a week or more). (Don't be fooled by total minutes transcribed per week or other statistics that can misrepresent usage.)
- What is the adoption rate at other organizations? What percentage of providers are active users? How long did it take for them to achieve that level of utilization? (Good adoption is >60%)
- While integration shouldn't be the defining characteristic of a scribe, it is important, so ask the vendor what their integration strategy is.

Case Study On Adoption

In a 3-month pilot, one U.S. health system achieved measurable results due to high adoption of the AI scribe among the pilot participants.



Day-to-day positive impact on providers



About Heidi

As one of the most adopted AI scribes in the world, Heidi has provider users across **50+ countries** and supports over **1.5 million consultations every week**. It has been built with the needs of doctors front of mind, prioritising an intuitive interface and the versatility to be deployed in any clinical setting.

Heidi's customisable templates, combined with unmatched personalization, means that physicians from around the world are choosing it as their preferred AI scribe, regardless of their specialty and where they work.

Heidi's growth has been physician-led, with a rapid phase of early growth being driven by word of mouth in clinics and hospitals alike. This product-led growth has reached a tipping point, where providers are now asking their organizations to roll out Heidi. **Pilots in hospitals are delivering utilization rates of >65% in just the first four weeks.**

While Heidi integrates with many leading EHRs, and we continue to build more integrations, we believe the physician experience is the most important aspect of our tool and the reason we see such high adoption. We'll never compromise the personalization and reliability of our product.

To find out more about Heidi, [click here](#).



Ambient AI Adoption:

Thank you for reading!

