



ROI Validations

Suki ROI Validations 2026

Cross-Organizational Results from Suki's Clinical Intelligence Platform

January 2026

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Suki

Cross-Organizational Results from Suki's Clinical Intelligence Platform

Three large health systems—**FMOL Health**, **McLeod Health**, and **Rush University System for Health**—set out to adopt an ambient speech technology solution that would (1) significantly reduce their clinicians' documentation burden and (2) generate measurable operational and financial impact. To accomplish this, they deployed Suki, an AI-powered clinical intelligence platform that streamlines clinical note creation and supports accurate coding within existing EHR workflows in their ambulatory care settings. All three organizations experienced reduced documentation burden, greater time savings, and improved E/M coding, which have led to improved efficiency and clear financial gain. Additional benefits include improved provider satisfaction, enhanced patient care, and improved patient satisfaction. This report examines outcomes achieved and lessons learned by the three participating organizations.

About the KLAS ROI Validations Series

To help healthcare organizations make decisions on HIT investments, KLAS is publishing a series of reports that validate real-world ROI by taking a detailed look at the outcomes a healthcare organization or a small sample of organizations have achieved with a specific HIT solution. Vendors included in this series must already be rated in KLAS' performance data and must be in high-energy markets where the technology's ROI is a frequent point of curiosity.

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Note: This report reflects the experience of three customer sites and is not a comprehensive view of the vendor's broader customer base.

All Organizations Have Realized Clinician & Financial Outcomes from Suki, While Operational & Patient Benefits Are More Varied

The following represents findings from the three interviewed organizations, including both their overall outcomes and combined strategies that helped lead to successful initiatives and realized outcomes. See later sections for more details on each organization's Suki initiatives and outcomes.

Overview of projects: All three organizations in this report are large health systems (500+ beds) and all use Epic's EHR. Pilots were three to five months long and included a focused group of clinicians; organizations have since expanded to more clinicians and specialties (as of the date of their KLAS interview, McLeod Health had expanded from 40 outpatient clinicians to 249 active outpatient and ED users, Rush University System for Health from 125 clinicians in 21 specialties to 243 active users across 35 specialties, and FMOL Health from 35 clinicians across primary care and key specialties to 132 users across 15 specialties).

Defining Quantitative & Qualitative ROI

This report examines both quantitative and qualitative ROI achieved by the three healthcare organizations. Quantitative ROI refers to measurable metrics that were directly tied to the benefit, while qualitative ROI is based on anecdotal evidence, early-stage data, or a measurement that indirectly ties to the benefit.








Reported Outcomes—All Organizations Combined

Quantitative ROI achieved
 Qualitative ROI achieved
 Not yet validated

	Clinician benefits				Financial benefits			Operational benefits				Patient benefits			
	Improved patient care	Reduced clinician burnout	Reduced documentation burden	Time savings	Improved documentation/coding (including improved E/M coding)	Improved financial viability	Reduced costs	Deeper strategic partnership with vendor	Easier integration/data flow	Improved employee satisfaction	Increased operational efficiencies	Increased patient encounter volume	Smaller vendor portfolio	Improved patient engagement	Improved patient satisfaction
FMOL Health	—	—	✓	✓	✓	—	—	—	●	✓	—	✓	—	—	●
McLeod Health	✓	—	●	✓	✓	✓	—	—	—	●	●	✓	—	—	●
Rush University System for Health	—	●	✓	✓	✓	—	—	—	—	—	—	—	—	—	—

Note: KLAS measures a standard list of outcomes across all vendors in the ROI Validation series. We also invited participating vendors to share specific outcomes they want to validate. Suki requested that the following outcomes be included: improved E/M coding, increased patient encounter volume, and improved patient satisfaction.

Lessons Learned—What Best Practices Can Other Organizations Replicate?

-  **Select a responsive, high-integrity vendor partner:** Choose a partner that reliably incorporates feedback, delivers consistently, and engages transparently. A structured, objective evaluation process helps validate real clinical performance and build clinician confidence.
-  **Align leadership and establish strong governance from the start:** Engage executive, clinical, informatics, IT, operational, and revenue cycle leaders early to unify expectations, refine consent and policy frameworks, safeguard documentation quality, and prevent downstream coding or billing issues to lay the foundation for smooth enterprise deployment.
-  **Design a representative, well-structured pilot:** Include clinicians with varying efficiency levels and documentation burdens to ensure results are realistic and scalable. Use the pilot to refine workflows, note structures, and set up recommendations before broader rollout.
-  **Leverage clinician champions to drive engagement across all sites:** Start with motivated volunteer clinicians whose early adoption helps validate workflows and create influential superusers, and support both centralized and decentralized practices through consistent communication, shared success stories, and strong physician-champion advocacy.
-  **Provide high-touch support with continuous workflow and content optimization:** Maintain ongoing rounding (e.g., with physician leadership), hands-on coaching, and iterative refinement of prompts, note structures, and workflows—supported by centralized resources and peer champions—to sustain adoption across both centralized and decentralized sites.
-  **Evaluate performance using comprehensive, longitudinal metrics:** Use at least three months of data to account for onboarding variability and fluctuations, and measure impact broadly by assessing patient experience, coding patterns, visit volumes, documentation quality, and long-term efficiency—not just time spent documenting.
-  **Use pricing models that align incentives and enable scale:** Utilization- or encounter-based pricing reduces financial risk and supports sustainable enterprise-wide adoption.

FMOL Health

Project overview: FMOL Health implemented Suki's clinical intelligence technology to reduce the documentation burden, improve note quality, and address rising rates of after-hours work among clinicians. The rollout quickly expanded across more than a dozen specialties, with clinician users reporting significant reductions to their cognitive load, faster note completion, and improved work-life balance. FMOL Health saw a 21% decrease in time clinicians spend in notes, a 43% decrease in the number of notes open for more than seven days, and improvements in coding accuracy and encounter volume.



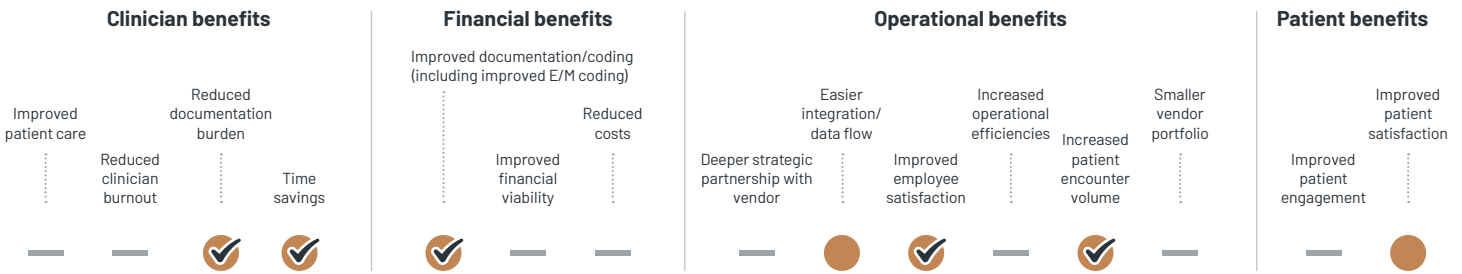
Organization size: 1,992 beds
Annual patient revenue: \$1.6B
EHR in use: Epic

Scope of Suki project

of users measured: 91
of specialties included in pilot: 9
of specialties currently live: 16
Live care settings: Ambulatory care
Time to implement: 3 months

Reported Outcomes—FMOL Health

 Quantitative ROI achieved
  Qualitative ROI achieved
  Not yet validated



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Clinician Benefits

Reduced Documentation Burden

Quantitative ROI

Achieved: 21% reduction in time clinicians spend in notes; 65% decrease in after-hours note completion

How it was measured

Organization targeted users with consistent Suki usage

- Identified users with >20% Suki utilization in 2025
- Required at least three months of baseline data (non-Suki) and one month of Suki usage
- Included clinicians who averaged ≥15 encounters per month across either baseline or Suki-enabled months

Success factors

Coalition of the willing: Clinicians who are eager for solutions set strong adoption patterns.

Engagement from an executive champion: FMOL Health's leadership supported the Suki workflows and user compliance.

Rapid iteration based on user feedback: Suki made regular product updates in response to user feedback to match FMOL Health's workflows, and this helped increase user adoption.

Time Savings

Quantitative ROI

Achieved: 43% decrease in the number of notes open for more than seven days; 20% reduction in users that have notes open for more than seven days

See Reduced Documentation Burden ROI above for relevant measurement information and success factors.



Financial Benefits

Improved Documentation/Coding

Quantitative ROI

Achieved: 6.5% increase in established Level 4 patient visits, leading to an increase in incremental revenue of \$862 per user per month

How it was measured

Organization used Epic Signal data

- Identified users with >20% Suki utilization in 2025
- Required at least three months of baseline data (non-Suki) and one month of Suki usage
- Included clinicians who averaged ≥15 encounters per month across either baseline or Suki-enabled months

Success factors

Coding team reviews: These reviews helped validate improvements in documentation quality.

High note integrity: Suki consistently aligned with required clinical elements.



Operational Benefits

Easier Integration/Data Flow
Qualitative ROI

Achieved: Easier data input for clinicians, as there was bidirectional EHR integration and no copy-and-pasting required

Improved Employee Satisfaction
Quantitative ROI

Achieved: 100% of the 91 respondents to the user-satisfaction survey reported improved work-life balance

How it was measured

Suki sent out a user satisfaction survey in November 2024

Success factors

Responsive vendor iteration: Rapid product refinement from Suki improved user trust and adoption.

Focus on clinician well-being, not productivity quotas: FMOL Health's leaders explicitly did not pressure clinicians to see more patients but instead prioritized burnout reduction and note closure. The organization also consistently shared success stories with peers.

Increased Patient Encounter Volume
Quantitative ROI

Achieved: Organic 22% increase in patient volume (without added pressure from organization)

How it was measured

Appointment count was captured in Epic Signal

- Reports on appointments were normalized to a four-week period to account for shifting time frames
- Identified users with >20% Suki utilization in 2025
- Required at least three months of baseline data (non-Suki) and one month of Suki usage
- Included clinicians who averaged ≥ 15 encounters per month across either baseline or Suki-enabled months



Patient Benefits

Improved Patient Satisfaction
Qualitative ROI

Achieved: Clinicians are better able to focus on patients during appointments

How it was measured

Clinicians report less screen time, increased eye contact with patients, and more engaging conversations about care

What's Next?—FMOL Health's Vision for the Future with Suki

- » **Continued expansion across specialties:** FMOL Health will continue to offer Suki to any specialty or newly onboarded clinicians that express interest.
- » **Ongoing measurement of the patient experience:** FMOL Health plans to analyze after-visit surveys to validate patient satisfaction improvements at scale.
- » **Optimization of documentation workflows:** The organization's clinical informatics and digital health teams will refine documentation workflows to further reduce the after-hours burden.

Project overview: With the goal of reducing documentation burden, improving clinician well-being, and strengthening financial sustainability, McLeod Health implemented Suki across its multihospital system using a structured, multiphase evaluation process that involved situation testing, workflow demonstrations, and a 90-day pilot. The organization sought a technology that would (1) meaningfully reduce the amount of time clinicians spend in notes, (2) improve patient-provider communication and satisfaction, and (3) deliver measurable financial ROI within months of go-live. They have since expanded to 249 users.

McLeod Health

Organization size: 945 adult beds, 48 NICU beds

Annual patient revenue: \$2.1B

EHR in use: Epic

Scope of Suki project

of users measured: 32

of specialties included in pilot: 8

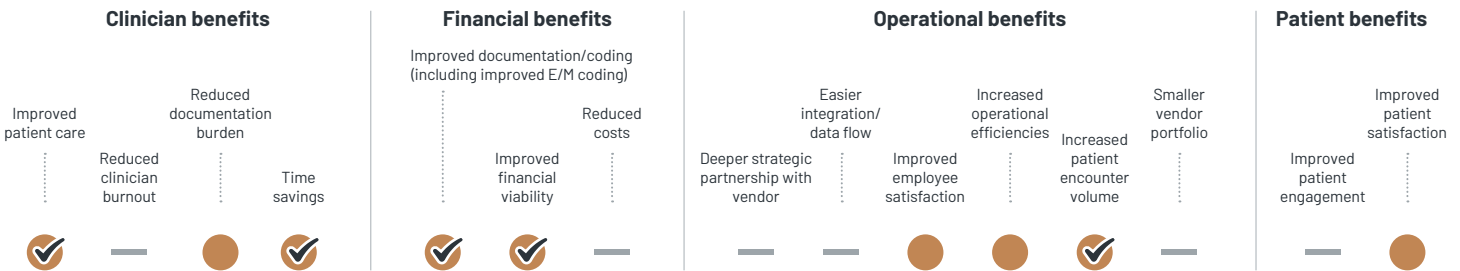
of specialties currently live: 16

Live care settings: Ambulatory care, ED

Time to implement: 5 weeks

Reported Outcomes—McLeod Health

✔ Quantitative ROI achieved
 ● Qualitative ROI achieved
 — Not yet validated



Note: KLAS measures a standard list of outcomes across all vendors in the ROI Validation series. We also invited participating vendors to share specific outcomes they want to validate. Suki requested that the following outcomes be included: improved E/M coding, increased patient encounter volume, and improved patient satisfaction.



Clinician Benefits

Improved Patient Care
Quantitative ROI

Achieved: Improved patient-experience metrics, including 6.3% increase in “provider listening” and “trust in provider”

How it was measured

Pre- and post-pilot analysis of NRC Health patient-experience survey data

- Included baseline data from 8–12 months before pilot
- Analysis used a matched-pair design, comparing each provider’s own pre- and post-pilot NRC scores

Reduced Documentation Burden
Qualitative ROI

Achieved: 89% of respondents reported spending five minutes or less per note; satisfaction score on solution’s effect on documentation burden was 8 out of 10

How it was measured

Post-pilot provider experience survey was sent to pilot cohort six months after go-live; received 56% response rate

Time Savings

Quantitative ROI

Achieved: 26.8% reduction in time clinicians spend in notes, leading to 3.6 hours of provider time saved per month in the pilot; 89% of providers now spend less than five minutes per note; 35.4% reduction in after-hours documentation time per provider, per note period

How it was measured

Pre- & post-pilot analysis of documentation efficiency using Epic Signal data

- Pre-pilot data pulled May 2024 for existing providers or on new providers' onboarding dates (through October 2024); post-pilot data pulled November 2024–March 2025
- Included only ambulatory care clinicians with $\geq 20\%$ utilization of the solution and at least three months of baseline data, plus one month of post-go-live data to ensure valid comparison
- Providers also completed a post-pilot experience survey to assess average time spent per note

Success factors

Executive rounding: The CMO personally rounded with clinicians to help troubleshoot workflows and model use of ambient AI, increasing trust and willingness to adopt.

Self-onboarding strategy: A streamlined onboarding website and workflow resources allowed clinicians to get started in Suki quickly so they could focus time on patient care.

Physician champions & testimonials: Selecting physician champions and sharing their testimonial videos helped achieve buy-in and spread adoption across ambulatory care practices, which typically operate in isolation.



Financial Benefits

Improved Documentation/Coding

Quantitative ROI

Achieved: Average net gain of \$1,004 per provider per month driven by changes in E/M coding

New encounters: Level 3 reduced by 3.2%; Level 4 increased by 7.2%; Level 5 increased by 2.3%
Established encounters: Level 3 reduced by 18.2%; Level 4 increased by 7.3%; Level 5 increased by 5.0%

How it was measured

Analyzed E/M coding distributions for new & established patient visits

- Analyzed pre- and post-pilot groups (see above dates and qualifications)
- CMS fee-schedule reimbursement values were applied

Success factors

Objective vendor evaluation: Simulation demos and Epic workflow demos ensured Suki could provide high-quality notes suitable for billing.

Planned vendor collaboration: Vendor assisted with detailed coding and financial analysis, improving confidence in documentation quality.

Improved Financial Viability

Quantitative ROI

Achieved: In total, \$2,629 increase in revenue per provider per month

Success factor

Aligned pricing model with utilization: McLeod Health negotiated with Suki to implement a utilization-based pricing model, where they pay a small fee per encounter with a cap, which removed cost barriers.



Operational Benefits

Improved Employee Satisfaction

Qualitative ROI

Achieved: Provider satisfaction score with Suki at 8 out of 10 and documentation accuracy 7.5 out of 10; 100% rated their likelihood of recommending the solution as 10 out of 10

How it was measured

Survey administered six months post-pilot

- Seven survey questions on a 1–10 scale
- 56% of clinicians in the pilot participated

Success factor

Strong physician voice: Champions were selected (from physicians who were formerly skeptical) to promote product, creating credibility and enthusiasm and increasing employee buy-in.

Increased Operational Efficiencies

Qualitative ROI

Achieved: 81% adoption rate among 249 providers since system-wide rollout, generating over 150,000 notes

How it was measured

Organization used data captured through Epic Signal

Increased Patient Encounter Volume

Quantitative ROI

Achieved: 18.3% increase in patient encounters per month

How it was measured

Pre- & post-pilot analysis of documentation efficiency using Epic Signal data

- Gathered data from pre-pilot and post-pilot groups (see above information on dates and qualifications)



Patient Benefits

Improved Patient Satisfaction

Qualitative ROI

Achieved: Patients reported Net Promoter Score (NPS) of 65 (on a -100 to 100 point scale), indicating an exceptionally strong likelihood to recommend their provider

How it was measured

Post-onboarding patient-experience survey

- Administered 30 days after clinicians began using Suki
- Calculated NPS from patient responses to "How likely are you to recommend this provider to family and friends?" using standard NPS methodology (0-10 scale), with promoters minus detractors

What's Next?—McLeod Health's Vision for the Future with Suki

- » **Expand ambient AI into acute care workflows:** McLeod Health launched an acute care pilot using the new Haiku-embedded workflow; they plan to evaluate usability, documentation impact, and financial returns for hospital-based clinicians.
- » **Continue system-wide expansion and optimization:** Ongoing priorities include implementing phased onboarding, capturing long-term ROI metrics, and maintaining strong clinician engagement as adoption grows across diverse practice settings.
- » **Implement specialty-specific patient summaries:** Planned enhancements include tailored summaries for different specialties to improve relevance, efficiency, and situational awareness in both ambulatory and acute care settings.

Project overview: Rush University System for Health previously used another ambient solution that included support from a human scribe. They then implemented Suki's ambient documentation solution through a structured, high-touch rollout. The solution was rapidly scaled across the organization's cohort of clinicians, starting with volunteers and expanding with an opt-out deployment model to more than 180 active users. With this solution, they hoped to (1) reduce documentation burden, (2) improve clinician experience, and (3) strengthen patient-provider interactions. They have been able to integrate the tool directly into everyday workflows and realize financial and time-saving improvements.



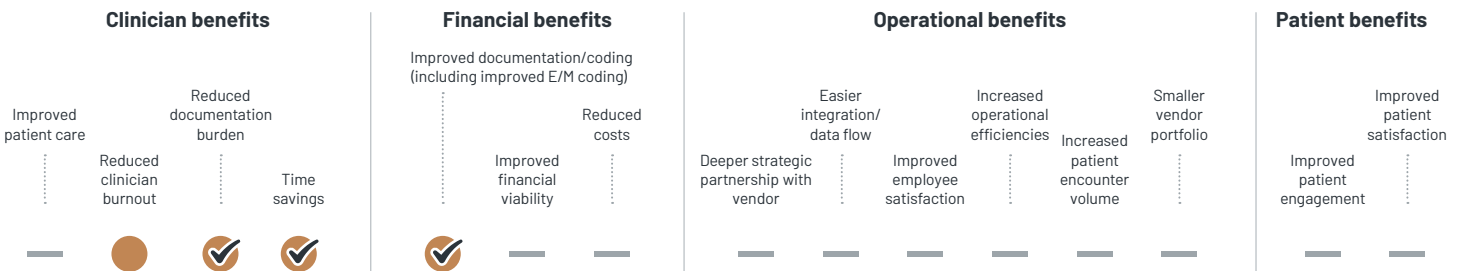
Organization size: 1,045 beds
Annual patient revenue: \$3B
EHR in use: Epic

Scope of Suki project

of users measured: 186
of specialties included in pilot: 21
of specialties currently live: 35
Live care settings: Ambulatory care
Time to implement: 5 months

Reported Outcomes—Rush University System for Health

Quantitative ROI achieved Qualitative ROI achieved Not yet validated



Note: KLAS measures a standard list of outcomes across all vendors in the ROI Validation series. We also invited participating vendors to share specific outcomes they want to validate. Suki requested that the following outcomes be included: improved documentation/coding (including improved E/M coding), increased patient encounter volume, and improved patient satisfaction.



Clinician Benefits

Reduced Clinician Burnout
Qualitative ROI

Achieved: Noticeably reduced cognitive load during clinical encounters

How it was measured

Anecdotal reports of positive improvements to clinicians' energy and mental strain

Success factor

Superusers driving adoption: Superusers emerged naturally during the pilot, and their replicated setups, peer-to-peer advocacy, and shared best practices allowed for continued adoption.

Reduced Documentation Burden
Quantitative ROI

Achieved: 5.5% increase in same-day chart closure

How it was measured

Targeted a group of clinicians already using Suki

- Analyzed Epic Signal data, pre- and post-pilot, for any who had used Suki for at least three months

Success factor

Operational alignment during expansion: Alignment was key to gaining clinician engagement and increasing user access to Suki AI.

Time Savings

Quantitative ROI

Achieved: 4% reduction of time clinicians spend in notes; 4% reduction in after-hours documentation time

How it was measured

Targeted a group of clinicians already using Suki

- Analyzed Epic Signal data, pre- and post-pilot, for any who had used Suki for at least three months

Success factor

Organizational feedback for refinement: Clinicians received ongoing optimization support through in-person rounding and virtual one-on-ones, which enabled Rush to adapt prompts, templates, and note structures.



Financial Benefits

Improved Documentation/Coding

Quantitative ROI

Achieved: \$178 increase in monthly revenue per user due to the more complete documentation

How it was measured

Compared E/M coding during baseline period to post-implementation using Epic Signal data

- Observed a shift from using 99213 code to using 99214/99215 for established encounters

Success factor

Suki captures multiple problem statements, which can often be missed in fast-paced visits.

What's Next?—Rush's Vision for the Future with Suki

- Expand ambient documentation to the emergency department:** Rush plans to extend Suki into ED workflows, leveraging emergency medicine clinical informatics fellows to adapt notes, consent standards, and progress-note patterns to the unique ED environment.
- Scale to inpatient settings:** Following ED deployment, Rush intends to bring Suki into inpatient care, addressing complex note structures and progress-note workflows while maintaining high consent and privacy standards.
- Refine consent and policy to support enterprise ambient use:** Updated consent approaches are making it easier to deploy ambient tools broadly without excessive operational overhead, laying the foundation for more consistent outcomes measurement across settings.

Report Information

Share your experience with peers.

Take a [short survey](#) about your ambient speech vendor.



About This Report

To help healthcare organizations make decisions on HIT investments, KLAS is publishing a series of reports that validate real-world ROI by taking a detailed look at the outcomes a healthcare organization or a small sample of organizations have achieved with a specific HIT solution. Vendors included in this series must already be rated in KLAS' performance data and must be in high-energy markets where the technology's ROI is a frequent point of curiosity. These case studies aim to provide supplemental insights to the standard quantitative evaluations that KLAS conducts and reports on for healthcare software and services.

For this report, KLAS conducted an **in-depth interview** with key stakeholders at the customer healthcare organizations, using a question set to explore what quantitative and qualitative ROIs have been achieved, how outcomes are being measured, what lessons have been learned, and any future plans related to ROI assessment. This report reflects the experience of three customer sites and is not a comprehensive view of the vendor's broader customer base.

Reader Responsibility

KLAS data and reports are a compilation of research gathered from websites, healthcare industry reports, interviews with healthcare, payer, and employer organization executives and managers, and interviews with vendor and consultant organizations. Data gathered from these sources includes strong opinions (which should not be interpreted as actual facts) reflecting the emotion of exceptional success and, at times, failure. The information is intended solely as a catalyst for a more meaningful and effective investigation on your organization's part and is not intended, nor should it be used, to replace your organization's due diligence.

KLAS data and reports represent the combined candid opinions of actual people from healthcare, payer, and employer organizations regarding how their vendors, products, and/or services perform against their organization's objectives and expectations. The findings presented are not meant to be conclusive data for an entire client base. Significant variables—including a respondent's role within their organization as well as the organization's type (rural, teaching, specialty, etc.), size, objectives, depth/breadth of software use, software version, and system infrastructure/network—impact opinions and preclude an exact apples-to-apples comparison or a finely tuned statistical analysis.

KLAS makes significant effort to identify all organizations within a vendor's customer base so that KLAS scores are based on a representative random sample. However, since not all vendors share complete customer lists and some customers decline to participate, KLAS cannot claim a random representative sample for each solution. Therefore, while KLAS scores should be interpreted as KLAS' best effort to quantify the customer experience for each solution measured, they may contain both quantifiable and unidentifiable variation.

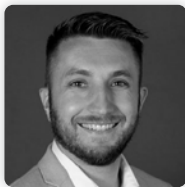
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Note

Performance scores may change significantly when additional organizations are interviewed, especially when the existing sample size is limited, as in an emerging market with a small number of live clients.



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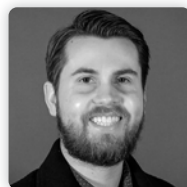


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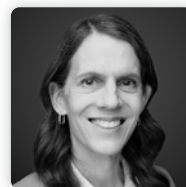
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Our Mission

Improving the world's healthcare through collaboration, insights, and transparency.

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