Abridge
by Regional CMIO

AI Ambient Scribes

Details

Review Date	12/12/2023
Purchase Date	Q4'23
Implementation Time	N/A
Product Still in Use	Yes
Purchase Amount	single seat purchase
Intent to Renew	80%
Review Source	Elion

Product Rating

Product Overall		4.0
Use Case Fit		4.0
Ease of Use		5.0
API		N/A
Integrations		N/A
Support		4.0
Value		4.5

About the Reviewer

Purchasing Team   User

Implementation Team   Product Oversight

Reviewer Organization

Hospitals / Health System

Reviewer Tech Stack

3M M*Modal Fluency Direct   Epic

Other Products Considered

Ambience Healthcare   Augmedix Go

DeepScribe   Freed   Nabla

Nuance DAX

Summary

- **Product Usage:** Abridge is used for clinical documentation, with its mobile app being used to pre-chart and document patient interactions.

- **Strengths:** Abridge simplifies the clinical documentation process, making it possible to complete a patient visit using a smartphone or tablet. Its easy-to-use interface and customizable documentation options are praised.

- **Weaknesses:** Abridge does not offer deep integration with Epic systems and struggles with facilitating order entry.

- **Overall Judgment:** Despite its weaknesses, the reviewer regards Abridge as a stand-out option for AI-based clinical documentation. The reviewer appreciates the quality of the notes generated, the user-friendly interface, and the value for price. Despite the lack of deep Epic integration, they would choose Abridge again.

So today we're chatting about Abridge and how it's used at your company. Before we jump into that, could you give a brief overview of the company and your role there?

We're a large health system broken down into regions. As a regional lead for informatics, I liaise between clinic staff, facilities, and leadership up to the system level. We do have the autonomy to pilot new technology locally, not just at a system level.

What were the core business needs that drove your initial search for a solution like Abridge?

Our primary issues were the documentation burden and the associated time it took our clinicians. Our aim was to address clinician wellness, reduce the high rates of clinician turnover, and specifically mitigate burnout, which was a significant concern for us, especially in primary care. It was about supporting our clinicians' well-being rather than simply improving efficiency.

Did you have key requirements as you evaluated the different products in the space?

Key requirements included EHR integration (though high-quality output that can be copied and pasted manually into the EHR is acceptable), cost-effectiveness, and transparent pricing models that consider scaling for enterprise licenses. HIPAA compliance was non-negotiable for patient privacy, and we also considered server location as it relates to data sovereignty, though that wasn't a primary concern.

What other vendors did you evaluate, and what criteria did you use to compare them?

We looked at Ambience, Augmedix Go, Fluency Align, Nabla, DeepScribe, DAX Express, and Freed. I've heard about Suki, but we didn't really look into them. We also considered Augmedix Live for live virtual scribing with human support. Our primary focus was on the accuracy of the notes generated and how little editing would be required for integration into clinical workflows. We also examined whether the software matched providers' work styles. Abridge had the most user-friendly interface.

Another important consideration was the flexibility of the software deployment across multiple devices, particularly for providers who may switch computers between their office and examination rooms. Solutions that were accessible via phone, allowing easy transfer of information, were more conducive to our needs.

What made Abridge stand out over its competitors?

The interface, or ease of use, particularly how the output mirrors my own note-writing style, which feels quite intuitive. Abridge's capability for problem-based charting is especially beneficial in primary care. It consolidates various patient concerns into a cohesive overview, unlike other solutions that tend to list assessments and plans separately without integrating them by the specific problem.

Do you prefer the note because it's stylistically like what you would do, or was it because it selected the most pertinent information?

It was the stylistic aspect, such as where the data is placed under the headers. It's how I would create a note. I've interacted with the development teams and founders. Abridge's cofounder is a cardiologist, so it's clear that clinical expertise heavily influenced their design choices. These nuances really stand out.

Abridge distinguished itself by introducing customizable documentation options early on. They acknowledged that physicians have unique styles—some prefer detailed narratives, others opt for brevity. This level of personalization, typically controlled at the institutional level, was made available to individual doctors by Abridge ahead of many competitors. Each license allows customization.

How did the various vendors compare in their pricing models?

I was able to purchase individual licenses for Nabla and Abridge, which were affordable at less than $200 per month. I'd consider continuing to use them even if the health system didn't cover the cost, given their usefulness and price. However, solutions like DAX are pricier, around $300 or more per month, which is more than I'm willing to spend personally, though a health system might invest in it. Pricing over $200 can be a bit steep.

How did you find the sales and onboarding experience with Abridge?

Speaking directly with the leadership teams of companies like Abridge and Nabla made a significant difference for me. While larger vendors rely on their salesforce, having access to C-suite leaders in the smaller companies provided more direct answers. This isn't a scalable approach, as CEOs can't pitch to every potential customer, but it helped Abridge and Nabla stand out.

Do you still use in-person scribes or other documentation technology now that you've started using Abridge?

I actively test and use various technologies in my workflow. I use Augmedix Live for virtual human scribe services and Fluency Direct for voice-to-text capabilities. I also integrate Nabla and Abridge, sometimes using them together or alternating between them. I'm in the process of experimenting to find the optimal solution for my needs.

How does Abridge fit into your workflow?

I primarily use Abridge's mobile app to pre-chart and document patient interactions. I activate Abridge before I see the patient, which allows me to verbally capture the patient's history as I review their chart. The app remains on throughout in-person or video consultations, capturing the conversation and automatically documenting it into the appropriate sections of the note.

On non-scheduled days or during patient phone calls, which are non-billable but nonetheless contain important clinical discussions, I use AI scribe services because my access to human scribes is limited to scheduled clinic days.

At the end of the visit, I use Fluency Direct to dictate patient instructions, which often includes elements of the assessment and plan. I can do this after the visit from my office while Abridge continues recording in the background. This allows me to capture that information with Abridge's audio capture technology, and Abridge then generates a complete patient record with a detailed assessment and plan.

How does that note get reviewed and placed into the medical record?

I record the audio on my phone and then review and generate the note on my computer. Once I log in to their website and select "Generate note," Abridge creates the note based on the recording. I appreciate how Abridge displays the

patient's medical history directly in the note. A feature that stands out is the ability to highlight text, which then indicates where in the transcript the patient mentioned that specific information, enhancing transparency and trust. Although my current process involves copying and pasting the generated note into the patient's record manually, which introduces some friction, the high quality of the notes and the minimal edits required make this step manageable for now.

How much editing do you have to do?

On days when I don't have a human scribe and use Abridge for documentation support, I'll review the visit summary on a separate screen from the EHR and make minimal changes in wording, typically less than 10% of the text. Afterward, I copy and paste this information into our Epic system and add links to things like recent lab results. Abridge can't access these details because it's not integrated with Epic, so I manually include the links and necessary factual data from the patient's chart.

Relative to interacting with human scribing in general or voice-to-text, is there any way in which your best practices are changing with the use of the AI scribe?

Since adopting the use of virtual human scribes six months ago, my practices have definitely changed. Initially, it was challenging to adapt to not typing and viewing my notes on-screen, but the good thing was that I was able to concentrate better on the patient during consultations. I've started to communicate my findings aloud more frequently. For instance, during physical exams, I inform patients directly about the condition of their heart and lungs and other findings, which enhances our interaction.

My patient instructions have also improved significantly. Unlike before, where I did the bare minimum in a verbal format because I had to document everything in medical terminology afterward, now I can integrate patient instructions into my assessment and plan without extra work, which enriches the information patients receive. They are now more informed about my clinical thinking—like differentiating between a strain or a possible tear in the case of a sore shoulder. Overall, there's a greater emphasis on patient communication in my current approach.

What do you see as the strengths of Abridge?

Adoption of EHRs made it more difficult to practice medicine. Abridge simplifies the clinical documentation process and enhances the user experience to the extent that healthcare providers can complete a patient visit using only a smartphone or an iPad. This eliminates the need for a desktop computer. The incorporation of large language models and voice-activated technologies facilitates this streamlined approach, making it possible to finish a patient note, deliver instructions, and sign orders during the patient encounter instead of taking additional time during and after the visit to dictate or manually enter information into the EHR.

Do you see any weaknesses with Abridge?

Order entry is a significant challenge because it requires clinicians to input specific information accurately. This demands a considerable cognitive effort, which was previously handled by other staff members, such as unit secretaries and pharmacists. However, the burden is now on doctors to ensure the correct medication, formulation, and dosage are entered into the system. There is potential for technology to improve this process and reduce the friction in order entry, which is currently a more problematic aspect than documentation.

How have your interactions been with Abridge's account management and support teams?

I haven't required support, which is a good sign. The frequency with which they introduce new features is impressive. My main interaction with them is through their email updates. A significant recent update is the customizable notes feature, which allows for shorter or longer documentation. There was another feature that came out that was useful for my colleagues in urgent care and emergency medicine, who need to manage multiple patients at once. They can now start and stop transcripts for multiple patients, which is incredibly helpful for tracking the different stages of care. As a primary care provider, this feature isn't as relevant for me since my appointments are scheduled in blocks, but it's worth noting that these useful updates have been released rapidly and consistently add real value.

Looking back, do you think you made the right decision in moving forward with Abridge?

I think so. If I had to choose again, I would still pick Abridge. I'd prefer a stronger Epic integration, but it isn't a deal breaker. They're integrated with Epic, though not as deeply as Nuance, given Nuance's longer experience in the field.

Where do you feel there are areas for growth?

The biggest areas for growth I see are deeper Epic integration and facilitating order management. Additionally, Abridge was initially a patient-facing app, so it offers a unique advantage in patient communication for things like contextualizing lab results for patients. If they developed this feature, it would shift the focus from simply reducing provider documentation workload to include enhancing proactive patient engagement and education.

To your knowledge, do any other vendors offer these features?

Virtual scribe services offer some automation solutions, as do vendors like Fluency Direct, or historically Dragon, where voice macros can be programmed. However, setting up these macros to simulate mouse clicks is quite laborious and less effective for complex tasks like processing orders. More advanced systems exist, but configuring each one is challenging.

The improved natural language processing capabilities of large language models enable varied speech inputs to achieve the same result, which potentially simplifies the process. While many vendors indicate things like order management and patient education are on their development roadmap due to demand from healthcare professionals, no one has begun to offer these features yet.

Do you have any advice for folks in your shoes who are making this decision?

Conduct real-world trials. While a demo can give you a sense of the software, it's essential to test it thoroughly in practice, as there's a difference in the flow and usage between trials and live demos.