

# The AI Catalyst Pulse

November 19<sup>th</sup>, 2025

## Upcoming AI Catalyst Events

*Mark your calendars*

- **December 3<sup>rd</sup> or 4<sup>th</sup>: AI 101 for Healthcare Professionals** | [Dec 3<sup>rd</sup> Register Here](#); [Dec 4<sup>th</sup> Register Here](#). Join a dynamic session designed to equip staff at member organizations with essential AI knowledge. Whether you're just starting to learn about AI or seeking to deepen your understanding, this session provides practical insights and guidance for leveraging AI effectively in healthcare settings. Pick whichever date works best for you – the content will remain the same for both.
- **December 9<sup>th</sup>: Executive Deep Dive: AI and OR Optimization** | [Register here](#). Showcasing how healthcare providers are leveraging AI-powered solutions to enhance pre-operative planning and improve surgical outcomes. Learn how leading organizations are using AI-driven image analysis, patient risk modeling, and procedural simulations to customize surgical plans, optimize resource allocation, and better prepare care teams.

## Epic's "Emmie" and the New Race to Control Healthcare's Digital Front Door

Epic's patient-facing AI assistant, Emmie, is shaping up to be the company's boldest attempt yet to redefine how patients navigate care. But behind the polished demos and ambitious roadmap, health system executives are already asking a sharper question:

*Is this the beginning of a more streamlined digital front door? Or the start of a deeper dependency on Epic's ecosystem?*

During AI Catalyst's November 13 session, Epic's VP Sean Bina previewed where Emmie is heading: scheduling automation, AI-assisted triage, proactive care recommendations, and eventually voice. After the vendor left the room, health system leaders were split. While optimistic about the integration upside, most were also cautious about the operational and financial commitments that come next. This is the kind of tension that signals a true inflection point.

### Epic's real advantage: Integration

Epic isn't trying to win by launching the flashiest agent. Its strategy is simpler and more powerful: Put AI inside the channels where patients already live, particularly MyChart, which now reaches nearly 200 million users.

Emmie isn't a standalone AI bot, rather it's an intelligence layer woven into existing workflows:

- Invisible routing and automation behind the scenes
- Patient-facing conversational workflows in MyChart and SMS
- Interoperability with Epic's merged MyChart and Cheers teams, call-center tools, and infrastructure like HelloWorld and Fabric

This is a fundamentally different play from third-party AI vendors. Instead of adding a new digital front door, Epic wants to *be* the front door (and the hallway, and the back office).

For systems trying to simplify fragmented patient communication, that proposition is compelling.

### **What's live now – and what's coming**

Emmie is already in limited use among “pioneering customers,” especially through SMS functionalities like text-based scheduling and billing assistant workflows. Early data from Rush Health shows a 48% reduction in billing-related customer service messages and reduced wait times as patients navigated billing concerns through the new self-service features.

Epic's longer-term roadmap includes:

November 2025:

- Conversational Self-Triage (clinically reviewed reboot of symptom checking)
- Anticipate My Needs (next-step care recommendations)

2026 and beyond:

- Adaptive engagement profiles (consumer-archetype communication preferences)
- Visit Agenda (AI-generated pre-visit plans)
- Simplify My Results (contextualized test explanations for lab results)
- Health Coach functions (general wellness recommendations and coaching)

However, attendees felt that the timeline for voice-based interactions remains unclear. Epic was adamant that outbound call answer rates (hovering about 15-30%) and infrastructure costs make voice the hardest channel to get right - something that many executives agreed with. While Epic does support outbound phone calls today for appointment canceling, confirming, and rescheduling, building a full-scale voice platform that handles volume, nuance, and advances the case in the Epic system will take time.

### **What health system leaders really think**

Once Epic left the session, the temperature in the room shifted. Executives were candid about what excited them – and what worries them – on the Emmie roadmap.

*“Epic may be behind...but it doesn't matter.”*

Most leaders acknowledged that Emmie's functionality trails existing AI agents, but they also noted that *integration* often matters more than innovation. As one executive put it, “Even if it doesn't have every functionality or the most advanced model, the value from tight integration far exceeds that value gap.”

Based on our in-session poll, 60% of participants anticipate implementing Emmie at *some point* in 2026 – whether as an enthusiastic early adopter (19%) or an optimistic fast-follower later in the calendar year (41%). The next highest frequency answer (26%) implied additional hesitancy as members anticipated adopting a wait-and-see approach across 2026. Many hedged on pricing clarity, wondering whether Emmie will be included through existing Epic licenses or as a separate add-on. Combined with a desire to see how early implementation shapes up for other organizations, there remains significant considerations to adoption.

### **Integration is the sell. It's also the risk.**

Epic's ecosystem works beautifully when organizations fully commit. When they don't? Friction multiplies.

Leaders raised concerns about:

- Unclear boundaries between foundational vs. paid add-on capabilities
- Future reliance on a single vendor's AI roadmap
- Operational divergence across systems adopting at different speeds

A health system's ability to stay up to date with Epic's most recent versions and updates (e.g., HelloWorld, Cheers) will be critical to finding success with Emmie – and will only become more so as new features, like voice integration, are realized. One member put it bluntly when considering market-wide operational discrepancies, "This could get out of control really quickly."

### **Voice, governance, and the human factor**

Voice was the biggest dividing line. Some saw Epic's cautious stance as smart; others felt they may be conceding ground to vendors already strong in conversational AI (and felt unwilling to wait on Epic to begin their own implementations).

More universal concerns about:

- Governance overload as demand for AI workflows accelerates
- The need to define ROI guardrails early
- Ensuring equitable care for patients who prefer (or require) human interaction

"What about patient who won't opt in?" one attendee asked. That question hung in the air.

### **What this means for health systems now**

Emmie is not just another Epic feature, but a strategic fork in the road. For most systems, the question isn't whether Emmie will be part of the future. Instead, they're considering how much control they're willing to cede to Epic to get there.

The early moves that matter most:

1. **Start with measurable, low risk workflows.** Canceling and rescheduling appointments, billing, and message deflection will give you the clearest operational and financial proof points.
2. **Pair ROI expectations with the unglamorous backend work required to realize them.** Tools like online scheduling only pay off after hard work aligning templates, negotiating with clinicians on access, and cleaning up workflows. Clear ROI on Emmie will depend on this kind of operational plumbing as much as on the technology itself.
3. **Stand up governance before you begin.** Without intake discipline, AI workflows can proliferate faster than teams can manage.
4. **Don't fall behind on Epic's release cycles.** Rapid iteration means the gap between "current" and "obsolete" will widen quickly.
5. **Plan for hybrid models, not automation fantasies.** Even at full maturity, Emmie will require oversight and patient choice will remain essential.
6. **Define your organization's 80:20 threshold for Epic, one use case at a time.** Many leaders default to Epic once its functionality is about 80% of what competitors offer, given the value of

native integration. However, maturity will vary across Emmie’s workflows, so set that bar deliberately for each use case.

Emmie’s long-term success won’t hinge on the model. It will hinge on workflow fidelity, executive discipline, and patient trust.

### Questions to consider

1. Where would Emmie create real, measurable impact in the first 90 days at your organization? And where might it simply create noise?
2. What governance structure will determine which Emmie features to adopt, defer, or decline – and who owns those decisions?
3. What happens to patients who will not opt in? How will you maintain equitable access across digital and human channels?
4. Which parts of Emmie’s roadmap align with your strategy and which reflect Epic’s strategy more than yours?

## Four CNE-Approved Essentials for Ambient Nursing Documentation

Across Fall 2025, The Health Management Academy's AI and Nursing Catalyst teams convened Chief Nursing Executives (CNEs) for a series of critical discussion on AI-powered ambient listening tools. The focus: the potential of these tools to radically lessen nursing documentation burden, return nurses to the bedside, and help bring back joy to the workplace.

### *“If physicians can use it, nurses should as well”*

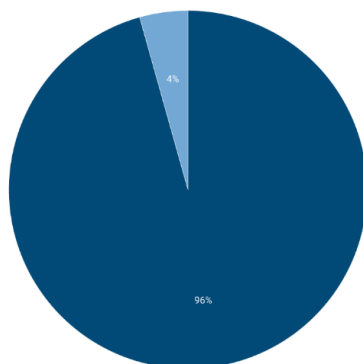
At a moment when health systems are navigating unprecedented financial pressures, one might expect nursing leaders to demand hard ROI before investing in new AI solutions. Instead, CNEs are taking a different approach - they’re leveraging the proven success of physician ambient documentation programs to accelerate nursing adoption. As one nursing executive put it simply: “If physicians can use it, we should figure out a way for nurses to use it as well.” Another leader described this strategy of following the 'coattails of physicians' as a pragmatic path forward, noting that the ROI already demonstrated in physician pilots makes the business case for nursing adoption.

### Nurse leaders are nearly universally aware of physician ambient documentation solutions

Do you have physician ambient documentation at your health system?

n=23

■ Yes ■ Not Sure



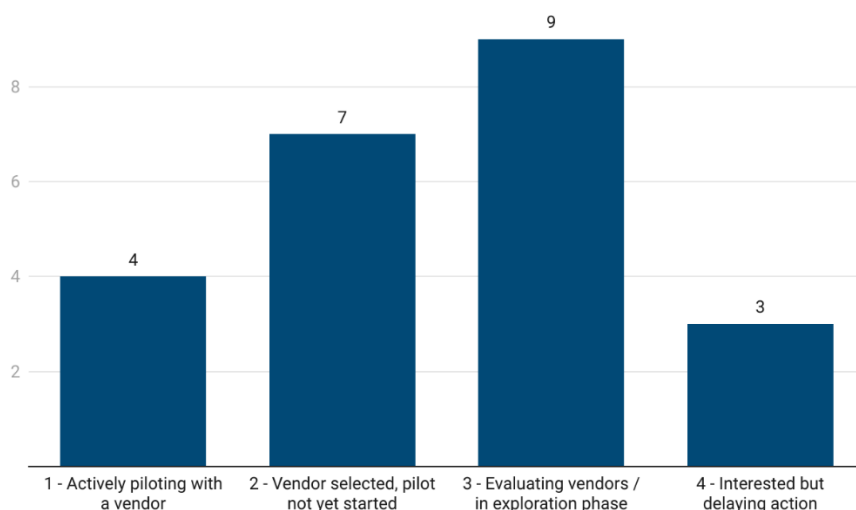
Created with Datawrapper

Nursing leaders are positioning ambient documentation as a workforce strategy centered on improving satisfaction and retention. And CNEs aren't just *talking* about ambient nursing documentation; they are actively evaluating vendors or running pilots. As multiple executives emphasized during the discussion, this isn't about *if* health systems will adopt these solutions. The real questions are *when* they'll pull the trigger on pilots and *how* they'll structure the rollout for maximum impact.

## 87% of CNEs are actively procuring/implementing ambient documentation for nurses

### Where are you in your ambient nursing documentation journey?

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The adoption of ambient nursing documentation is still in its early stages. Even health systems with mature physician programs are just beginning their nursing journey, but vendor selection dynamics have shifted. When physician solutions were first evaluated, it was a direct contest between Abridge and Microsoft/Nuance. Now, CNEs are sticking with their existing physician documentation vendors - not because these systems are the best fit for nursing workflows, but because vendor consolidation has become their top priority.

#### 1) Demystify AI with baseline AI & technology education

[85% of nurses](#) want more training on AI but delivering that training effectively requires careful consideration to messaging and meeting clinicians where they are.

Before implementing Microsoft's Dragon Ambient eXperience™ (DAX) Copilot, Mercy Health focused on preparing their nurses by reinforcing that AI exists to support, *not replace*, caregivers. Their strategy was straightforward: reminding nurses that AI isn't new, rather it's been embedded in EHR systems and clinical tools for years.

Then, they equipped nurses with practical knowledge about what AI is (and isn't), breaking down foundational terms like predictive AI, generative AI, prompting, and hallucinations into language that made sense for non-technical teams.

When Baptist Health adopted Microsoft's DAX Copilot, they established a strong foundation for early adoption through a two-phase rollout:

- Phase one identified volunteers across six Med-Surg units to test and refine workflows
- Phase two elevated high-use champions from that initial cohort into adoption leaders who shared experiences and best practices through monthly meetings, prompting organic adoption driven by peer credibility rather than top-down mandates.

For CNEs, establishing a baseline education in healthcare AI and empowering nursing champions to provide feedback and model adoption are critical strategies for scaling ambient nursing documentation across the system.

- **Begin with “AI 101” that demystifies AI in healthcare:** Before nurses ever encounter ambient documentation, equip them with accessible, jargon-free AI education that uses real-world healthcare examples to build understanding.
- **Engage change management early and identify champions by positioning nurses as co-creators:** CNEs emphasize the importance of setting expectations from the start. Position nurses as co-creators of ambient documentation who refine the tool through feedback and share real-world experiences and successes to drive adoption. Baptist Health’s two-phase DAX implementation exemplifies this approach in action.

## 2) **Transparency is your first defense to skepticism – communicate the *why* and *how* before the *what***

CNEs acknowledge a critical reality: some nurses and patients remain skeptical about recording clinical interactions and must be reassured through transparent communication and privacy measures. Success hinges on intentional change management. Position the tool as a way for nurses to spend more time at the bedside, offer real-time feedback on workflow impacts, and serve as co-creators rather than recipients of change. In fact, our research shows a 22-point increase in nurse receptivity to AI use cases after receiving additional information and context.

- **Gain nurse buy-in by framing ambient documentation as a patient care quality initiative:** Frame ambient documentation as a way to ‘rehumanize time,’ enabling nurses to spend more one-on-one time with patients and reconnect them with the purpose of why they chose this profession. When Bon Secours Mercy Health (BSMH) asked rural health nurses how they would use time saved from ambient documentation, the response was unanimous and telling: they wanted more face-to-face time with patients.
- **Communicate how & where documentation is improved:** CNEs emphasize that this isn't just a technical feature; it's a trust accelerator. Ensure that nurses clearly understand that the solution is intended to support them in note taking, *not* to evaluate their clinical skills.
  - Ensure and clearly explain to nurses that they maintain full control over their clinical narrative, with the ability to review and refine documentation before it becomes visible to the broader care team.
  - Frame the solution output as a ‘transcript’ rather than a ‘recording,’ to accurately reflect that no audio is stored and to help alleviate privacy concerns.
  - Be transparent about how long transcripts are retained. For example, BSMH’s Med-Surge department retains their transcripts for three days, matching the department’s average

length of stay, allowing nurses to revisit exact conversation segments linked to each flow sheet entry while maintaining strict data privacy.

### 3) Build verbal assessment skills and confidence (“Care Out Loud”)

CNEs shared that the biggest challenge when piloting ambient nursing documentation was helping nurses feel comfortable speaking their assessments aloud; a fundamental shift from traditional silent assessment practices that many nurses felt unnatural. This change proved particularly challenging for novice nurses. However, this approach ultimately fosters greater transparency with patients by encouraging nurses to verbalize clinical reasoning in real time, making “Care Out Loud” a focus of training and change management.

- **Ensure nursing readiness for ambient technology by pairing newer nurses with seasoned mentors:** Tenured nurses navigate ambiguous care situations with confidence and have years of practice conducting comprehensive clinical assessments. Their experience makes them ideal ambient documentation pioneers. CNEs emphasized that leaning on experienced care teams, regardless of technical proficiency, to be models and mentors of “care out loud” behaviors can accelerate adoption systemwide. Mercy’s Fort Smith pilot demonstrated this as nurses with 20+ years of experience (and the cohort most burdened by EHR documentation) achieved over 45 minutes in documentation reduction per shift.
- **Use simulation or peer practice to normalize findings:** While vendors often offer standardized “Care Out Loud” training, health systems can reduce adoption resistance by empowering champion nurses to serve as embedded coaches who share practical tips within regular workflows. CNEs shared that one-on-one sessions between champion users and skeptical colleagues proved to consistently transform reluctant nurses into confident users, as these lessons are private, personalized, and pressure-free.

### 4) Strengthen mobile readiness & streamline documentation workflows early

CNEs emphasized that all nurses and techs should have access to mobile devices on every shift to have the ability to transcribe patient interactions; an essential step in preparing nursing departments for ambient documentation, which presents fundamentally different challenges than physician workflows. According to Abridge, nursing documentation often includes over 600 common flowsheet rows, thousands of potential data fields per health system, and requirements that exceed those of physicians in both volume and variability. Ensure your health system has the right technology in place and that flowsheets are optimized to enable seamless integration of ambient nursing documentation.

- **Be ‘Rover ready’:** Ambient tools are often paired with Epic’s mobile app, Rover. Consider launching a “Rover refresh” or focused implementation campaign to boost adoption. One hospital at BSMH saw Rover adoption rates hovering around 14%. After increased intentional messaging around ambient tech, they saw their Rover adoption rates more than double. *‘If you make the tool more valuable, nurses will use it.’*
- **Partner with IT and EMR specialists to streamline nursing documentation:** This isn’t just a scale problem; it’s a structural one. Prepare nursing departments for AI by collaborating with informatics and Epic specialists to standardize documentation practices before AI enters the equation. Begin with flow sheet clean-up, removing any duplicate or unnecessary fields.

## AI Strategy Quick Hits

*Noteworthy moves from peers to implement AI technologies*

- [HCA Healthcare](#) deploys AI across 191 hospitals for clinical safety, nurse scheduling, and administrative operations
- [Mount Sinai Health System](#) plans to integrate **Microsoft** Dragon Copilot across its care teams
- [Conifer Health Solutions](#) partners with **Google Cloud** to build AI-powered revenue cycle management platform
- [AdventHealth](#) plans rollout of **HelloCare**-powered Virtual Care Smart Rooms starting fall 2025
- [Med First](#) primary care chain uses AI medical coding to boost revenue by 6% and fund clinic expansion
- Health systems report significant time savings and increased wRVUs from **Abridge's** ambient AI solution

## Emerging Use Cases

*New capabilities that indicate AI's potential*

- [Stanford Health Care](#) deploys Atropos Evidence Agent with **Microsoft** Dragon to provide clinical decision support at point of care
- [Affinia Healthcare](#) pilots **GLOBO KAI** AI interpreter to streamline multilingual patient services at community health centers
- [How AI can transform concierge services in healthcare](#)
- [Mayo Clinic](#) researchers combine AI and genetics to predict heart conditions before symptoms appear
- [PocketHealth](#) launches Conductor agentic AI platform to automate non-clinical workflows

## Cautionary Tales

*The risky side of AI implementation*

- [Major insurers plan AI deployment to counter new hospital AI-driven coding and billing practices](#)

## Market Moves

*A round-up of AI company announcements and stories*

- [Hippocratic AI](#) raises \$126M in Series C funding, reaching \$3.5 billion valuation for healthcare AI agents
- [Amae Health](#) raises \$25M in Series B funding to expand AI-powered mental illness clinics nationwide
- [Mercy](#) collaborates with **Microsoft** to develop first commercially available ambient AI nursing tool within Dragon Copilot
- [Voize](#) secures \$50M in Series A funding to expand AI nursing documentation platform to U.S. and Europe
- [Get Well](#) and [RhythmX AI](#) merge to create unified care delivery and patient engagement platform

## Policy Updates

*Understanding the evolving AI regulatory and legislative landscape*

- [House Democrats introduce legislation to repeal CMS WISeR model for AI-powered prior authorization in Medicare](#)
- [HHS takes aggressive AI-first approach, advocating for speed over caution in implementation](#)
- [American Heart Association releases risk-based framework for evaluating AI tools in cardiovascular and stroke care](#)

## The News in Numbers

*An interesting data point that caught our eye*

**42%**

of healthcare leaders claim that their employees don't currently have the skills to deploy generative AI solutions, according a recent [ABBYY survey](#).

## Expert Insights

*For further reading, articles, videos, and podcasts that we found insightful*

- HFMA, "[The Healthcare C-Suite of the Future: From AI to ROI—Emerging needs drive demand](#)"
- Chartis, "[From reactive to proactive: Health systems look to AI and digital to flip the healthcare delivery paradigm within 5 years](#)"