eBook

AI That Works in Practice

How practice groups can achieve meaningful outcomes through AI built into the EHR

Get Started

PointClickCare®

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Introduction

Interest in AI across practice groups is accelerating, but adoption remains uneven. While enthusiasm continues to grow, skepticism persists, creating an opportunity to demonstrate that systems built on reliable data, supported by strong governance frameworks, and effectively integrated into clinical workflows can innovate care delivery and outcomes.

In this context, AI that is embedded within the EHR is emerging as a more practical approach for supporting clinical work in practice group settings, and most effectively does so when backed by a strong data foundation. Use cases such as AI-generated summaries and workflow automation are beginning to demonstrate value by reducing administrative burden and saving practitioners time.

The Trust Gap in AI Adoption

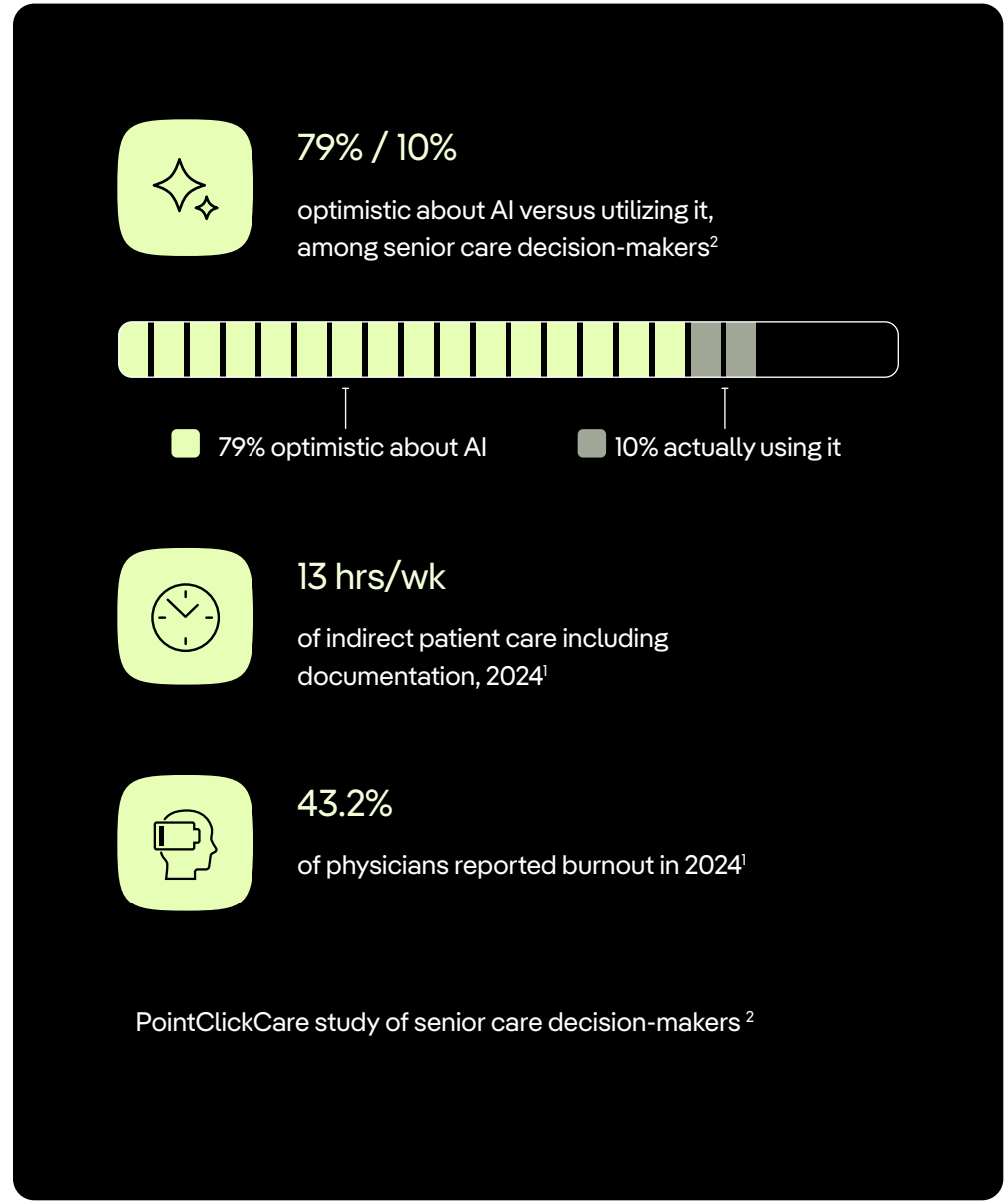
Documentation has become a significant drain on clinicians' time, contributing to growing administrative burdens across healthcare. According to the American Medical Association, physicians reported a 57.8-hour workweek in 2024, including approximately 13 hours spent on indirect patient care activities such as documentation and order entry. As a result, burnout remains a persistent challenge, with 43.2 percent reporting at least one symptom of burnout. [1]

> **AI tools have the potential to reduce administrative workload, streamline documentation, and help clinicians spend more time on patient care.**

Across senior care, that interest is already evident. In a recent PointClickCare study of senior care decision-makers, 79 percent reported feeling optimistic or excited about AI. Yet despite this enthusiasm, only 10 percent reported currently using AI in their operations.[2]

This disconnect highlights a key challenge: trust. Many organizations remain cautious about adopting AI because they lack confidence in how solutions are governed, how data is used, and how AI outputs fit into clinical workflows. Skepticism has also been reinforced by experiences with standalone tools that add complexity, operate outside existing EHR systems, or lack adequate governance and data safeguards.

As a result, the conversation around AI in healthcare is no longer just about capability. It is increasingly about trust, transparency, and ensuring that AI supports clinicians in ways that are safe, compliant, accountable, and integrated into existing workflows.



What Matters When Evaluating Healthcare AI

When evaluating AI solutions, practice groups must look beyond model capabilities and focus on two foundational factors: the data environment the AI operates in and the governance framework that supports its use.

PointClickCare's AI capabilities are built on decades of senior care data, the largest long-term and post-acute care dataset in the industry, driven by a network trusted by more than 30,000 provider organizations and every major U.S. health plan. This foundation enables AI capabilities that are designed to integrate directly into the data supporting EHR for Practice Groups rather than functioning as standalone tools.[3]

Governance is equally critical. Practice groups should expect transparency around what data is used to train AI systems, how outputs are monitored, and whether clinicians retain final decision-making authority. These are fundamental requirements for safe clinical deployment, and gaps in these areas are often indicative of immature AI implementations.

PointClickCare addresses these expectations directly through its approach to responsible AI. That approach is grounded in trust, transparency, and collaboration, with models built and validated by research and development teams that include scientists, regulatory experts, and practicing clinicians, so the technology is tested against real-world clinical scenarios before it reaches the point of care.[4]

This work is organized around recognized pillars of responsible AI, including accountability, fairness, transparency, privacy and security, and human oversight. PointClickCare demonstrated adherence to these pillars by becoming the first long-term and post-acute care focused member to join the Coalition for Health AI, an independent body that sets best practices for health AI.[5] For a practice group weighing trust, this is the kind of organizational governance that standalone tools rarely provide.

What to Look for in AI You Can Trust

Proven Data Depth

Largest long-term and post-acute care dataset, a network trusted by more than 30,000 provider organizations and every major U.S. health plan. [3]

Responsible-AI Governance

Five pillars: accountability, fairness, transparency, privacy and security, human oversight; first LTPAC-focused member of the Coalition for Health AI. [5,6]

Clinician Decision Rights

Clinicians retain final decision-making authority. Ask a vendor: what data trains your AI, who governs it, and does the clinician keep the final decision?

Why AI Needs to Be Integrated Within the EHR

The most meaningful distinction in healthcare AI is not the model itself, but whether it is embedded within the clinical system of record. Point solutions operate alongside the EHR, while embedded AI functions directly within the workflows clinicians already use.

This distinction matters because integration determines whether AI can reliably support daily clinical work. AI that is disconnected from the EHR often requires duplicate entry, introduces workflow friction, and limits the ability to act on insights in real time.

Evidence from enterprise AI adoption supports this view. In a large MIT-led study of generative AI deployments, 95 percent of pilots showed no measurable business impact. The study found that successful implementations were those deeply embedded into existing workflows, and that solutions developed with specialized vendors were approximately twice as likely to succeed as those built or added in isolation.[6]

95%

of generative-AI pilots showed no measurable impact, MIT enterprise study, 2025 [7]

2x

higher success when AI is vendor-built and integrated rather than added on, MIT [7]

These findings suggest that outcomes depend less on model capability and more on whether AI is integrated into operational systems where clinical work actually occurs.

Point Solutions

- Separate login and workflow
- Data leaves the record
- Governed by vendor
- Adoption erodes

MIT found integrated, vendor-built AI
2x more likely to succeed [7]

EHR for Practice Groups, AI embedded

- One login, in the workflow
- Data stays in the record
- Robust governance
- Adoption sticks

Integrating AI Into Clinical Workflows

PointClickCare's EHR for Practice Groups reflects this integrated approach. It is a purpose-built, ONC-certified electronic health record that embeds AI directly into clinical workflows rather than positioning it as a separate tool. Capabilities such as Ambient Scribe, clinical risk insights, and clinical prioritization are delivered within the chart clinicians already use, helping reduce disruption to established workflows.[7]

This integration extends across care settings. The platform functions across both PointClickCare and non-PointClickCare facilities, enabling a unified patient record regardless of site of service. This allows clinicians to work from a single system rather than navigating disconnected records across environments. Automated workflows further reduce manual steps in documentation and administrative processes, supporting more efficient clinical operations.[8]

Within this environment, AI is most visible in documentation support. Ambient Scribe captures the clinical encounter and generates draft documentation within the EHR. This reduces time spent on charting and limits the need for after-hours documentation, while keeping information fully within the clinical system.

Real-world evidence from healthcare settings demonstrates the impact of this approach. In a randomized trial at UW Health published in NEJM AI, use of an ambient AI scribe reduced documentation time by approximately 30 minutes per provider per day and was associated with reduced burnout. The health system subsequently expanded the technology to approximately 800 clinicians.[9] A separate JAMA Network Open study across six health systems found that clinician burnout in ambulatory settings declined from 51.9 percent to 38.8 percent after 30 days of use.[10]

Ambient Scribe Documentation

Capture conversation

Ambient Scribe drafts the clinical note inside the EHR.

Clinician reviews

The provider verifies, edits and signs.

Save time

5 min per note saved with Ambient Scribe

Improved experience

Reduced ambulatory provider burnout from **51.9% to 38.8%**

30 min/day documentation time saved per provider, UW Health randomized trial[9]

Within EHR for Practice Groups, PointClickCare's Ambient Scribe saves approximately five minutes per note.[11] While these studies reflect broader physician environments rather than practice groups specifically, the underlying workflows are closely aligned with ambient documentation embedded in the EHR.

The same embedded approach also supports earlier clinical intervention. Our proprietary Predictive Return to Hospital risk stratification model exceeds the predictive accuracy of nurse leaders in 86% of assessments, across 97% of short-stay patients—giving clinicians an evidence-based layer of support within their existing workflow.[12] By surfacing risk earlier, practice groups can intervene proactively to help reduce preventable hospitalizations. Independent research puts the average cost of a 30-day hospital readmission at approximately $16,000, savings that support value-based and gainsharing arrangements.[13]

pRTH Risk Stratification

Surface risk

86% of assessments exceed nurse-leader predictive accuracy across **97%** of short-stay patients.

Clinician acts

The care team reviews the signal and intervenes earlier.

Help prevent readmission

Proactive care can help reduce avoidable hospitalization.

Protect value

$16,000 at stake average cost of a 30-day hospital readmission.

AI supports earlier intervention

How Practice Groups Are Using Embedded AI

The value of embedded AI is best understood through real-world application in practice groups. The following example illustrates how AI embedded in EHR for Practice Groups is used.

Alliance Medical Team is a physician provider group in Woodbridge, Virginia, specializing in post-acute care and SNF medicine. Like many practice groups, it faced documentation demands that consumed a significant portion of clinician time, fragmented workflows across tools, and contributed to after-hours charting and cognitive burden during the workday.

Alliance Medical Team

- Physician provider group
- Located in Woodbridge, Virginia
- Specializing in Post-Acute Care and SNF Medicine

The Challenge: reducing documentation burden

- Documentation consuming a disproportionate share of clinician time
- Fragmented tools creating inefficiencies and rework
- High cognitive burden recalling details for later charting
- Documentation extending beyond scheduled hours

To address these challenges, Alliance Medical Team adopted Ambient Scribe directly within the Practitioner mobile app. This enables documentation to be created within the same system clinicians already use, reducing friction and allowing notes to be completed more efficiently during the clinical workflow.

10+ hours
saved per week for high-volume clinicians[14]

5 minutes
saved per note for clinicians using Ambient Scribe[7]

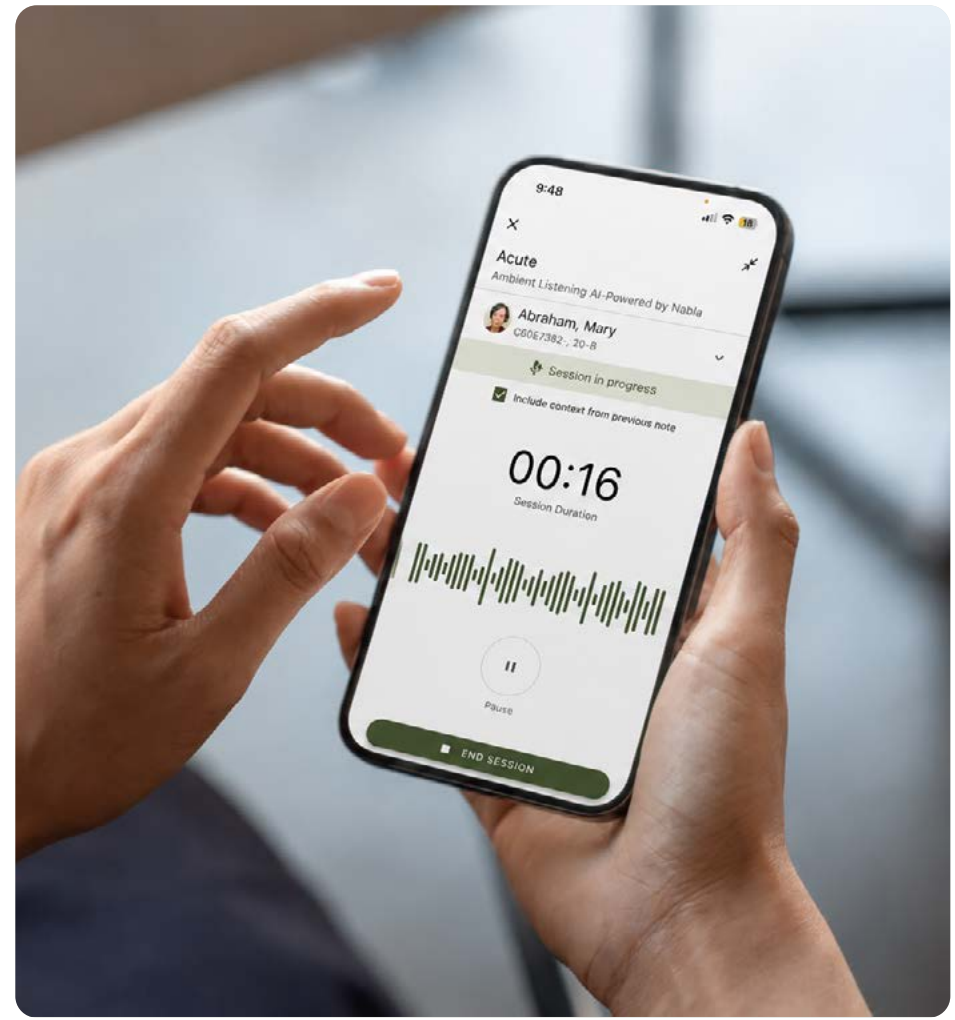
Fewer
transcription errors and less rework[14]

Reduced
after-hours documentation significantly[7]

These operational improvements were also reflected in clinician experience:

"With PointClickCare's Ambient Scribe, I am saving five minutes per note, and across a 25-patient day, that adds up fast and makes a meaningful difference. Since starting to use this functionality, my after-hours documentation has dropped significantly. With ongoing enhancements, the impact continues to grow."

Wesam Moustafa Hussein, MD,
Chief Medical Officer, Alliance Medical Team [7]



Alliance Medical's experience reflects a broader pattern across practice groups, where organizations increasingly consolidate capabilities within a single trusted platform rather than managing multiple disconnected tools that require separate governance, integration, and maintenance.

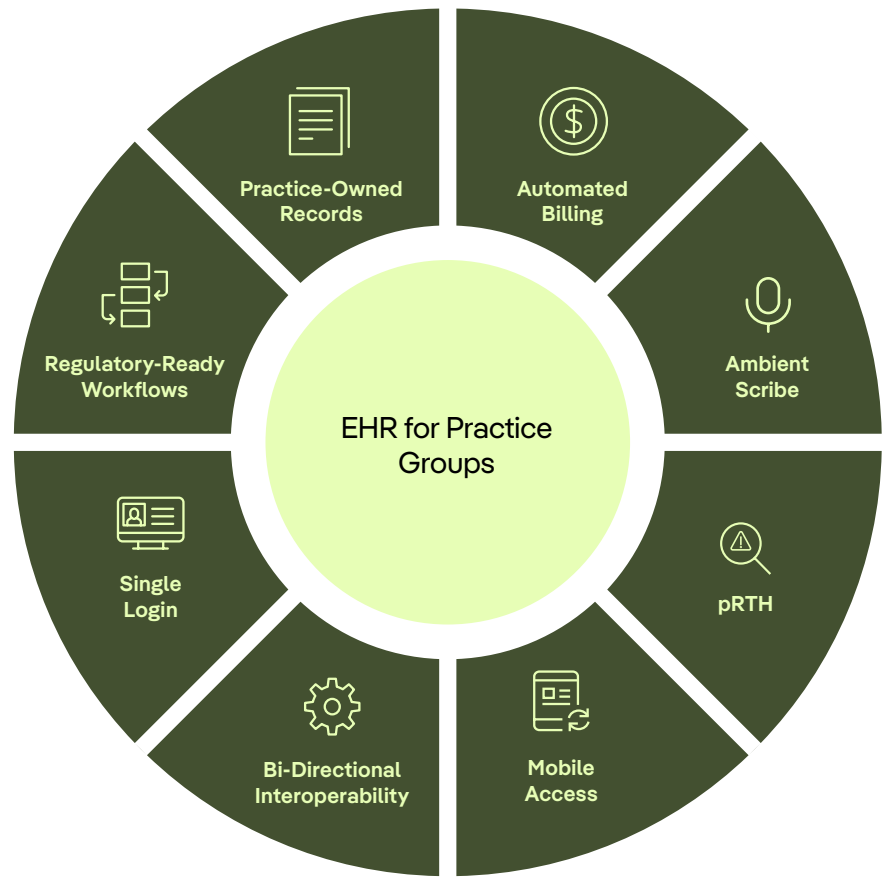
A Practical Path Forward for Practice Groups

For practice groups, the most important shift is not whether to adopt AI, but how it is deployed within clinical workflows. As this guide has shown, the primary barriers to value are not related to AI capability, but to trust, integration, and alignment with clinical systems.

The key question for leaders is not which standalone tool to evaluate, but whether AI is embedded within the environment where clinical work actually happens. When AI operates inside the EHR, it is more likely to support governance, reduce workflow disruption, and preserve data continuity.

PointClickCare's EHR for Practice Groups is designed as a practice-first foundation for complex clinical environments. It supports practice-owned records, automated billing, regulatory-ready workflows, and mobile access through a single login.

With it, practice groups seeking safe and effective AI tools finally have a robust alternative to piecing together solutions outside of the EHR. By reducing documentation time and decreasing provider burnout while mitigating patient risk and limiting unnecessary and costly rehospitalizations, the path forward is now straightforward.



Learn more about EHR for Practice Groups

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PointClickCare is a leading health tech company with one simple mission: to help providers deliver exceptional care. With the largest long-term and post-acute care dataset, we power AI-driven healthcare to deliver intelligent transitions, insightful interventions, and improved financial performance. Enhanced by our Marketplace of 400+ integrated partners and trusted by over 30,000 provider organizations and every major U.S. health plan, we're redefining healthcare, so it doesn't just survive — it thrives.

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