KLAS RESEARCH | Arch Collaborative

University of Vermont Health

ABRIDGE

Case Study

Reducing Burnout & Enhancing Clinician Satisfaction with Abridge Ambient Speech 2026

January 2026

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EHR EXPERIENCE BREAKTHROUGH 2024

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Reducing Burnout & Enhancing Clinician Satisfaction with Abridge Ambient Speech 2026

The University of Vermont Health (UVM Health) partnered with Abridge to deploy clinician-led ambient speech technology that reduced burnout from 69% to 24% while improving satisfaction, productivity, and note quality through a data-driven, trust-based rollout across diverse clinical settings.

Cost to Implement

- No additional budget increase
- $ Onetime cost
- $$ Increased budgeted cost
- **$$$ Board-approved cost**

Implementation Timeline

- **0–6 months**
- 7–12 months
- 13–24 months
- >2 years

Scope

- Targeted
- Moderate
- **Broad**

Impact

- Minimal
- Moderate
- **High**

Focus Areas

Ambient speech | **Burnout reduction & clinician wellness** | Clinical data intelligence | Clinician relationships & communication | EHR governance | EHR implementation | EHR personalization | Measured improvement | Nursing EHR success | Onboarding EHR education | Ongoing EHR education | Opioid abuse prevention | Peer guidance | System reliability & response time

Program Goals

- Reduce documentation burden and clinician burnout through ambient speech technology
- Improve clinician well-being and satisfaction by freeing up cognitive bandwidth and enabling presence at the point of care
- Scale an ambient speech solution across diverse clinical specialties and geographic regions
- Rigorously measure, sustain, and understand the impact of ambient technology on provider experience

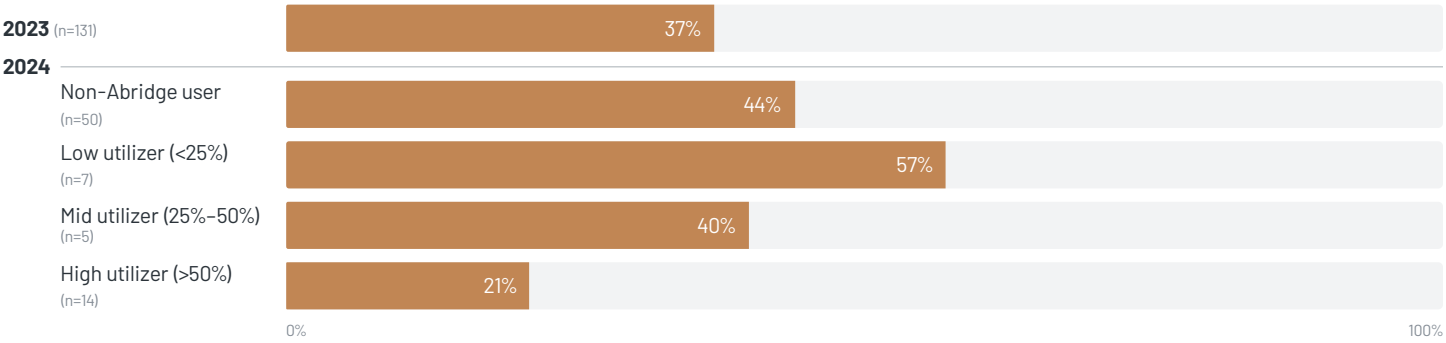
Keys to Success

- Providing up-front clarity and transparency on program decision-making, goals, and success metrics
- Enabling clinician opt-in to build trust and drive high adoption
- Delivering targeted, hands-on rollout for sites with lower organic adoption
- Having clinicians lead governance and centralize the key decisions in a provider-led committee but having IT and operations staff execute the plan
- Measuring continually with EHR data and provider/patient surveys
- Reducing friction to sustain and deepen use by streamlining consent, providing targeted one-on-one coaching for low utilizers, and tailoring templates and workflows by specialty
- Iterating with Abridge to show application of clinician feedback
- Addressing legal or compliance needs prior to rollout and periodically afterward

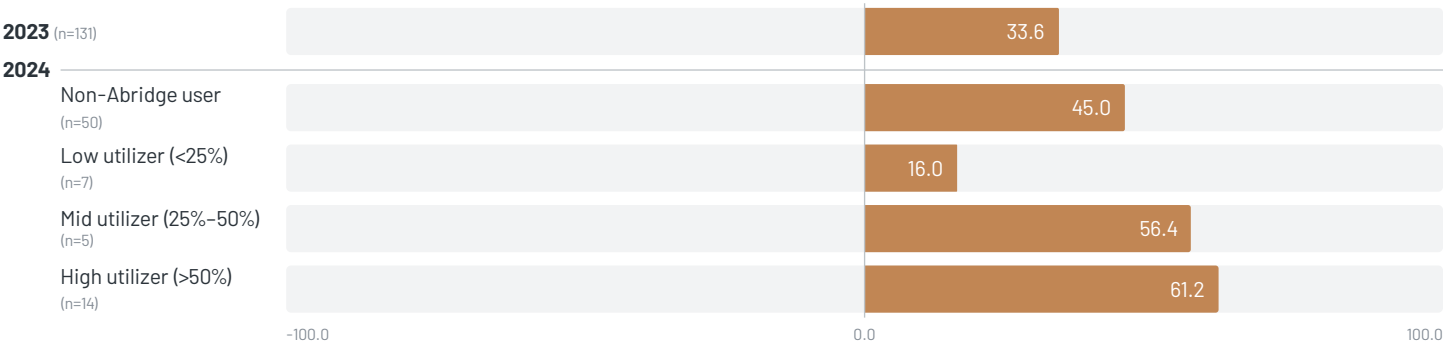
Organizational Outcomes

- High utilizers of Abridge had an average self-reported burnout rate about 22 percentage points lower than non-users
- Mid and high utilizers of Abridge had an average Net EHR Experience Score about 10 and 15 percentage points higher than non-users

Burnout, 2023 vs. 2024—University of Vermont Health Primary care only; percentage of respondents reporting burnout

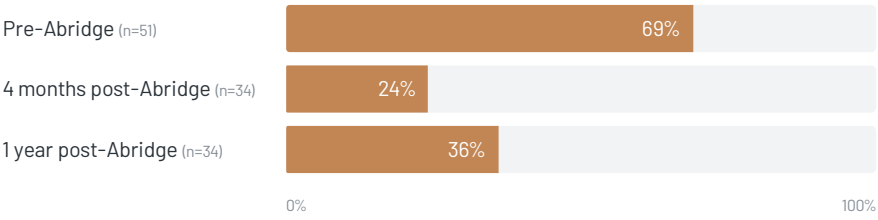


Net EHR Experience Score, 2023 vs. 2024—University of Vermont Health Primary care only (-100 to 100 point scale)



Note: Each individual clinician's responses to the Arch Collaborative EHR Experience Survey regarding core factors such as the EHR's efficiency, functionality, impact on care, and so on are aggregated into an overall Net EHR Experience Score (NEES), which represents a snapshot of the clinician's overall satisfaction with the EHR environment at their organization. A NEES can range from -100 (all negative feedback) to 100 (all positive feedback).

Select Metrics from Primary Care Pilot—University of Vermont Health



	Average # of appointments per day	% of appointments using Ambient	% of high utilizers (>50%)
Pre-Abridge (n=51)	Baseline	0%	0%
4 months post-Abridge (n=34)	+0.5	~20%	Increasing steadily
1 year post-Abridge (n=34)	+0.5	~20%	Increasing steadily

What University of Vermont Health & Abridge Did

UVM Health aimed to address the widespread issues of clinician burnout, documentation overload, and declining well-being. To tackle those, UVM Health launched a well-being initiative focused on ambient speech technology. The organization began with a thoughtful, data-driven pilot, empowering 50 primary care providers—many of whom volunteered due to urgent need—to test and compare ambient speech solutions. After a thorough crossover evaluation, UVM Health selected Abridge as their partner and expanded ambient documentation support across all primary care settings, later extending it into specialty practices and to resident trainees.

UVM Health's approach emphasized clinician leadership at every stage; the initiative was a partnership between informatics and IT staff, with guidance from the medical group practice committee. Trainers and informaticists visited every clinic, including those in rural and remote areas, to provide direct support and high-touch education. Adoption was driven by clinicians, fostering organic momentum and trust. UVM Health rigorously assessed the impact with EHR data, provider surveys, and patient feedback and collaborated closely with Abridge to refine specialty-specific features and note quality and to address adoption barriers.

How University of Vermont Health & Abridge Did It

Pilot & Selection

In February 2024, UVM Health launched a vendor-neutral, randomized crossover pilot with 50 primary care clinicians, pairing each solution with before and after surveys on burnout, professional fulfillment, and workflow, using Epic Signal analytics to validate changes. A provider governance committee—not the IT staff or the vendor—made the final selection and rollout decisions. Burnout decreased rapidly during the trial, going from 69% to 38% at eight weeks, to 24% at four months, and to 36% at one year, showing lasting improvement.

> ***"I like to talk about all the impacts of this technology. . . . Most importantly, it allows us to be more present with patients. To me, that is magical and brings back the joy in medicine."*** —Alicia Jacobs, UVM Health

Scaling with Purpose

Building on the pilot, UVM Health implemented a year-long, phased rollout, starting with all primary care clinics before expanding to multispecialty clinics and finally incorporating residency programs. Education and training teams visited every clinic—including rural and remote locations—for hands-on coaching that boosted proficiency and trust. Adoption increased to over 550 weekly active users and approximately 35,000 ambient speech–supported encounters per month, representing about 20% of ambulatory visits. Residency directors established guardrails, such as delaying interns' start dates or blending ambient speech interactions with periodic "write-the-note" sessions to maintain synthesis skills. UVM Health also transitioned from a "connected" workflow to a deeper integration, including embedding Abridge's system within Haiku in the ED, enabling clinicians to edit and sign directly within the EHR.

Measuring Impact Holistically

UVM Health tracked outcomes over time across well-being (using burnout/fulfillment surveys), efficiency (using Epic Signal data about system times and after-hours work), quality (using blind studies showing AI-generated notes are non-inferior and patient surveys reporting fewer perceived errors and enhanced clinician presence), and adoption (using the percentage of encounter coverage and retention). Among mid and high utilizers, visit volumes increased by approximately half a visit per day without a top-down directive to do so.

> ***"There was no requirement to see more patients, as this was purely a wellness initiative. Improved access happened organically because our providers were able to say yes."*** —Justin Stinnett-Donnelly, UVM Health

Keys to Adoption & Overcoming Barriers

UVM Health emphasized opt-in autonomy, which built champions and kept engagement high. Data showed that low utilizers (users who used Abridge's system for <25% of encounters) benefited less and reported more burnout, so UVM Health targeted them with brief one-on-one coaching and quick-win visit types to help them get past the learning curve and avoid sticking to the status quo. Consent and compliance were addressed early: for in-person care, UVM Health moved from repeated verbal consent notes to a streamlined permission process while still informing patients; for telehealth, a state recording law limited remote documentation, prompting collaboration with legal, ethics, and legislative teams. Together, UVM Health and Abridge codeveloped specialty-specific note types (e.g., pediatric well-visit detection) and examined inpatient patterns with admissions and consults while pacing the rollout by training capacity and licenses. They later switched to enterprise licensing to prevent rationing as use cases grew.

Resident/Fellow Rollout (Physician Trainees)

UVM Health extended ambient documentation to physician trainees in December 2024, starting with all primary care residents and then expanding across programs. Program directors set the start timing and expectations; many established a six-month delay for interns and required periodic independent "write-the-note" repetitions to preserve synthesis skills. The rollout mirrored the faculty playbook—shoulder-to-shoulder onboarding, quick-win visit types, and close measurement—while focusing on trainee needs, such as cognitive load, patient presence, and time for learning. In a cohort of 68 primary-care residents across four programs, preliminary one-month

results showed lower burnout and cognitive load, greater bedside presence, and more capacity to learn; adoption was rapid, with residents becoming local champions. UVM Health continues to do three-month and longitudinal evaluations, is expanding their specialty-tuned templates, and is deepening in-EHR workflows to support common trainee tasks, such as admissions and consults.

Sustainability & Next Steps

UVM Health is working to address utilization gaps, expand specialty coverage, and enhance EHR-aware features (such as contextual notes, predicted problems, orders, and coding) to increase encounter coverage beyond approximately 20%. With provider governance at the core and annual reassessments of well-being, quality, and access, UVM Health's clinician-led testing, hands-on rollout, rigorous analytics, and responsive vendor partnerships provide a practical model for peers aiming for lasting improvements in EHR satisfaction and burnout through ambient speech technology.

Report Information

What Is the KLAS Arch Collaborative?

The Arch Collaborative is a group of healthcare organizations committed to improving the EHR experience through standardized surveys and benchmarking. To date, over 300 organizations have surveyed their end users and nearly 700,000 clinicians have responded. Case studies such as this one are intended to highlight success stories and best practices that other Collaborative members can potentially replicate at their own organizations.

About University of Vermont Health

UVM Health is an integrated academic health system serving communities throughout northern Vermont and the Adirondack region of New York State. As a medium-sized network with extensive Epic EHR experience, UVM Health combines academic medicine, community-based care, and hands-on training to provide high-quality services in both urban and rural areas.

Firmly committed to clinician well-being and patient-centered care, UVM Health has grown their clinical informatics program, despite financial pressures, to create the bridge between the clinicians at the point of care, vendors, and IT staff to test and expand innovations that ease documentation, enhance professional fulfillment, and improve the care experience. Recent initiatives include a clinician-led implementation of ambient speech documentation across primary care, specialty practices, and residency programs. These initiatives are supported by in-person training at rural sites, careful governance, and ongoing measurement of outcomes such as burnout, EHR time, productivity, and note quality. UVM Health was recently recognized as a Joy in Medicine organization, achieving Bronze-level status in 2025.

About Abridge

Abridge was founded in 2018 to power deeper understanding in healthcare. Abridge is now trusted by more than 200 of the largest and most complex health systems in the US. Their enterprise-grade AI platform transforms medical conversations into clinically useful and billable documentation at the point of care, reducing administrative burden and clinician burnout while improving the patient experience. With deep EHR integration and support for 28+ languages and 50+ specialties, Abridge's system is used across a wide range of care settings, including outpatient, emergency department, and inpatient areas.

Abridge's AI platform is purpose-built for healthcare. Supported by Linked Evidence, Abridge's product is the only solution that maps AI-generated summaries to source data, helping clinicians quickly trust and verify the output. As a pioneer in generative AI for healthcare, Abridge is setting the industry standard for the responsible deployment of AI across health systems.

Abridge was awarded Best in KLAS 2025 for Ambient AI in addition to other accolades, including Forbes 2025 AI 50 List, TIME Best Inventions of 2024, and Fortune's 2024 AI 50 Innovators.

CO-AUTHOR
Jenna Anderson
jenna.anderson@KLASresearch.com

CO-AUTHOR
Lauren Manzione
lauren.manzione@KLASresearch.com

KLAS RESEARCH

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

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365 S. Garden Grove Lane, Suite 300
Pleasant Grove, UT 84062

Ph: (800) 920-4109

For more information about KLAS, please visit our website:
engage.KLASresearch.com