



Advancing Rural Health Through Ambient AI

Breaking down barriers to clinician adoption and impact

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Rural hospitals face significant operational pressures, including clinician burnout, workforce shortages, and the administrative and documentation demands that strain limited clinical and technical resources. As transformation grant funding creates new opportunities to modernize care delivery, many organizations are evaluating technologies that can reduce burden while supporting long-term sustainability. Ambient AI has emerged as a promising tool for streamlining clinical workflows, improving documentation efficiency and enhancing the patient-provider experience. Yet adoption in smaller and resource-constrained settings has often been limited by cost, IT capacity and integration challenges.

This Knowledge Exchange e-book explores rural health leaders' experiences with ambient AI, highlighting the opportunities, challenges and practical considerations of implementing the technology in rural hospital settings. ●



Executive Insights

6 practical approaches rural health leaders use to implement ambient AI



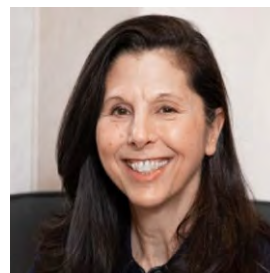
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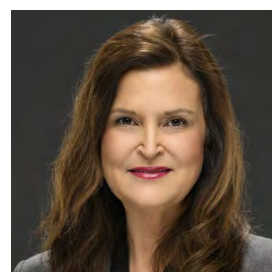
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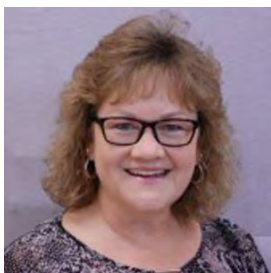
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MODERATOR SUZANNA HOPPSZALLERN (*American Hospital Association*): **What administrative and documentation pressures are affecting your clinical teams the most right now, and where do you see the greatest opportunities to reduce those inefficiencies?**

RHONDA HOLDEN (*Kittitas Valley Healthcare*): As the only hospital in our county, a 25-bed critical access hospital with 11 clinics and an urgent care center, our biggest challenge is the documentation burden on clinicians. While we've successfully used AI-enabled scribes for physicians, we'd like to see similar tools available for nurses, physical therapists and other clinical staff. A major hurdle is integrating new technologies with our EHR. For small hospitals, those integrations can be prohibitively expensive.

BARRON CLARK (*Mad River Community Hospital*): Our biggest opportunity is improving efficiency so clinicians can spend more time with patients and less time documenting care. Any tool that reduces the administrative burden strengthens the provider-patient relationship and streamlines workflows. We're currently piloting an AI medical scribe that listens to patient-provider conversations and generates clinical documentation for clinicians to review, edit and sign.

NANCY CIBOTTI (*Heidi Health*): As a primary care physician, one of the biggest challenges is gathering and synthesizing patient information before a visit. Hospital discharge summaries can run 20 pages, specialist notes may come from outside the health system and critical information often arrives by fax. Beyond documentation, clinicians spend significant time on prior authorizations, forms and letters. These administrative tasks create a substantial burden.

CHRIS BUTLER (*Adams Memorial Hospital*): As chief operating officer and chief nursing officer, my focus

is primarily on inpatient care. We plan to pilot bedside ambient listening in the future. We have implemented a secure mobile application that allows nurses and clinicians to complete EHR tasks directly from handheld smartphones or tablets at the patient's bedside. It has been very well received by our nursing team.

While we're in the early stages of developing these capabilities, we plan to begin building our approach to virtual nursing, virtual sitting and virtual monitoring in late 2026. Because we lack some of the EHR capabilities available to our Community Connect partner, our solution may be simpler and more homegrown. However, we will design it around what works for our organization. With support from Rural Health Transformation grants, we hope to secure the funding needed to launch the program and provide virtual support that augments and strengthens our nursing teams.

MODERATOR: We've discussed some of the limitations of today's tools. As you evaluate these solutions, is reducing the documentation burden the top priority, or are clinicians seeking a more comprehensive platform that supports the entire care journey? What does realistic technology adoption look like in your environment? What distinguishes the tools clinicians actually use from those that never gain traction?

CLARK: There has to be a clear benefit for the clinician. If a tool saves time, makes work easier or helps clinicians provide better patient care, adoption tends to follow.

CIBOTTI: If you're only using AI for documentation, you're missing a much bigger opportunity. Beyond note generation, AI tools can help with patient education, letters, prior authorizations and forms, allowing organizations to address multiple pain points with a single solution rather than implementing separate tools for each task.

RHONDA HOLDEN | KITTITAS VALLEY HEALTHCARE

“Our biggest challenge is the documentation burden on clinicians. While we've successfully used AI-enabled scribes for physicians, we'd like to see similar tools available for nurses, physical therapists and other clinical staff.”

What drives adoption? First, implementation has to be simple. If a tool requires extensive training, it's going to face resistance. The most successful solutions are easy to turn on and start using. Second, clinicians have to trust it. It must consistently capture accurate information across a wide range of settings, whether it's a busy emergency department, a pediatric visit with a crying child or a bilingual encounter involving an interpreter.

Finally, the AI tool needs to be flexible. It has to work for physicians, nurses, therapists and other clinicians, while also adapting to different specialties and individual workflows. The solutions that achieve the highest adoption rates are the ones that are accurate, easy to use and customizable enough to meet diverse clinical needs.

JANINETERRY (*Hampton Regional Medical Center and Coastal Plains Physician Offices*): I work for a 32-bed rural hospital in South Carolina, where our five-person IT team supports everything, including clinical technology. For us, the biggest concern with ambient AI isn't the technology itself. It's governance.

As a small rural organization with limited resources and high clinician turnover, any solution we adopt must be secure, easy to use and simple to support. Until we have greater clarity around governance, data management and compliance, we're taking a cautious approach.

GARY BURRUS (*Brown County Hospital*): As a small critical access hospital with limited resources, we're taking a cautious approach to AI. We're still developing policies that define which tools are authorized, which are not, and what information can be entered into them, since many AI applications are not HIPAA-compliant. For now, we're using approved tools selectively while being very careful about patient data and security risks.

On the clinical side, our providers use our EHR's HIPAA-compliant clinical AI assistant documentation. Overall, they're satisfied with it, but like many ambient tools, it can capture information that doesn't need to be included in the medical record, resulting in longer notes. Our policy requires providers to review every AI-generated note before signing it. AI helps streamline documentation, but providers remain responsible for verifying the accuracy of notes, orders and prescriptions before they become part of the patient's record.

MODERATOR: In many health systems, ambient AI adoption remains below 50%. What support is needed to achieve consistent, sustainable clinician adoption?

KANSAS JUSTICE (*Pikeville Medical Center*): As a 348-bed rural referral center in Kentucky, we're piloting our EHR's ambient AI solution in two clinics to support physician documentation. For now, we're taking a measured approach and largely following the ambient AI roadmap.

To support the rollout, we've assembled an ambulatory services team of IT professionals led by a physician champion. These team members spend significant time working alongside clinicians, providing hands-on support and helping them integrate the technology into their daily workflows. Ultimately, adoption requires substantial investment in people. There's a learning curve, and we're dedicating considerable resources to helping clinicians become comfortable with the technology and realize its value.

BUTLER: From a clinician's perspective, Community Connect and a fully integrated Epic environment are very different experiences. Community Connect is the right-sized solution for a critical access hospital like

NANCY CIBOTTI | HEIDI HEALTH

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ours, but it doesn't always offer the same capabilities or access to emerging technologies.

What matters most is having a responsive, transparent partner that recognizes the unique needs of smaller organizations. We may be a small part of a much larger network, but we still need accountability and support. I especially value when our partners are willing to share their expertise, resources and lessons learned. As a small hospital with limited resources, those relationships help us move forward in ways we couldn't on our own.

CIBOTTI: Successful adoption starts with choosing a vendor that understands your workflows, culture and organizational size. At a large health system, we began with a small pilot of 100 clinicians across 13 hospitals and 100 practices. Demand quickly exceeded expectations, growing from an anticipated 500 users to 1,600 before a broader rollout.

Identifying clinician champions early is critical. Early adopters can drive enthusiasm and peer-to-peer learning, while engaging skeptics upfront helps address concerns and often turns them into advocates. In other health systems, Heidi Health has adoption rates as high as 95% to 100%. That success comes from combining a flexible tool with a vendor that partners closely throughout implementation.

MODERATOR: If you were to implement ambient AI, what would success look like 12 months from now? Which clinical, financial and operational metrics matter most for evaluating impact?

JUSTICE: Success would be measured by meaningful gains in efficiency and clinical performance. Key indicators include closing care gaps more effectively, improving physician documentation and achieving stronger coding outcomes. We would also look at operational

efficiencies, such as reducing documentation burden and potentially enabling clinicians to see more patients each day without compromising care quality. Ambient AI needs to demonstrate measurable value in both workflow performance and patient care outcomes.

BUTLER: For us, success will be measured by how effectively AI improves chart review and supports case management workflows. We are also exploring grant funding opportunities to expand AI use across the organization for quality metric tracking and performance management. Ultimately, we're looking for better ways to leverage data and analytics to improve efficiency, monitor outcomes and support decision-making across the health system.

TERRY: From an IT perspective, success is not only about clinician efficiency but also about implementation and ongoing support. We need to understand how much training, change management, policy development and system administration will be required, especially with a small staff. Considerations such as storage, resource requirements and integration with our EHR are also important.

CLARK: We're still in the early testing phase, with only a few providers currently using the ambient AI solution. While we'll track traditional performance metrics, I'm especially interested in the impact on the patient experience.

Success means creating more meaningful, face-to-face interactions between patients and providers. Instead of focusing on documentation or navigating the EHR during a visit, clinicians can be fully present, listen more attentively, and engage in a more natural conversation. If ambient AI helps strengthen that connection and makes patients feel seen and heard, that's a significant measure of success.

GARY BURRUS | BROWN COUNTY HOSPITAL

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BARRON CLARK | MAD RIVER COMMUNITY HOSPITAL

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CIBOTTI: Some of the most important outcomes are the harder-to-measure ones, particularly reducing clinician burnout. If ambient AI can decrease after-hours documentation, help clinicians leave work on time, and support longer, more sustainable careers, that’s a significant success. I’ve seen physicians considering retirement embrace these tools and stay in practice because the documentation burden became more manageable.

Beyond clinician well-being, ambient AI can improve access and care quality. It can help clinicians address care gaps more consistently, support transitional care visits that reduce hospitalizations, and use integrated clinical decision support to guide care and potentially avoid unnecessary referrals. Together, these improvements enhance patient outcomes and deliver meaningful operational and organizational value. ●



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Heidi is building an AI Care Partner, with a mission to double the world's healthcare capacity by supporting every stage of care delivery. In addition to its popular AI scribe, Heidi has introduced Evidence – giving clinicians access to trusted medical research to support clinical decision at the point of care – and Comms, a calls function that enables healthcare teams to coordinate patient communications. Together, these capabilities support various aspects of the clinical workflow, enabling clinicians to focus on providing quality patient care. Heidi supports more than 2.5 million consults each week in 110 languages from 190 countries. Founded in Melbourne, Australia, Heidi has raised \$96.6M USD from global investors including Point72 Private Investments, Blackbird, Headline, Phoenix Court's growth fund - Latitude, Possible Ventures, and Archangel. Heidi adheres to international standards including the NHS, HIPAA, GDPR, and Australian Privacy Principles, and has obtained enterprise-grade security certifications such as SOC2 and ISO27001.

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