



## ROI Validations

# Ambience Healthcare ROI Validations 2025

How the Pursuit of Clinician Well-Being Led to  
Demonstrable ROI for St. Luke's Health System

June 2025

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**Executive Summary:** With the primary goal of improving clinician well-being, St. Luke's Health System set out to invest in a technology solution that would (1) alleviate burnout and improve documentation efficiency and (2) deliver a financial ROI within two years. To do so, they partnered with Ambience Healthcare and implemented Ambience—an AI-powered ambient platform that automatically generates clinical documentation and associated diagnostic and billing codes directly in the providers' natural workflow. By eliminating manual note-taking and enhancing coding accuracy, St. Luke's has realized substantial returns, including measurable financial gains and reduced clinician burnout.

## About the KLAS ROI Validations Series

To help healthcare organizations make decisions on HIT investments, KLAS is publishing a series of reports that take a more-detailed look at the outcomes a healthcare organization or a small sample of organizations has achieved with a specific HIT solution. Vendors included in this series must already be rated in KLAS performance data and must be in high-energy markets where the technology's ROI is a frequent point of curiosity.

Note: This report reflects the experience of one customer site and is not a comprehensive view of the vendor's broader customer base.

## Project Overview



### St. Luke's Health System

**Organization size:** 1,005 beds  
**Annual patient revenue:** \$3.2B  
**EHR in use:** Epic  
**# of current Ambience users:** 776 total

### Scope of Ambience project

**# of users measured:** 371†  
**Live care settings:** Ambulatory  
**# of live specialties:** 41  
**Project costs:** On budget  
**Time to implement:** 5 weeks

† This report looks at responses from two groups of providers: (1) 371 providers who met the baseline threshold for inclusion in Epic User Action Log (UAL) data and financial ROI analyses and (2) 47 providers among a 100-provider pilot group who measured their burnout.

The initiative to improve clinician well-being and achieve financial ROI within two years was led by St. Luke's IT team in close partnership with ambulatory care leadership and frontline clinicians. The project quickly gained momentum as the broader organizational benefits of the solution became evident, evolving into an enterprise-wide initiative with growing engagement from revenue cycle, HIM, and finance teams. The project's success—marked by measurable improvements in both clinician experience and quantitative ROI—has been driven by transparent data sharing, consistent communication, and a focus on co-developing the system with end users.

### Defining Quantitative & Qualitative ROI

This report examines both quantitative and qualitative ROI achieved by the healthcare organization. Quantitative ROI refers to measurable metrics that were directly tied to the benefit, while qualitative ROI is based on anecdotal evidence, early-stage data, or a measurement that only indirectly ties to the benefit.

## Outcomes

### Reported Outcomes

✔ Quantitative ROI achieved    ● Qualitative ROI achieved    — Not yet validated

Clinician benefits	Financial benefits	Operational/IT benefits	Patient benefits
Reduced clinician burnout	Improved documentation/ coding (including HCC capture† & E/M coding improvement†)	Improved employee satisfaction	Improved patient satisfaction
Reduced documentation burden	Improved financial viability	Increased operational efficiencies (including improved chart closure†)	Improved patient engagement
Time savings	Reduced costs	Deeper strategic partnership with vendor	Improved patient outcomes
Improved patient care		Easier integration/ data flow	
		Fewer coding queries†	
		Smaller vendor portfolio	

† KLAS measures a standard list of outcomes across all vendors; for items noted with a dagger symbol, the vendor specifically requested KLAS validate this outcome in addition to standard outcomes.

## Clinician Benefits

### Reduced Clinician Burnout

Quantitative ROI

**Decrease of 36 percentage points in number of clinicians reporting near daily clinician burnout (n=47), shifting toward less frequent burnout**

Note: This section specifically draws on responses from the 100-provider pilot group. Others draw on responses from the larger group of 371 providers (see Scope of Ambience project on page 1).

#### How it was measured

##### Structured survey process:

- Pilot survey administered over three time periods: pre-onboarding, 60 days post-implementation, and 180 days post-onboarding
- Evaluated perceived documentation time, burnout frequency, perceived improvement in cognitive workload, product satisfaction, and job satisfaction

#### Success factors

**Inclusive pilot group:** IT and clinical leaders created a pilot group that included more than just enthusiastic early adopters, ensuring successful scaling to mainstream users.

**Executive sponsorship:** Executive buy-in was instrumental in alleviating pressure to show immediate financial ROI.

**Prioritized clinician well-being over adding to clinician workload**

### Reduced Documentation Burden

Quantitative ROI

**41% reduction in active documentation time**

#### How it was measured

##### Captured documentation time per provider through Epic's User Action Log (UAL):

- Tracked time across note-taking and patient-instruction tasks
- Normalized per 8 hours of scheduled clinical time

### Time Savings

Quantitative ROI

**39% decrease in time spent documenting after-hours; 17% decrease in time spent documenting after appointment date**

#### How it was measured

##### Tracked through Epic's UAL data:

- Post-implementation, the UAL data was used to track documentation time after-hours and after appointment dates.

##### Confirmed anecdotal reports:

- UAL data confirmed anecdotal reports from clinicians.

#### Success factor

**Organizational focus on clinicians:** St. Luke's did not pressure clinicians to increase patient volume, focusing instead on reclaiming time.

## Financial Benefits

### Improved HCC Capture

Quantitative ROI

**Increased HCC capture per patient, translating to \$9,685 per clinician user in additional yearly revenue**

#### How it was measured

##### Analysis on HCCs before and after implementation:

- Analyzed average number of HCCs captured per encounter, before and after each clinician's first Ambience-enabled visit
- Included in-office, telehealth, and behavioral health visits

##### Ensured methodological rigor by:

- Mapping ICD-10 diagnosis codes to HCC v28 categories
- Collapsing duplicate HCCs within the same encounter to a single instance to avoid inflation
- Excluding hierarchical replacement logic or demographic risk adjustment factor changes to maintain a conservative, encounter-level analysis
- Normalizing for visit volume and encounter type to ensure accurate comparisons across matching time frames

#### Success factors

**Real-time, coding-aware documentation:** Automatically suggested condition-specific ICD-10 codes during the encounter, ensuring complete, compliant documentation without reliance on retrospective chart chases

**Cross-functional validation and alignment:** Conducted the analyses required for cross-functional alignment on assumptions and data integrity with Ambience, as well as for engagement from finance and revenue teams

Improved E/M Coding  
Quantitative ROI

**Increased E/M complexity led to additional \$1,907 per clinician annually; increased volume of daily E/M visits led to additional \$1,456 per clinician annually**

#### How it was measured

**Targeted a group of providers with consistent Ambience use:**

- Conducted analysis between April 2023 and June 2024
- Included providers who had completed at least 50 baseline (non-Ambience) and 50 Ambience-enabled recordings from in-office, follow-up behavioral health, and/or new-patient behavioral health appointments
- Encounter data was segmented by pre-Ambience and post-Ambience visits

**Extracted E/M levels:**

- Mapped CPT codes to E/M levels 1-5
- Calculated a provider-level weighted average E/M level for each period (preimplementation, pilot, and expansion)
- Applied case mix normalization to adjust each provider's post-period metrics to match their baseline mix of new versus established patients and visit volumes
- Calculated the difference between normalized pre- and post-period weighted averages to determine their level of increased E/M revenue, using CMS reimbursement rates

#### Success factor

**Solution's real-time assistance in documenting full clinical complexity of visits:**

- Helped ensure appropriate E/M levels
- Helped mitigate barriers (e.g., overdocumentation/underdocumentation)

Improved Financial Viability  
Quantitative ROI

**An additional \$13,049 generated annually per clinician**

#### How it was measured

Combined measurements for HCC capture and E/M coding improvements

## Operational Benefits

Improved Chart Closure  
Quantitative ROI

**41% reduction in time to chart closure**

#### How it was measured

**Captured actual charting behaviors through Epic's UAL:**

- Tracked all keystrokes and mouse clicks while filtering out idle time
- Normalized metrics based on visit length and volume; matched baseline periods to account for seasonal variation

Improved Employee Satisfaction  
Qualitative ROI

**Reports of improved work-life balance through decreased cognitive load of documentation**

Note: This section specifically draws on responses from the 100-provider pilot group. Others draw on responses from the larger group of 371 providers (see Scope of Ambience project on page 1).

**Clinicians have started reporting positive experiences:**

- 81% of pilot survey respondents (n=47) agree or strongly agree that using Ambience improves their job satisfaction.
- 75% of respondents (n=47) agree or strongly agree that because of Ambience, they have more energy at the end of their workday due to decreased cognitive workload from documentation.
- Reports of employee satisfaction include:
  - More energy at the end of the day to do things that bring joy
  - Improved work-life balance and time outside of work, leading to happier family relationships and greater job satisfaction
  - Renewed connection to patient care, leading to reduced clinician burnout

## Patient Benefits

*Improved Patient Satisfaction*  
Qualitative ROI

**22% increase in patient face time per Epic's UAL data; reports of improved individual Press Ganey scores**

### Early indicators point to Ambience's positive impact:

- Has not yet completed a formal evaluation of patient satisfaction tied directly to Ambience
- Patient face-time tracked by Epic's UAL data
- Some report improvements to clinicians' individual Press Ganey scores
- Positive anecdotal reports in patient responses to Ambience-enabled after-visit summaries

## Lessons Learned—What Best Practices Can Other Organizations Replicate?

- **Engage leadership early and set realistic ROI expectations:** Executive sponsors should focus first on clinician well-being and allow financial ROI to follow naturally over time.
- **Pilot thoughtfully with a realistic user base:** Include a balanced group of typical clinicians—not just early enthusiasts—to ensure pilot results are scalable to the broader organization.
- **Prioritize ease of use and seamless integration:** Choose a solution that is simple to deploy, requires minimal training, and integrates well with your EHR.
- **Measure outcomes objectively:** Use hard data to provide credible, quantifiable evidence of time savings and workflow improvements.
- **Expand collaboration beyond IT and clinicians:** Involve finance, revenue cycle, and HIM teams early to unlock additional operational and financial value.

## What's Next?—St. Luke's Vision for the Future with Ambience

### Deepen ROI assessments by expanding measurement beyond initial pilot metrics by:

- Collaborating closely with finance, revenue cycle, and HIM teams to validate ongoing gains in HCC and E/M capture
- Identifying emerging opportunities for measurement in areas such as automated order entry and coding accuracy

**Continue to reflect both financial impact and improvement through the lens of clinician well-being:** Aim to track longer-term trends in clinician retention and visit productivity.

**Plan to use solution to improve constraints for high-demand specialty groups:** Plan to analyze time between referral creation data and the time of first appointment to identify opportunities.

# Report Information

Share your experience with peers.

Take a [short survey](#) about your ambient speech vendor.



## About This Report

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For this report, KLAS conducted an **in-depth interview** with key stakeholders at the customer healthcare organization, using a question set to explore what quantitative and qualitative ROIs have been achieved, how outcomes are being measured, what lessons have been learned, and any future plans related to ROI assessment. This report reflects the experience of one customer site and is not a comprehensive view of the vendor's broader customer base.

## Reader Responsibility

KLAS data and reports are a compilation of research gathered from websites, healthcare industry reports, interviews with healthcare, payer, and employer organization executives and managers, and interviews with vendor and consultant organizations. Data gathered from these sources includes strong opinions (which should not be interpreted as actual facts) reflecting the emotion of exceptional success and, at times, failure. The information is intended solely as a catalyst for a more meaningful and effective investigation on your organization's part and is not intended, nor should it be used, to replace your organization's due diligence.

KLAS data and reports represent the combined candid opinions of actual people from healthcare, payer, and employer organizations regarding how their vendors, products, and/or services perform against their organization's objectives and expectations. The findings presented are not meant to be conclusive data for an entire client base. Significant variables—including a respondent's role within their organization as well as the organization's type (rural, teaching, specialty, etc.), size, objectives, depth/breadth of software use, software version, and system infrastructure/network—impact opinions and preclude an exact apples-to-apples comparison or a finely tuned statistical analysis.

KLAS makes significant effort to identify all organizations within a vendor's customer base so that KLAS scores are based on a representative random sample. However, since not all vendors share complete customer lists and some customers decline to participate, KLAS cannot claim a random representative sample for each solution. Therefore, while KLAS scores should be interpreted as KLAS' best effort to quantify the customer experience for each solution measured, they may contain both quantifiable and unidentifiable variation.

We encourage our clients, friends, and partners using KLAS research data to take into account these variables as they include KLAS data with their own due diligence. For frequently asked questions about KLAS methodology, please refer to [engage.klasresearch.com/why-klas](https://engage.klasresearch.com/why-klas).

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## Note

Performance scores may change significantly when additional organizations are interviewed, especially when the existing sample size is limited, as in an emerging market with a small number of live clients.



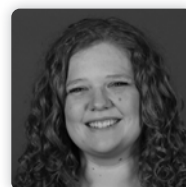
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## Our Mission

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

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