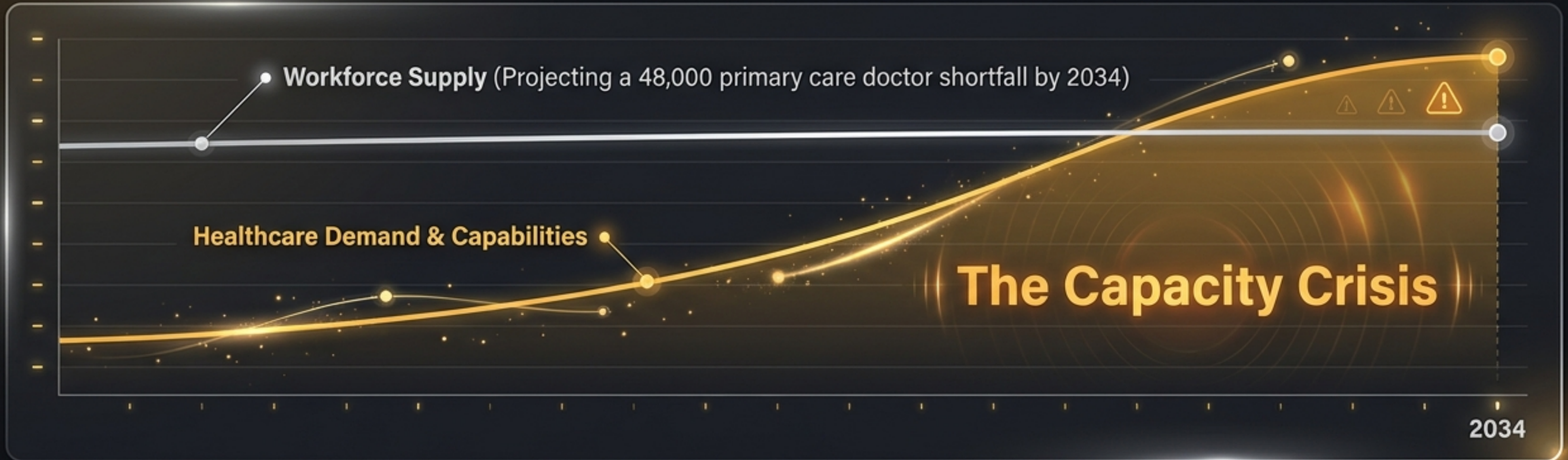


Beyond the Scribe: The Evolution of the AI Care Partner

A strategic blueprint for increasing clinical capacity, reducing cognitive load, and restoring the human side of medicine.

The Structural Mathematics of Burnout



The 1:1 Ratio

For every 1 hour of patient face-time, clinicians spend 1 hour on administrative desk work.



The 7-Minute Limit

Increasing demand has compressed the average meaningful consultation time to just 7 minutes.



The Breaking Point

Doctors aren't burning out from doctoring; they are burning out from the operational friction that surrounds it.



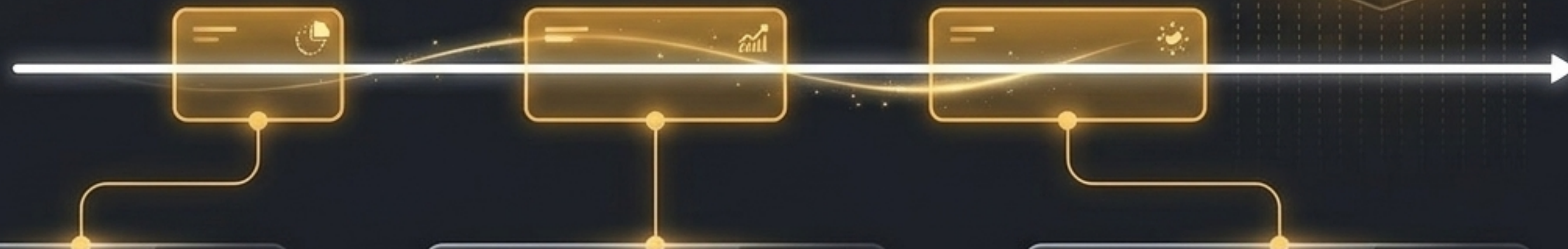
Restoring the Shift: Erasing 'Pajama Time'

Cognitive Load

Before
(Traditional Shift)



After
(AI-Augmented Shift)



Saves **4.15 minutes** per patient.
(Cooper University)

Decreases EHR review time by **14 minutes per day**.
(Cleveland Clinic)

Up to **10 minutes saved** per patient in Emergency settings.
(Hawke's Bay ED, NZ)

Phase 1 Validated: Ambient Scribing at Scale

The Permanente Medical Group

15,791

Hours Saved. Equivalent to 1,794 workdays given back to clinicians across 2.5 million encounters.

Emory Healthcare

+30.7%

Increase in documentation-related well-being.

Mass General Brigham

-21.2%

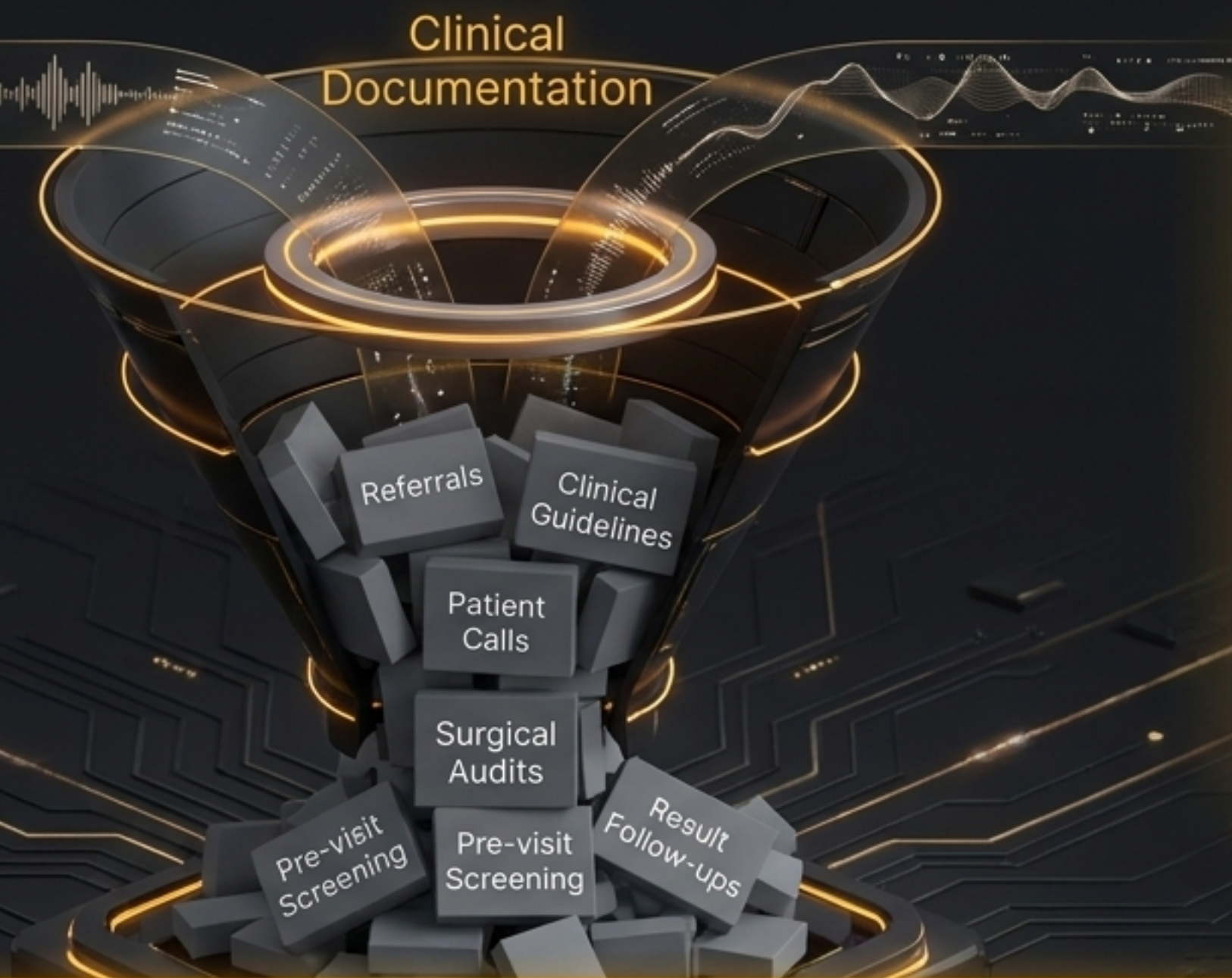
Reduction in clinical burnout prevalence.

Patient Experience

39%

Of patients report doctors spending significantly more time speaking directly with them, restoring eye contact and human connection.

The Scribe Limit: Why Documentation is Only Phase 1



Core Message

Writing notes faster is useful, but it does not solve the structural capacity crisis. For every hour spent documenting, clinicians face an avalanche of operational desk work and communication.

Callout: To double healthcare capacity, we must evolve past a passive scribe into an active agent.

The Evolution Matrix

The Standard AI Scribe

Transcribes notes

Passive listener

Requires manual copy-pasting

Single-function software

The AI Care Partner (Heidi)

- ✓ **Active Assistant:** Generates referral letters and clinical correspondence.
- ✓ **Clinical Support:** Pulls localized clinical guidelines mid-visit (Evidence).
- ✓ **Patient Logistics:** Manages inbound/outbound bookings and triaging (Comms).
- ✓ **EHR Integration:** Writes directly back into systems like Medtech Evolution.
- ✓ **Hardware Independence:** Operates fully offline via dedicated devices (Remote).

Phase 3a: Clinical Decision Support at the Point of Care



Trusted Answers

Citation-backed answers delivered instantly during the visit, eliminating paywalls and outdated search engines.

Custom Protocols

Administrators can upload specific hospital guidelines, referral networks, and SOPs to standardize care.

Personalized Context

Automatically loads patient context (meds, allergies, previous notes) to tailor outputs.

Seamless CME

Usage automatically tracks towards Continuing Medical Education (CME) without extra admin.

Phase 3b: Autonomous Patient Communication

🎤 Booking Appointment...

Heidi: Hi [Patient], just checking in after your appointment. How are you feeling?

Patient: Feeling better, thanks.

Heidi: Great! Remember to take your medication as prescribed. Reply YES for a refill.

Inbound Triage

Heidi Comms answers 24/7 with zero hold music. Handles appointment bookings, rescheduling, and pre-visit Medicare/insurance screening.

Outbound Engagement

Automates medication check-ins, patient-reported measures, and vaccination campaigns.

The Result

Reduces no-shows, increases clinic throughput, and frees front-desk staff for high-value human interactions.

Broadening the Impact: Practice Operations



Seamless EHR Integration: The End of Copy & Paste

Deep Integration

Integrates natively with Medtech Evolution. Relevant patient context (meds, conditions, immunizations) is passed through automatically.

Clinician in Control

Every AI output is reviewed and approved by the clinician before updating the practice management system.

Patient Delivery

Generates and emails health-literacy adjusted consultation summaries and to-do lists directly to the patient.

Low IT Footprint

Cloud-based architecture requires only 50-100 kbps per clinician, protecting clinic network bandwidth.



Decoupling Software from Hardware Constraints

The Problem:

Phones drain battery, interrupt sessions with personal calls, and act as infectious hazards in clinical settings.

The Heidi Remote Solution

Purpose-Built

22 grams, 14-hour battery life, built for frequent clinical sanitization.

Offline Independence

Captures encrypted audio completely offline (ideal for basements, age-care facilities, or dead zones).

Batch Processing

Run 30 sessions back-to-back; device syncs and processes all records securely upon reconnection.



Uncompromising Privacy by Design



Zero Audio Retention

Audio is processed in real-time and immediately discarded. No audio files are ever stored.

No Model Training

None of the identifiable information fed into the system is used to train the base AI models. Data minimization is the default.

Secure Infrastructure

Onshore data storage, ISO 27K compliance, and two-factor authentication protect every node.

Isolated Processing

Even if physical hardware (Heidi Remote) is compromised, encrypted files remain inaccessible without authenticated account decryption.

A New Standard of Care



The Takeaway

We do not solve the capacity crisis by asking doctors to work harder, type faster, or cut corners.
We solve it by multiplying the impact of existing clinicians.

The Result

15,000+ hours saved. Reduced cognitive load. Enhanced patient understanding.
A return to the human connection at the heart of medicine.