Podcast episode transcript: Travis Bias and Davey Bowers

Deanna Berkowitz: Welcome to the Inside Angle podcast. I'm Deanna Berkowitz, marketing communications specialist at Solventum and producer of the Inside Angle podcast.

How can technology give clinicians more time to focus on patients? Dr. Travis Bias, family medicine physician and deputy chief medical officer for Health Information Systems at Solventum, and Davey Bowers, global business manager for Clinician Productivity Solutions at Solventum, discuss the evolution of speech and ambient technology, its impact on clinicians and patients, and how AI can help reduce administrative burden and create more efficient workflows.

Here's Davey and Travis.

Davey Bowers: So we're going to sit down today and talk about ambient technology, how it's evolved over the years, the impacts it has on both providers and patients, and how technology is trying to improve workflows in these difficult times.

Travis Bias: Yeah, thanks for joining us, Davey. And again, I'm Travis Bias. I'm a family medicine physician and deputy chief medical officer of our health information systems business here at Solventum. And I guess tell people about your role.

Davey Bowers: Yeah, my name is David Bowers. I go by Davey. I'm the global business manager for our clinician productivity solutions, so those are all of our speech and ambient solutions here at Solventum.

Travis Bias: Awesome, thanks for sharing, and Davey has a deep experience with our clinician solutions business for many years now, and so I think you'll be able to add a lot of historical context to this, because you've seen how this has evolved over many years and evolved from front and speech recognition to now our ambient documentation solutions, and so before we dive in too much into our solutions.

We wanted to be clear about the problems that we're targeting, the problems that we're aiming to solve, because we know that if we're not really solving clinicians' pain points and problems, that we're not going to get optimal adoption. We've actually seen that. We're going to talk about our learnings from that. And so I think first, the stat is kind of front and center in everyone's mind about the electronic health record and how that has created such an administrative burden for clinicians.

But before I say anything about that, I want to take a bigger step back and just talk about what our health systems and health care systems are facing right now. We are seeing globally around the world that health systems are facing a rising demand for health care services. And that's because we're seeing aging populations. So there are demographic trends that are causing this.

I was at a conference in Hong Kong a couple weeks ago where they were talking about the average life expectancy for a woman is 88. I don't know if you're aware of that.

Davey Bowers: I did not know that.

Travis Bias: And so because we see aging populations, especially in high income areas, but really across the income spectrum. We're seeing rising demand on health care services, and the supply of health workers is simply not keeping up. We are simply not able to produce enough physicians, nurses, midwives, pharmacists, physiotherapists, all the health workers you need to care for an aging population. We simply can't produce enough human health workers to take care of them.

And so because of that, there are many other tools like AI, and we have to talk about AI, but health technologies that are required to help us expand the reach, improve access, expand the reach of health workers to be able to care for populations that are increasingly needing more health care services.

And so 15, 20 years ago, we added the electronic health record, which has created a lot of strengths and a lot of support the electronic health record has provided, but it also has created a huge administrative burden. And I think we've all seen the statistics that for, there's a great study several years ago about for every hour we spend seeing patients, we spend 2 hours in the electronic health record on a variety of tasks, right? Mining our in-basket, responding to patient messages, creating documentation.

And some of those are kind of low-value tasks or clerical tasks that I would argue many of us did not go to medical school or nursing school to perform. And so that has created a huge I guess, a trend of burnout. And I think we're talking about burnout in a more productive way in the last five-ish years, I think. And we're just getting a lot more clear about what that burnout burden is creating on organizations, of course, on individuals, but it's not just a touchy-feely problem for individual clinicians. This is a problem for organizations, and it's a costly problem.

There is a financial cost to clinician burnout that I think studies are now are able to show us in multiple studies actually can define for us. And so we have seen that it can cost a quarter million to $1,000,000 for an organization to replace a physician.

Davey Bowers: Which is crazy.

Travis Bias: Yeah, and up to a quarter million to replace a nurse practitioner or physician assistant. And so that's incredibly costly.

And that comes from, you know, recruiting someone to replace them, ramping up and onboarding a clinician. And we've also seen that there's a study that showed that burnout costs 4.6 billion a year for the US. on the whole and there are a variety of drivers of that cost number, but this is a costly problem and this is why organizations need to care about this burnout issue.

Davey Bowers: It's kind of crazy to think about the cost of replacing a provider because, it's just been recently that they opened up more residency spots to try to bring more, physicians into the market. I don't believe that has changed since 1997.

Travis Bias: Well and adding hundreds of residency spots, still not going to be able to expand of, we've got, again, aging population, rising health care needs, but we also don't have the younger working age population keeping up with the resources that will be needed to care for this aging population.

I think there are many drivers, both kind of push and pull drivers of burden on the health systems that we need to be able to support.

Davey Bowers: Yeah, and with these levels of burnout, we're seeing physicians just leaving healthcare practice altogether, so it's worsening the problem. It's making it harder to find qualified providers to take place and, you know, help with the attrition.

Travis Bias: Yeah, that's it. So let's talk a little bit about some of the solutions that we have been building over the last several years, decades, and talk about kind of some of the, I think, administrative pieces, like the kind of general administrative burden pieces, I think are right for AI as a kind of application to solve some of those pieces before we talk about AI applications and clinical decision support.

So tell us a little bit about kind of...where we are and what we've seen maybe historically and what we're providing in the solution space.

Davey Bowers: Yeah, if you think about speech solutions specifically, it all started with classic transcription. You know, a doctor picks up a phone, they rattle off their thoughts, and then a medical transcriptionist is the one actually creating that documentation.

So for a long time, providers weren't responsible for the documentation. They were just responsible for the reviewing and editing of whatever the transcription has brought back.

We then brought direct dictation or front end speech recognition to providers where now they're in charge of dictating directly into an EMR or some other clinical capture module. They're now dictating and they're reviewing and editing.

So that, you know, was a little bit of a change and we saw that cannibalize the transcription market. It was easier, faster for providers to get their documentation into the EMR on their own.

Then you layer on top of that the ambient technologies, and that's kind of been the latest wave in AI when it comes to providers and their workflows.

It's kind of gone back to more of a transcriptionist-type state, where now, instead of a human creating documentation of the AI creating the documentation, and providers are again just responsible for reviewing, editing, and signing off their notes.

Travis Bias: So the way I think about ambient (sorry) is just that we record the patient-physician conversation. A transcript is created from that, but we use generative AI to then create a first draft for physicians to edit and sign off on.

Davey Bowers: Exactly. And you know, all of that's done within a matter of seconds of, you know, finishing the recording and hitting generate note.

Travis Bias: It's crazy to me that years ago, that would have been seen as just an absolute magic bullet. And I think that this is one of the first technologies that we've seen, I think, in

many years, where clinicians, there was not this top-down mandate from organizations to use this. Clinicians saw and felt how powerful this was going to be, and they demanded this from their organization leaders, their practice leaders. And I think because it's so compelling and it just seems so...

Five years ago, if you had told me this technology was ready to rock, it just dramatically changes some of the documentation burdens.

Davey Bowers: Yeah, absolutely. I mean, outside of the speech solutions, like you were saying, providers are now expected to do even more. They're responsible for CDI, they're responsible for coding, they're responsible for quality.

These are all things that they...frankly, didn't go to school for. This is about patient care. And all of those things come in with patient care.

But these additional workflows that have been easily added through the likes of EMR platforms makes it harder for providers to say, no, that's not my responsibility.

So now that it has become their responsibility, we have to figure out clever ways of using AI and technology to lessen the burden for them, just make it part of their standard workflow where you don't have to spend so much of your mental capacity on being able to accomplish these additional things outside of creating a note and treating your patients.

We've seen a lot of trends in the ambient market over the last couple of years. You know, five years ago, AI costs were through the roof. I mean, using AI was this very attractive idea, but the cost of using it made it a little bit prohibitive for organizations to adopt at large.

We also saw there were very few large language models or companies producing large language models out there.

That has completely shifted over the last couple of years. I mean, you look into 2025 and then this year and beyond, AI costs are lower than ever. It's making AI incredibly achievable and attainable for these different organizations. And it's also making it a very competitive landscape. You know, there are new AI vendors hitting the market on a daily basis.

We have also seen a really big market trend with the EHR vendors themselves. So EHRs are trying to become more of a best of breed type of solution where they can just throw everything at it. But is that always going to be the best quality? I think is the question that people are starting to ask. But I mean, the last year alone, I would say every major EMR vendor has entered into the ambient, the speech, the CDI, the coding, the quality types of markets.

So it's been very interesting to see how those evolve and then also get feedback from customers on what do they like about it being built right into the EHR versus, you know, what's better about a different organization with a standalone solution that accomplishes the same types of goals.

And then globally, when ambient hit the market, it was a U.S.-based thing. Like this was really U.S. technology. You saw a little bit of a trickle into the global markets from U.S.-based companies. But over the last couple of years, what we've seen is you have competitors from other countries that are making very prominent pushes into the U.S. space.

And then I would say the other thing that we're seeing around the trends of, you know, all these different workflows outside of speech is now a little bit commoditized. Providers expect that they're going to have some flavor of a speech solution that they're going to be able to use to create their documentation. But now that speech solution alone isn't enough.

The expectation is that, well, as a provider, since I'm responsible for the CDI, the coding, all of the revenue cycle side of things, those need to be built into and packaged into my speech solution. Help me interact with them more seamlessly.

So it's been really interesting to see the way that things have evolved.

What we do uniquely, I think, is we're grounded in clinical reasoning, and we have decades of that clinical reasoning plus decades of speech recognition expertise. We have to continue to lean into that.

We're not just creating a generic summarization of the conversation. We're thinking about the clinical aspects of it, ensuring that the highest quality of the note is there. So that way providers are getting reimbursed for the severity of the conditions that they're treating their patients for, but also so that they don't get these CDI queries down the road either.

How can we streamline things? If they're responsible for CDI, let's make sure that we try to reduce the amount of times they have to interact with it.

We're also seeing a lot of vendors out there that kind of started in the ambient world move into speech recognition. You know, they're adding speech to text to their platforms.

One of our differentiations is that we've had both for a long time. So we have that and we're kind of going the opposite direction where we started with core front end speech recognition even before that transcription. Now we're adding the ambient pieces onto it and they have to live side by side.

Travis Bias: No, I think that's an important call out actually. I see a lot of the ambient vendors that have started as kind of an AI scrub as a core business. They've added in speech and are pushing downstream into CDI and coding space, which is another thing that we've been doing for decades, right?

Like clinical documentation integrity or CDI and coding, those have kind of been our core competency, I guess you'd say, for decades.

Davey Bowers: Yeah. And then beyond just how we differentiate in the market, it's understanding how the tools are being used. So data and surveys and being able to paint the story and kind of see what this looks like end to end is very important for us.

And I'll take a quick dovetail on the data gathering aspect. So there's only so much data any vendor is going to be able to produce. So when it comes to tools like ambient technology, a lot of the ROI today is soft ROI. It's about provider satisfaction, time reduction in the EMR.

And those are very important because as you spoke to earlier, provider attrition is incredibly high and it's incredibly costly on, you know, $4.6 billion a year. That's a huge number.

So we need to be able to work with our customers to be able to get data from themselves or from the EMR to understand, if they're continuing to use front-end speech, because that's another pattern we've seen is we introduced ambient. It didn't cannibalize front-end speech the same way front-end speech cannibalized transcription.

And that was something that we kind of predicted three years ago. We knew there was always going to be a space. The simplest example is if a patient doesn't consent to the audio recording, providers would have to fall back to hand typing notes. And there's just no way in any world that I see providers being willing to hand type their notes again. So front-end speech is a great solution to have there.

So, when we think about where front-end speech is continuing to be used, because we're not seeing those declines, it's things like the inbox where they're interacting with patients and being able to communicate, care plans and such back and forth.

It's using automation workflows within the front-end speech solutions to navigate the EMR because hands-free workflows are very powerful.

And then, beyond that, think of the non-clinical aspects of a provider's workflow. They still have emails they have to answer in Outlook as well, and using front-end speech for things like that is very powerful.

Travis Bias: Yeah, and even just simply editing the note that's been returned to me, or adding on. I think sometimes there's historical context things that aren't discussed in the patient-physician conversation that I as a physician might want to add into the note later on.

I think it makes tons of sense that front-end speech is still being utilized basically at the same levels as we've seen prior.

Davey Bowers: Yeah, so I mean, we have our ambient solution, we have our speech solution, we have both, you know, kind of a solution where AI is at the core, but also infusing AI into the front-end speech solution because AI is being added to everything, right? And it's kind of an expectation that if you want to compete in a market, you have to have AI in some form in your solution.

So thinking about the way that AI is used in our front-end speech recognition platform, leveraging generative AI to do just about any use case you can dream up.

So, you know, imagine you're just rambling a bunch of thoughts out, and you know, this is direct dictation into an EMR. Now you can run GenAI over it and format it into a perfectly good SOAP note.

Outside of that, imagine you take a denial letter from an insurer and you give it context of the notes that you've produced for this patient. How can GenAI help create a letter to kind of rebut back on that denial?

And then, patient summaries, take this note that I just generated and give me a really good patient summary I can hand to this person before they leave.
Travis Bias: A summary at their education level, maybe given their background, maybe given their first language.

Many ways that you could create an iteration on that documentation to give something to a patient that they can actually use.

Davey Bowers: I really like the language example. It scares me a little bit because, there's a chance that providers are going to start translating things into other languages that they cannot proofread.

But, if they are confident in that language and they're comfortable with using the technology, it's just going to make it easier for the patient to actually follow up on the care plan that was provided and will improve their outcomes.

Travis Bias: Yeah, I think that's a great example of let's use the latest in tech , but let's do it to improve, of course, the clinician experience, but let's improve the patient experience as well, and so let's talk about some of those outcomes we've seen.

I think we've got a couple case studies that I think are really telling. The first is at **Cherry County Hospital**, we have seen how the utilization of our ambient documentation solution has really improved things from reducing the administrative burdens or reducing some of the time spent in the electronic health record.

They've seen a lot of their after-hours documentation time, both in evenings and weekends, go down. That was probably something we assumed would happen.

And we've seen some of the same-day note closure times, some of the same-day note closure stats improved dramatically, right, which I think is good not only from a revenue standpoint, let's make sure we document completely and sign off on what the work that we've done, but it's also good from a patient experience standpoint so that patients can get things in their, you know, whatever their app is that they're using to interface with their health workers. And also it's good just from a communication standpoint to other clinicians that we've done, the work that we've done.

But also I think they've increased their capacity to see patients, right? They've increased some of their patient volumes by a third, I think that I saw.

Three or four years ago, before we understood kind of what widespread ambient adoption would mean, that would have given me palpitations. If you would've told me we're gonna add patients to my schedule.

Davey Bowers: It would have been mutiny. Providers would never have accepted an idea of they're gonna see more patients.

Travis Bias: But I think that's something that early on. We never pushed that as a talk track, I think, just because, again, we know that clinic, you don't want to be told, hey, we're going to give you more text so you can see more patients.

But I think now that I know that the ambient technology is allowing me to capture my documentation, I'm not having to create documentation from scratch. I see some of the time and some of the cognitive savings from this solution.

If I want to add more patient slots or if I want to be able to care for my population in a different way, improve access, go for it. And I think we're seeing a lot of clinicians willingly add that. And if that's the case, and organizations are probably thrilled by that.

But I think it's patient populations are going to benefit from that.

Davey Bowers: We never lead with that idea, but you're right. I mean, this technology has definitely matured over the last couple of years.

So most providers know what ambient technology is. And there's a level of comfort, regardless of which vendor you're using for that ambient technology, where they're getting back to why did they go to school to become a doctor? It's because they care about the patient. And we're trying to return that focus to the patient.

If you can return focus and increase the number of patients you're giving focus to without increasing that administrative burden, like you said, I'm sure organizations are pretty pleased about this because there's a, you know, a revenue amount tied to seeing additional patients, but providers are getting to do what they actually love to do.

Travis Bias: Yeah, I think that's it. If you can add to my patient workload by increasing my documentation burden, go for it. Much different conversation for sure.

So at another customer at El Camino Health, we've seen some similar benefits, right? We've seen some of the quantitative benefits that we've talked about. So some of the time savings and they've estimated, they've had some clinicians estimate they're saving up to 1/2 hour a day in documentation burden, as well as a 15% decrease in some of the time spent some of the administrative tasks. So I guess I think of that as the drop downs, the check boxes, the in-basket responses for those documentation, EHR tasks in general, maybe not just straight documentation tasks.

So it seems some of the quantitative benefits, but I think you were talking about this earlier, there are a lot of qualitative or maybe some of the more subjective benefits that you say soft ROI, but really those are dramatic benefits in my workday as a clinician to where some of the cognitive burden of just remembering what a patient told me 3 hours ago before I could sit down and document that and just being able to be fully present with the patient.

Because before this technology, what happens? I've heard you tell the story before, you walk into your doctor, and they're typing, looking at their keyboard, and they're looking kind of like, yeah, looking back at you, and they're distracted.

And you just, as a physician, A, we hate that. Patients hate that as well, right? And you're not able to really focus on some of the non-verbals, some of the really key pieces that your patients are telling you without explicitly telling you.

And so now some of the El Camino clinicians have told us a lot about that burden that has been lifted to be able to just focus on the patient in front of them and really be able to be present and focused on the story that the patient is telling them.

And they've decreased some of the even anxiety around, am I going to remember everything my patients told me this morning by the time I could sit down and document that.

Davey Bowers: As a patient myself, I've gotten to experience using ambient technologies in the office with a provider, and I love my PCP.

It was about two, three years ago that I went in and, she started with, is it okay if we use this new AA technology to help me capture my documentation? I was like, absolutely.

So for the first time, I was on the other side, getting to actually experience it.

And, you know, I wasn't in for anything terribly serious. I had some concerns. You know, I'd been bitten by a tick. So it was nothing crazy, but I didn't know anything about Lyme disease. And it meant a whole lot for her for an entire 45 minutes to look me in the eyes and tell me, I'm going to be okay. Don't you worry about this. You caught it early. You came in and you started talking to me, that you did all of the right things.

That meant so much because if her back had been turned to me and she's trying to document in the EHR at the same time she's telling me these things, it wouldn't have had that same level of authenticity, even though I know that anything she would say to me is authentic.

Travis Bias: Yeah, I think that's, I mean, that patient perception is huge. And there are so many studies around, even if I sit down or if I don't sit down during a patient visit, there's a perception about how much time I've spent with you and how much I've really put into the visit.

And so I think this technology is really helping a lot on both ends of that spectrum, both for clinicians and patients.

And a lot of what we're seeing in these two case examples is mirroring a study. So there's a large study three months ago that was just put out in JAMA, April 2026 that was across 5 academic medical centers, across 1,800 clinicians that are using ambient solutions now. So it's a good mix of people on its east and west coast. There's multiple large centers that are included in this, and it showed what are we seeing from ambient implementations across vendors, across different settings.

And it's showing some of those time-saving benefits, but I don't think it was as dramatic as maybe people were expecting.

So 13 minutes in a reduction in total EHR time for a single day, 16 minutes in reduction in documentation time in a single day, and adding maybe 1/2 visit a week, so not as dramatic maybe. But those that were using ambient solutions for over half of their visits saw almost double the benefits. Double the time savings, double the amount of visits they were able to add to their schedule.

And I think some of those time savings, it might not be dramatic and absolute time savings, but now clinicians are able to redirect some of that time. They are able to reallocate that time to other tasks, right?

So now, back to our front of speech kind of conversation. And now I can spend that time maybe doing deeper chart review. Maybe I can dive deeper with the patient. Maybe I can spend longer in my in-basket taking care of all those in-basket tasks that I have waiting for me.

And so I think this study actually kind of confirms maybe what we thought we would see three to five years ago as we were kind of creating this and developing this. We kind of thought, hey,

you know, there's going to be time savings for sure. But I think it's going to just kind of maybe reallocate that time so that the clinician's time is refocused on, again, the tasks that we were trained to do, rather than on some of these clerical documentation tasks.

So I don't know what you would add about that study.

And I think one thing that we've seen too is, as we have seen ambient used more and more, our front and speech utilization has remained the same.

Davey Bowers: Yeah and I mean, a couple of years ago, we predicted front-end speech is going nowhere. There's many reasons why front-end speech is so powerful, especially when you think that, at least for our solution, it's not just front-end speech.

It's automation. It's, you know, really complex commands that drive workflows within an EMR.

You know, it's really interesting to hear you kind of mention the more that it's adopted, the more those time savings. If you increase adoption, these time savings can double.

That makes sense, right? Like any technology, the more you use it, the more proficient you become with it, the more you streamline your workflows become.

So I can't say that that's terribly surprising, but I think we had mentioned it earlier. I never expect that a provider is going to use ambient technology 100% of the time. I think anyone who goes in with that expectation is setting themselves up for some level of disappointment. We aim for, you know, let's get 60% of your daily visits using ambient to create your documentation. And I would say the majority of our customers hit that 60% or exceed it.

And you definitely have those providers who are getting pretty darn close to 100%.

Travis Bias: The more you use this, the more benefit you're gonna get from it. That makes some rational sense to some people, but now you've got evidence to back you up there.

So I think also too, beyond some of the clinician benefits that obviously have been touted, I mean, we're seeing some of the patient experience benefits as well, obviously.

So I think early on there was this concern that, as you mentioned, physician walks in the room, hey, can I record everything we're about to talk about? And there was this concern that patients might not consent to that, right? And hey, what are you going to use AI for? I'm not sure about this this is new.

But there is a new study in the last year as well around implementation and the patient implementation. The patient implications around implementation of these ambient solutions across, I think it was the Permanente Medical Group. And they saw across two and a half million visits. They collected some patient surveys and they showed that 92% of patients felt comfortable with the ambient AI visit recordings and that over half of patients thought that it had a positive impact on their visit. We've talked about that. And almost half of patients said that they noticed that their doctor spent less time looking at the computer screen.

So I think the more that we use this, probably the more comfort level we have, the less that we have to look at the computer screen and the less that we have to rely on kind of our older workflows and work paradigm.

So I think that has been reassuring. I think early on, again, we might have been more hyped about what this is going to do for patients. But I'm glad to see that now there's kind of studies backing up the fact that patients overwhelmingly are having a positive experience with this because they can just kind of feel the benefits of this technology.

And they're really not reporting negative impacts of this technology being used with them.

Davey Bowers: Yeah, what I'm excited to see is, even though this technology has emerged in such a rapid way compared to other technologies in the past in healthcare, I think we still have years ahead of us to actually start to measure what are the true impacts to patient health outcomes.

Like long-term, are patients becoming healthier, are they managing their care more effectively? So I'm really interested to see how that data continues to evolve over the next one, three, five years.

Travis Bias: Yeah, I think we're kind of measuring some of the like inputs right now and some of like maybe process pieces.

And I think you're getting at what's the like end level outcome, what's the population health level impact. And yeah, ideally it's going to be massively positive, but that's something we're well suited to measure.

Davey Bowers: Yeah, I mean, imagine a time where every patient just always hits their annual visit? Because they know that they're going to get more than 7 minutes with that provider. Like if we can add some time back into that provider's day to spend with the patient, will that make them be more willing to come into a doctor's office on that annual basis?

There are many ways that we can move forward thinking about the technologies that exist today. And I had alluded to this a little bit earlier, but front end speech goes nowhere. I mean, it's going to be around for years, decades to come from now.

We've also seen a really big market push towards ambient technology being used really pressing that ambient technology was going to be this life-changing technology. Everyone was going to use it all the time without question. And that's just not the case.

So I'm really glad that, you know, we have continued to position that front-end speech and ambient technology, they need to live side by side. And they can be used interchangeably. Like you mentioned, using front-end speech to edit the note that ambient created, I mean, that's such an efficient workflow.

We also recognize that AI readiness is different for every organization, whether that be financially based, whether that be providers' willingness to accept new technologies, because change is hard. There's no doubt about it.
So for us, we refuse to believe or push our customers, our organizations, people we want to work with fully into that ambient platform. So our move forward plan is that if you are interested for a certain percentage of your provider population to be using the ambient technology, we will work with you on that. So we could start with 10, 20% of your provider population, and then that other 80, 90% can continue to use front end speech recognition and add as much efficiency there as possible.

So we can work with you over the course of the next 5, 10 years to really ramp up the ambient use, but I'm sure over those 5, 10 years, we're going to have more lessons learned that will just deepen the value of our front-end speech solution that we already offer today.

We're also not going to stop innovating on that core front-end speech recognition solution. A lot of the innovation is certainly going towards AI technologies and the ambient world, but our solution is really ambient at the core, like that is AI technology, but our front-end speech solution is getting AI infused into it.

So we had talked about the idea of AI-assisted automation. I can use GenAI to do just about any use case I can dream up. That's one example of how AI is being infused there.

So we're not leaving any of the providers behind that want to focus and remain just using the front end speech recognition tools. They're going to continue to see improvements on the platform as well. It's not just our early adopters with new technology that are going to see benefits in the way that things function.

Travis Bias: Yeah, I like the story you just kind of told about kind of continuing to innovate, because I think the history of transcription informing how we built front-end speech recognition, and then our front-end speech recognition informing how we built ambient documentation.

This is not something we just kind of started a couple of years ago. This is a decades-long journey that I didn't think that deep, that historical context and...and all those learnings will then form whatever comes next for us.

Davey Bowers: Yeah, and when it comes to the technology that's underlying, the speech tracker, the ambient technology, there's a rampant use of large language models out there.

But with these decades of experience in speech, we have our own methodologies, ontologies, models that we use for speech recognition.

So it's not always just pick something up off the shelf and let's hope for the best. It's years of clinical research and speech research going into making sure that the accuracy of the models that we use, that we provide, in combination with some, off-of-the-shelf type large language models and even small language models, is really a winning combination.

Travis Bias: And incredibly tight feedback loops telling us kind of what fits and what works and what's going to actually solve core problems for them.

Davey Bowers: So what we've seen with the ambient technology is there is a huge need for on-the-go workflows.

By far and above, at least in the US, the primary workflow, I would say 90 to 95% of providers are just using the mobile app. It's too easy to take your phone from room to room to room and grab consent and record.

So with front-end speech recognition, the typical workflow or the traditional workflow is you're sitting in front of a computer, whether it's in a ward or, a very noisy environment, in the emergency department, and you have a tethered microphone to your PC and you're just dictating directly in front of the screen. So you're actually watching it go in.

There's more of a need now than ever to have mobile workflows for verbatim dictation. You'll soon be able to open up the mobile app and capture your verbatim thoughts, and then, once you're back to the desktop, you can transition those to the desktop workflow, review, edit, sign off, but the need to move and be on the go is very important, especially if we have proof points that...providers are seeing more patients using these types of technologies. If they're seeing more patients, that probably means they're more on the go than ever. So adding these mobile workflows to fit into the provider's workflows, incredibly important.

The other thing that we're seeing a really big push for and transition for that we've recently introduced is template management.

So ambient market really started ambulatory outpatient world. That was the primary focus. And even today in 2026, that is still where the vast majority of ambient conversations, recordings, note generation is happening.

But there is a concerted effort to push into the acute spaces of ED and inpatient. ED, I think, is really, we're going to see it kind of take off this year. I mean, by the end of the year, we're going to have some really good momentum into 2027.

I think inpatient is still, a big challenge that we need to solve for. So I would expect a little bit of that towards the end of this year, but 2027, I think, is where we're going to see inpatient take off.

The reason I bring up these, you know, acute workflows is documentation needs are different between outpatient and ambulatory versus ED and inpatient. And then think about things like nursing as well. I mean, their documentation is very flow sheet driven. It's just points and clicks.

So, when it comes to templates, we are giving full control to providers and, probably at the end of the day, some super user administrator at the organization that will be able to define templates that match exactly the type of style and content that they need to capture for quality documentation.

So, we support narrative sections, we support system-based sections, examples of those like physical exam review of systems. And beyond just saying, we're going to let you define what sections we want in your note and give your template a name, we are also giving the power for them to help kind of define what are the instructions that you're going to tell that large language model of what you need in this section. And that could be anything from formatting like bolded lists or new paragraphs to the actual content.

So I'm creating a template for a cardiologist. I expect these types of items to be in my history of present illness or these types of items to be mentioned in the assessment plan.

All the way down to things you don't want to be included. So there might be phrases that, you know, you have educated your providers, just don't use these in your documentation. It doesn't make us look good, especially when patients get this.

So it's the ultimate level of flexibility, which is a little scary because we have things that we run over top of whatever templates are built, but you're really giving the power to the organization to say, this is exactly what my providers expect out of their documentation. And if we can knock

that out of the park, providers should be editing less at the end of the day because the content that they're expecting to be there is there.

Travis Bias: Yeah, I appreciate you sharing this because it really shows a deep understanding of the different needs from the different settings. So you mentioned outpatient versus emergency department versus inpatient, but also across maybe different locations, maybe culturally, there are different needs.

But there are also different needs across specialties, right? Like some specialties have very templated notes, others are very long narratives.

And so I think this shows our desire to really, instead of shoving everyone into one singular workflow, we're really trying to support the way the physicians naturally work and think, rather than making me kind of document in a way that is forced by a single format.

Davey Bowers: Yeah, we want this to be more of an extension of the provider's natural documentation habits.

You know, I mean, certainly we want to make sure it's the highest quality possible. We don't want to take shortcuts. With us being a global company, I mean, template management becomes even more valuable when you're operating in countries like Spain and Italy and Germany and the UK. There are very distinct needs in every place you go, whether it's a state or a country.

One other thing we should definitely talk about is this push for speech just not being enough anymore. You know, it's table stakes, speech recognition, ambient. We need those. But if providers are expected to talk about or be responsible for clinical documentation improvement, revenue cycle related items, coding.

How can we leverage this opportunity we have where providers are using our tools for speech recognition? We have their eye. There's not many types of solutions or technologies where you can confidently say, the provider is looking at this every single day. This has their attention.

So if we could start with, CDI, both outpatient CDI and inpatient CDI, incredibly important. I mean, we're working really closely with our outpatient CDI team on some of these pre-visit diagnosis suggestions. Well, if they're going to have to review these pre-visit diagnosis suggestions, shouldn't they be right there, right before you go to record your note versus them having to log on to a computer, review there, and then maybe even potentially forget about them by the time they get to the patient. What did I say I was going to cover today in this visit?

So we're going to be surfacing those types of pre-visit suggestions to providers right there where they're going to be capturing that audio.

So I think that's going to be a really big game changer for provider workflows.

And hopefully we'll help steer them kind of as, you know, almost an outline of the conversation that they should be having with their patient to follow up on these chronic conditions that they come in with.

Travis Bias: Yeah, I think that's an important core competency that we've had for years, right?

Understanding in clinical documentation integrity, what is it that we need to put in front of the physician and when? And what is it that is going to...be compliant for that. How do we support the organization remaining compliant, right?

That is a thing that you can automate away a lot of pieces of CDI and coding maybe, but we need to do this in a way that's reliable and highly accurate because we know that if it's not, that can lead to many different downstream denials and other risks for organizations.

Davey Bowers: Yeah, exactly, and then coding, I mean, I don't think there's any physician that's like, wow, I love coding. I'm so glad I get to do this as part of my workflow, right?

So how do we just make that a little bit easier for the provider? How do we surface those? Whether they're ICD codes, whether they're CPT codes, whether they're E&M codes, I think, are going to be incredibly important. And then, is it something that we can surface to the provider and have them reference as they're adding codes into whatever platform they need to put them into? And where possible, let's leverage APIs or, you know, different types of calls with EMRs to push those codes in automatically through the app.

Imagine a provider sees that E&M code for, you know, a 99214, and they just click to accept, and now it's in the EMR. They don't have any extra steps to take.

So I'm really excited by the idea that we can reduce those downstream coding processes for providers and just keep them focused on what we keep coming back to, patient care.

Travis Bias: Yeah, that's exactly it. I constantly tell the story of when I enter residency having to learn which codes I'm choosing for which type of visit. And most of that, again, that's coming from the documentation. You can automate a lot of that with just kind of the human as the reviewer at the end.

So I'm glad that we're thinking about how to bring that all together under one hood, right? From ambient documentation to front-end speech to CDI or CAP, computer assisted position documentation, and then the autonomous coding piece. Let's make this one integrated package and right in the workflow in the EHR, where physicians are actually thinking about it at the right time.

Davey Bowers: Right, exactly.

And I think the whole idea with, you know, trying to leverage these speech technologies, because we have the eye of the provider, there are so many new technologies that come out, and I think we've gotten to a certain point where providers are saying, wow, these tools are really powerful, but my tool belt is filling up.

Travis Bias: Well, and I have to go to one web browser for another. I have to go back to my EHR for this. How can we make it easier for me to use all these tools at the right time?

Davey Bowers: Exactly, and no one of these solutions is a silver bullet. They can't solve all of the problems.

And I think we recognize, you know, what are the pros and the cons or like what do each of these technologies solve and then what do they leave still open remaining to be solved?

So, ambient solves faster note generation, lessen burden on providers, but it doesn't solve EHR navigation or coding or, any of these other workflows.

So then layer front-end speech on top of that. Now we have a little bit of that workflow that we can drive in the EMRs through automation. We have the ability to edit notes more easily, especially when you start to leverage commands and AI-powered commands.

And on top of that, you throw on a CDI or a CAPD type opportunity or technology. Providers are able to correct documentation in real time versus, days, hours, weeks later, however long it takes for them.

So when we talk about, you know, a capture to code or visit to value, Solventum has spent 20 plus years, maybe 30 plus years, working on these different technologies where we have a very powerful suite of solutions that can truly solve visit to value.

Travis Bias: Yeah, I think all these tools that we've talked about are really, truly complementary.

And you see a lot of these ambient solutions out there pushing further downstream, you know, from the front end visit capture downstream into the kind of middle revenue cycle space with CDI and coding that we've kind of talked about.

That's been what we've done for decades, right, and then we've brought together this marriage really of front-end speech, ambient documentation, and CDI and coding solutions together to really improve the efficiency with which clinicians are capturing the complexity of their patient population.

The more that we can bring those together under one hood...right integrated into the electronic health record, that's going to bring a lot of power to clinicians in their organizations.

Thanks for the conversation. I enjoyed it.

Davey Bowers: Thank you as well, Travis.