ABRIDGE

Dr. Mehmet Oz, Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dr. Thomas Keane
Assistant Secretary for Technology Policy
U.S. Department of Health and Human Services
Washington, DC 20201

Dear Administrator Oz and Assistant Secretary Keane,

On behalf of Abridge, we appreciate the opportunity to comment on the Centers for Medicare & Medicaid Services, Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology (collectively, ASTP/ONC), Department of Health and Human Services (HHS) request for information, Health Technology Ecosystem.

We commend this initiative to provide input on the digital health product market, data interoperability, and the broader health technology infrastructure from a broad range of stakeholders, and are grateful for the chance to contribute to this vital conversation.

Abridge is the leading generative AI platform for clinical conversations. Our enterprise-grade technology transforms patient-clinician conversations into structured clinical notes in real time, reducing the burden and distraction of repetitive administrative tasks for clinicians. Abridge is the only AI platform with built-in auditability for trust and verification. Linked Evidence enables users to find the substantiating evidence for the generated clinical note within the transcript and recording of the patient visit.

Abridge is currently being used by 55+ specialties, as well as in outpatient, emergency medicine, and inpatient settings. Our platform excels in 28 languages, including the top 16 most-spoken in the United States. Abridge models are trained on hundreds of languages and dialects. Abridge was designed to be a scalable solution that works within and improves existing workflows in order to impact as many clinicians as possible.

We believe the seamless integration of artificial intelligence into the fabric of Alternate Payment Models (APMs) holds the key to accelerating the transition to a value-based healthcare system. Our AI platform for clinical conversations supports APMs in the following areas:

- Abridge's AI platform documents clinical encounters in real-time, directly within clinician-patient interactions, returning valuable time to clinicians.
- Our AI platform transforms medical conversations into clinically useful documentation, enhancing the accuracy of records.
- Comprehensive documentation generated by Abridge is critical for accurately representing patient health complexity, enabling precise risk adjustment and suitable care reimbursement.

VB-1. What incentives could encourage APMs such as accountable care organizations?

By incentivizing the use of an AI platform for clinical encounter documentation in real-time, APMs can return valuable time to clinicians, improve documentation accuracy, enhance the patient-provider experience, and significantly reduce clinician burnout and administrative burdens. Precise and comprehensive documentation, enabled by AI and reviewed by providers at the point of care, enhances risk adjustment, improves score accuracy, and ensures fair compensation in value-based care models.

At the foundation of accountable care and population health management lies the strategic use of integrated data that drives insights and action. Accordingly, integrating real-time clinical encounter documentation into APMs, like ACOs, presents a critical opportunity to both improve care quality and reduce Total Cost of Care (TCOC). Notably, ACOs are rewarded on performance based on a TCOC budget target. By analyzing vast datasets, AI can predict the likelihood of costly events such as hospital readmissions, emergency department visits, or complications following surgery. For example, AI algorithms can flag patients at high risk of postoperative infections or readmission, allowing care teams to intervene with targeted follow-up, home visits, or medication management. Similarly, AI can help identify individuals at risk of chronic disease exacerbation or adverse drug events, facilitating timely outreach and preventative care. These predictive capabilities empower ACOs to shift from reactive to preventive care, ultimately improving outcomes while curbing unnecessary spending.

CMS should explore incorporating AI solutions for objective benchmarking to determine if APMs are effectively contributing to Value-Based Care (VBC). By analyzing large datasets of clinical encounter documentation, AI can identify key performance indicators and metrics. This data-driven approach will enable a clear understanding of

how APMs are improving care quality, reducing costs, and enhancing patient outcomes. This would allow for a standardized approach to evaluate and measure the impact of implementation measures across different APMs, ensuring accountability and progress towards VBC goals.

Further, to ensure alignment across different value-based care initiatives, CMS should establish cohorts of AI expertise to promote the exchange of best practices and provide targeted technical assistance to health systems as they integrate AI into their APMs. These efforts should be grounded in evidence and real-world implementation experience, helping organizations navigate practical challenges and accelerate responsible adoption.

This alignment should also include incentives that emphasize the quality and performance of AI tools—not just their downstream outcomes. Evaluation criteria should reflect how AI impacts key metrics such as patient outcomes, cost savings, health equity, and operational efficiency. By fostering collaboration, knowledge sharing, and transparency, CMS can support the effective and ethical deployment of AI, ultimately driving higher-value care across the healthcare system.

VB-2. How can key themes and technologies such as artificial intelligence, population health analytics, risk stratification, care coordination, usability, quality measurement, and patient engagement be better integrated into APM requirements?

Abridge delivers an AI-powered platform designed to document clinical encounters in real-time, directly within clinician-patient interactions. Our solution returns valuable time to clinicians, improves documentation accuracy, enhances the patient-provider experience, and significantly reduces clinician burnout and administrative burdens.

We have developed a proprietary, best-in-class AI stack, including the first to market a multilingual Generative AI model for clinical documentation, as well as the first explainable AI model to link Generative AI output back to ground truth evidence from transcripts.

Abridge's AI platform can enhance CMS risk adjustment and risk scores by providing precise and comprehensive documentation of clinical encounters. Real-time documentation within clinician-patient interactions ensures accurate capture of patient conditions and diagnoses, which directly influences risk scores. Linked Evidence enables users to find the substantiating evidence for the generated clinical note within the transcript and recording of the patient visit. Simply highlight the relevant auto-generated summary in the Abridge clinical note to view the corresponding evidence from the transcripts and replay the corresponding audio.

Additionally, the detailed information captured by Abridge supports compliance with CMS requirements for risk adjustment data submission, minimizing errors and potential audits. By integrating Abridge into workflows, healthcare organizations can optimize their risk adjustment processes, improve risk score accuracy, and ultimately support fair and appropriate compensation under value-based care models.

Finally, ambient AI, particularly when used to document clinical encounters in real-time, can significantly enhance quality scores in value-based care models. By capturing accurate and comprehensive patient data during interactions, ambient AI ensures that all relevant details of a patient's condition and care are recorded. This leads to better documentation accuracy, and a more precise reflection of the quality of care provided. CMS should explore the potential of ambient AI in improving quality scores as a specific area of discussion, considering how its integration can lead to more accurate benchmarking, standardized evaluation of APMs, and ultimately, better patient outcomes.

VB-3. What are essential health IT capabilities for value-based care arrangements?

Human expertise remains at the heart of effective healthcare, even with the integration of AI. As a company founded by a practicing cardiologist, we prioritize supporting and amplifying clinicians' skills. Our leadership team is dedicated to developing AI tools that enhance, rather than replace, the judgment and experience of healthcare professionals. This commitment ensures that human expertise remains at the center of effective healthcare delivery.

Providers require solutions that integrate seamlessly into existing workflows and reimbursement structures, while also enabling a strategic and scalable shift toward value. We believe that organizations that invest in robust health IT infrastructure—such as advanced analytics, and AI-driven decision support—are better positioned to succeed under VBC by improving care coordination, reducing avoidable utilization, and enhancing patient outcomes. Ultimately, the most successful digital health partners will be those that bridge both payment models and evolve alongside providers, supporting sustainable financial performance and quality improvement as the industry shifts toward outcome-driven care.

Thank you for considering Abridge's insights on the Health Technology Ecosystem RFI. We are enthusiastic about the potential of AI to enhance value-based care and improve healthcare outcomes. We are eager to collaborate further and contribute to the

ongoing dialogue. For any inquiries or additional information, please reach out to Damika Barr at damika.barr@abridge.com or (703) 862-5162.

Sincerely,

DocuSigned by:
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