

AI Technology Is Making Charting Patient Visits Less Time-Consuming

Fred Hutch and University of Washington are part of a pilot program testing Abridge “ambient listening” tool to document patient visits.

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One of the most important yet laborious components of a medical visit for a provider is chart documentation: What is the patient’s concern? What are the provider’s observations and recommendations?

Chronicling every point discussed can take time away from one-on-one interaction between patient and provider, but now a new AI application that is part of an “ambient listening” pilot program is helping physicians at Fred Hutch Cancer Center and University of Washington (UW) Medicine streamline the arduous task of clinical note-taking.

As a mobile phone-based product, [Abridge](#) AI is built into the Epic electronic health records system used at Fred Hutch. No personal recordings are saved; the resulting notes from patient visits are embedded in Epic.

Twenty Fred Hutch providers are using the Abridge technology along with 20 providers who are part of a control group documenting the visit via computer, tapping away as a patient speaks. The Fred Hutch providers are part of a larger group of 110 UW Medicine providers who are also piloting Abridge. Fred Hutch serves as UW Medicine’s cancer program for adult oncology, and the two organizations are in discussion about eventually expanding the number of users to a larger provider group after the pilot concludes.

“What we’ve observed so far is that we’ve had some really positive results from providers,” said Midori Kondo, a senior director who oversees the digital innovations group at Fred Hutch. “Metrics show providers can use this technology to support their workflow, and many have successfully used Abridge to reduce time in notes and really engage with patients face to face, getting back to the art of medicine. That’s the idea, to get providers back to the patient.”

More face-to-face conversations

All 40 providers fill out the same surveys that assess how much time they spend charting —

documenting patient visits — including so-called “pajama time,” which sounds fun but is actually quite the opposite. Pajama time refers to time spent charting on evenings and weekends.

Aggregated survey data show that providers report their quality of life is improved because the tool helps them manage their workload. Because the technology allows providers to spend less time on documentation, they are also freed up to devote time after visits to tasks such as replying to messages and managing refills. Providers using Abridge are reporting that they are enjoying seeing patients more and experiencing less burnout.

“It’s very user friendly,” said [Nicole Fleming, MD](#), deputy chief medical officer at Fred Hutch, who is part of the leadership team evaluating Abridge. “We are speaking more face to face and having natural conversations with our patients.”

At Fred Hutch, providers across different specialties are using the AI tool in clinic as part of a 150-day pilot program wrapping up in July. AI is also incorporated into patient care at Fred Hutch in other ways, including in [colonoscopies](#) where [GI Genius](#) technology flags suspicious findings. The AI health care field is expanding rapidly; in June, Abridge announced it had [raised \\$300 million](#) in venture capital funding. The Wall Street Journal [reported](#) that Abridge is valued at more than \$5 billion.

During the pilot, providers using Abridge start by asking for patient consent to record the visit when they enter a patient room. If a patient agrees — and nearly all have — the provider opens the Epic app and pushes record, then sets the phone down. After the visit, the tool transcribes the recording, which is saved temporarily, into a medically formatted note. The note is reviewed and modified by the provider if necessary. Once the provider signs the note, the patient can see it in their MyChart.

The experience is a far cry from the more typical scenario where a provider enters a patient’s room, logs into a computer and types as a patient speaks.

“That has completely gone away because this tool captures all that information and you don’t need to take notes,” said Fleming. “When you’re taking notes, you tend not to write down everything. You always forget a few minor details. What’s wonderful is the tool really does capture everything.”

As with any new technology, there is a learning curve. When performing a physical exam, for example, a provider has to speak their findings and observations out loud so the tool can capture them.

Fleming said she is not aware of any patients who have expressed negative feedback about the technology, although a handful of patients have declined to participate; some say they don’t want to be recorded.

AI tool creates a note documenting a patient visit in less than a minute

For the most part, patient feedback from participants is positive. Bryce Romans, a clinical applications architect at Fred Hutch who works on AI projects, says that patients surveyed have commented that they appreciate more face time with their provider. “At the patient level, they say they feel more listened to and paid attention to rather than having their provider at the computer,” he said.

Fleming estimates that Abridge AI shaves at least 10 minutes off the time required per patient visit and results in a 30% decrease in pajama time for Fred Hutch and UW provider participants.

On average, recorded time per visit is approximately 18 minutes. Once a visit ends and the provider stops recording and clicks “create note,” it takes Abridge AI less than a minute to do so. “It’s remarkable,” said Fleming.

Providers agree that the tool could use improvements in terms of recognizing significant aspects of oncology-specific conversations as part of visit summaries and have shared that feedback with the company, which is working on optimizing the tool in oncology practices.

“Using the technology and me adding in a sentence here or there is still better than having to create that note from scratch,” said Fleming. “It’s not perfect, but the technology will get better over time.”

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