

Edition - Aug 2026

Care in Motion



– AI should Give Time Back to Care

Artificial intelligence is becoming part of everyday clinical work. For doctors' offices, its most immediate value may not be replacing decisions or changing how medicine is practiced. Its value may be giving time back to the people responsible for delivering care.

CMS recognizes that technology-enabled tools can reduce labor-intensive processes and support more coordinated care. At the same time, CMS emphasizes that strong privacy protections, human oversight, and continued monitoring for accuracy and safety must remain central to the use of AI in healthcare.

The opportunity is meaningful, but it comes with an important question:



? Is AI helping the care team become more present, or is it simply adding another layer to the workflow?

– One-Minute Insight



The First Return on AI may be Time

AI is making some of its clearest early impact in clinical documentation, administrative automation, information summarization, and workflow support.

According to the American Medical Association's 2026 physician survey, **81% of physician** respondents now use AI in a professional setting. Documentation, chart summarization, care plan development, research summaries, and patient message drafting are among the most common uses. The survey also found that **73% of physicians** believe AI can reduce administrative workloads that contribute to burnout.

This suggests that the first meaningful return on AI may not come from replacing clinical judgment. It may come from reducing the work that keeps physicians and staff away from patients.

– Feature Insight

Build the Workflow Before Adding AI

A practice does not become AI-ready simply by purchasing a new tool. Readiness begins by identifying where repetitive or administrative work is taking time away from care.

Clinical documentation is one of the most visible opportunities. Ambient AI tools can listen during an encounter and prepare a draft clinical note for the provider to review. Published research has found that clinicians using AI-supported documentation may spend approximately **20% less time** completing notes, although results vary by specialty, workflow, and level of adoption.

The technology may prepare the first draft, but the provider must still confirm that the record is accurate, complete, and consistent with the care delivered.

Prior authorization is another high-burden workflow. The **AMA's 2026** survey found that physicians and their staff complete an average of 40 prior authorization requests each week, spending approximately 13 hours on the process. Ninety-four percent of physicians surveyed said prior authorization contributes to burnout.

AI may be able to organize clinical documentation, identify missing information, match requests with coverage criteria, or help prepare medical-necessity documentation. However, automation must not become a substitute for transparent review or appropriate clinical judgment. The same technology that helps a practice prepare a request could



also be used to increase automated denials. Responsible implementation must protect both efficiency and fairness.

Across each of these uses, the goal should remain the same: reduce unnecessary work without weakening accountability, privacy, documentation quality, or the relationship between the provider and the patient.

AI is also supporting population health, care coordination, and patient engagement. It can help organize longitudinal records, identify gaps in care, prioritize patients who may require outreach, summarize information for care teams, and draft routine patient communications.

– CMS Update

Modernizing Prior Authorization

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Implementation Deadline

January 1, 2027

Impacted payers will be required to operate electronic prior authorization interfaces for certain medical items and services

Projected System Savings

\$15 Billion

CMS estimates that its electronic prior authorization policies could save patients, providers, and payers approximately over the next **ten years**.

It is important to distinguish electronic prior authorization from artificial intelligence. CMS-0057-F does not require healthcare organizations to use AI. It requires impacted payers to improve processes and exchange information through standardized, FHIR®-based APIs.

AI may eventually help practices prepare documentation, summarize records, identify missing information, and route requests through these connected workflows. However, the foundation is still accurate data, clear processes, interoperability, and accountable human review.

Technology cannot improve a workflow that has not first been clearly defined.

– Practice Tip

Creating a Human Checkpoint

Every AI-enabled workflow should include a clearly defined point where a qualified person reviews the output before it becomes part of the medical record, influences a care decision, or reaches the patient.

Reviewer Confirmation

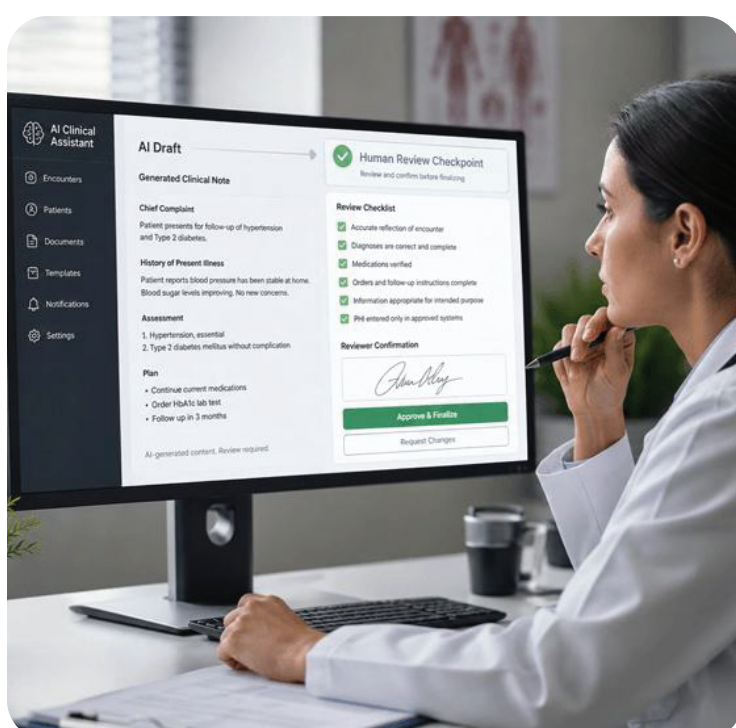
Confirm information accurately reflects the encounter and the provider's decisions.

Verification

Verify that diagnoses, medications, orders, follow-up instructions, and other relevant details are complete.

Purpose & Security

Determine if output is appropriate for the intended recipient and ensure Protected Health Information (PHI) is only entered into approved by the organization.



"A human checkpoint should not remove the efficiency gained from AI. It should make that efficiency safer, more consistent, and easier to trust."

– What We're Watching

Moving from Individual Tools to Responsible Workflows

Healthcare organizations are beginning to move beyond isolated AI experiments and toward workflows that connect documentation, patient communication, prior authorization, analytics, and care-team support.

That expansion makes governance increasingly important. Practices will need to understand what data a tool uses, how its output is validated, who is accountable for errors, and how performance will be monitored after implementation.

AMA 2026 Survey Insights

85%

of respondents want to be consulted or directly responsible for decisions about adopting AI within their practices

92%

said they want additional AI education and training.

"AI readiness is therefore not only a technology project. It is also a leadership, education, workflow, privacy, and accountability project.."



Closing Perspective

Technology Should Make Care Feel More Personal, Not More Automated

AI has the potential to reduce documentation burden, organize complex information, streamline administrative work, and help care teams identify what requires attention.

Its success should not be measured by how much technology a practice adopts. It should be measured by whether the technology improves accuracy, protects patient information, strengthens the workflow, and gives physicians and staff more time to focus on the person in front of them.

AI should not replace the human side of medicine. It should help create more room for it.

– Sources

[CMS: Technology-Enabled Care and Artificial Intelligence](#)



[CMS: Moving Prior Authorization Into the 21st Century](#)



[CMS: Interoperability and Prior Authorization Final Rule](#)



[AMA: 2026 Physician Survey on Augmented Intelligence](#)



[AMA: 2026 Prior Authorization Physician Survey](#)



[NEJM: Generative AI in Medicine—Evaluating Progress and Setting Priorities](#)

