



Less Typing and Forwarding, More Caring

AI use in Patient Messaging



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- Director Patient Care Services for Clinical Operations
 - Emory Healthcare: Physician Division, Ambulatory Practices
 - Support Policy, Quality, and Safety across all service lines
 - Support Electronic Medical Record implementation and enhancements
 - Clinical Operations Support for EMR pilot activities
 - No Conflicts of interest to disclose

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Objectives

1. Considerations When Implementing AI Tools

- **Appropriate Build and Customization** – How prompt engineering, model upgrades, and snippet architecture were tailored across specialties to ensure safe, relevant AI-drafted responses
- **Requirements for Users to Access Tools** – Training, competency validation, and attestation processes that govern who can use AI-generated drafts in clinical messaging

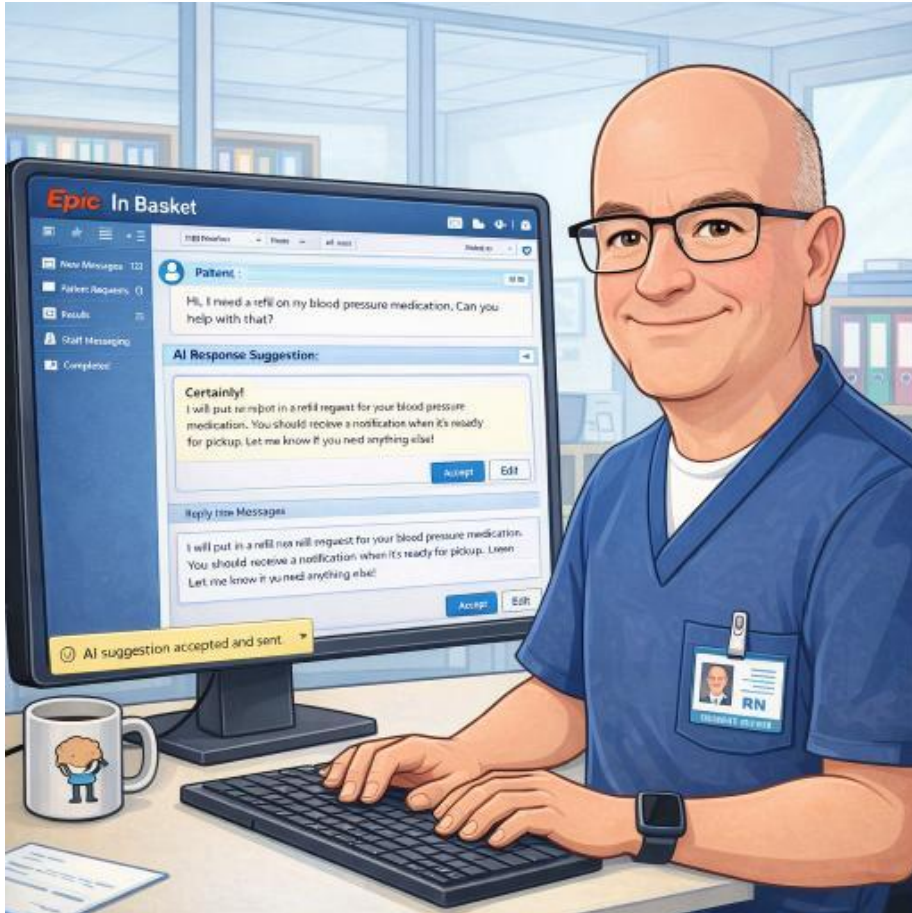
2. Impact of AI on the Work To Be Done

- **Reduced Message Passes** – AI categorization and auto-routing decreased the number of handoffs needed to resolve patient messages, getting them to the right team on the first touch
- **Improved Response Timeliness and Content** – AI-drafted responses accelerated turnaround while iterative model upgrades improved tone, completeness, and clinical relevance of patient communications

3. Emory's Experience Converting First Hospital to Apple Devices

- **Scoping and Workflow Validation** – How Emory Hillandale Hospital assessed departments for readiness, tested across platforms, and collaborated with vendors to migrate ~75% of the hospital to Apple OS
- **Lessons and Outcomes** – Key takeaways from becoming the first healthcare entity to move to a majority Apple environment, including device selection, training, and patient/care team experience improvements

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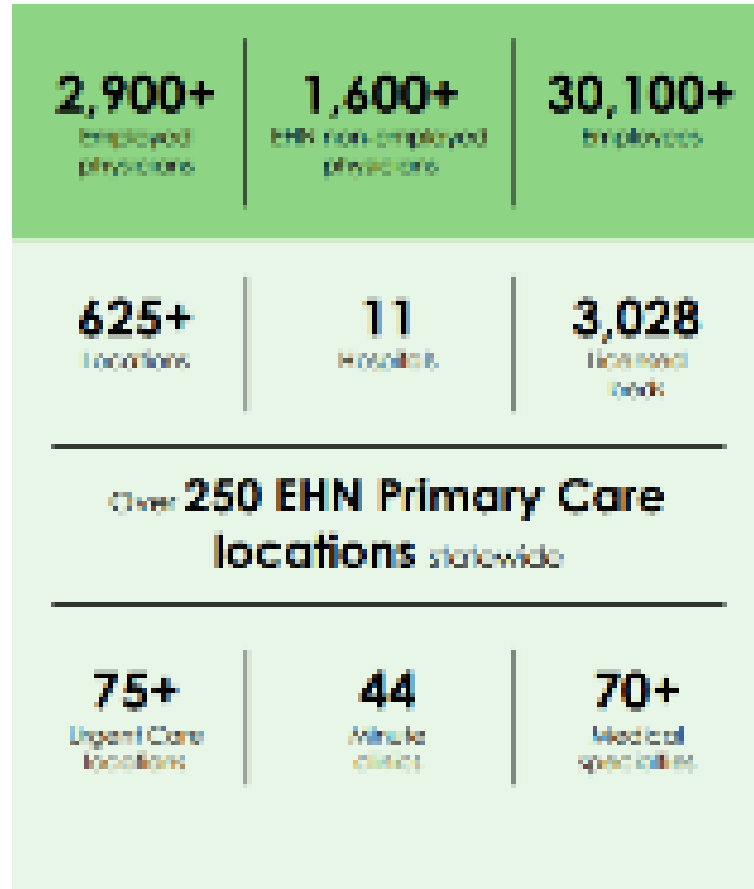


I will be sharing details Specific to Epic workflows

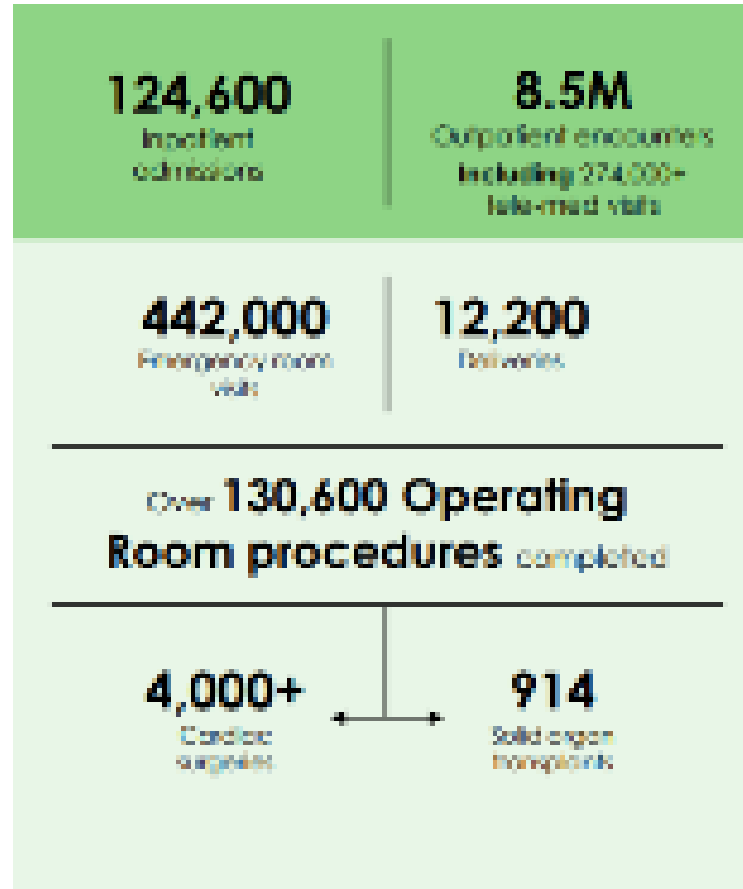
I have no financial relationship or other incentive from Epic

Emory Healthcare By the Numbers

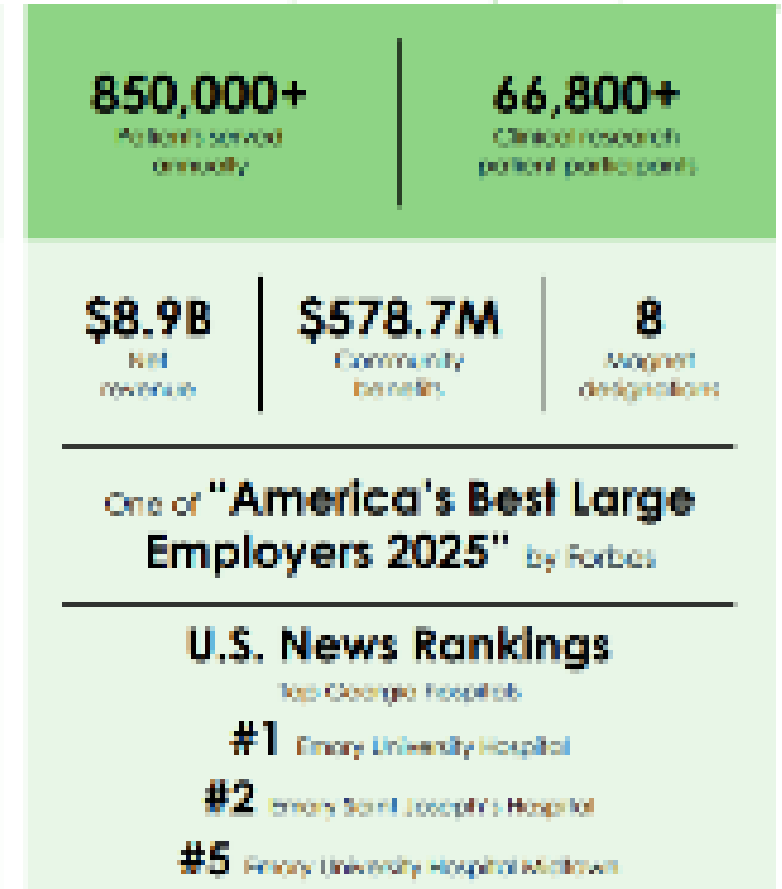
Our Network



Our Scale



Our Impact



Emory Healthcare BY THE NUMBERS

OUR SCALE • CLINICAL MESSAGE POOLS

~16,500

Daily Total Messages

~8,000

Daily PMAR

~2,400

Daily Rx

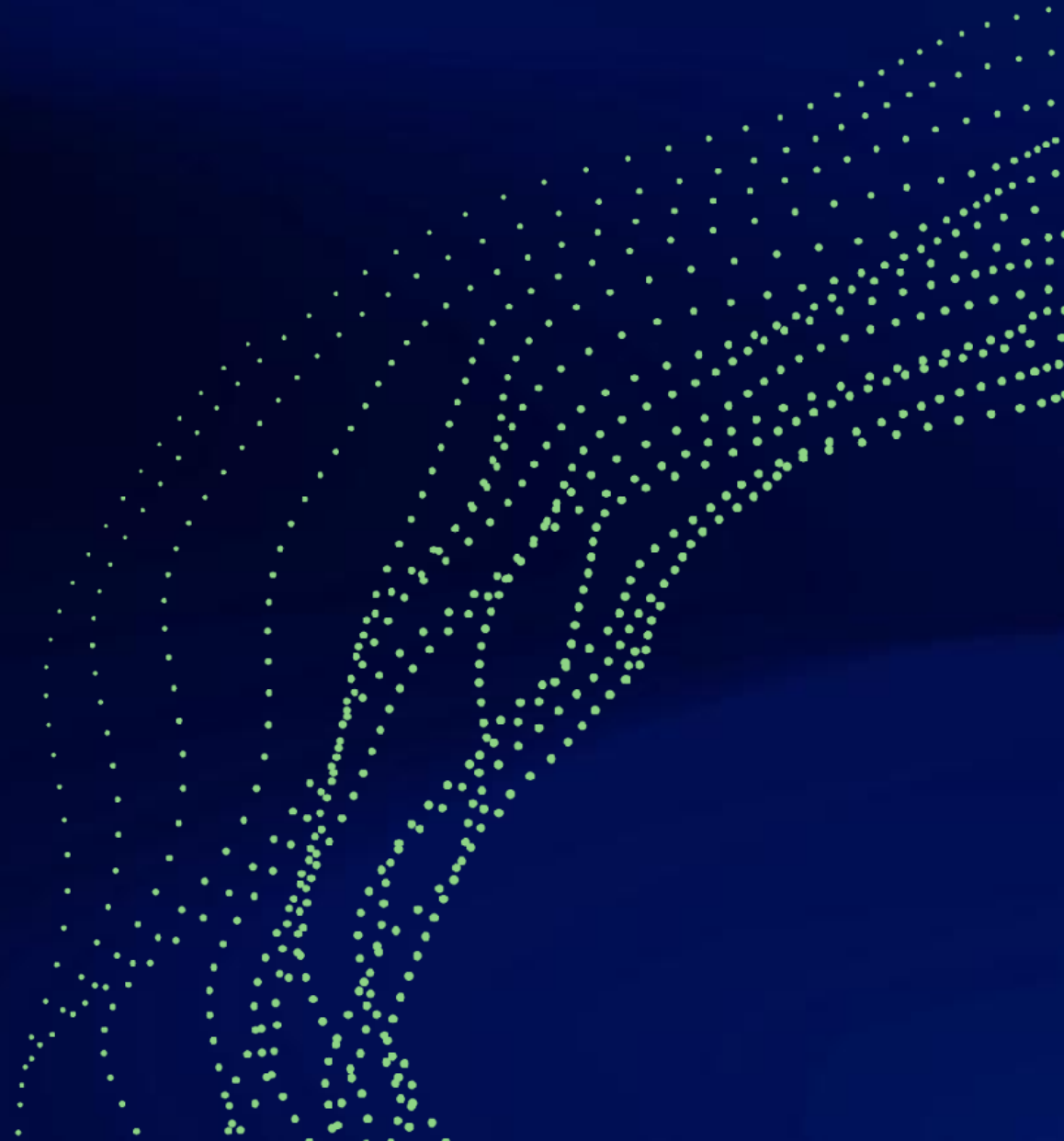
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Daily Patient Calls

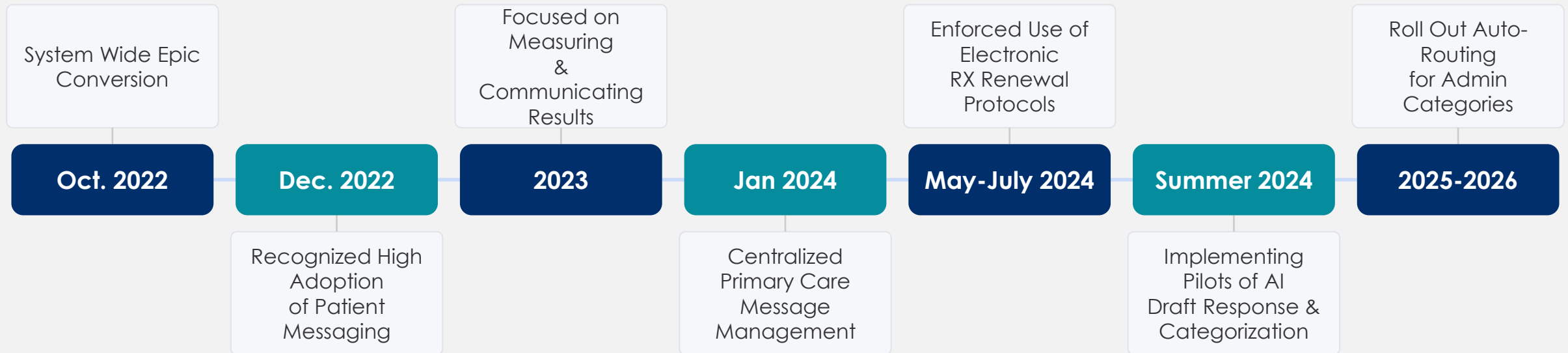


Background

Epic initial Go-Live October 1, 2022



Timeline



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Key in Basket Structure Department Based Pools

Pool Structure

Each department has **1 clinical** and **1 admin** pool

Message Routing

Messages routed to pool based on patient's last visit with **connected provider**

Review Process

Strict review process before adding any additional pools

- In Basket governance committee
- Ambulatory Clinical Decision Group

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Early Strategies to Improve Response

Review Incoming Messages

- Adjust automated messages
- Define messages requiring action

Clinical Message Management

- Telephone Triage Protocols
- First Touch Resolution

Medication Refill Management

- Updating medication orders
- Deploying RX renewal protocols
- Refining RX renewal protocols

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Key Performance Indicators

	DEC 2023	DEC 2024	DEC 2025
PMAR Volume	172,530	215,771	268,087
% Completed 24 Hr	85%	87.72%	80.23%
% Completed 48 Hr	89.4%	93.3%	90.9%
AVG. Duration	6.55 Days	3.13 Days	2.54 Days

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AI Drafted Response Development

Background

- One of first organizations offered by Epic
- First to expand beyond Primary Care
- Drafts limited to Patient Medical Advice Request (PMAR)

Goals

- Make drafts work for most specialties
- Support Nursing ability to address patient needs
- Prevent AI from diagnosing or prescribing

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Epic AI Tool Project • Early Adopters

Augmented Response Technology

- Building prompts
- Expanding beyond Primary Care
- Recruiting diverse team

AI Prioritization (Urgency)

- Pilot pools
- Broad roll out

AI Categorization

- Categorization of PMAR (Admin, Clinical, +Other)
- Auto-routing by admin category
- Rolled out by specialty

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Developing Prompts





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Developing AI Prompts for Epic In-Basket

ART Timeline

Augmented Response Technology Journey

Project Kickoff

- Created model & Smart Text Records
- Refined prompts
- Selected depts: Primary Care, Urology, Hem Onc

★
JUL
2024

Message Validation

- 200 messages validated
- GPT 3.5 → GPT 4

✓
AUG
2024

Go Live

- Go/No Go decision call
- Moved to GPT 4o
- Upgraded to GPT 4.1

▶
SEP
2024

ART Categorization

- Upgraded to Snippets

≡
MAY
2025

Latest Upgrade

- Upgraded to GPT 5.1

↑
APR
2026

Original Prompt – General Added Statements (1 of 2)

Role & Tone

- Act as if you are the Healthcare Provider who works in the department, is experienced in the specialty, and is well acquainted with the patient
- Added “empathetic” to tone of response
- Formal salutation with SmartLink to pull in department phone number & patient appointment

Response Structure

- Acknowledge the request in a concise but empathetic fashion, followed by “***” wildcard
- If patient asks for explanation of symptoms or diagnosis, give a very brief response and add “***” wildcard

Original Prompt – General Added Statements (2 of 2)

Clinical Data

- Use information from Patient Allergies and Patient Appointments to determine your response
- If the patient does not mention medications or allergies, do not discuss them unless part of clinical needs

Provider Communication

- Do not tell the patient that they will talk to their provider. You are drafting the message for the provider to review
- Include department contact info and add “***” wildcard for provider personalization
- Reference information source only if the patient indicates where they found relevant information

Original Prompt – General Removed Statements

Statements Removed from Prompt

- “Simply respond with a request that the patient schedule an appointment.”
- “If you think the patient should contact a healthcare provider, tell the patient to schedule an appointment.”
- “But indicate you’re happy to discuss what they’ve found over the phone or in an office visit.”

Original Prompt – Results

Added Statements (1 of 2)

Role & Tone

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Original Prompt – Medication Added Statements (1 of 2)

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Upgrade from 4o to 4.1

Model Evolution

- Started with GPT 3.5, upgraded to GPT 4 in August 2024
- August 2025: GPT 4o upgraded to GPT 4.1
- Drafts generated with GPT-4.1 are slightly longer than GPT-4o, but not “fluffier”

Key Improvements

- GPT-4o sometimes generated drafts consisting only of “****” wildcard — no examples of this with GPT-4.1
- Tone of GPT-4.1 is improved and sounds less robotic than GPT-4o
- GPT-4.1 drafts were more relevant to the patient’s request and more complete in their answers

May 2025: Upgrade to Snippets

Overview

- Used with Epic's advanced message categorization model
- Two types: Instruction Snippets and Data Snippets

Snippet Types

- Instruction Snippets: Short prompts guiding model behavior using Condition + Action structure
 - Can be unconditional (e.g., "Be brief.")
 - Data Snippets: Include a SmartLink and a description (e.g., "Patient Name: @LLMPATIENTNAME@")

May 2025: Upgrade to Snippets

Message Categories

- 16 total categories: Advice Request, Clinical, Lab, Medication, Results, Scheduling, and more
- Messages can be assigned multiple categories simultaneously

Example Use Case

- A message about adjusting medication based on test results
- Categorized as Medication + Results
- Relevant snippets from both categories are automatically included in the prompt

April 2026: GPT 5.1 Upgrade

Verbose & Formatting Issues

- Drafts tended to be verbose and use lists/special formatting unnecessarily
- Fix: Updated EPIC_BREVITY to instruct the LLM to be minimal in its response
- Fix: Created EPIC_GENERAL_TONE to respond directly without summarizing the patient's message
- Fix: Created EPIC_FORMATTING to avoid lists, em dashes, or special formatting

April 2026: GPT 5.1 Upgrade

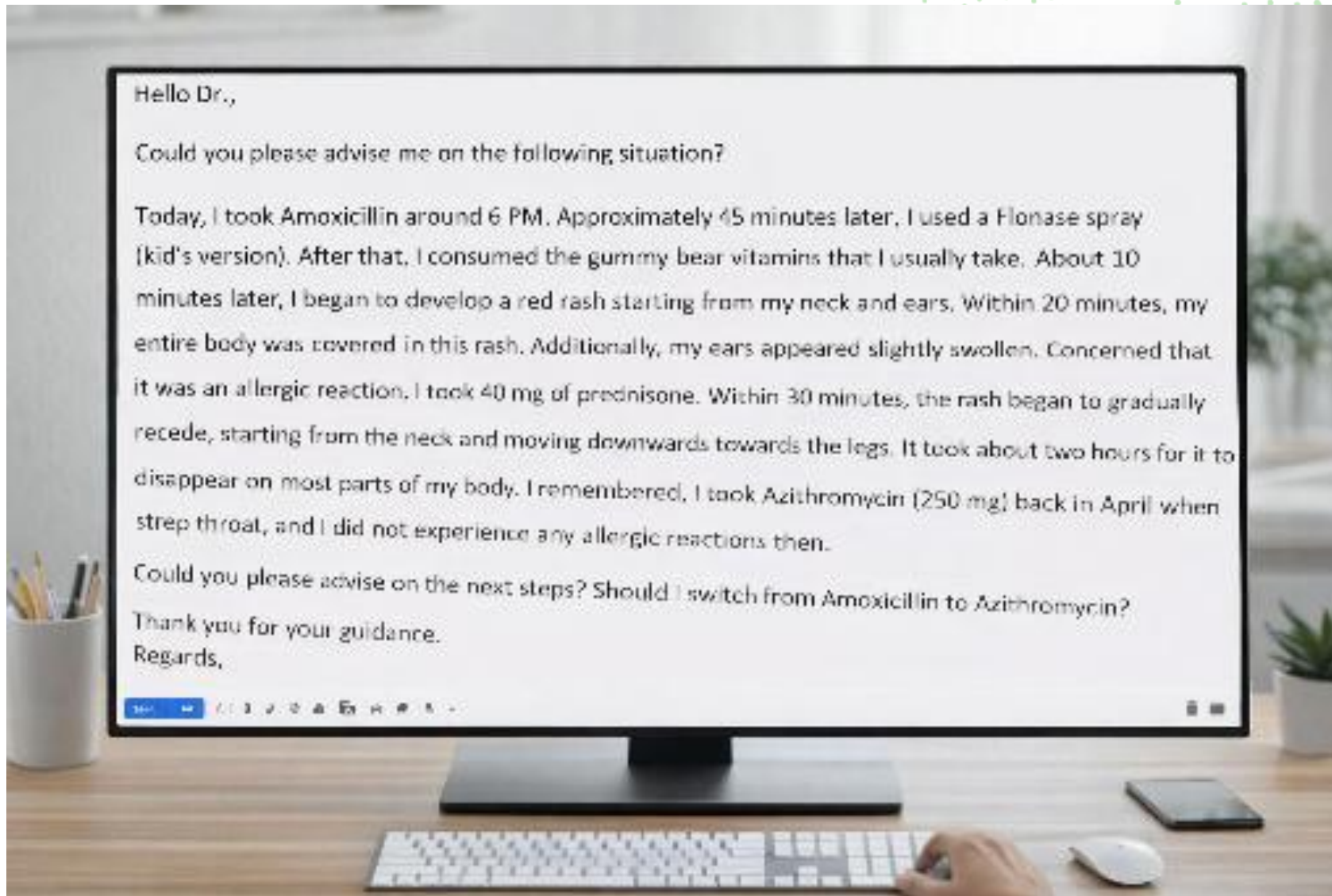
Follow-Up Behavior

- Drafts had increased frequency of ending with requests for follow-ups or encouraging continued discussion
- Fix: Updated EPIC_SPEECH to not request additional information or suggest follow-up unless explicitly instructed

Emergency Guidance

- Drafts tended to suggest additional guidance by anticipating worsening symptoms
- Fix: Created EPIC_EMERGENCY_INSTRUCTIONS to not include precautionary urgent/emergent care instructions unless explicitly instructed

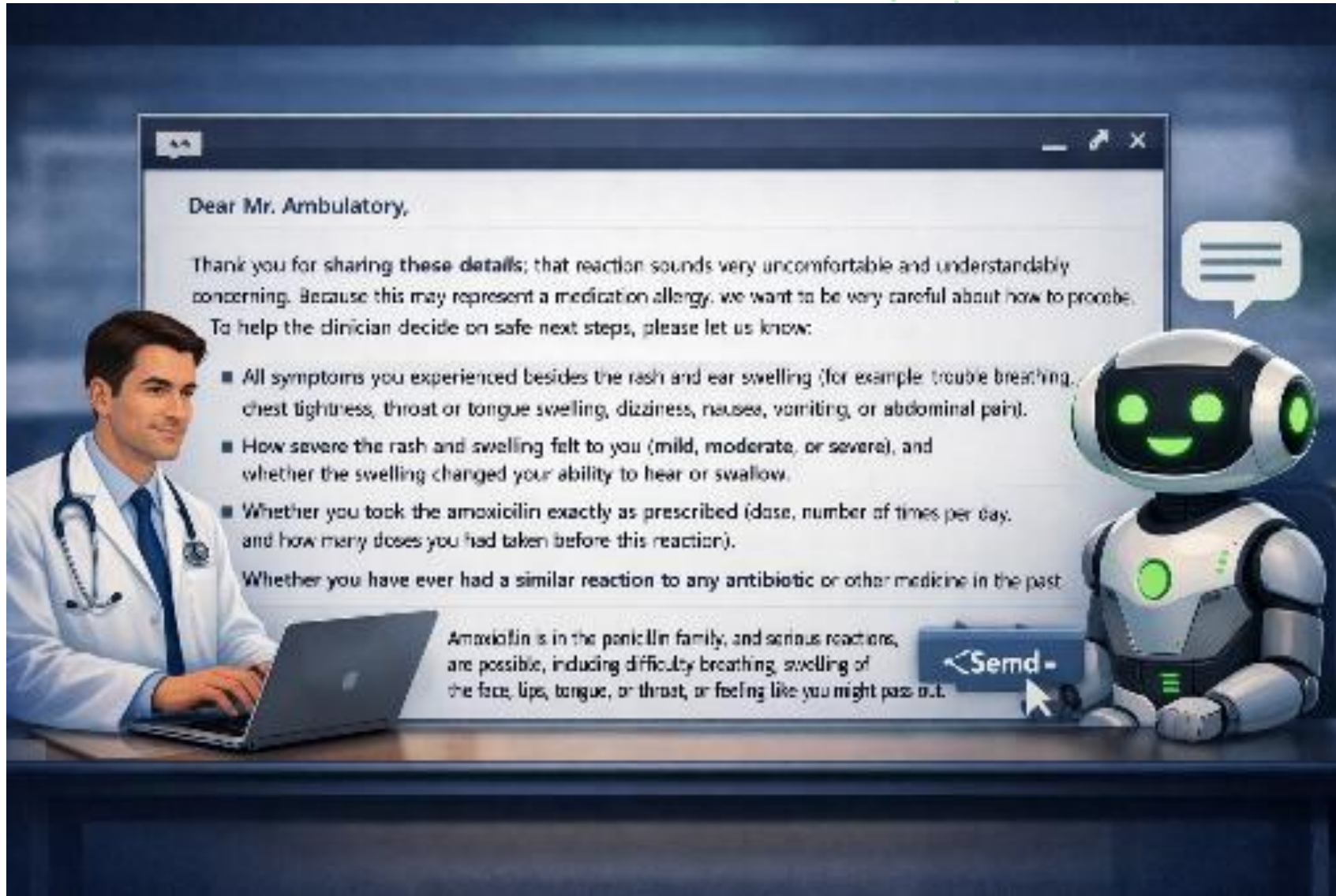
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Less Typing and Forwarding, More Caring



Less Typing and Forwarding, More Caring

Caution: Just because a draft is created Does not mean you have to use it

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- Our Policy
 - If a message contains mention of symptoms that need further investigation
 - Create a telephone triage encounter
 - Attempt to contact patient by phone
 - If unable to make telephone contact
 - Send brief reply asking patient to call back or to take appropriate emergency action

Future Prompt Upgrades



Add "Users Voice"

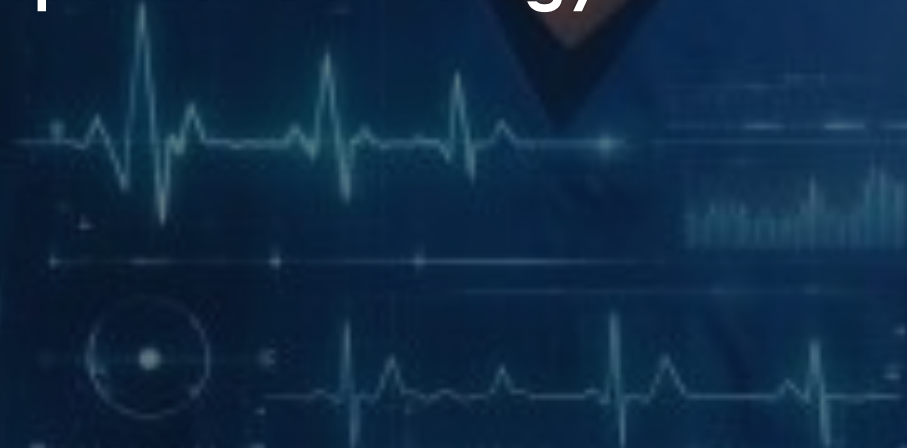


Adjust based on Users
Role.

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Augmented Response Technology “ART”

User Education



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Control of AI Tool Use in Medical Record

Training Requirements

- LMS-based training required
- Recorded training video
- Competency quiz
- Attestation of understanding AI limitations

Eligible Users

- Physicians
- Advanced Practice Providers
- Nurses (RN, ATC, and LPN)

Access

- Granted in Epic once training is complete
- Users must complete all training components

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Control of AI tool Use In Medical Record



ART should not supplant clinical decision-making or replace a phone call if clinical judgement warrants it, even if a draft is generated

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Caveats and limitations



The drafted reply might not always provide appropriate advice and must not replace your clinical judgement. **You should review all messages to verify that advice and information is clinically appropriate for the patient and properly addresses their message.**



The model that generates draft replies is not intended to diagnose, prescribe treatment, or serve as a substitute for your clinical judgment. **The same draft is generated for both nurses and MDs – so if used, only use what's in your scope.**



Draft replies might not fully address patient messages that contain multiple questions or relate to information that is not in the patient's chart.

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Control of AI tool Use In Medical Record

Caveats and limitations (continued)



Using the drafted text does not complete any other actions in the system. For example, if you use a draft reply to respond to a question about renewing a medication order, you might still need to reorder a medication for your patient.



Draft replies are not created for messages with attachments because attachments can contain relevant information that the model cannot access at this time.



Draft replies only generate for **Patient Medical Advice Request** message types

Key Metrics Tracked for the ART and Education in Primary Care Project as of Aug 2025

Metric	2/1/2025 (Baseline)	8/30/2025 (6 month view)	% Growth/Goal Attained	Target Value
cRVUs (prior to and after ART implementation) [measured in Millions of Dollars]	\$12.10	\$13.60	12%	to increase
# average clinical visits per week per PCP prior to/after ART implementation	43.83	44.7	87%	increase 1 per week per PCP
% of nursing completing message management training	0	86% (11/11/25)		
% of nursing completing ART training	0	91% (11/11/25)		
# of RNs and LPNs using ART (Draft Utilization)	43	82	91%	to increase over time
% of active ART Users (RNs & LPNs) [N=206]	13%	40%	206%	to increase over time
avg # of in-basket messages per day per PCP: Patient Calls	4.5	4.4	-2%	to decrease after ART in use
Avg time spent by PCP on in-basket messages: Patient Calls	2.8	3	7%	to decrease after ART in use
Avg time per Inbasket Message: Patient Calls	0.6	0.7	17%	to decrease after ART in use
avg # of in-basket messages per day per PCP: Patient Medical Advise Request (PMAR)	7.3	7.8	7%	to decrease after ART in use
Avg time spent by PCP on in-basket messages: PMAR	8.7	9.1	5%	to decrease after ART in use
Avg time per Inbasket Message: PMAR	1.2	1.2	0%	to decrease after ART in use
avg # of in-basket messages per day per PCP: Rx Authorization	6.2	6.3	2%	to decrease after ART in use
Avg time spent by PCP on in-basket messages: Rx Authorization	2.4	2.2	-8%	to decrease after ART in use
Avg time per Inbasket Message: Rx Authorizations	0.4	0.4	0%	to decrease after ART in use
avg # of in-basket messages per day per PCP: Staff	0.7	0.8	14%	to decrease after ART in use
Avg time spent by PCP on in-basket messages: Staff	1	1	0%	to decrease after ART in use
Avg time per Inbasket Message: Staff	1.6	1.2	-25%	to decrease after ART in use
% of In Basket messages completed by RN/LPN (w/out forwarding to PCP)	11.65%	14.42%	24%	increase over time

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Prioritization and Categorization

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AI Implementation (Summer 2024)

We implemented the AI Models on our Patient Medical Advice Requests (PMAR):

- **AI Priority (Urgency)** – applied to approximately 3% of messages
- **AI Categorization**

Lessons Learned

- Applying the models is only the beginning
- **HOW** you leverage them for efficiency matters

Auto-Routing: The Key to Efficiency

AI Categorization by itself did not drastically impact efficiency. But **AI Categorization + Auto-Routing by categories did!**

Rollout Progress

- ✓ Piloted with a few locations – **SUCCESS!**
- ✓ Expanded across specialties

Specialties Live

Neurology • Primary Care • OPH •
Cardiology • Endocrine • Pulmonology •
GI • Psych • Sleep • Palliative Care

Up Next

Scaling across the organization

2025 – Initial Pilot for Auto-Routing

Pool	Volume/Month			Average Message Passes		% Msg Addressed in 24 hr	
	July (pre)	Sept (post)	% Change	July (pre)	Sept (post)	July (pre)	Sept (post)
EP 12 4th FL Neurology CLINICAL	2395	2192	-8.5% ↓	10.08	9.03 ↓	75.05%	63.6%
EP 12 4th FL Neurology ADMIN	152	261	71.7% ↑	10.66	8.61 ↓	72.37%	77.39% ↑
EP12 5th FL Neurology CLINICAL	4291	3785	-11.8% ↓	8.65	7.73 ↓	59.57%	58.15%
EP12 5th FL Neurology ADMIN	202	391	93.6% ↑	8.76	7.48 ↓	45.54%	58.42% ↑

- # of Message Passes reduced
- Admin pools received more message volume
 - Less triaging/clicks for clinical staff
 - Gets message to the right team first

Source: PGP Power BI - In Basket Message Report

Monthly Volume % Change Calculation: (Sept-July)/July 2025

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- AI Categorization and auto-routing
 - **Why did % messages addressed in 24 hr decrease for clinical pools?**
 - The messages remaining in the clinical pool required the clinical team to assess the patient often by phone to complete as compared to prior where many messages were simply resolved by routing to the admin pool.

Patient Messaging Workflow

Before vs. After AI Implementation

Before AI – Avg 6.55 Days

1. Patient sends message via portal
2. Routed to shared inbox pool
3. Staff manually triages & categorizes
4. Multiple passes between teams
5. Staff drafts & sends response

After AI – Avg 2.54 Days

1. Patient sends message via portal
2. AI auto-categorizes & routes to team
3. AI drafts personalized response
4. Staff reviews, edits & sends
- ✓ **First-touch resolution**

Key Takeaways

AI Use in Patient Messaging

- ▶ AI-drafted responses and auto routing cut average message duration from **6.55 to 2.54 days**
- ▶ Auto-routing by AI category gets messages to the right team on first touch
- ▶ Iterative model upgrades (GPT 3.5 → 5.1) improved tone and clinical relevance
- ▶ Prompt engineering + snippet architecture required cross-specialty collaboration
- ▶ Training, attestation, and governance ensure responsible AI use

Questions?

AI Use in Patient Messaging

Up Next: Emory's Apple Hospital Experience

Emory Healthcare launches nation's first hospital powered by Apple products and Epic

May 22, 2025

Shifting from Windows to Apple OS

- Background: in May 2025 Emory Hillandale Hospital (EHH) became the first healthcare entity to move to a majority Apple OS environment
- Utilizing the suite of Apple products (iMacs, Mac Minis, iPads, iPhones, iWatches), EHH was able to follow the patient journey from registration/admission through their inpatient stay and discharge, applying hardware and applications to create improved patient and care team experiences
 - NOT all areas qualified to move to Apple OS however approximately 75% of the hospital eventually migrated away from Windows OS

Scoping Process

aka we can't boil the ocean



Work in Epic?

Does this department do most if not all of their work in Epic?



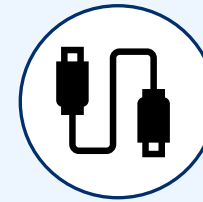
Patient Facing?

Is this department patient facing or primarily back end?



3rd Party Apps?

Does this department have a heavy reliance on 3rd party apps?



Medical Device Reliant?

Does this department's workflow require high use of medical device integration?

If workflow assessment determined that a department met the criteria for low(er) risk and greater efficiency gained by shifting to Apple...



Then it is considered viable for scope



Workflow Testing and Validation

1A Scope/Use Cases

Leverage Epic test scripts

Validate 3 Platforms

1. Mac locally/native
2. Mac on Citrix
3. Windows

Filter out non-native apps or those not Citrix-ready

01.

Epic / TPA Collaboration

Weekly meetings with Epic, Third Party Applications (TPAs) and engineering

If TPA could not run on Mac, was there a comparable Epic application to use instead?

Additional scope identified and approved where efficiencies / experiences could be improved

02.

1B Scope/Use Cases

Additional projects added as code or technologies became available

Key focus areas:

- Focus on holistic training, staff support, communication to patients
- Iterative processes and work with key vendors for success

03.

“Gotchas”

Analyst Readiness

- Analysts needed multiple devices
- Analysts needed Mac training
- Testing (and build!) requires multiple devices
- Engineering needed for MDM to enable analyst capabilities

Epic Upgrades:

- Teams had to remember to test on Mac

04.

Scope Results

IN SCOPE - MAC NATIVE

- Nursing Services
- Critical Care Services
- Emergency Services
- Peri-Operative Services
 - Pre/Post Op
 - SAC
 - Intra-op
 - **Endoscopy**
- Ancillary/Support Services
 - **Respiratory**
 - PT/OT/ST
 - Dietitians
 - EVS
 - Pastoral Services
 - **Phlebotomy**
 - Clinical Pharmacists
 - **Case Management**
- Business/Finance
 - PFS
 - Patient Access/Registration
- Telemedicine
 - Critical Care
 - Neuro/Stroke
 - Interpretive Services

IN SCOPE - MAC CITRIX +

- Patient Access / Registration

DEFERRED

- Physicians/APPs
 - Provider Workstations where Dragon is used (not MacBook)**
- Security
- Gift Shop Registers
- IR
- Cafeteria
- Lab/Pathology
- Radiology/Imaging Services
- Heart and Vascular Services
- Pharmacy Services
 - Medication Dispensing

** Active projects

Scope Results

EPIC APPLICATIONS

- Epic Hyperspace Native
- Epic Monitor (Digital Door Sign)
- Epic MyChart Bedside
- Epic MyChart Bedside TV
- Epic Haiku / Canto
- Epic Rover
- Epic Welcome for Self-Arrival
- Epic Welcome for eConsent Signature

NEW TPAs

- Abridge Inside for ED
- Abridge Inside for Inpatient
- VirtuSense Virtual Nursing
- VirtuSense Fall Risk**
- AiRISTA/RTLS
- MyDining / MyMeal

3RD PARTY APPLICATIONS (NATIVE)

- EPCS/Imprivata
- Omnicell
- iRound
- Elsevier
- Clean Hands
- GRITS
- BD Alaris Pump
- Experian
- Find Help
- Parachute
- Provation Viewer
- Qgenda
- Lexicomp
- VOYCE
- OnBase VIEWER
- Fuji VIEWER
- Up To Date
- GlobalRPH
- Harmony
- SPM
- Abridge
- Barcode Scanning
- Interqual
- MSOW
- Muse Viewer
- Printers (Label / armband / specimen)
- Safe (RL6)
- Sectra Viewer

3RD PARTY APPLICATIONS (VIA CITRIX)

- Revspring/DynaPro
- GE Viewpoint
- OnBase Document Scanning
- OnBase EKG Annotation
- SCM
- UKG
- CDI 3M/Solventum
- Dragon
- 3M Fluency Direct
- Fuji Remote Reading

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Scope Results

IN SCOPE – MAC NATIVE

- Nursing Services
- Critical Care Services
- Emergency Services
- Peri-Operative Services
 - Pre/Post Op
 - SAC
 - Intra-op
 - **Endoscopy**
- Ancillary/Support Services
 - **Respiratory**
 - PT/OT/ST
 - Dietitians
 - EVS
 - Pastoral Services
 - **Phlebotomy**
 - Clinical Pharmacists
 - **Case Management**
- Business/Finance
 - PFS
 - Patient Access/Registration
- Telemedicine
 - Critical Care
 - Neuro/Stroke
 - Interpretive Services

IN SCOPE – MAC CITRIX +

- Patient Access / Registration

DEFERRED

- Physicians/APPs
 - Provider Workstations where Dragon is used (not MacBook)**
- Security
- Gift Shop Registers
- IR
- Cafeteria
- Lab/Pathology
- Radiology/Imaging Services
- Heart and Vascular Services
- Pharmacy Services
 - Medication Dispensing

** Active projects

Thank You!!

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