

# **Decoding the Experience: Digital Transformation and Lessons from the KLAS Arch Collaborative on EPR Success**

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- **Jaren Day** is Group Director at KLAS Research, where he leads research strategy and insights across Revenue Cycle Management, Payer Software and Services, and Cybersecurity. Passionate about healthcare transformation, he focuses on how technology can be adopted and optimized in ways that create real value for providers and patients. His work centers on helping healthcare organizations better understand how technology impacts provider experience, satisfaction, and outcomes.



# The KLAS Mission



Improving the world's healthcare through **collaboration**,  
**insights**, and **transparency**.



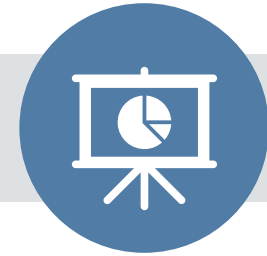
## Mission

**Improve delivery of healthcare technology and services** by measuring vendor performance and providing consultative services.



## Dedication

KLAS is entirely dedicated to **healthcare**.



## KLAS Data

90% of KLAS data used in publications and consulting engagements is from **live, meaningful interviews** with market stakeholders.

Through standardized surveys and benchmarking, healthcare organizations collaborate to uncover best practices and move the needle in healthcare IT.

A clinician-led effort to unlock the potential of EHRs in revolutionizing patient care.

Factors to consider when understanding Arch Collaborative data:

- **300+ organizations** measured with **700,000+ clinicians** participating
- **Healthcare organizations are in the driver's seat**, opting in to measure clinicians' EHR satisfaction and choosing which end users they survey and when
- EHR Experience Survey is **40+ questions**
  - EHR technology + third-parties
  - Organization and IT delivery
  - Burnout rates and likely turnover

# What is the difference between KLAS performance research and the Arch Collaborative?

	Traditional KLAS Research	Arch Collaborative
Respondents	<ul style="list-style-type: none"><li>• Primarily <b>decision makers</b> within healthcare organizations (executives, directors, and managers)</li></ul>	<ul style="list-style-type: none"><li>• <b>Clinician end-users</b> (physicians, APPs, nurses, AHPs, other clinicians)</li></ul>
Survey Methodology	<ul style="list-style-type: none"><li>• <b>KLAS-led 30-minute interviews</b> to understand holistic experience with technology and vendor relationships</li><li>• Typically 15-30 interviews conducted for a given solution over the course of a year</li></ul>	<ul style="list-style-type: none"><li>• <b>Benchmarked online Qualtrics surveys administered by healthcare organizations</b> around end-user EHR experience and organizational support</li><li>• Over 700,000 clinician respondents to-date</li></ul>
Key Insights	<ul style="list-style-type: none"><li>• <b>Customer satisfaction</b> with technology and vendor relationships</li><li>• <b>Purchasing decisions</b></li><li>• <b>Industry decision and adoption trends</b></li></ul>	<ul style="list-style-type: none"><li>• <b>Clinician satisfaction</b> with the EHR and organizational support</li><li>• <b>Impacts of third-party technologies and interventions</b></li><li>• <b>Clinician experience and adoption trends</b></li></ul>

# The Net EHR Experience Score (NEES) is a snapshot of clinicians' EHR experience calculated from 11 core questions.

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## Do you agree that your EHR...

1. is available when you need it (has almost no downtime)
2. has the fast system response time you expect
3. provides expected integration within your organization
4. provides expected integration with outside organizations
5. has the functionality for your specialty/clinical-care focus
6. is easy to learn
7. makes you as efficient as possible
8. enables you to deliver high-quality care
9. keeps your patients safe
10. has alerts that prevent care delivery mistakes
11. allows you to deliver patient-centered care

**Technology**

**Clinician Interaction**

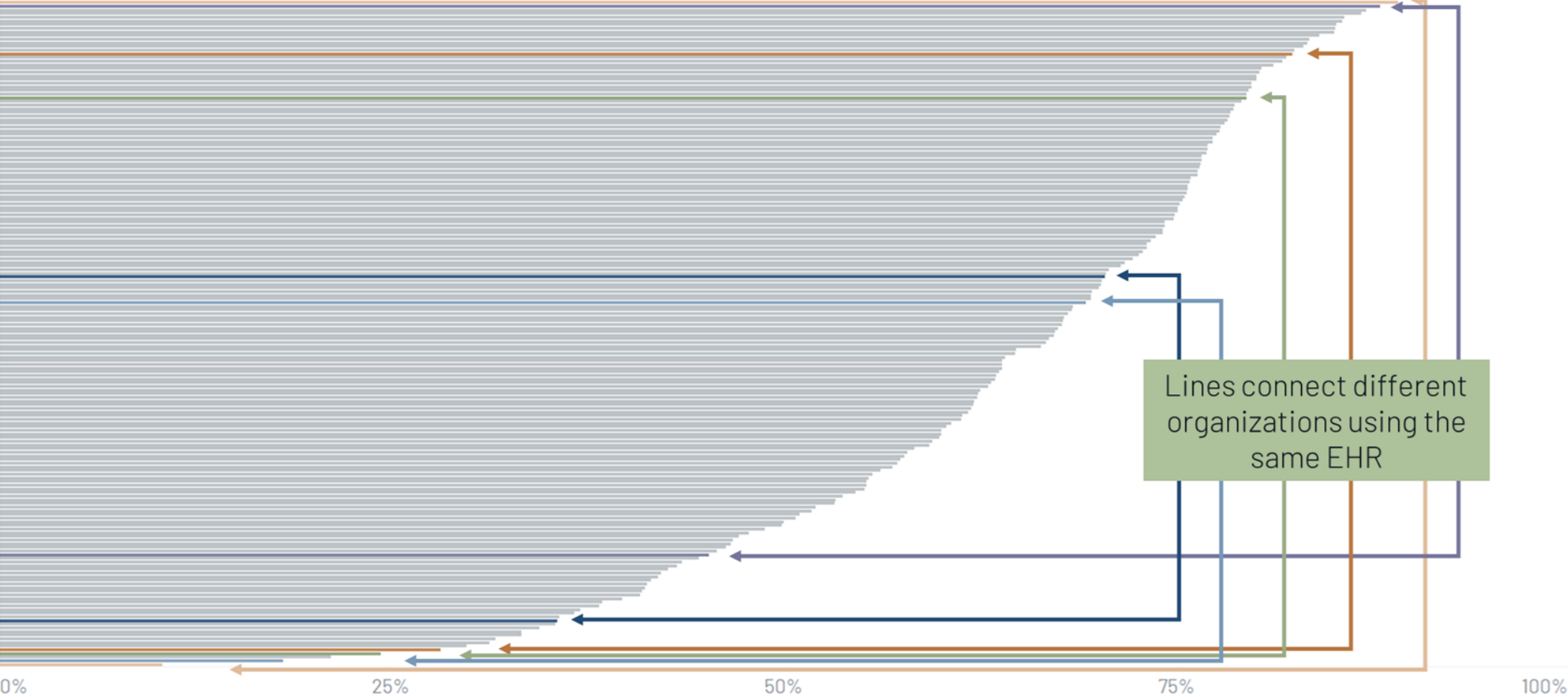
**Assistance with Patient Care**

Note: Each individual's responses to the Arch Collaborative EHR Experience Survey regarding core factors such as the EHR's efficiency, functionality, impact on care, and so on are aggregated into an overall Net EHR Experience Score (NEES) which represents a snapshot of the clinician's overall satisfaction with the EHR environment at their organizations. A NEES can range from -100 (all negative feedback) to +100 (all positive feedback).

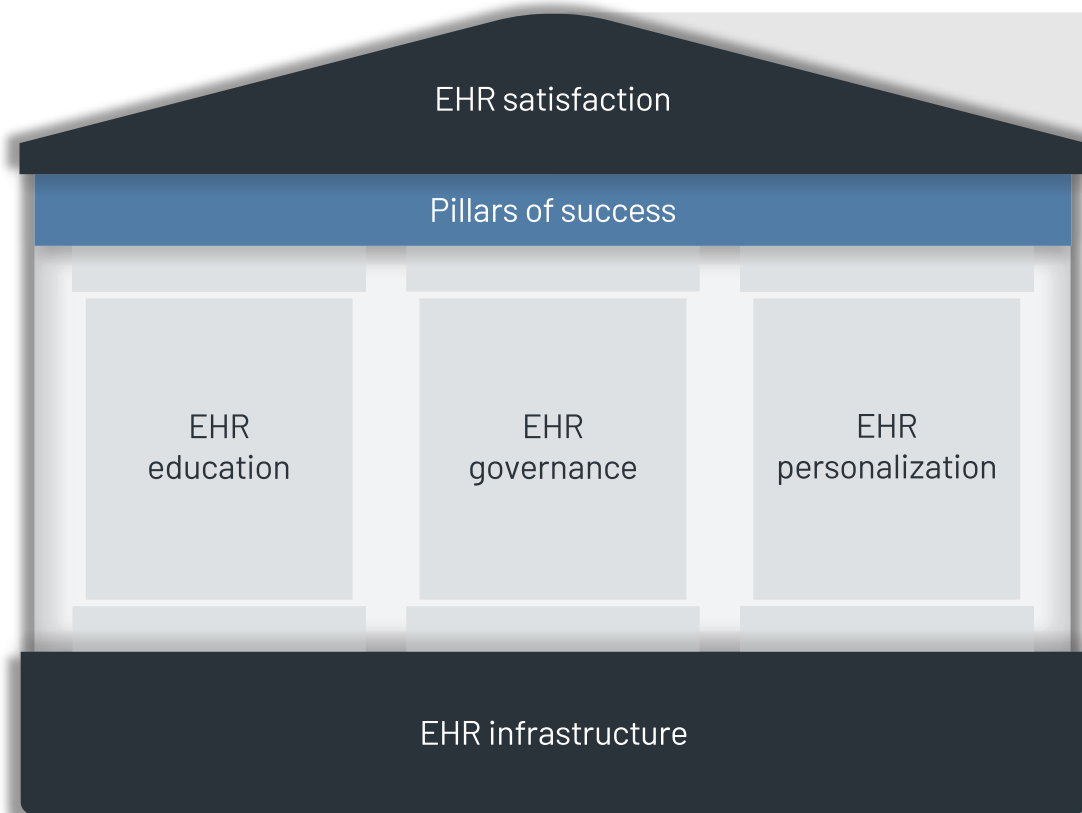
# Key Finding: Organizations on the same EPR may have vastly different clinician satisfaction.

## Percent of Respondents Who Agree the EHR Enables Quality Care—by Measurement

Measurements from the past 3 years only; each bar is an EHR deployment with >20 responses (n=159,257 respondents/173 organizations)



# EHR House of Success: The critical pieces of a successful end-user EHR experience.



## The variables that contribute most to clinicians' overall EHR satisfaction include:

- **User mastery** via strong education and training
- An organization-wide sense of **shared ownership**
- EHR technology that **meets users' unique needs** and drives efficiency (personalization)

These pillars must rest on a **foundation of strong system reliability and response time.**

# KLAS Arch Collaborative Global EHR Satisfaction 2025

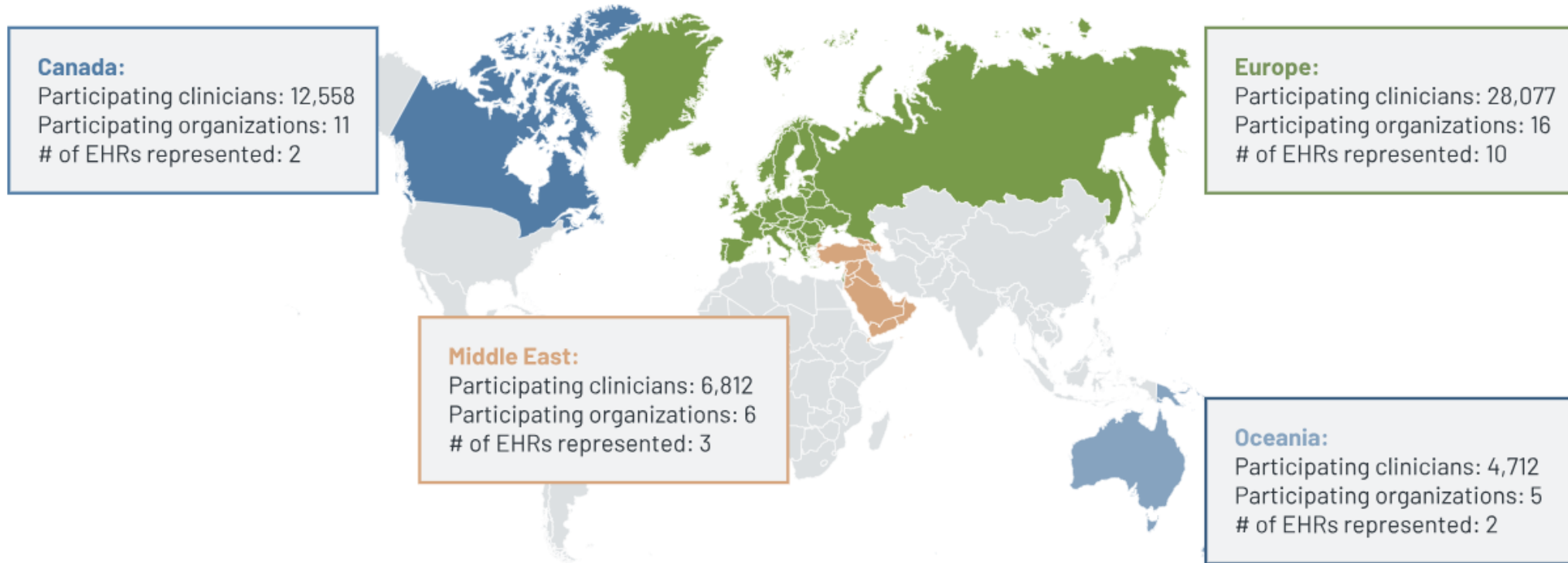


- Based on feedback from **50,000+** clinicians from the past 3 years
- Regions include:
  - Canada
  - Europe
  - Middle East
  - Oceania

Source: <https://klasresearch.com/archcollaborative/report/global-ehr-satisfaction-2025/647>

# Overview of Sample

## Non-US Regions Represented in Arch Collaborative Data



Note: Providers and nurses report similar trends in EHR satisfaction across each region; thus, their responses aren't broken out separately in this report.

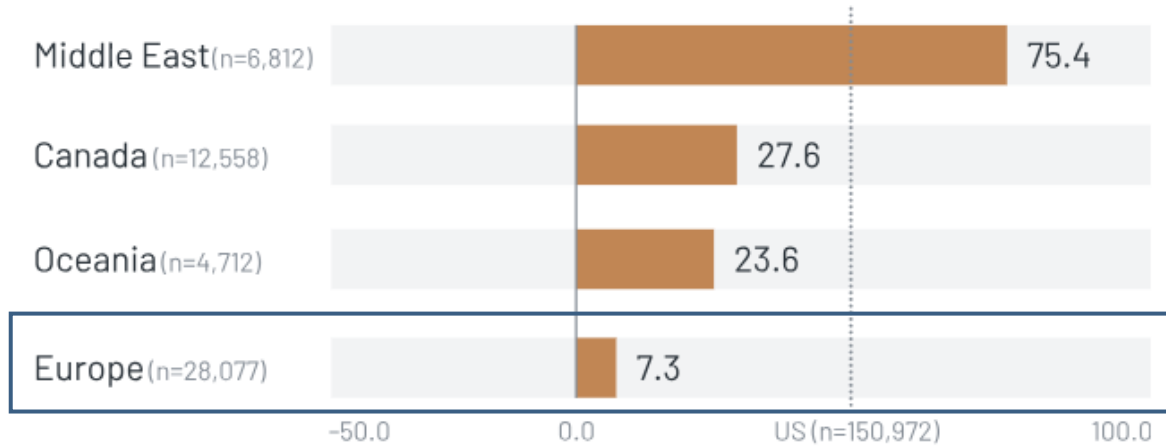
Note: Oceanic organizations are all in Australia, and European organizations are mostly in the UK. Middle Eastern organizations are distributed across the region.

Note: Represented EHRs include Altera Digital Health, athenahealth, Epic, MEDITECH, Oracle Health, TPP, and homegrown solutions.

# Clinicians in Europe report lowest EPR satisfaction; 18% of burned-out clinicians in Europe cite the EPR as a contributor.

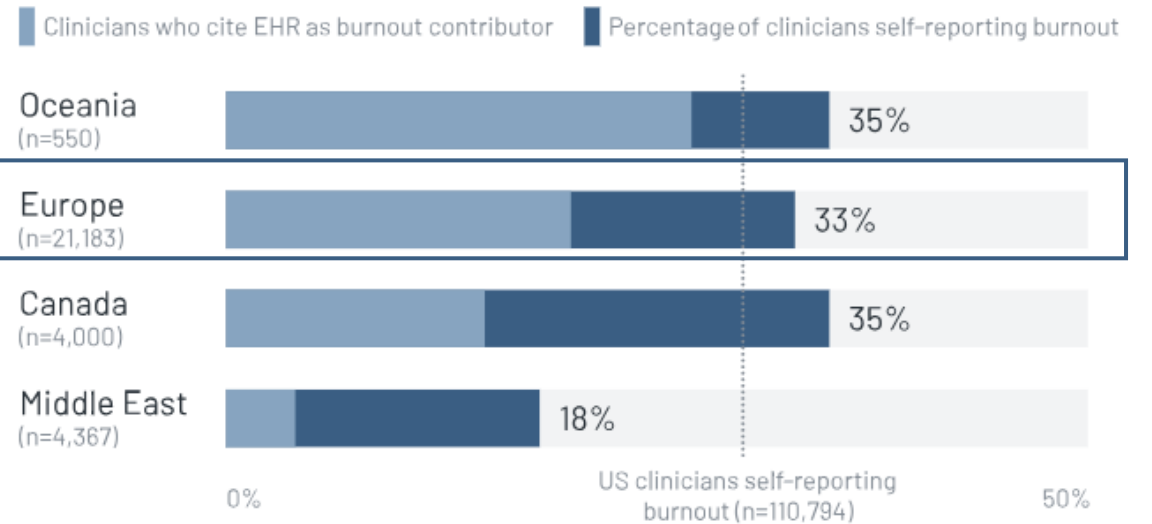
## Net EHR Experience Score—by Region

All clinician types (-100 to 100 point scale)



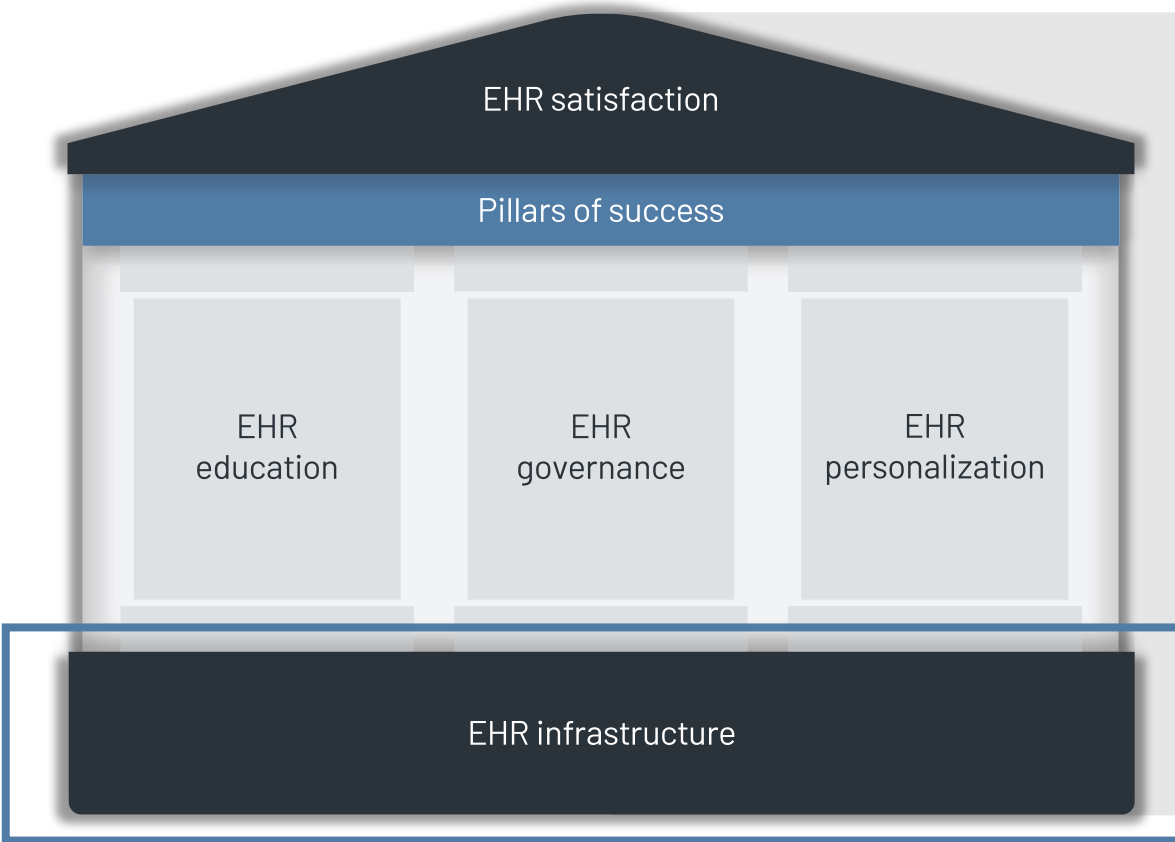
## Self-Reported Burnout—by Region

Ordered by portion of clinicians who cite EHR as burnout contributor



Source: <https://klasresearch.com/archcollaborative/report/global-ehr-satisfaction-2025/647>

# EHR House of Success: The critical pieces of a successful end-user EPR experience.



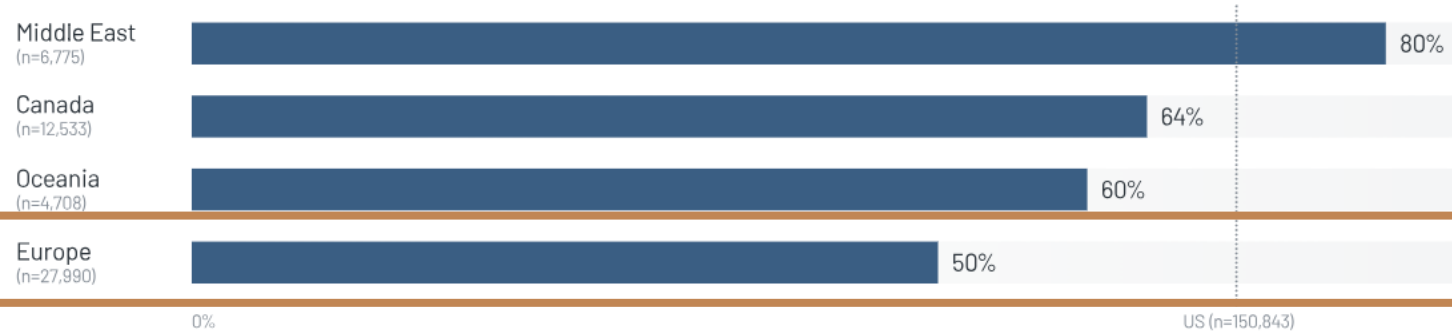
## The variables that contribute most to clinicians' overall EHR satisfaction include:

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# Stable infrastructure is nonnegotiable and should be a top priority when looking to improve EPR satisfaction.

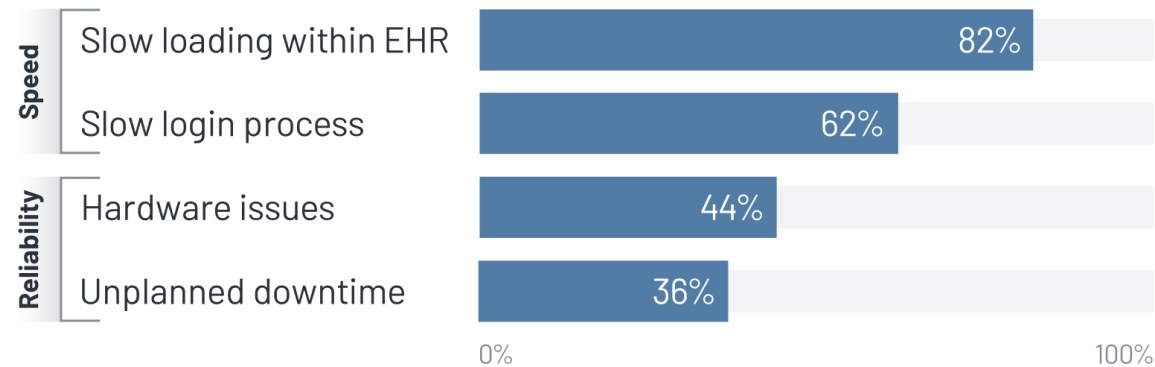
## Clinician Agreement That Infrastructure Is Reliable with Fast Response Time—by Region



Note: Chart shows the average percentage of clinicians who agree their EHR (1) is available when they need it and (2) has the fast system response time they expect.

## Top Reasons for Physician Dissatisfaction with EHR

**Infrastructure** Percentage of physicians who report reason (n=2,173)



Source: <https://klasresearch.com/archcollaborative/report/global-ehr-satisfaction-2025/647>

## Provider Voice

*Faster response time* to clicking and scrolling

The *login process needs to be streamlined* more efficient and consistent

*Increase speed* especially loading pages

It *freezes* constantly. I feel recently it has been extra bad. Freezes almost once per shift, sometimes more. Causes delay in care.

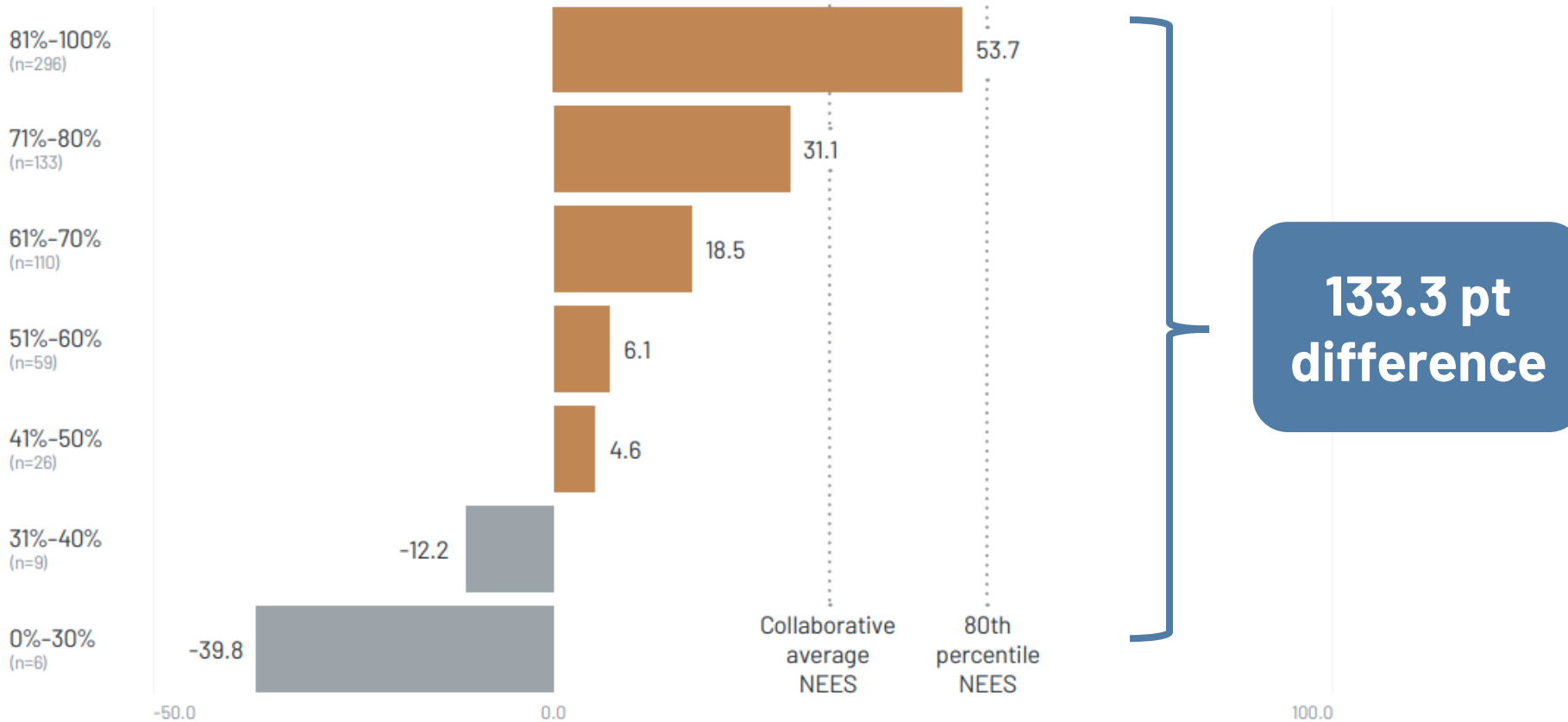
*Downtimes and system slowness*

# EPR Reliability

## Net EHR Experience Score—by Percent of Organization’s Clinicians Satisfied with System Reliability

All clinician types (n=number of organization measurements) (-100 to 100-point scale)

Percent of clinicians satisfied



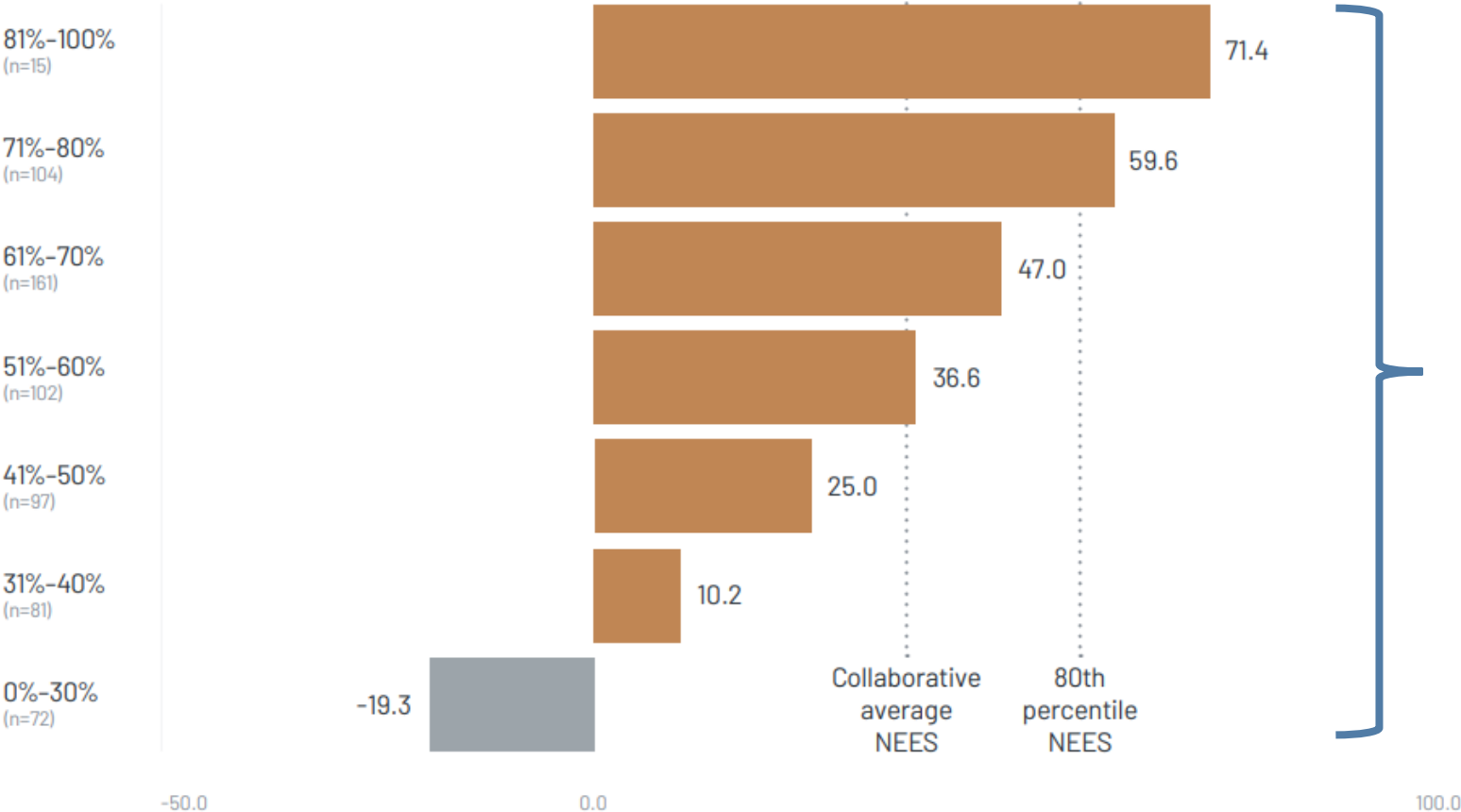
Net EHR Experience Score

# EPR Response Time

## Net EHR Experience Score—by Percent of Organization’s Clinicians Satisfied with EHR Response Time

All clinician types (n=number of organization measurements) (-100 to 100-point scale)

Percent of clinicians satisfied



**90.7 pt difference**

Net EHR Experience Score

# Response Time and Reliability Self-Examination

Your organization may find the following questions to be a helpful starting point as you work to improve system response time and reliability:

1

Do we comply with our EPR vendor's infrastructure recommendations?

2

Do we adhere to a hardware inventory schedule?

3

How does the Wi-Fi perform in our clinics and hospitals?

4

Do our single sign-on and EPR vendor(s) work together to improve the user experience?

5

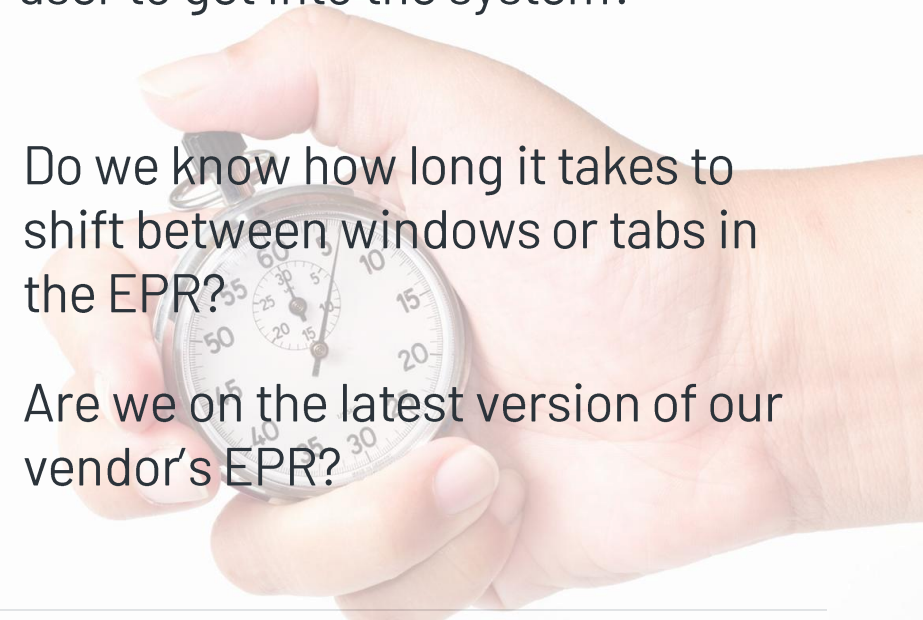
Do we know how long it takes a user to get into the system?

6

Do we know how long it takes to shift between windows or tabs in the EPR?

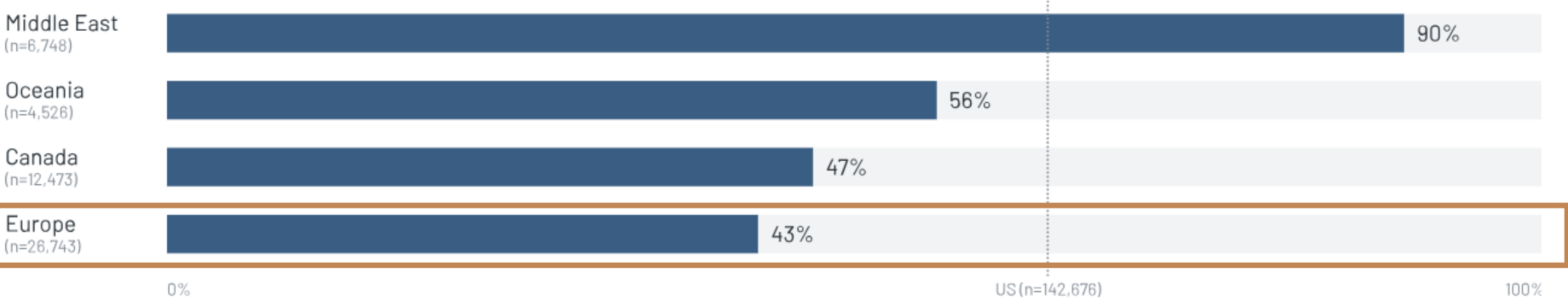
7

Are we on the latest version of our vendor's EPR?



# EPR education and training are essential for clinician success.

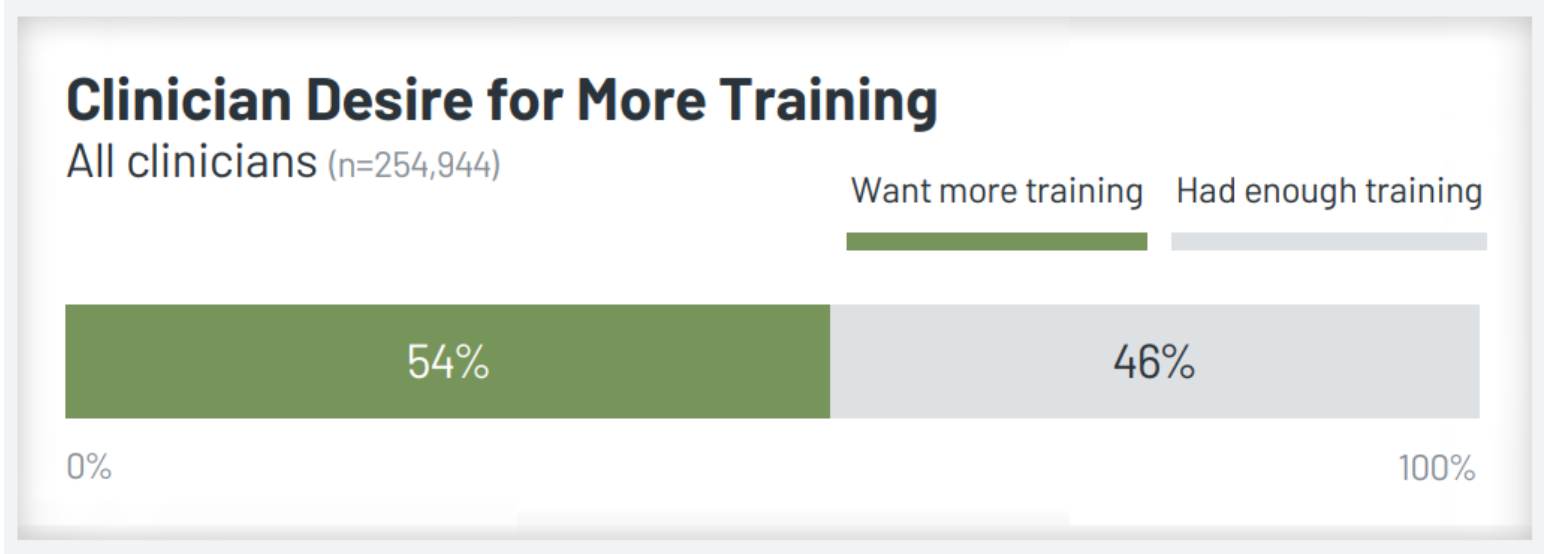
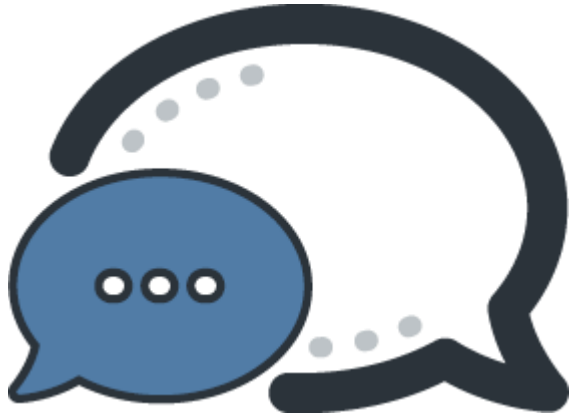
## Clinician Agreement That Education Is Effective—by Region



Note: Chart shows the average percentage of clinicians who agree (1) their initial training prepared them well to use the EHR, (2) the ongoing training/education is helpful and effective overall, and (3) they were trained on how to use the EHR for workflows specific to their specialty and/or practice area.

Source: <https://klasresearch.com/archcollaborative/report/global-ehr-satisfaction-2025/647>

# The majority of clinicians want more EPR education.



**Protected time for individual training and personalizing our EPR would greatly improve experience.** When I started, the training was nonexistent and I am still playing catch-up.

- Physician

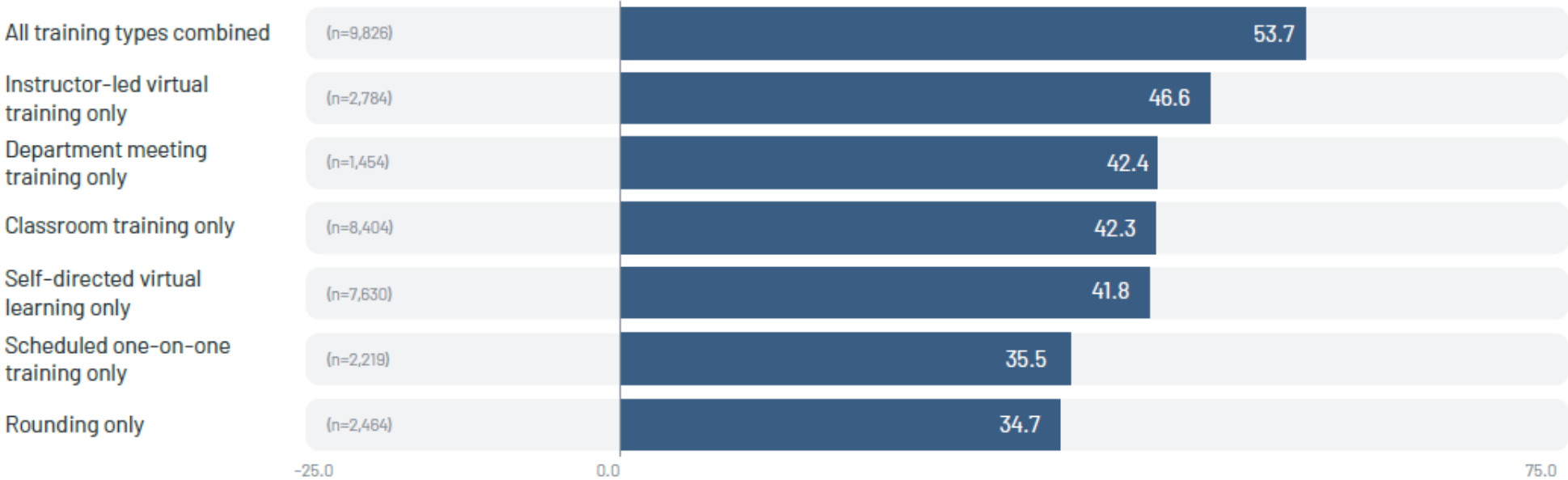
**I expected better in-person training that would have been practically meaningful.** I would have appreciated better follow up to see how to improve our use once we started."

- Physician

Source: <https://klasresearch.com/archcollaborative/report/clinician-training-2023/480>

# Offering a combination of training modalities yields the highest satisfaction; virtual education maximizes training value.

**Net EHR Experience Score—by Education Types in Which Clinician Has Participated** All clinicians (-100 to 100 point scale)



- Clinicians at healthcare organizations that offer **multiple types of EHR education**—blending traditional methods together—report the **highest satisfaction**.
- Clinicians who participate in **self-directed virtual education** report very similar Net EHR Experience Scores compared to those who participate in other training types. Beyond that, **self-directed virtual education is often less expensive, more scalable, and less resource intensive than other types of training**.

# Optimizing virtual EPR education: best practices for enhanced effectiveness

1

## Prioritize clinician convenience:

- Store content centrally
- Ensure content is easy to find
- Design a clear education path
- Create concise courses (15-60 minutes in length)

2

## Build with clinicians in mind:

- Create a video with a senior leader introducing your virtual EPR education program
- Design content that engages learners
- Design courses specific to roles and specialties
- Give clinicians protected time to participate
- Explain the “why” behind actions in the EPR
- Include repetition

3

## Create a strategy for clinician engagement

- Direct clinicians first to the centralized learning repository
- Ensure learners have access to reliable equipment
- Have peers promote virtual EPR education benefits
- Implement a teaching element for learners
- Establish a variety of ways for clinicians to ask questions
- Consider paying clinicians to engage

4

## Plan for long-term success

- Ensure leadership is aligned with strategy
- Build in additional help for struggling clinicians
- Test for learner competency
- Regularly evaluate and updated content
- Identify education gaps
- Pair clinicians with a peer, informaticist, or superuser to solidify concepts



KLAS RESEARCH | Arch Collaborative

Impact Report

**Ambient Speech Outcomes 2025**

Combating Provider Burnout & Elevating the EHR Experience

June 2025

## Key Findings:

Ambient speech is leveling up providers' ER experience delivering improved usability, efficiency, and ability to deliver patient-centered care.

Ambient speech is alleviating burnout for providers struggling with documentation, workload, and work-life balance.

Organizations are seeing outcomes from ambient speech very consistently; thoughtful change management can maximize impacts.

Generalist providers in ambulatory settings have been the first adopters of ambient speech; specialty & inpatient adoption is limited but growing.

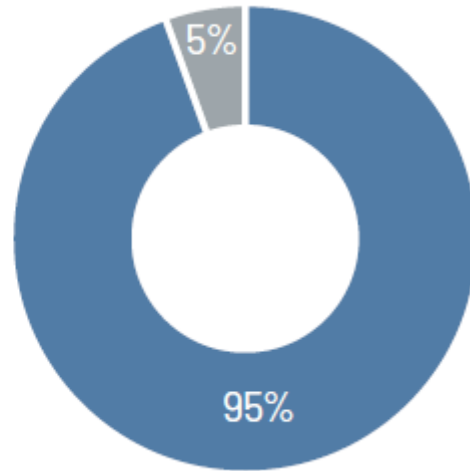
Moving forward, providers want to see continued refinement of output from ambient speech solutions, greater ability to adapt the tools to their voice and documentation style, expanded capabilities to areas beyond the note, and more functionality for specialists and other clinicians.

# Generalist providers in ambulatory settings have been the first adopters; specialty & inpatient adoption is limited but growing.

## Ambient Speech Adopters—by Primary Work Location

Includes Epic users only (n=1,116 providers)

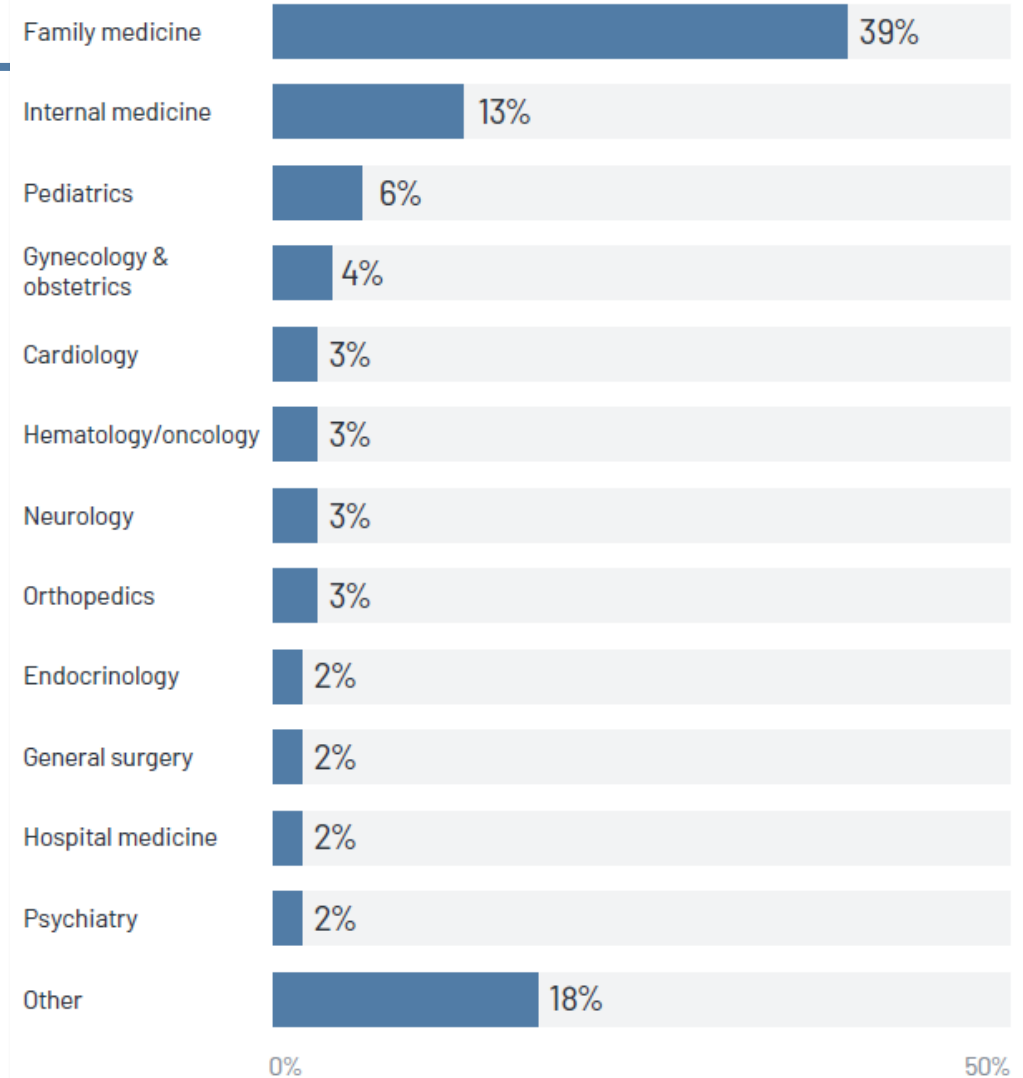
- Ambulatory care setting
- Non-ambulatory care setting (inpatient, ED, etc.)



Note: Other specialties reported by less than 2% of surveyed providers include allergy and immunology, anesthesiology, cardiothoracic surgery, critical care, dermatology, emergency medicine, gastroenterology, genetics, geriatrics, hospice/palliative medicine, infectious disease, neonatology, nephrology, neurosurgery, otolaryngology, physical rehabilitation, plastic surgery, podiatry, pulmonology, radiology, rheumatology, sports medicine, and urology.

## Ambient Speech Adopters—by Specialty

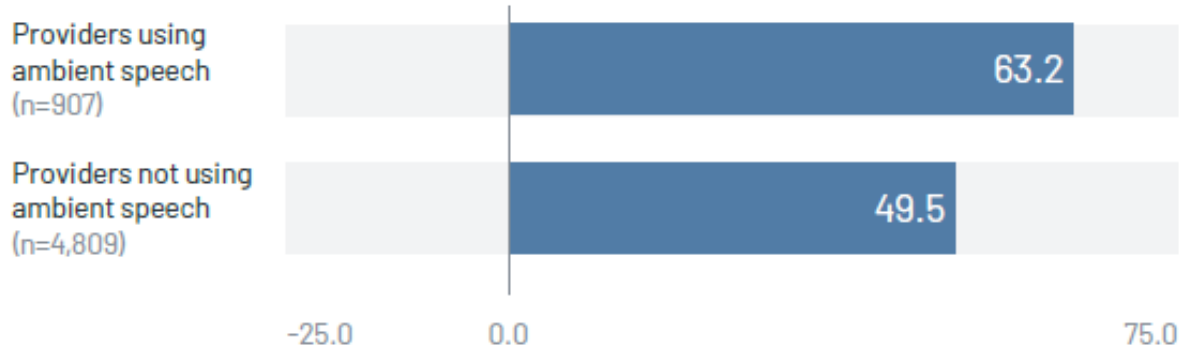
Includes Epic users only (n=981)



# Ambient speech is leveling up the EHR experience and bringing the focus back to the patient.

## Net EHR Experience Score—by Use of Ambient Speech

Ambulatory care providers using Epic; all ambient speech solutions combined (-100 to 100 point scale)



Note: Each individual clinician's responses to the Arch Collaborative EHR Experience Survey regarding core factors such as the EHR's efficiency, functionality, impact on care, and so on are aggregated into an overall Net EHR Experience Score (NEES), which represents a snapshot of the clinician's overall satisfaction with the EHR environment at their organization. A NEES can range from -100 (all negative feedback) to 100 (all positive feedback). Data was collected November 2023–March 2025.

*Ambient speech has been the single best experience I have had documenting.*

—Physician

*[Ambient speech] is a necessary tool to complete work the same as a scalpel for a surgeon.*

—Physician

*The time I spend documenting has improved significantly, and I am continuing to see improvements. . . . I am very happy using this technology, and this is probably the first bit of technology that has lived up to its hype about making professional life better.*

—Physician

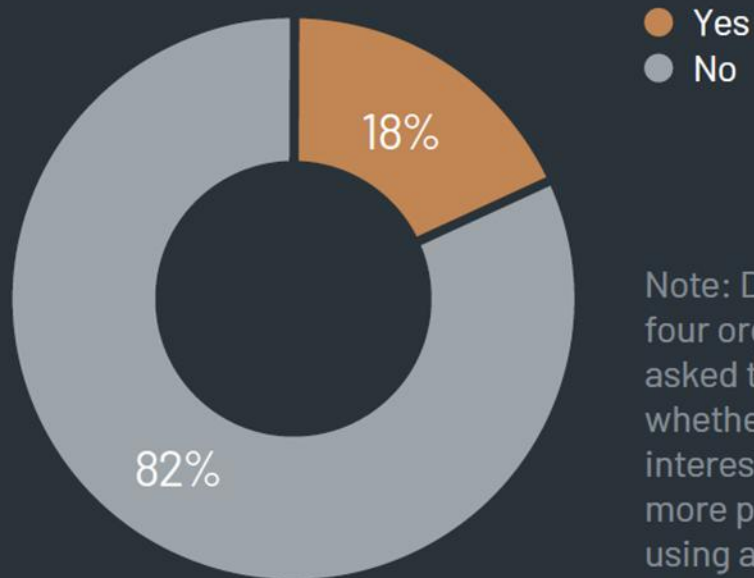
*It allows me to complete my charting faster and with more accuracy than trying to remember everything on my own after the appointment. It allows me to have more interaction with my patients as I'm not as focused on trying to chart while interacting with the patient.*

—Physician

**A minority of providers would be interested in adding more patients after using ambient speech, preferring to repurpose efficiency gains to patient care activities and work-life balance.**

## Would You Be Interested in Adding More Patients?

Ambulatory care providers using Epic; all ambient speech solutions combined (n=98 providers using ambient speech)



Note: Data comes from four organizations that asked their providers whether they would be interested in adding more patients after using ambient speech.

## Approach the topic with sensitivity.

Discussions about ambient speech's impact on patient volumes require balance, sensitivity, and transparency—ambient speech can allow for higher volumes, but many providers want to first focus on improving their practice and well-being. KLAS has validated one organization that has successfully walked this line, allowing willing volunteers to add patients; organizations that have required or encouraged it largely report negative reception and adverse outcomes among providers.

## Organization Outcomes

**28-point improvement** in Net EHR Experience Score

**24-point improvement** in agreement that the EHR enables efficiency

**17-point improvement** in agreement that the EHR has needed functionality

Source: <https://klasresearch.com/archcollaborative/casestudy/how-to-achieve-a-28-point-increase-in-ehr-satisfaction/550>

## What Amsterdam UMC Did

After receiving their initial Arch Collaborative survey results in 2018, Amsterdam UMC chose to make significant adjustments to change the perception and utility of their EHR. They implemented three key programs to begin this transformation. First, they revamped their service ticket process to better meet the needs of clinicians regarding their EHR use. By triaging all incoming tickets, they determined integrality, clarity, and priority before sending the tickets to an application team to work on. Second, they changed strategies on their governance structure and positioned a strong CMIO, CNIO, and CSIO to work closely with Amsterdam UMC's EHR department and to implement an ambassador program where every department was expected to provide a clinical ambassador who would spend approximately 10 hours per month in ambassador activities. Third, they created an ongoing, one-on-one EHR education program.

# Questions?

HIMSS<sup>®</sup> 26  
EUROPE

**Thank you!**

