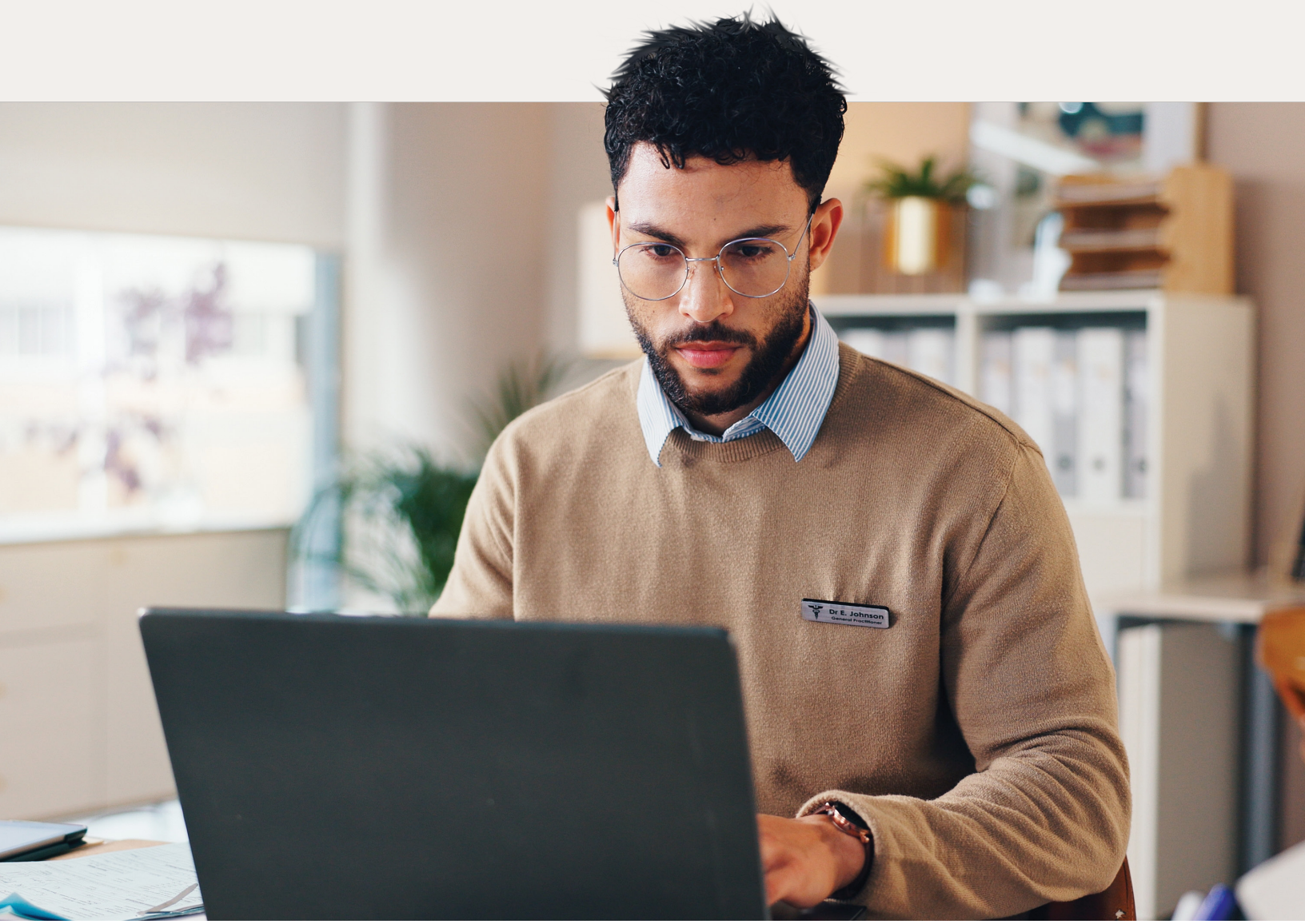
The Future of the EHR Starts Here: Why Incremental Isn't Enough



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Electronic health records (EHR) were meant to transform healthcare delivery, reduce administrative burden, improve coordination, and allow clinicians to focus on what matters most: their patients. Instead, for many clinicians, they have become a constant source of distraction, pulling attention away from the exam room and extending the workday long after the last patient leaves.

Over the years, vendors have refined interfaces, added functionality, and introduced targeted solutions to address specific pain points. Each improvement has been well-intentioned. Yet taken together, these changes have produced systems that are increasingly complex, fragmented, and cognitively demanding. More tools, more workflows, more context switching—without a corresponding reduction in burden.

This is not a failure of execution. It is a failure of architecture.

At their core, legacy EHR systems were designed to document care after it occurred, not to actively support care as it unfolds. While the phases of care—before, during, and after the visit—have always been central to the clinical journey, the administrative demands tied to each have grown substantially over time. Because these systems were built on documentation-first foundations and have remained largely unchanged, later enhancements improved discrete, individual tasks but did little to streamline or connect work across the full clinical encounter.

The result is an ongoing mismatch between how care is delivered and how technology supports it. Clinicians are asked to manage multiple systems, navigate disjointed workflows, and mentally stitch together information that should already be connected. Each additional tool may solve a narrow problem, but collectively they compound fragmentation rather than resolve it.

Understanding why incremental change has fallen short requires looking beyond features and interfaces to the underlying assumptions embedded in EHR design. Those assumptions prioritized compliance and billing over clinical cognition and workflow continuity.

What Changes When Automation Leads

The future of the EHR is not about adding more tools. It's about fundamentally reimagining who, or what, carries the administrative burden.

Novare™ by Greenway Health® departs from the incremental model. Rather than layering intelligence onto a documentation-first architecture, Novare is built around the clinical encounter itself. Instead of requiring clinicians to operate the system, Novare operates on behalf of the clinician, using agentic AI to anticipate needs, automate preparation, and surface the right information at exactly the right moment.

When automation leads rather than follows, the clinician's role shifts back to decision-maker and care partner. Intelligent patient summaries reduce the need for manual chart reviews before visits. Voice-activated search eliminates time spent navigating nested menus mid-visit. Agentic task helpers work in the background—preparing charts, flagging gaps, queueing orders—so that the clinician arrives prepared rather than scrambling to catch up.

The difference is most visible in what clinicians no longer have to do. They do not search for prior lab results because the information is already surfaced. They do not manually review months of notes to understand a patient's history because it is synthesized. They do not rely on memory to track overdue screenings because the system has already identified and prepared the next steps.

This is not automation for efficiency's sake; it is automation as leverage. Mental bandwidth is restored, attention is reclaimed, and presence is returned to the clinical encounter.

NOVARE
BY GREENWAY HEALTH®

For a 10-provider practice* Novare delivers:

30%
productivity gains through automated workflows

14,000
hours saved annually with AI-powered task support

20%
higher revenue from intelligent coding suggestions and increased patient capacity

$1M
in potential collections unlocked through smarter benefit discovery, automated prior authorizations, and improved patient engagement

Voices from Early Adopters & Strategic Customer Advisors

> Finally, the All-in-Solution that practices have been longing for. This is a game-changing solution that solves the problems of needing multiple platforms to run a business. This will increase a physician's productivity while enhancing patient care; it will reduce staff inefficiency doing repetitive tasks for the same patient; it will improve lost revenue due to inaccurate insurance information; it will enhance collections; it will decrease all those countless hours of wasted time or hold or checking multiple platforms trying to find an answer to a simple question."
>
> – Nanette Parris, Practice Administration, Orthopedic Specialists

Clinicians who have begun working with Novare's clinical workflow report experiences that echo a common theme: time returned. Some describe supporting anywhere from fifteen to thirty patient encounters daily with Novare, leveraging ambient listening to actively document conversations in real time. Perceived documentation time savings vary, but many report reductions in the range of one to three hours per day, with the most notable improvements occurring during routine follow-ups and chronic disease management visits where conversation follows familiar patterns.

Several clinicians note that after-hours charting has shifted meaningfully. Where they once spent thirty to sixty minutes each evening finalizing notes, many now complete most documentation during or immediately after the encounter, reducing evening work to brief reviews rather than extended writing sessions. The tasks where time savings appear most significant include subjective narrative capture, review of systems documentation, and assessment synthesis—areas that historically required the most manual typing and cognitive recall.

> We're still early in adoption, but the biggest impact so far has been on documentation quality and efficiency. The AI ambient scribing tends to capture more of the actual conversation, including secondary issues that might otherwise get abbreviated or added later. That's helped with coding accuracy and makes the note more useful when another practitioner is seeing the patient in follow-up.
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> From the practitioner's standpoint, there's less cognitive load tied to building the note in real time. Fewer addendums. Less "one more thing" after closing the chart. Several practitioners have commented that they feel more present during visits, and patients have noticed that the computer isn't as much of a barrier in the room."
>
> – Dr. Steve Schiebel, MD, CPE, FAAP, CMIO, Allegro Pediatrics

When asked about editing effort, early adopters describe a spectrum of experiences. Some find that draft notes require minimal refinement, particularly for established patients and straightforward visits. Others invest more time adjusting phrasing or adding clinical nuance, especially in complex cases. The consensus, however, is that editing an AI-generated draft is consistently faster and less mentally taxing than composing from scratch. Time spent updating notes back in the core EHR system ranges widely, depending on visit complexity, but the reduction in manual transcription is universally acknowledged.

> [Novare] has really energized my thinking about what's possible—using it for documentation and having it flow directly into the note has been a game-changer. Until recently, I thought this capability was still several years away. I'm convinced that walking into a room, engaging with our patients, and walking out without having to document anything is much closer than I thought. Seeing Greenway's roadmap for agentic AI and their partnership with AWS makes me very excited about the future, which is right around the corner."
>
> – Dr. Michael Jordan, President & CEO, East Lake Pediatrics

Novare appears most commonly used for outpatient office visits, follow-up appointments, and chronic care management encounters. When asked to imagine Novare Clinical becoming unavailable, responses reflect a degree of dependency, suggesting the tool has become integral rather than supplemental. Several clinicians describe the prospect as "returning to pajama time" or "losing hours I didn't realize I'd gained back."

> The new direction Greenway is taking is very innovative and will provide time-saving workflows. It introduces AI in a manner that is designed to enhance the efforts of the staff and ensure that the decision-making is done at the staff level."
>
> – Virginia Kramer, Chief Information Officer, Community Care, Inc.

Beyond documentation, some early adopters report beginning to experiment with AI-powered search and summarization for pre-visit preparation. Rather than manually scrolling through months of prior notes and lab results, they ask the system targeted questions—"What were the patient's last three A1C values?" or "Summarize the cardiology consult from June"—and receive synthesized answers in seconds. This shift has started to reduce manual chart review time, though adoption of these capabilities is still emerging as clinicians learn to trust and integrate the workflow.

These insights, while preliminary, point toward a consistent pattern: when automation begins to shoulder the cognitive burden of documentation and information retrieval, clinicians experience not just time savings but a qualitative shift in how they approach their day.

Reclaiming What Matters

The future of the EHR is not defined by incremental improvements to systems designed for a compliance-first world. It's about building from the ground up with a different organizing principle, one where technology serves the encounter rather than the other way around.

Novare™ represents that principle in practice. It is a unified platform where clinical, financial, and patient workflows operate as a continuous, intelligent whole rather than a collection of disconnected tools. By shifting administrative burden away from clinicians and toward automation, Novare enables care teams to focus on what matters most: the patient in front of them.

If you're ready to explore what that shift looks like in practice, the conversation starts here.

Learn more about Novare by Greenway Health® and schedule a conversation with our team at greenwayhealth.com