

QUALITY INNOVATION SPOTLIGHT



# The Future of Chart Abstraction

How AI is Transforming Quality Measurement

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30-Minute Webinar | Presentation + Demo + Q&A

# Today's agenda

01

## The challenge

Why the abstraction burden is growing

02

## The approach

One AI foundation, two workflows

03

## What exists today

Registry abstraction

04

## Demo

Registry, ENCOR-A

05

## What comes next

Roadmap

MEET THE TEAM

# Our presenters

*Medisolv · AI-Assisted Quality Abstraction for Registry and Hospital Workflows*



**Andrew Biviano**

Chief Product Officer

Medisolv, Inc.

Andy brings 25+ years healthcare technology leadership experience, managing data-centric solutions that improve patient outcomes, reduce costs, and advance quality measurement.



**Terri Epler, MSN RN**

Solutions Consultant

Medisolv, Inc.

Terri brings more than 13 years of healthcare technology and clinical leadership experience, helping hospitals improve performance, optimize workflows, and navigate complex quality initiatives.

# Box Score vs. Watching the Game

	1	2	3	4	5	6	7	8	9	R	H	E
LAD	1	0	0	0	0	1	0	0	0	2	9	0
MIN	1	0	0	0	0	0	0	0	0	1	3	0



**WIN**  
E. Lauer (3-5)  
6.0 IP, 0 H, 0 ER, 2 K, 3 BB



**LOSS**  
Z. Matthews (3-5)  
6.0 IP, 6 H, 2 ER, 5 K, 2 BB



**SAVE**  
T. Scott (10)  
1.0 IP, 0 H, 0 ER, 0 K, 0 BB

## Dodgers Hitting

HITTERS	AB	R	H	RBI	HR	BB	K	AVG	OBP	SLG
S. Ohtani DH	4	1	1	1	1	1	0	.296	.418	.558
A. Pages CF	5	0	0	0	0	0	1	.264	.313	.479
F. Freeman 1B	4	1	1	1	1	0	2	.273	.363	.476
M. Betts SS	3	0	0	0	0	1	1	.214	.279	.387
M. Muncy 3B	4	0	1	0	0	0	1	.265	.368	.513
K. Tucker RF	0	0	0	0	0	1	0	.234	.333	.374
A. Call PR-RF	3	0	2	0	0	0	1	.260	.368	.313
T. Edman 2B-LF	4	0	2	0	0	0	0	.412	.444	.471
D. Rushing C	1	0	0	0	0	0	0	.252	.340	.481
C. Robinson C	3	0	0	0	0	0	2	.000	.000	.000
R. Ward LF	2	0	0	0	0	0	0	.220	.291	.480
a - M. Rojas PH-2B	1	0	1	0	0	0	0	.265	.323	.363
b - A. Freeland PH-2B	1	0	1	0	0	0	0	.234	.318	.331
TEAM	35	2	9	2	2	3	8			

## Twins Hitting

HITTERS	AB	R	H	RBI	HR	BB	K	AVG	OBP	SLG
T. Lamach LF	1	0	0	0	0	0	1	.280	.377	.425
a - A. Martin PH-LF	2	0	1	0	0	1	0	.238	.350	.320
B. Buxton CF	4	1	1	1	1	0	1	.275	.333	.596
K. Clemens RF	3	0	0	0	0	1	1	.239	.304	.458
J. Bell DH	2	0	0	0	0	2	0	.248	.308	.399
R. Lewis 1B	4	0	1	0	0	0	0	.204	.288	.370
V. Caratini C	4	0	0	0	0	0	1	.236	.332	.354
B. Lee 3B	4	0	0	0	0	0	0	.238	.293	.422
L. Keaschall 2B	3	0	0	0	0	0	1	.252	.332	.328
R. Kreidler SS	3	0	0	0	0	0	0	.284	.370	.519
TEAM	30	1	3	1	1	4	5			

a-grounded to second for Lamach in the 3rd

### BATTING

HR: Buxton (25, 1st inning off Klein 0 on, 1 Out)

RBI: Buxton (41)

THE DATA GAP

# Structured data gets you close. Clinical evidence lives in the chart.

STRUCTURED DATA

Query it: Labs · Orders · Vitals · Codes

AI-assisted chart abstraction  
bridges the gap

CLINICAL EVIDENCE

Read it: Notes · Summaries · Narratives

	0500	0800
<b>Vitals</b>		
Temp	36.7 (98.1)	37.1 (98.7)
Temp src	Oral	Oral
Pulse	59	72
Pulse Source	SpO2/Pulse Ox	SpO2/Pulse Ox
Heart Rate		
Heart Rate Source		
Resp	18	18
BP	‡ 146/87	‡ 153/85
MAP (mmHg)	106	106
BP Location	Right arm	BP
BP Method	Automatic	153/85
Patient Position	Lying	(Notified RN Emily)
SpO2	93	by [REDACTED]
SpO2: Pre-Ductal (Right Hand)		at 07/22/20 0800
Patient Activity		Abnormal

## Clinical Summary

CLINICAL DATE: NOVEMBER 08, 2016

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PATIENT NAME: TE ST, PHYLLIS  
PHONE: (760) 777-7777

DOB: 03/11/1931  
SEX: FEMALE RACE: WHITE

PROVIDER: MICHAEL SAMPLE MD  
REFERRING PHYSICIAN: AGARWAL, DIMPLE

**Chief Complaint:** *Subjectively* - Test is a 85 yrs old female presents today for evaluation of generalized abdominal pain in the bilateral quadrants. s dfas s

**HPI:** *Assoc Symptom* - fatigue, fever, and nausea.

*Severity* - Pain level from 1-10 (most severe): 6

*Quality* - Quality of the pain is described by EMILY as intractable, and the pain radiates to the neck.

*Duration* - Pain that has continued for 3 days, and the duration of the pain is described as improving.

*Timing* - pain may come and go, and onset was unknown.

*Context* - Patient denies any previous history, related trauma or previous treatments for this condition.

*Mod. Factors* - EMILY indicates ambulation improves condition, and compression decreased condition.

### PHYSICAL EXAM

**Vital Signs:** -O2 Saturation: 96%

**General:** Patient is a 85 yrs old, female who appears in no apparent distress, who looks her given age, well-developed and nourished with good attention to hygiene and body habitus, oriented x3.

**Appearance** - Patient is comfortable and well nourished, and in no apparent distress.

**Communication** - Patient communicates and understands English well. ksdjksdjkjsfd asdk f&sjdfkfkj

**Head:** Head is normocephalic, atraumatic, without any gross head or neck masses.

**ENT:** Eyes pink conjunctiva, no discharge, EOMI; normal fundi, no exudate nor hemorrhage seen Ears appear grossly normal without any obvious abnormality, no tympanic perforation, normal ear canals. Nasal and oral mucosa, pharynx and salivary glands all normal.

**Neck:** supple, full range of motion without pain, there is no nodes or mass palpated. Trachea is midline. Thyroid is not enlarged, no palpable nodule. There is no jugular venous distension.

**Respiratory:** Lungs are clear to auscultation with no rales, rhonchi, wheezes, or rubs noted.

**Cardiovascular:** PMI is non displaced, heart rhythm is regular; there is normal S1,S2 without audible murmur. There is no S3,S4, rubs, clicks or ventricular heave.

## Three things we hear from you.

01

### We're hunting, not abstracting

Teams spend most of their review time searching for evidence across notes, MAR, labs, and flowsheets — not validating it.

02

### Registry abstraction doesn't scale

CathPCI, STS, GWTG Stroke — these registries require deep chart review. Hiring enough trained reviewers is nearly impossible.

03

### We need the evidence trail

With CMS validation and TJC audits, knowing the answer isn't enough. Teams need to show exactly where in the chart the answer came from.

# Why Medisolv + Health Elements AI

**Built with quality experts.  
Proven in production.**

## WHY IT MATTERS

We are bringing AI-powered evidence discovery into quality workflows.

AI built by people who live quality reporting every day — not generic AI applied to healthcare.

## AT A GLANCE

**25+**

years in healthcare quality

**1,800+**

healthcare orgs that trust Medisolv

**180+**

quality experts supporting hospitals & health systems nationwide

**125M+**

Sepsis cases processed

# One AI foundation. Two quality workflows

AVAILABLE TODAY

• Live in production production

## AI-Assisted Registry Abstraction

Running in production today.

AVAILABLE NOW · 5 REGISTRIES

NCDR CathPCI  
CathPCI

NCDR Chest Pain MI  
MI

STS Adult Cardiac  
Cardiac

STS General Thoracic

GWTG Stroke

COMING SOON

• Early Access Q3

## ENCOR-A AI-Assisted Chart Abstraction

Expanding same AI foundation to hospital measures.

HOSPITAL MEASURE FAMILIES

CMS · IQR

CMS · OQR

CMS · IPF

TJC

SEP-1

OP-18 · OP-23 ·  
OP-29

IMM-2 · HBIPS-2 ·  
HBIPS-3 · TOB-3 ·  
TOB-3a · TR-1 ·

SUB-2 · SUB-2a ·  
SUB-3 · SUB-3a

CSTK · STK ·  
STK-OP-1 ·  
STK-VOL-1 · ASR-IP ·  
ASR-OP · ACHF-IP ·  
ACHF-OP

ONE SHARED  
AI Foundation

✓ Same evidence model

✓ Same validation workflow

✓ Same audit trail

## WHAT EARLY DEPLOYMENTS SHOW US

## From reporting cost center to quality performance engine.

**\$374K**

ANNUALIZED ROI

Labor capacity unlocked

**>95%**

DEMONSTRATED ACCURACY

Expert-adjudicated Gold Labels

**50–75%**

LESS TIME PER CASE

CathPCI &amp; GWTG-Stroke

**197**

CASES REVIEWED

Across two registries

## THE CHALLENGE

- Outsourcing CathPCI and Stroke registry abstraction at premium labor rates
- Registry data arrived too late to drive performance improvement

## GOALS

Bring abstraction in-house, improve accuracy and turnaround, and build a foundation to extend AI across the full registry and quality portfolio.

## THE OUTCOME WITH MEDISOLV

**95.2% CathPCI / 91.6% Stroke**

Gold Label accuracy achieved after an 8-week tuning cycle — requiring just 18 hours of abstractor time.

**57.9% CathPCI / 74.4% Stroke - faster**

Per-case abstraction time fell from 35 → 14.75 min (CathPCI) and 225 → 57.54 min (Stroke).

**Built to scale**

Roadmap now extends to Core Measures, NSQIP, surgical and cancer registries.

## CLARITY

Evidence-backed suggestions abstractors can review and defend.

## IMPACT

Cases move 50–75% faster, turning quality data into action sooner.

## PARTNERSHIP

Cardiology-certified today (NCDR, GWTG, STS). Core Measures and beyond on the roadmap.

● LIVE DEMO

# Let's see how it works

## REGISTRY

Opening a CathPCI case and reviewing AI-suggested fields.

## ENCOR-A

SEP-1 case — time zero, evidence panel, confidence indicators, audit trail.

# The next era of quality measurement will be defined by turning evidence into action.



## TODAY

### AI-Assisted Abstraction

*Reduce manual burden*

- Registry: CathPCI, STS, GWTG Stroke
- ENCOR-A: SEP-1, Stroke, BH, HF
- AI finds evidence. Teams decide.
- Every abstraction decision traceable and defensible



## NEAR TERM

### Earlier Visibility

*Expand coverage and work smarter*

- Expanded registry and measure coverage
- Oncology · Trauma · Clinician CQMs
- High complexity cases prioritized
- Documentation gaps surfaced earlier



## LONGER TERM

### Proactive Quality Performance

*Connect evidence to performance*

- Quality gaps visible earlier
- eCQM validation support · HEDIS
- Evidence reused across programs
- Performance connected to operations

QUICK POLL

**Beyond the measures and workflows currently supported, where would you most like AI assistance in your quality workflows?**

A. Oncology

B. Trauma

C. NSQIP

D. Select HEDIS measures

E. Select Clinician CQMs

*If you don't see choice you're looking for, please type it in chat box.*

## Continue the conversation

START HERE

### Request an ROI Assessment or AI Workflow Review

We'll work with your team to identify where AI-assisted evidence discovery can have the biggest impact.

AVAILABLE TODAY

### Activate AI-assisted Registry Abstraction

CathPCI · Chest Pain MI · STS · GWTG Stroke. Work with your account team to enable it in supported registries.

Q3 2026

### Join ENCOR-a Early Access

Sepsis · Stroke · Behavioral Health · Advanced Heart Failure. Existing ENCOR-A customers.



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