Q&A Report – Future of Chart Abstraction Webinar (6/25/26)

Question	Response
I have providers who do not say severe sepsis-do I still calulate it off the criteria	Yes, this is being taken into account with the AI.
will we still have access to the specifications manual data dictionary for the sepsis questions through the new AI abstraction tool?	Yes, the specifications are available to review directly in the tool.
It is rare to get a provider to say "Severe Sepsis" so will the AI tool capture the 3 elements that lead to severe sepsis (2 or more SIRS, possible/actual source of infection, 1 or more organ dysfunctions) and say "yes" to	Yes, this is being taken into account with the AI.
How about AAOS Registry for the THA/TKA PRO PM measure?	We don't support these registries right now but certainly would like to cover these in the future. Would love to know more about the urgency to address these and why you picked them specifically!
What is the validated abstraction accuracy by measure? How was accuracy validated? What % of cases require manual correction?	We have a few different ways of validating accuracy. A common method is our "gold label" approach where we have a third expert adjudicate any disagreements between the AI and the health system's abstractors for a subset of historical cases. We've obtained >96% accuracy after a few months of deployment.
Would your system need the full access to our EHR? What large academic hospitals have used this AI?	We don't require full access, but we do get read-only access to clinical notes and reports like cardiac procedure logs. Medisolv has an established integration process here. Regarding academic systems, the results shown by Andy are from our work with a major academic system in the Northeast. We've worked with additional academic sites
Does it show where the AI found the answer?	Yes, this is displayed in the software. It is also saved in an audit log for future reference.
In the Sep-1 demo, can you go into how severe sepsis is determine?	Apologies, we ran out of time. We could go into this during a 1:1 demo if you'd like to see more.
Does Medisolv identify cases that need to be worked on for CathPCI and STS?	Possibly, we work with the facility to understand the current identification process, any existing 'views' into the patient population in the EHR and then select the best way to identify the patients going forward. This may rely on Medisolv identifying the patient population from things like procedure codes.
For CPMI, does that include LR and UA?	Yes!
What is the cost of this?	We would be happy to meet with you to discuss your current structure and process to provide a pricing model that fits your needs, along with an ROI analysis.
What is your accuracy rate when a hospital is chosen for CMS validation? Has there been a study that has researched validation scoring, in which the human abstractor gets scored by CMS vs AI scoring? Hope this	The CMS measures are a new offering and yet to be compared to CMS validation scoring. We do have a robust validation process for our AI and anticipate it would score well taking into account it's accuracy performance for cardiac registries.
Could this tool be used to abstract sepsis cases in real time?	It is possible but relies on the frequency of data exchanged between your health system and Medisolv. We'd recommend setting up a discovery call to discuss the specific cadence in detail and, later, an IT discovery call to understand data exchange frequency requirements.
There is an extra cost associated with this AI for Sepsis?	There is an additional cost but it may be less than you'd imagine. We aim to deliver at least 3x or better ROI based on the amount of time saved.
Is it able to read scanned records? And how is it getting this data from the chart? Is it somehow embedded in our EMR?	Yes, we're able to ready scanned PDF and media files. We have pull data through a direct integration with the EMR. There are a few different ways in which we've done this. Happy to discuss in more detail.
Is the AI abstraction a licensed tool?	We are in the process of rolling out our CMS measure coverage right now. We have a rigorous methodology for testing accuracy and model training. Roll-out typically includes feedback from expert abstractors as well as comparison to multiple experts (similar to IRR but with an additional expert adjudicator).
It looks like it still requires a "human" abstractor review to validate AI abstracted data .	We believe keeping an expert in the loop is the best approach to rolling out AI for workflow assistance to start. We support pre-filling data for high confidence data elements and, eventually, fully automating data points where the health system is comfortable limiting expert review to a fraction of cases (i.e., IRR of AI on 2% of cases).
Aren't the EMR or EHR systems already kind of doing this?	Rather than relying on discrete field mapping, smart templates, or keyword searches - which can break or have limited coverage, our approach leverages AI processing across the entire medical record. This supports full abstraction of all data elements and can respond to changing information over time without extensive IT involvement.
How does the tool determine and differentiate the unstructured documentation superscript or hovered times?	Our team works with your IT team to determine where that subscript lives within your EHR and ensures it is captured in the integration.
What is the timeline for the sep-1 abstraction tool going live?	We are in the process of rolling out our CMS measure coverage right now. We have a rigorous methodology for testing accuracy and model training. Roll-out typically includes feedback from expert abstractors as well as comparison to multiple experts (similar to IRR but with an additional expert adjudicator).
Does this take in to account conflicting documentation that may exclude certain values or results?	Yes, our AI is able to determine when there is conflicting information.
How does the AI abstraction interplay with CMS validations? I know there is a human in the loop, so someone will validate but how do we balance harnessing the benefits with accountability for accuracy with CMS?	All documentation from the medical record that the AI uses to answer every question is captured in the sidebar. If you find documentation that isn't appropriate or conformant to the CMS requirements for any reason that is something to discuss with the Medisolv team. The system respects the coding instructions and data definitions provided by CMS for the purposes of measure reporting
A question on the specific workflow - to take advantage of this AI tool, do we have to have a copied version in a cloud environment for the tool to review the record?	There are multiple ways to share data for AI processing including some that keep data isolated within your private cloud.
Will this webinar be sent out so we can go back and watch	Yes! We will be sharing the recording and documents post webinar.
Is the tool able to capture exclusions (eg. documentation of delayed blood culture collection)?	Yes, exclusions are captured where allowable and defined for a data element.
Does Medisolv identify cases that need to be worked on and a worklist for who is working on each case for NCDR CathPCI and STS	Possibly, we work with the facility to understand the current identification process, any existing 'views' into the patient population in the EHR and then select the best way to identify the patients going forward. This may rely on Medisolv identifying the patient population from things like procedure codes. A worklist is provided within the tool for clinical registries. We'd be happy to show this during a demo!

I also had a question about if SEP-1 AI abstraction accuracy has been compared against a CMS Validation results	SEP-1 is a new offering and has not yet been compared to CMS validation results.
Did you say that you already have clients using this AI tool and, if so, would we be able to reach out to them regarding their experience with it?	Yes, we can put you in touch with health systems who have already been using the tool.
Does the system breakdown the CMS Sepsis Criteria - Infection, 2 SIRS, and Organ Dysfunction or does it just pull out infectious source data?	All criteria for the presentation of Sepsis are considered by the AI as long as they are allowable qualifications under CMS definitions. If criteria is met and presentation time can be established prior to infectious source data timestamps then the earlier presentation time can be captured by AI.
Can the AI be utilized if you do concurrent Registry abstraction?	Yes, but we recommend discussing the specific details and schedules with the Medisolv team.
How close are we to AI placing orders prior to events occurring, like sepsis, so that it actually has real time impact>	This is a great idea for future work. For now we do not require real-time access to your EHR to do the clinical abstraction so real time order creation is not yet feasible.
What's the cost to subscribe to AI? Is it a package that includes all or you can just be specific like Seps-1 only?	AI is being provided as an add-on option at a pricing level that guarantees a very positive ROI.
For the EHR record, do you copy data from our EHR (Epic) to your system, or does the patient level data stay in our Epic system?	There are multiple ways to share data for AI processing including some that keep data isolated within your private cloud.
How are you calculating ROI?	We look at a combination of savings on labor and avoided software costs. The specific cost will depend on your case volume. We'd be happy to provide a customized assessment.