

Practicing Value-Based Care with AI

AI Assistant shown to be essential in improving risk adjustment accuracy and quality outcomes while relieving burden and burnout in value-based care environments.

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SAMPLE

N=120 physicians · 19 practice sites

AI TOOL EVALUATED

Navina AI Copilot

STUDY PERIOD

March 2024 – January 2025

KEY FINDINGS — PRIMARY CARE VITAL SIGNS® & VALUE-BASED PERFORMANCE

32%

Reduction in physician burnout

47% → 32% · p = 0.023

40%

Decrease in clinical review time for complex visits

10.0 → 6.0 min per visit

+0.153

Increase in Risk Adjustment Factor (RAF) score

Across 19 organizations · 3,100+ physicians

+1.9

Point improvement in STAR quality ratings

Across 32 quality measures

Executive Summary

AT A GLANCE

Primary care is shifting from fee-for-service to value-based care, which promises better outcomes at lower cost. But the transition adds new complexity — risk adjustment, quality reporting, and variable payer demands — all of which increase physician workload and burnout risk.

Phyx Primary Care evaluated whether an AI Assistant could help physicians navigate this transition by studying Navina's AI Copilot. The assistant synthesizes fragmented patient data into actionable, problem-oriented summaries that support clinical decision-making, documentation, and coding at the point of care.

Key findings from 120 physicians across 19 practices using the assistant for ≥30 days:

- 40% reduction in clinical review time for complex visits
- 32% decrease in physician burnout

- +0.153 increase in Risk Adjustment Factor (RAF)
- +1.9 point improvement in STAR quality ratings
- 94% of physicians found it easy to access and use
- 92% trusted HCC suggestions

About Phyx Primary Care

Phyx Primary Care is a non-profit innovation lab committed to improving the delivery and experience of primary care. Phyx evaluates emerging technologies, including AI solutions, as well as evolving payment models that impact frontline clinicians. Our work is conducted independently and objectively — we receive no funding from the solution partners we evaluate. Our goal is to generate actionable, unbiased insights that inform and empower the healthcare community.

The Problem: Volume to Value

Traditional fee-for-service models push primary care physicians into high-volume schedules — 20 to 30 patients daily in 15–20 minute visits, with much of that time consumed by EHR documentation and clerical work. A 2024 study found that for every eight clinic hours, physicians spend another 5.3 hours in the EHR. This overload erodes physician-patient connection, contributes to burnout, and compromises care quality.

Value-Based Care: Promise and Complexity

Value-based care shifts focus from visit volume to clinical and financial outcomes. Instead of billing for encounters, physicians are supported by prospective payments to manage a full patient panel. This enables more flexible, team-based care that better aligns with patient needs. But transitioning to VBC is complex — most practices operate in hybrid models, juggling FFS with growing VBC expectations like risk adjustment and quality reporting. Each payer uses different metrics and documentation standards. Practices often manage five or more different models, each requiring its own workflows and reporting infrastructure.

The Three Pillars of Value-Based Payment

Quality Reporting	Utilization Management	Risk Adjustment
Outcomes, satisfaction, and guideline adherence tied directly to reimbursement — requiring consistent documentation and compliance across payers.	Reducing unnecessary admissions and duplicative care, requiring real-time data sharing and proactive care coordination.	Accurately capturing patient complexity using HCC codes and MEAT documentation — a major source of administrative burden and financial risk.

Most current tools rely on retrospective models and human coders, increasing post-visit burden without improving care. For independent practices with limited staff, this fragmentation creates a significant and often unsustainable burden.

AI in Primary Care

AI has moved beyond hype — it is now entering clinical workflows. Unlike EHRs and past tools that added burden, today's AI can summarize unstructured data from diverse sources, surface timely and actionable clinical insights, reduce clerical and cognitive load, and adapt to the physician's workflow. When thoughtfully deployed, AI Assistants serve as true clinical copilots — helping physicians reclaim time, improve accuracy, and focus on patient care.

Innovation Lab Partner: Navina

Since 2020, Phyx Primary Care has collaborated with the AAFP Innovation Lab to evaluate AI tools that reduce burden and support value-based care. Navina emerged as a strong candidate, actively piloted across AAFP member practices. Its AI Assistant stood out for embedding into clinical workflows and enabling real-time documentation and HCC coding. Unlike post-visit documentation tools, Navina's Assistant works at the point of care — supporting decisions, reducing chart review time, and improving accuracy.

Methods

This Innovation Lab evaluation used a retrospective design to assess the impact of the Navina AI Copilot on physician experience and value-based care performance. Data were collected from two sources:

- A structured survey of 120 primary care physicians who had used the AI Assistant for at least 30 days, from March 2024 to January 2025
- Retrospective key performance metrics provided by Navina from 19 participating organizations, representing the performance of over 3,100 physicians

Participants represented a mix of small independent practices, multi-site organizations, and large medical groups across 13 states, with varying degrees of experience in value-based contracts. The physician survey measured changes using the **Primary Care Vital Signs®** framework, including the Non-Proprietary Single Measure of Burnout (validated against the Maslach Burnout Inventory), physician satisfaction, scheduled visit time, time on direct patient care, after-hours workload, and likelihood of recommendation.

Results

1. Reduced Documentation Burden

<p>40%</p> <p>Decrease in average clinical review time for complex visits (10.0 → 6.0 min)</p>	<p>24%</p> <p>Drop in self-reported chart review burden (2.4 → 1.9)</p>	<p>12%</p> <p>Increase in visits where physicians felt fully prepared (69% → 78%)</p>	<p>84%</p> <p>Would recommend the assistant to a colleague</p>
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2. Improved Physician Wellbeing — Primary Care Vital Signs®

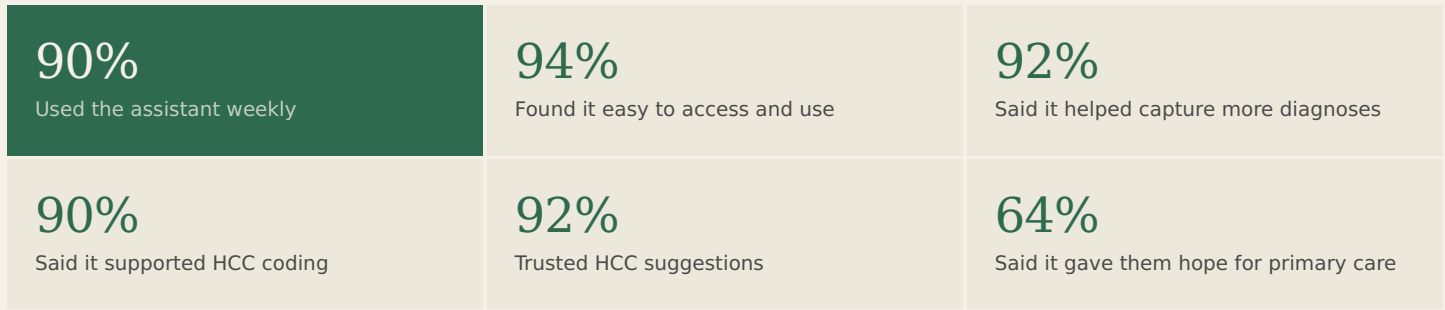
PRIMARY CARE VITAL SIGNS®	BEFORE	AFTER	% CHANGED	P VALUE
Burnout (% reporting burnout)	47	32	↓ 32%	0.023
Dissatisfaction (% dissatisfied)	22	17	↓ 23%	0.005
Care Time Rating (1-4 scale)	2.7	2.8	↑ 5%	0.174 (ns)
After-hours Time (hours/day)	2.2	2.1	↓ 6%	0.204 (ns)

ns = not statistically significant. Burnout and dissatisfaction improvements are statistically significant.

3. Burden-Specific Metrics

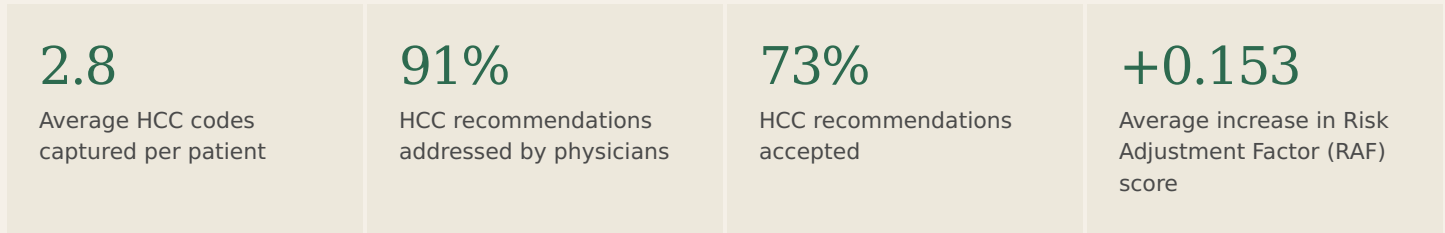
BURDEN METRIC	BEFORE	AFTER	% CHANGE	P VALUE
Review Time — Complex Visit (min)	10.0	6.0	↓ 40%	0.869
Clinical Review Burden (1-5 scale)	2.4	1.9	↓ 24%	0.000
% Visits Fully Prepared	69%	78%	↑ 12%	0.002

4. High Trust and Adoption



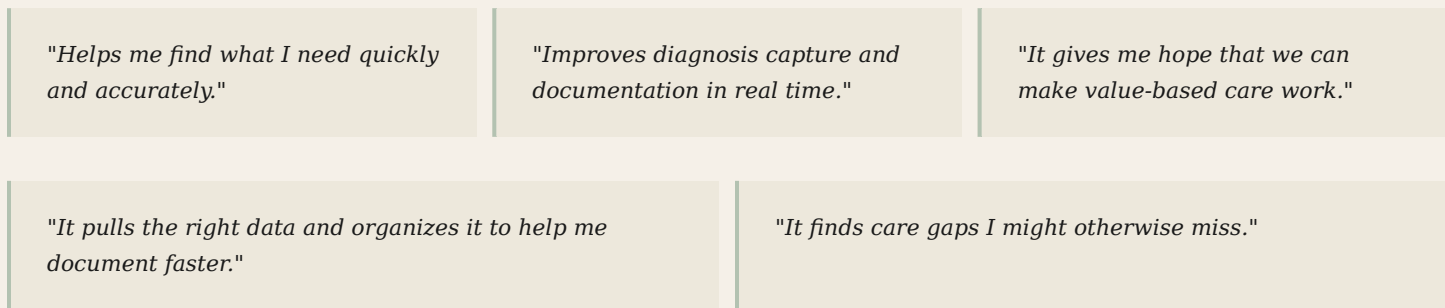
5. Stronger Value-Based Care Performance

Among 19 organizations using the assistant, representing over 3,100 physicians:



Additionally, organizations saw a **+1.9 point gain in STAR quality scores** across 32 domains — including 23 HEDIS measures and 9 Medicare Shared Savings Program and Annual Wellness Visit metrics.

Physician Voice



Discussion

An Emerging Category: AI Assistant for Value-Based Care

This evaluation suggests that the AI Assistant is not just a helpful tool — it defines a new category: the *AI Assistant for Value-Based Care*. Unlike traditional documentation tools, this assistant is proactive, context-aware, and embedded directly into

clinical workflows. It acts autonomously across data sources to support physicians in real time, enabling better care without added administrative burden.

The assistant addresses three critical VBC challenges: synthesizing massive amounts of fragmented EHR data; adapting to inconsistent payer requirements; and reducing review time pressure to free up time for patient care.

How It Works

BEFORE THE VISIT	DURING THE VISIT	AFTER THE VISIT
<ul style="list-style-type: none"> → Reviews full patient history from EHR, HIEs, scanned documents, labs, and referrals → Flags risks: missing diagnoses, suspected conditions, and care gaps → Identifies HCC coding opportunities and prepares a concise, problem-oriented summary 	<ul style="list-style-type: none"> → Presents real-time insights for a fully prepared encounter → Captures structured data, reducing documentation time and cognitive load 	<ul style="list-style-type: none"> → Finalizes documentation and ensures accurate HCC coding → Supports quality reporting and care gap closure

"It's no longer enough to recapture old codes. The Assistant finds new diagnoses buried in the record — things I'd miss. That can be the difference between staying afloat or falling behind."

Aligned with Value-Based Care Goals

Better Care: The assistant prepares physicians with synthesized summaries from EHRs, consults, labs, and scanned records — leading to a 12% increase in feeling fully prepared for visits. It helps identify undiagnosed conditions, improving diagnosis accuracy and patient engagement.

Lower Cost: With better clinical insight, physicians avoid redundant tests and act earlier to prevent high-cost events. Improved HCC coding (+0.153 RAF increase) ensures appropriate risk-adjusted payments. Less after-hours work also reduces burnout-related costs.

Improved Outcomes: Real-time gap closure and adherence to guidelines drive clinical performance, reflected in a +1.9 boost in STAR quality scores. Reductions in burnout (32%) and dissatisfaction (23%) also contribute to better care delivery.

"Can't Imagine Doing VBC Without It"

As capitation and risk-based models expand, accurate risk adjustment is critical to financial viability. Undercoding can mean major financial losses. The AI Assistant supports comprehensive chart review, identifying conditions hidden in specialist notes, labs, or scanned documents — especially important under the updated CMS-HCC v28 model.

"It brings scattered data into a clear summary — better than I could do on my own."

"The Assistant finds diagnoses I'd miss. That can be the difference between staying afloat or falling behind."

"It finds diagnoses I might miss, but thorough review still takes time — and time is what I don't have."

"The workload hasn't gone down — it's just shifted. But the Assistant does help me stay on top of it."

Conclusion

This Innovation Lab evaluation confirms that AI Assistants are essential tools for navigating the complexities of value-based care. They streamline chart review, improve documentation, and help physicians meet VBC requirements without added stress.

More importantly, the assistant doesn't just help physicians comply with value-based care — it makes those requirements a natural result of excellent care. By surfacing diagnoses, supporting compliant documentation, and highlighting care gaps during the visit, the assistant turns coding and reporting into byproducts of thorough, patient-centered clinical practice.

This inversion — where administrative tasks follow from high-quality care rather than disrupt it — is what makes the AI Assistant a transformative innovation. It restores clinical focus, earns high trust, and gives hope to providers facing mounting complexity. As value-based care models evolve, AI Assistants will be key to helping practices remain independent, financially viable, and focused on what matters most: delivering high-value care to patients.

Limitations

The study design is retrospective, making it more susceptible to biases than a prospective study. There is no control group of physicians who did not use the AI Assistant, making it challenging to definitively attribute all observed improvements to the tool alone. The reliance on physician surveys introduces potential for recall bias and social desirability bias. There is also a potential for selection bias, as physicians who chose to use the AI Assistant may be inherently more open to technology or more motivated to improve efficiency. Future studies in this Innovation Lab intend to use prospective adoption with a parallel control group.

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