Maine THTM AI in Healthcare Survey

Summary of Results
May 2026

Prepared by AI for the Maine Telehealth and Telemonitoring Advisory Group - AI Work Group

Complete survey results are available at:
https://www.surveymonkey.com/results/SM-zEVw6uxXOLs4rs8b8TMrjw_3D_3D/

Scope and reading this report. This report includes 52 responses from 21 distinct Maine organizations. Three respondents located outside of Maine were excluded. Because some large health systems are represented by many clinicians (MaineHealth alone accounts for 23 of 52 responses), several sections present counts *both* by individual respondent and by distinct organization. The two lenses tell different — and complementary — stories about what Maine clinicians are experiencing versus what Maine organizations have actually adopted.

Executive Summary

AI adoption is already widespread across Maine healthcare settings, but governance, evaluation, and infrastructure have not kept pace — creating a clear need for coordinated, state-level support.

The AI Work Group of the Maine Telehealth and Telemonitoring (THTM) Advisory Group, facilitated by MCD Global Health, launched a brief survey to understand how augmented intelligence (AI) is currently being used in healthcare settings across Maine, and to identify opportunities, challenges, and resource needs. The survey closed on April 1, 2026.

Key Findings

- **AI use is widespread.** 88% of individual respondents (46 of 52), and 16 of 21 organizations represented, report current use of AI or machine-learning tools.
- **Ambient scribing leads at both the respondent and organization level.** 41 of 52 respondents — representing 14 of 21 organizations — report using AI for scribing or documentation. Clinical decision support is close behind at the organization level (12 of 21 orgs).
- **OpenEvidence is Maine's most broadly adopted AI tool.** Counted by distinct organization, OpenEvidence leads the vendor list — named by 11 of 21 organizations — ahead of every other product in the survey. Abridge has very high respondent-level mentions (19), but those come exclusively from one large health system.
- **User experience is largely positive.** 67% of those who rated their experience (28 of 42) reported "mostly" or "very" positive — driven by documentation efficiency, patient connection, and reduced after-hours charting.
- **Governance and evaluation lag adoption.** Only 6 of 21 organizations have a respondent who could confirm formal AI governance. ROI is tracked at just 4 of 21 organizations, and 83% of respondents who answered (36 of 43) were unsure.

- **Strong demand for state-level support.** Maine-specific case studies and best practices were the single most-requested resource (24 of 52), followed by provider education, patient education, and vendor-neutral evaluations.
- **Strong willingness to engage further.** Of the 41 respondents who answered, 88% (36) said "Yes" or "Maybe" to participating in future interviews, focus groups, or pilots.

Methodology and Respondent Profile

The survey was distributed through partner newsletters and the THTM Advisory Group network from mid-February through April 1, 2026. It took approximately 5–7 minutes to complete and included both multiple-choice and open-ended questions. After excluding 3 respondents located outside of Maine, 52 responses were included, representing 21 distinct Maine organizations.

Respondents were predominantly physicians and advanced practice clinicians (MDs, DOs, NPs, PAs), along with medical directors, CMOs, a resident physician, and a small number of administrative leaders. 48 of 52 respondents (92%) confirmed their organization serves MaineCare patients.

Organizations represented

The 52 respondents come from 21 distinct Maine organizations. Large health systems are represented by multiple clinicians, which is important context for interpreting several findings below.

Response	Count
MaineHealth (incl. MMC, Franklin, Boothbay, Brunswick, Rockport, Pediatrics)	23
Northern Light Health (incl. Mercy, EMMC, Mayo, C.A. Dean)	5
MaineGeneral Health (incl. MGMC)	3
Greater Portland Health	2
InterMed	2
Martin's Point Health Care	2
Baileyville Medical Center	1
Cape Integrative Health	1
ConvenientMD	1
HealthReach Community Health Centers	1
Knox Clinic	1
Maine Association (MAAP)	1
Maine Dartmouth Family Medicine Residency	1
School House Health	1
Spectrum Healthcare Partners	1
St. Joseph Healthcare	1

Response	Count
University of Maine Farmington	1
Wellness Management Associates	1
Western Foothills Direct Primary Care	1
Whiting Bay Family Medicine	1
Private practice (unnamed)	1

MaineHealth alone accounts for 44% of individual respondents. The top six organizations account for 37 of 52 responses (71%). The remaining 15 organizations are represented by a single respondent each. This concentration shapes the interpretation of several findings in the sections that follow and is noted in the limitations at the end of the report.

Setting (select all that apply)

Response	Count
Health system/hospital	19
Health system-owned practice	14
Independent clinic/practice	10
Other	7
Rural health clinic	5
FQHC/community health center	4
Critical access hospital	3
Independent hospital-owned practice	1
Behavioral health clinic	0

Clinical focus

Response	Count
Primary care	27
Specialty care	9
Mixed primary and specialty care	7
Other	8
Not applicable	1

Primary care accounts for more than half of respondents (52%).

Current AI Use

AI tools are most commonly used for ambient documentation and clinical decision support, followed by patient messaging. The table below shows each use category counted two ways: the number of individual respondents who reported that use, and the number of distinct organizations with at least one respondent reporting that use.

How AI tools are currently being used

Use category	Respondents (of 52)	Organizations (of 21)
Scribing / documentation support	41	14
Clinical decision support	22	12
Patient messaging / chatbots	17	4
Telehealth / virtual care automation	8	3
Risk prediction / stratification	6	4
Revenue cycle / administrative automation	5	4
Population health / analytics	5	3
Diagnostic imaging support	3	3
Workforce support (scheduling, triage)	2	1
Remote patient monitoring	0	0

The dual view highlights two distinct patterns. Scribing and clinical decision support are both broadly adopted across many organizations — scribes at 67% of organizations (14 of 21) and clinical decision support at 57% (12 of 21). In contrast, the large respondent counts for patient messaging, telehealth automation, and population health are concentrated in a small number of organizations that have rolled those tools out at scale — the high respondent counts reflect enterprise adoption at one or two large systems rather than broad adoption across Maine.

Vendors and products

Respondents named a consistent set of products, but counting by distinct organization tells a very different story than counting by respondent. The difference is especially important for understanding which tools are broadly adopted across Maine versus which have been rolled out at a single large system.

Vendor / product	Respondents	Organizations
Abridge (ambient scribe)	19	1
OpenEvidence (clinical decision support)	14	11
Epic AI tools (chart summary, ART, text assist)	5	1
DynaMed / DynaMedex	4	2
Doximity AI	2	2
Heidi Health (ambient scribe)	2	2

Vendor / product	Respondents	Organizations
Nuance DAX / DAX Copilot	2	2
Oracle	2	1
Suki (ambient scribe)	2	2
iScribe	2	2
Cerner Clinical Agent	1	1
Dolbey Fusion Narrate	1	1
Freed (ambient scribe)	1	1
Microsoft Copilot	1	1
Navina	1	1
Palantir (denials management)	1	1
Phreesia	1	1

Three observations from the organization-level view:

- **OpenEvidence is Maine's most broadly adopted AI tool.** Named by 11 of 21 organizations (52%), it appears across health systems, FQHCs, independent practices, and rural clinics. Several respondents noted it has filled the gap left after their organization discontinued UpToDate.
- **Abridge's respondent-level dominance reflects one large enterprise deployment.** All 19 respondent-level Abridge mentions come from MaineHealth — the highest-profile ambient scribe deployment in the state, but not representative of scribe adoption across Maine organizations more broadly.
- **Ambient scribe adoption is fragmented across the rest of the state.** Beyond MaineHealth's Abridge deployment, other organizations named a wide variety of smaller-scale scribe deployments (Suki, iScribe, Heidi Health, Dolbey Fusion Narrate, Freed, Cerner Clinical Agent, Nuance DAX) — each typically at one or two organizations. No single scribe product dominates outside MaineHealth.

Other specific mentions included Palantir (denials management / revenue cycle), Phreesia, Ask Nicely (patient satisfaction), XPC (quality improvement pilot), and an AI diabetic eye screening tool.

Reported Benefits and Challenges

Personal experience rating with AI tools

Response	Count
Very positive	11
Mostly positive	17
Neutral	7
Some challenges	1

Response	Count
Significant challenges	6

Most commonly reported benefits

- Reduced documentation time and less after-hours charting ("pajama time").
- Improved eye contact and patient engagement during visits.
- More complete and timely clinical notes, including capture of details providers might otherwise forget.
- Faster access to evidence-based clinical guidance, particularly through OpenEvidence and DynaMedex.
- Support during surge capacity and improved chart closure timeframes.
- Auto-generated patient visit summaries that providers can share in the room.

Most commonly reported challenges

- Accuracy errors and misattribution in ambient scribing — wrong speaker, wrong tense, missing or fabricated content (e.g., attributing a spouse's medical history to the patient).
- Notes that are wordier than needed, requiring substantial editing that can offset the time savings.
- Poor EHR integration in some settings, with several mentions of friction with Nextgen and Epic, and scribes that fail to document physical exam or MDM well in busy ED environments.
- Loss of nuance — individual patient voice and social history can be flattened or omitted.
- Concerns about malpractice liability stemming from inaccuracies in AI-generated documentation.
- Concerns about inappropriate auto-generated patient outreach (e.g., chart-mining that triggers appointment reminders for patients with no clinical need, filling slots with non-urgent visits).
- Privacy concerns, particularly in sensitive specialties such as OB/GYN and behavioral health.

Patient communication about AI

Practices vary widely. Many respondents described obtaining verbal consent at the start of each visit before using an ambient scribe (Abridge in particular). Others rely on signage, intake consent language, or leave it to individual provider discretion. Several respondents were unsure whether patients are informed at all when AI is used outside the exam room — for example, in chart summarization, messaging, or clinical decision support.

Governance, Training, and Oversight

The organization-level view is particularly important for governance questions, because multiple respondents from the same system may give different answers about the same organization's policies. The dual counts below show individual respondent answers alongside the number of distinct organizations where at least one respondent gave that answer.

Formal AI governance

Response	Respondents	Organizations
Yes – formal policies or governance structures	18	6
No	3	3
Unsure	22	9

Only 6 of 21 organizations (29%) have at least one respondent who could confirm formal AI governance. Even at some large systems, multiple respondents answered differently about the same organization — reinforcing the point that governance structures, where they exist, are often not clearly visible to front-line clinicians. Where respondents could describe governance, it most often involves IT/informatics, the CMIO or medical affairs office, executive leadership, legal, finance, HR, and dedicated AI committees. Small and solo practices generally reported no formal structure.

Training on AI tools

Response	Respondents	Organizations
Yes – staff/providers receive training	33	12
No	5	4
Unsure	5	2

Training is the bright spot in oversight: 12 of 21 organizations (57%) have at least one respondent confirming training programs. Training most commonly consists of brief onboarding — online modules, a 30–60 minute video or Zoom session, vendor demos, or at-elbow IT support during rollout. A few organizations described more comprehensive rollouts including HIPAA-specific AI training.

Outcome and ROI tracking

Response	Respondents	Organizations
Yes – outcomes or ROI are tracked	4	4
No	3	3
Unsure	36	8

Only 4 of 21 organizations (19%) have any respondent who could confirm ROI tracking. This is the starkest governance gap in the survey: the overwhelming majority of clinicians do not know whether their organization measures AI's impact. Where tracking does occur, respondents mentioned business intelligence dashboards, senior leadership pilot reviews, pajama-time metrics, and post-implementation surveys.

Tools evaluated but not adopted

8 respondents reported their organization had evaluated AI tools that were ultimately not adopted; 33 were unsure. Tools most often mentioned in this category were Nuance DAX / DAX Copilot, XPC, and

Mentalyc. Reasons cited included cost, fee structure, limited EHR integration, and the selection of a competing product (most commonly Abridge).

Opportunities for a State-Funded AI Resource Center

Respondents were asked which forms of support would be most helpful from a state-funded AI resource center. The results point to a clear role for the Work Group in synthesizing peer experience, providing vendor-neutral guidance that smaller practices cannot produce on their own, and supplying patient-facing educational materials.

Most-requested forms of support

Response	Count
Case studies / best practices	24
Educational tools/modules for providers and staff	19
Educational information on AI for patients	17
Vendor-neutral evaluations	15
Regulatory / policy guidance	15
Sample forms / policies	11
Implementation support	9
Shared purchasing opportunities	9
Vendor vetting templates / guidance	7
Governance templates	4
Other	2

Tools respondents are most interested in exploring next

- More sophisticated clinical decision support — expanded differentials, evidence-based treatment recommendations, and image-based diagnostics (e.g., skin cancer).
- Ambient scribes that better handle specialty visits and that can pend orders and labs directly.
- Inbox and MyChart message management, chart summarization, and auto-population of notes with prior visit data.
- Patient-facing tools: intake, triage, scheduling algorithms, automated screening reminders, and patient education.
- Aftercare services and tools that reduce administrative burden or provider burnout.
- A small number of respondents expressed skepticism or disinterest, citing confidentiality, cost, and concerns about depersonalization of care.

Willingness to participate in future engagement

Response	Count
Yes	8
Maybe	28
No	5

Among the 41 respondents who answered, 88% (36) are open to further engagement. This gives the Work Group a meaningful pool for follow-up outreach, with particular value for recruiting from rural, critical access, FQHC, and independent practice settings, where the survey suggests governance and evaluation capacity are thinnest.

Cross-Cutting Themes from Open-Ended Responses

- **Cautious optimism about ambient scribing.** Scribes (especially Abridge at MaineHealth) are viewed as the most mature and impactful tool, tangibly reducing documentation burden while also raising accuracy and liability concerns clinicians want addressed.
- **Privacy, security, and liability.** Concerns about patient data security, malpractice exposure from AI-generated documentation errors, and bias in AI outputs (particularly from drug, device, or insurer influence) came up repeatedly.
- **Equity and workforce concerns.** Several respondents worried that AI will be used to justify replacing more highly trained clinicians with less-trained staff, and that small practices will be priced out entirely — a "two-tier" concern about who benefits from AI.
- **Interoperability.** Poor integration between AI tools and EHRs (Epic, Nextgen, Cerner) is a recurring friction point, along with the broader challenge of connecting EHRs, pharmacies, the PMP, HIN, and claims data.
- **Governance visibility gap.** Even at organizations with formal AI committees, clinicians often do not know they exist, who serves on them, or how tools are vetted — suggesting a communication gap as much as a policy gap. The organization-level data in this report shows multiple respondents from the same system giving different answers about governance, reinforcing this point.
- **Regulatory and payment barriers.** Several respondents noted that current regulatory structures and payment models hinder innovative AI-enabled workflows, particularly for smaller and rural practices.

Recommendations for the AI Work Group

The survey results suggest several steps for the Work Group's agenda:

1. Prioritize the development of Maine-specific case studies and best practices, with an initial focus on ambient scribing — the single most requested form of support. Include peer examples from beyond the largest health systems so smaller practices see models that match their scale.
2. Create patient-facing educational materials on AI use in healthcare, which would also help standardize the wide variation in how organizations communicate AI use to patients today.

3. Develop vendor-neutral evaluation and procurement guidance, particularly useful for small, rural, and independent practices that cannot run their own evaluations. The vendor fragmentation outside MaineHealth — with many organizations each running a different scribe product — suggests real demand for shared comparative information.
4. Support visibility and communication around AI governance structures, providing templates and communication guidance so clinicians at larger systems can see and understand their own organizations' oversight. The fact that multiple respondents from the same system gave different answers about governance underscores this need.
5. Promote lightweight ROI and outcome-measurement approaches (e.g., pajama-time metrics, documentation time studies) to help organizations build a shared evidence base. Only 4 of 21 organizations in this sample have any visible ROI tracking.
6. Engage interested respondents — the 36 who said Yes or Maybe — in follow-up interviews, focus groups, and pilots, with particular attention to rural, critical access, FQHC, and independent practice settings, which are under-represented in the current sample.

Notes on Data Quality and Limitations

Of 55 raw survey responses, 3 were excluded because the respondent reported being located outside of Maine, leaving 52 valid Maine responses from 21 distinct organizations included in this analysis. A small number of respondents left individual questions blank (including one respondent who submitted a largely incomplete response), so denominators vary slightly by question and are noted in the text where relevant.

Ten of the 52 responses were flagged by SurveyMonkey's response-quality screen for page-level speeding (no other quality flags applied — no straight-lining, gibberish, profanity, copy-pasting, or short answers). All ten came from identifiable Maine clinicians (physicians, nurse practitioners, and medical directors) at organizations including MaineHealth, MaineGeneral, Greater Portland Health, and MGMC, and each provided substantive open-ended responses. Several of the flagged responses had total completion times longer than the survey median (5.9 minutes), suggesting the speeding flag reflects pace on individual pages rather than rushed completion overall. After content review, these responses were retained in the analysis.

The sample is self-selected and heavily weighted toward MaineHealth, which accounts for 23 of 52 responses (44%). The top six organizations account for 71% of responses, while the remaining 15 organizations are represented by a single respondent each. This concentration means respondent-level counts reflect MaineHealth's enterprise technology decisions more than statewide patterns, and the organization-level counts provided throughout this report are a more accurate view of how AI is actually being adopted across different Maine organizations. Results should be interpreted as indicative of current Maine clinician perspectives, not as a statistically representative sample of Maine healthcare organizations.