The VA's Legacy of Innovation

How Ambient AI:

Serves Veterans, Supports Clinicians, and Advances The Mission

ABRIDGE

The VA's Mission and Distinct Needs of Veterans

Founded in 1865 on President Lincoln's promise to care for those who had "borne the battle," the Veterans Health Administration today is the largest integrated health system in the United States, and one of the most complex institutions in the world.

The VA cares for more than nine million Veterans with distinct health needs, shaped by the physical and psychological demands of military service. Veterans often require specialized, whole-person care, which is precisely where the VA's mission shines: through the trained and specialized VA clinicians delivering this level of distinct, high-quality care.

It's this holistic approach to care delivery that best benefits Veterans with complex, long-term care needs. To be successful here, VA clinicians must be fully present with Veterans, building trust during each encounter, across multi-provider care, where nothing gets missed and no detail is lost in the documentation process.

This is the level of care that Veterans deserve, and the VA's mission demands. This has always been the standard the VA sets for itself. But today, that standard is being tested by a convergence of challenges that no scheduling mandate or workforce policy can fully resolve: clinician burnout, documentation burden, workforce stability, and the cognitive demands of navigating a major EHR transition, often all at once.

These are the defining care delivery challenges of modern American healthcare. Along with every major health system in the country, the VA is navigating these challenges in real time.

The VA by the Numbers

127.5 million
healthcare appointments delivered in FY2024

9.1 million
enrolled Veterans served annually

371,000+
healthcare professionals and support staff

1,193
outpatient clinic sites across 18 Veterans Integrated Service Networks (VISNs)

170
medical centers

Clinical Workforce Under Pressure

Compared to their counterparts in other health systems, VA clinicians often manage more diagnostic threads and more care coordination per Veteran visit, requiring exacting documentation and notes. VA clinicians must balance this documentation demand with being present and attentive at every clinical encounter. The weight of this is not incidental. These demands and burdens can accumulate. Today, one in three clinicians in America are so burned out they're considering leaving medicine[1], while 23% of nurses say they are at least somewhat likely to leave nursing within the next year.[2]

Workforce attrition and poor retention are symptoms of clinician burnout. And clinician burnout is a documented, systemic and operational challenge at health systems across the country, including the VA.

Clinician and physician vacancies can translate to care gaps in high-need specialties, waitlists for Veterans, and access benchmarks that facilities cannot meet. Meanwhile, the clinicians who remain absorb the added workload, often damaging their quality of work-life and accelerating the attrition cycle.

That said, the quality of clinical work-life is one of the most impactful variables that leadership can influence. These are not abstract concerns: heavy cognitive load, after-hours documentation, spending more time with the EHR than with the patient in the room. These are the factors that determine whether a talented clinician stays or goes.

Reducing documentation burden is a direct lever leadership can pull. This is where burnout grows, and increasingly where retention is won or lost.

The VA has always understood that caring for Veterans starts with caring for the people who serve them. And it has a long track record of driving innovation to meet the needs of clinicians as well as the new and evolving challenges of modern healthcare at large.

↗ National Workforce Challenges

- 8% shortage of registered nurses is projected by 2028[3]
- 23% of nurses say they are at least somewhat likely to leave nursing within the next year[4]
- A shortage of up to 86,000 physicians is expected in the United States by 2036[5]

History of Innovation at the VA

From developing the first implantable cardiac pacemaker in 1960 and pioneering the first electronic health record in the 1970s, to becoming one of the first health systems in the country to adopt 5G technology in 2020, the VA has consistently looked forward, innovated, and delivered technological solutions that improve care delivery and the well-being of Veterans.

It's this track record, innovative instinct, and unique scale of capacity that best positions the VA to lead the charge for solving the workforce challenges of modern healthcare, not just internally, but to also show what is now possible.

Most recently, the VA's implementation of Oracle Health represents the largest EHR modernization effort in federal healthcare history, a bold institutional commitment to building the infrastructure for the next generation of Veteran care. And while VistA will remain embedded in day-to-day clinical operations for years to come, the willingness to undertake that transition at VA scale speaks to the same forward-leaning, future-thinking drive for transformation and healthcare innovation that has always defined this organization.

Ambient AI is the latest frontier. Having evaluated use cases and solutions over the past several years, the VA is once again moving with the future-thinking instinct that has defined the organization since its founding. The VA is actively exploring how ambient AI can fundamentally reorient care delivery and transform what it means to be a clinician in modern medicine.

A Legacy of Firsts and Innovation at the VA

1960

VA researchers implanted the first clinically successful cardiac pacemaker, a device now carried by more than 3 million people worldwide.[7]

1978

The VA launched the first modules of an electronic health information system, the foundation of what became VistA, one of the first EHRs in the world.[7]

1984

VA researchers developed the nicotine patch, testing it on themselves first to prove it was safe.[9]

2020

The VA became one of the first health systems in the country to adopt 5G technology and test its clinical use cases.[10]

2023

The VA enrolled its one millionth Veteran in the Million Veteran Program, one of the largest genomic research efforts in the world.[11]

The Case for Ambient AI and What Makes It Work

Adoption of ambient AI across U.S. health systems has accelerated sharply over the past several years. What began as pilot programs at academic medical centers has expanded to system-wide deployments across some of the largest and most operationally complex health systems in the country. The results have been consistent: measurable reductions in documentation time and after-hours charting, alongside meaningful gains in clinician satisfaction and patient trust.

For the VA specifically, the timing of ambient AI adoption matters. This technology is available now, EHR-agnostic, and proven at scale. The VA's clinicians are carrying a documentation burden that ambient AI can meaningfully reduce today.

But not all ambient AI platforms deliver equally. Platforms built for smaller scale use tend to require workflow adjustments, workarounds, and infrastructure restrictions that add friction rather than remove it. At VA scale, that friction compounds.

The health systems that have moved furthest have consistently chosen platforms with deep clinical specificity and the implementation infrastructure to deploy across hundreds of facilities without degrading outcomes. Abridge was built on exactly this premise, developed with clinicians and designed exclusively for clinical environments. What that produces is an implementation methodology, a body of evidence, and a set of hard-won lessons about what enterprise adoption of ambient AI actually requires.

Ambient AI in Clinical Practice: Abridge Case Studies

The VA delivers over 127 million health care appointments annually, across 1,300 medical facilities, with a workforce in the middle of the largest EHR modernization in federal healthcare history. Deploying any new enterprise technology in that environment carries real operational risk. The question is not whether ambient AI works in controlled pilots. The question is whether it holds at VA scale, across specialties, across two EHR environments simultaneously, and without adding burden to clinicians who are already stretched.

Abridge's deployment record addresses that question directly. Now trusted by more than 250 of the largest and most complex health systems, Abridge is the leading enterprise-grade AI platform for clinical conversations, powering real-time intelligence and reducing administrative burden for patients, providers, and payers.

Operating as an EHR-independent documentation layer, Abridge captures clinical conversations and generates structured, review-ready notes for both VistA and Oracle Health. For clinicians currently navigating both systems during the transition, this means documentation continuity without added workflow complexity. For Veterans, this means their care does not pause and nothing is dropped between systems.

The clinical stakes of documentation quality at the VA extend beyond the encounter itself. Disability claim validation, PACT Act toxic exposure screenings, audit readiness—accurate and complete documentation is load-bearing in ways that don't apply in most civilian health systems. Abridge surfaces specialty-specific documentation cues across 55+ specialties. Its Linked Evidence feature maps every generated note back to its source evidence, giving VA clinicians and administrators an auditable documentation record at every level of review.

Across surveyed clinicians at health systems where Abridge has been deployed, 90% report giving patients more undivided attention and 77% say ambient AI improved patient care.

Clinicians who use enterprise-grade AI for clinical conversations don't just save time on documentation. They get back the presence and focus on care that drew them to healthcare in the first place. They return to the joy of medicine. Veterans can feel this too. This shift compounds across every encounter, every unit, and every facility. When that clinician presence is restored at scale, the entire organization delivers better care.

CASE STUDY	RESULTS
FQHC El Rio	• 84% of clinicians reported that the AI platform makes them more likely to continue practicing at El Rio for a longer period of time. • Clinicians were also 2.4 times more likely to report being able to give undivided attention to patients.
Inova	• Reduced “pajama time” documentation from up to two hours per night to approximately 25 minutes for roughly 350 primary care physicians
Ohio Health	Clinicians who participated in the pilot reported: • 59% reduction in cognitive load • 28% decrease in time spent writing notes outside of work hours
WVU Medicine	• 78% increase in undivided attention to patients • 61% reduction in cognitive load • 77% increase in satisfaction at work

Leadership and the VA Legacy

Like many of the health systems in America, the VA is currently faced with a number of difficult challenges, compounded by its distinct scale and complexity: accurate and complete documentation, clinical presence during encounters, workforce retention, and more.

For systems that leverage Abridge ambient AI, the clinical conversation is the documentation, freeing clinicians to train their focus on the Veterans in the room. This is the level of presence and high-quality care that Veterans deserve and the VA's mission demands.

The VA has always been a leader in innovation. Enterprise AI is simply the next step in the VA's legacy and mission to serve Veterans, one encounter at a time, across lifelong relationships built on trust, presence, and the highest standard of care.

About Abridge

Founded in 2018, Abridge is the leading enterprise-grade AI platform for clinical conversations. Powered by a purpose-built system of intelligence for healthcare, the company is building real-time bridges between patients, providers, and payers. This year, Abridge is projected to support more than 100 million patient-clinician conversations across 250 of the largest and most complex health systems in the U.S. With deep EHR integration, support for 28+ languages, and 55+ specialties, Abridge is used across the entire care journey, including outpatient, emergency department, inpatient, and nursing workflows.

Abridge is setting the industry standard for the responsible deployment of AI across health systems. Features like Linked Evidence map AI-generated clinical documentation to source data, helping clinicians quickly trust and verify the output.

Abridge was awarded Best in KLAS for Ambient AI in 2025 and 2026, in addition to other accolades, including TIME Best Inventions of 2024 and 2025, CNBC Disruptor 2025, and Fast Company's Most Innovative Companies 2025.

Citations

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