Give the Time Back to the Patient

What AI should, and should not, do in primary care

By William Breen, DSc, FACHE · The Healthcare Fix · thehealthcarefix.com

See a primary care visit through the patient's eyes. You came in worried about something. The doctor is kind, but half of the visit is spent looking at a screen, typing. You leave wondering whether you were heard.

That is not the doctor's fault. Primary care providers carry one of the heaviest documentation loads in medicine, and the inbox never empties. Primary care clinicians receive about five times as many patient portal messages as their surgical colleagues. Much of that work happens at night, after the last patient goes home.

Artificial intelligence will not fix everything wrong with primary care. But used well, it can do something I care about deeply: give the time back to the patient.

It is already here

This is no longer a future question. In the American Medical Association's 2026 survey, 81 percent of physicians said they use AI in their practices, up from 38 percent in 2023. The most common uses are the unglamorous ones: summarizing research and documenting visits.

The best evidence so far is for ambient AI scribes, tools that listen to the visit, with the patient's permission, and draft the note for the provider to review. In a 2025 study of 263 physicians across six health systems, the share reporting burnout fell from about 52 percent to 39 percent after just 30 days with an AI scribe. A larger 2026 study from Mass General Brigham and UCSF, following more than 1,800 clinicians, found the biggest gains among primary care providers and among those who used the tool in at least half of their visits.

AI is also starting to help with the inbox, drafting replies to patient messages for a clinician to edit. Early results are mixed but encouraging: at Stanford, clinicians using AI drafts reported less burden and exhaustion, even though the drafts did not save measurable time.

We use it in our own practices at Honeycomb, in three places: scheduling, coding and documentation. None of those is glamorous. All of them are tasks that pull time and attention away from the patient. Scheduling decides how quickly a patient gets in the door. Documentation decides how much of the visit the provider spends facing the screen. And coding decides whether the practice is paid accurately for the care it delivers, which matters for sustainability. In every case, a person still reviews the work. AI suggests a code; a person confirms it. The key benefit is sustainable care: a practice that runs well enough to keep its doors open, and providers with enough time and energy left to keep caring for patients.

The same tool is on the other side of the table

I would be leaving something out if I stopped there. Providers are not the only ones using AI. Insurers are too.

Several lawsuits allege that Medicare Advantage insurers used a prediction algorithm to cut off nursing home rehabilitation for elderly patients, overriding their providers. The plaintiffs claim that roughly 90 percent of the denials that were appealed were overturned. The insurers dispute the claims, and the courts have not decided them. But CMS took the concern seriously enough to tell Medicare Advantage plans in 2024 that they cannot deny care based on an algorithm alone. The decision must rest on the individual patient's circumstances.

And this year, traditional Medicare began testing AI-assisted prior authorization for certain services in six states through a model called WISeR. Critics in Congress and patient groups worry it will delay needed care. We will see.

I have said before that dealing with payers today can feel like a well-designed gauntlet built to say no. AI can make that gauntlet faster. The technology does not have values of its own. It serves whatever goal the people who deploy it set for it. That is why the goal matters more than the tool.

Four rules for primary care

If you lead a primary care practice and are deciding what to do with AI, here is how I would approach it.

First, **start with the burden, not the buzz.** Pick one problem that is costing your providers and patients the most. For most practices, that is documentation. Try one tool, measure after-hours charting and burnout before and after, and ask your patients how the visit felt.

Second, **keep a provider in the loop.** AI drafts. The provider decides. Every note gets read before it is signed, and every message gets reviewed before it is sent. A 2026 Dartmouth study of AI-drafted patient replies found errors and unnecessary details that a provider had to catch. The tool is an assistant, not a clinician.

Third, **be transparent with patients.** Tell them when a visit is being recorded to draft a note, and ask their permission. Transparency is one of my five core beliefs, and it applies to our tools as much as to our prices.

Fourth, **decide where the time goes.** Some studies show AI scribes improve financial productivity, and that matters. A practice that cannot sustain itself serves no one. But if every minute saved becomes another visit squeezed into the day, the patient gets nothing. Give some of it back to the exam room.

The two questions still apply

Every new technology in healthcare should face the same two questions I ask of every decision. Does it serve the patient? Is it sustainable, so it can keep serving them?

AI that lets a provider look up from the keyboard and listen passes both tests. AI that makes it easier to say no to care that a patient needs fails the first one, no matter how efficient it is.

When it seems crazy out there, and it sometimes is, remember that the patient is still a reliable true north. The best thing AI can do in primary care is help us face them again.

Sources

1. AMA, More than 80% of physicians use AI professionally (Mar. 2026). https://ama-assn.org/practice-management/digital-health/more-80-physicians-use-ai-professionally-ama-survey
2. Yale School of Medicine, AI scribes reduce physician burnout and return focus to the patient. https://medicine.yale.edu/news-article/ai-scribes-reduce-physician-burnout-return-focus-to-the-patient/
3. Healthcare IT News, AI scribes can reduce EHR charting, more so when used frequently (2026). https://www.healthcareitnews.com/news/ai-scribes-can-reduce-ehr-charting-more-so-when-used-frequently
4. J Gen Intern Med, Hybrid ambient clinical documentation and physician performance (Apr. 2026). https://pubmed.ncbi.nlm.nih.gov/41249645/
5. JAMA Network Open, AI-generated draft replies to patient inbox messages (Stanford, Mar. 2024). https://pmc.ncbi.nlm.nih.gov/articles/PMC10955355/
6. Rotenstein & Wachter, Are AI-generated replies the answer to the EHR inbox problem? (JAMA Netw Open, Oct. 2024). https://doi.org/10.1001/jamanetworkopen.2024.38528
7. News-Medical, Study shows how flawed AI responses increase physician workloads (Dartmouth, July 2026). https://www.news-medical.net/news/20260706/Study-shows-how-flawed-AI-responses-increase-physician-workloads.aspx
8. Healthcare Dive, Lawsuit alleges algorithm used to deny Medicare Advantage claims. https://www.healthcaredive.com/news/unitedhealth-algorithm-lawsuit-care-denials/699834/
9. National Law Review, CMS guidance on coverage criteria, utilization management and use of AI (2024). https://natlawreview.com/article/cms-releases-guidance-coverage-criteria-utilization-management-and-use-ai
10. Georgetown CHIR, New CMS WISeR model revives concerns of prior authorization and AI. https://medicare.chir.georgetown.edu/new-cms-wiser-model-revives-concerns-of-prior-authorization-and-artificial-intelligence/