



“You’re Going to Replace Us.”

How an Abstraction Team Went from Fighting AI to Refusing to Work Without It

A Multi-Entity Health System | CathPCI Registry | NCDR

The room got quiet when leadership brought up the idea. A partner called Carta Healthcare was going to introduce an AI-powered platform into their abstraction workflow. The team had one reaction, and they did not sugarcoat it: “You’re going to replace us. We’re going to lose our jobs.”

Nobody was being dramatic. These were experienced clinical abstractors who had spent years mastering NCDR definitions, learning the edge cases, earning the trust of their physicians. They had built careers on getting it right. And now someone was telling them a machine could do what they do.

The fear ran deeper than job security. There was pride on the line. These abstractors knew how hard their work was. They had watched other technology come and go. They had seen vendors promise the moon and deliver a mess. And Carta Healthcare? A younger company. Unproven in their eyes. They were not just skeptical. They were ready for a fight.



“Prove It.”

So they did what any sharp team would do. They put Lighthouse to the test. Not gently. Not with an easy case. They picked an STS case and tore into it.

Six hours. That is how long the first review took. One case, six hours, because the abstractors checked every single data element. Was the AI right? Did it miss anything? Was there a single field where the machine got it wrong and the human would have gotten it right?

They brought their findings back to the Carta Healthcare team. And here is where the story could have ended badly. But it did not. The Carta Healthcare team listened, went back to the drawing board, and made changes. No defensiveness. No excuses. Just: “Show us where we’re wrong, and we’ll fix it.”

That mattered. The abstractors noticed.



The Messy Middle

Nobody pretended the rollout was smooth. When the team moved to CathPCI, Lighthouse was over-pulling data in certain areas. There were problems getting Epic's Cupid log to come through due to internal system restrictions, and without the Cupid log and its timestamps, the abstractors felt like they were working with an incomplete picture. It created distrust. The team knew these limitations going in, but knowing something intellectually and feeling it in your daily workflow are two different things.

And yet slowly, something started to shift.

The data integration issues got resolved. The platform got better. And the abstractors started noticing something they had not expected: they were walking into cases prepared. They knew the clinical story before they opened a chart. They were not hunting through Epic for op notes, labs, vitals, and H&P documentation. The information was already there, organized, waiting for them.

“ We know what we are walking into every case and don't have to go into Epic. The Lighthouse patient summary is invaluable.

Clinical Abstractor



The Abstractor Who Changed Her Mind

One abstractor stood out. She used Lighthouse more than anyone else on the team for CathPCI. She was also one of the people who had been most ready to prove the technology wrong.

She could not prove it wrong. Not because the technology was perfect, but because it kept making her job easier. The patient summary gave her a complete overview before she touched a case. Instead of spending the first 5 to 10 minutes on a routine patient just gathering context, she already had it. On complex cases, the kind where a patient comes in through EMS with a full-blown heart attack, gets an implant, spends days in the ICU, comes back down to the floor, and then has a second procedure with more stents, she was saving 20 minutes per case. Not because the AI was abstracting for her. Because she was not wasting time collecting information that should have been at her fingertips all along.

The team kept saying the same thing: “I’m already saving time.”

“ It is a great solution to help with abstraction and I don’t see it taking over my role as an abstractor.

Clinical Abstractor



What 525 Hours Buys You

Small numbers add up when you multiply them across thousands of cases.

2,315

Projected Cases for
2025

5-20 min

Saved Per Case

~525 hrs

Recovered Annually

Case Type	Volume	Time Saved	Annual Impact
Mild (no stent)	599	5 min/case	~50 hours
Moderate	578	10 min/case	~96 hours
Complex	1,138	20 min/case	~379 hours

Those are not hypothetical numbers. And the time does not just disappear into the ether. This team uses it. They run PI projects. They satisfy data requests for departments across the system. They sit in monthly meetings with physicians to review cases. They conduct business reviews with clinical leadership twice a year. They use data to drive real improvement.

Most health systems abstract data and never look at it again. This team was already different. Lighthouse just gave them the breathing room to do more of the work that actually matters.



What Nobody Tells You About AI in Abstraction

NCDR still requires a human to input answers to registry questions. That is not changing. No platform, no algorithm, no amount of AI is going to remove the need for credentialed abstractors who understand clinical nuance.

What Lighthouse did for this team was not replace their expertise. It respected it. It took the tedious, time-consuming parts of the job, the chart-hunting, the data-gathering, the context-building, and handled them so the abstractors could focus on the parts that require real clinical judgment.

The team that once said “you’re going to replace us” now has a different take. They are saving time. They are doing more meaningful work. They are happier. Nobody lost their job.
The job just got better.