

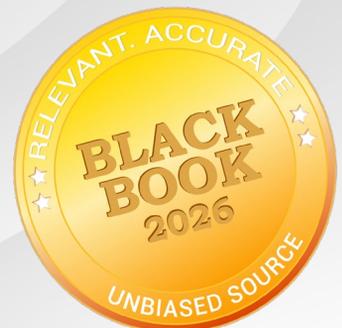
Black Book
Research Insights

TOP CLIENT-RATED CLINICAL DOCUMENTATION & AI SERVICES VENDORS 2026

BLACK BOOK RESEARCH MARKET REPORT

SERVICE-LED VIRTUAL SCRIBING AND
TRANSCRIPTION HOSPITALS AND AMBULATORY
PROVIDERS

Black Book Market Research LLC Insights
MARCH 2026



ABOUT THIS REPORT

Black Book™ conducts an annual evaluation of healthcare software and service providers across 18 key performance indicators (KPIs) of operational excellence, based entirely on verified end-user satisfaction data. The evaluation process is independent and designed to be free from vendor influence. Survey responses are validated and audited for completeness and respondent authenticity while maintaining the anonymity of participating organizations.

This 2026 Publication Edition refreshes the market context for service-led clinical documentation—virtual scribing and transcription—highlighting how AI assist is being operationalized within managed services. The edition provides a consistent apples-to-apples competitor set and a standardized KPI framework for comparative evaluation.

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01

EXECUTIVE SUMMARY

Black Book Research's 2026 Clinical Documentation & AI Services Report reflects a market defined by rising documentation burden, expanding use of outsourced virtual scribing and transcription services, and accelerating adoption of AI assist within service delivery to improve note quality, clinical validity, and downstream revenue integrity while reducing clinician friction.

- Provider organizations are increasingly adopting hybrid documentation models that blend human documentation specialists with AI-assisted workflows to improve clinician experience and support documentation completeness.
- Because clinical documentation solutions vary widely by operating model, this 2026 edition limits the competitor set to service-led vendors that deliver documentation outcomes under managed-service SLAs (virtual scribing and/or transcription), with optional AI assist and human QA. This creates a consistent apples-to-apples basis for comparison across hospitals and ambulatory providers.
- Ambulatory and multi-specialty practice buyers emphasize integration with core ambulatory EHR workflows, consistent delivery across specialties and sites, and measurable improvements in documentation quality and timeliness.
- Vendor differentiation is increasingly measured by documentation accuracy and clinical validity, implementation discipline, and transparent governance reporting—not only transcription speed or scribe coverage.
- Security, PHI controls, and delivery resilience (including business continuity and disaster recovery) remain non-negotiable procurement requirements for outsourced documentation services.

This report includes (1) a refreshed 2026 market narrative for service-led clinical documentation, (2) a standardized KPI framework (K1–K18) for evaluating managed documentation services, and (3) a curated Top 20 competitor set of service-led vendors suitable for legitimate side-by-side comparison.



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2026 MARKET UPDATE

DOCUMENTATION QUALITY, CLINICAL VALIDITY, AND COMPLIANCE PRESSURE

Clinical documentation programs in 2026 are evaluated less by transcription throughput alone and more by the clinical validity and completeness of the final note. Buyers increasingly expect outsourced documentation partners to support standardized note structures, clinically appropriate terminology, and reliable documentation that can withstand payer scrutiny and internal compliance review.

In enterprise settings, documentation services are also expected to align with CDI objectives, specialty-specific documentation requirements, and internal quality initiatives (e.g., reducing preventable denials, improving query resolution, and strengthening medical necessity support).

SERVICE-LED DOCUMENTATION MODELS: VIRTUAL SCRIBING AND TRANSCRIPTION WITH AI ASSIST

Service-led documentation models—virtual scribing and transcription—continue to expand across care settings. Buyers are increasingly selecting vendors that combine trained documentation staff with AI assist and structured QA to reduce turnaround times, improve consistency, and minimize clinician edit burden.

Procurement teams increasingly require clear delineation of human-in-the-loop controls, escalation paths for ambiguous clinical content, and measurable performance commitments for accuracy, turnaround time, and clinician satisfaction.

WORKFLOW INTEGRATION, DEPLOYMENT SCALABILITY, AND DELIVERY RESILIENCE

Integration depth remains a leading adoption determinant. Successful programs minimize workflow disruption by embedding documentation tools into EHR-native processes, supporting standardized templates, and ensuring that documentation artifacts are accessible and auditable within the client's system of record.

Operational resilience is also under higher scrutiny: buyers expect predictable staffing coverage, rapid onboarding for new specialties or sites, and continuity planning that protects documentation production and support during outages, staffing shocks, or volume surges.



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2027 OUTLOOK: DOCUMENTATION OUTSOURCING GROWTH, BUYER DEMAND, AND VENDOR REQUIREMENTS

GROWTH SIGNALS AND DEMAND DRIVERS

Black Book Research expects continued growth in outsourced clinical documentation services through 2027, driven by sustained clinician documentation burden, increasing complexity of specialty documentation, and ongoing organizational investment in provider experience improvement initiatives.

Demand is also supported by the convergence of documentation enablement with adjacent functions such as CDI alignment, quality reporting, and revenue integrity. Buyers are seeking documentation partners that can demonstrate measurable outcomes rather than only staffing availability.

CLIENT TYPES ADOPTING OUTSOURCED CLINICAL DOCUMENTATION SERVICES

Adoption spans a range of provider settings, from small and rural hospitals seeking coverage consistency to large academic medical centers standardizing documentation programs across service lines. Physician organizations and multi-specialty groups continue to adopt documentation support to improve visit throughput and clinician satisfaction.

TYPICAL BUYERS OF OUTSOURCED DOCUMENTATION SERVICES

Typical buyers include HIM and documentation program leaders, revenue cycle executives, practice administrators, and operational leaders responsible for clinician efficiency and documentation quality. Purchasing decisions are increasingly influenced by IT and security stakeholders due to PHI controls and integration requirements.

PARTICIPANT AND RESPONDENT PROFILE TABLE (BLACK BOOK RESEARCH SURVEY FIELDWORK: Q4 2025-Q1 2026)

Respondent segment	Respondent count (n)
Rural, critical access & small hospitals (under 100 beds)	40
Community hospitals (101-250 beds)	135
Academic medical centers & large hospitals (250+ beds)	224
Independent physicians	287
Group practice physicians & clinics	344
Ambulatory providers, surgery centers, labs & diagnostic imaging	98
Public agencies, VA, federal centers & government healthcare	6
Other	12
TOTAL	1,146

Source: Black Book™ (most recent completed dataset).

WHAT CLIENTS WILL DEMAND FROM VENDORS IN 2027

- Clear documentation quality controls (accuracy, completeness, and clinical appropriateness) with transparent QA methods and sampling.
- EHR-embedded workflows and interoperability that minimize click burden and rework for clinicians and downstream staff.
- Security-by-design for PHI, including auditable access controls, encryption, and incident response readiness.
- Scalable staffing and predictable onboarding for new sites and specialties, with defined service level commitments.
- Measurable outcomes reporting aligned to client goals (e.g., turnaround time distribution, quality findings, clinician satisfaction, and documentation-related downstream impacts).

TRENDS TO WATCH THROUGH 2027

- Increased use of AI-assisted documentation with stronger governance expectations for human review, auditability, and bias controls.
- Greater convergence of documentation enablement with CDI, quality reporting, and revenue integrity workflows.
- Procurement emphasis on measurable provider experience outcomes and adoption metrics, not only operational throughput.
- Continued diversification of delivery models (onshore, nearshore, offshore, and hybrid) driven by availability, cost, and security constraints.



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METHODOLOGY AND SCORING

This report is a 2026 market update and buyer guide for service-led clinical documentation. It focuses on vendors that deliver virtual scribing and/or transcription outcomes under managed-service SLAs, where AI is applied as an assistive layer within the service delivery model.

This segment of the survey included insights from 1,146 users representing 399 hospitals and healthcare delivery networks and 747 physician practices. Survey polling was collected across three separate polls (Black Book™).

Respondent participation spans hospitals, academic medical centers, physician organizations, ambulatory providers, and public-sector delivery settings. The respondent distribution is summarized in the profile table in the 2027 outlook section and is used to normalize scoring across diverse provider environments.

For internal procurement use, Black Book recommends scoring each KPI on a consistent 0-10 scale (0 = unacceptable / deal-breaking risk; 10 = exceeds expectations) based on evidence from pilots, SLA reports, and references.

0.00-5.79	Deal-breaking dissatisfaction (cannot recommend vendor).
5.80-7.32	Neutral/mixed results (meets or does not meet expectations inconsistently).
7.33-8.70	Satisfactory performance (meets expectations; would recommend).
8.71-10.00	Overwhelming satisfaction (exceeds expectations; highly recommended).

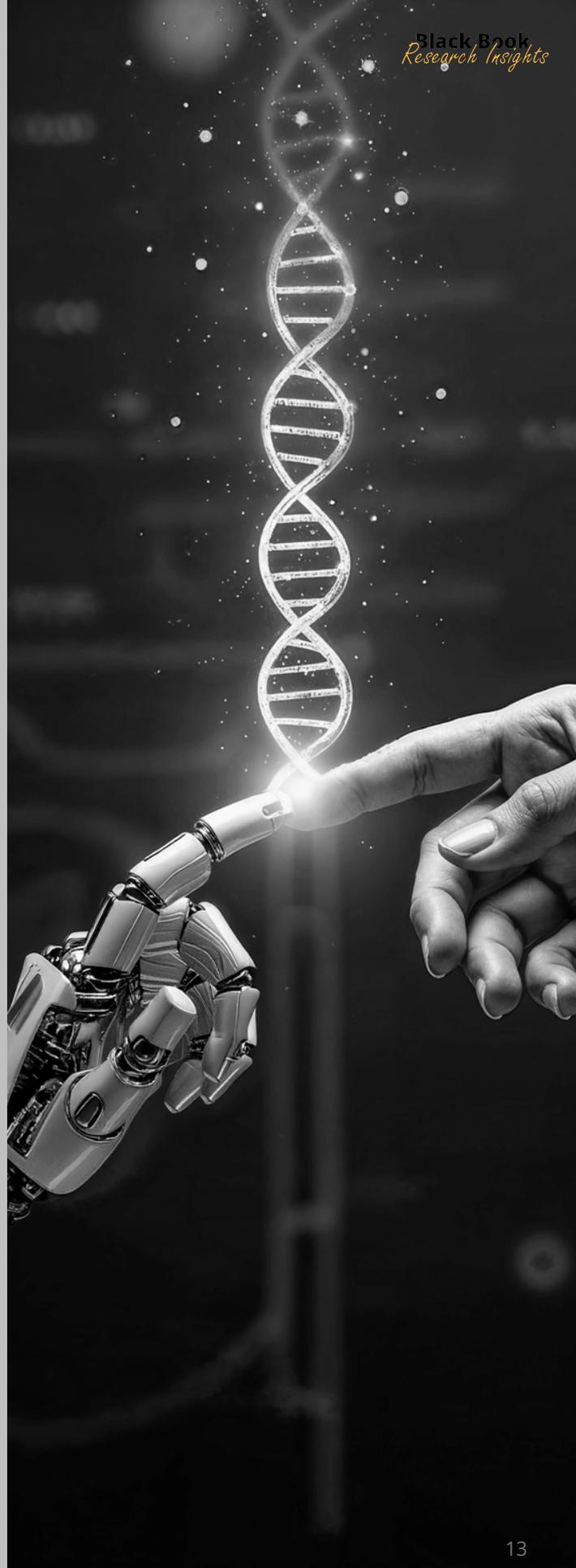


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SERVICE-LED NORMALIZATION FOR APPLES-TO-APPLES COMPARISON

To ensure a legitimate apples-to-apples comparison, the competitor set is limited to service-led vendors (human-delivered documentation with optional AI assist). Pure-play software platforms and tech-led ambient AI products are excluded from ranking in this edition.

- Service-led AI-assisted documentation services (definition): managed services that deliver completed clinical notes or transcription outputs from clinician audio/conversation/dictation under contracted SLAs, using human documentation staff with optional AI assist and human QA.
- Virtual scribe / human scribe services (service-led): live or asynchronous documentation specialists producing the note, typically supported by workflow tooling and QA.
- Traditional transcription (service-led): dictation-to-text production (often speech recognition plus human editing) with defined turnaround times and QA sampling.



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2026 SERVICE-LED COMPETITOR SET (TOP 20)

Rank	Vendor	Service modality
1	IKS Health	Ambient AI, Virtual scribing & Transcription (hybrid)
2	DeliverHealth	Documentation services (HIM/transcription)
3	ScribeAmerica	Virtual scribing
4	Athreon	Virtual scribing + transcription (hybrid)
5	ProScribe	Virtual scribing
6	ScribeEMR	Virtual scribing
7	Augmedix	Virtual scribing (hybrid human+AI)
8	iMedX	Transcription outsourcing
9	TransDyne	Transcription + virtual scribing (hybrid)
10	Acusis	Transcription outsourcing
11	Scribe4Me	Virtual scribing
12	PhysAssist	Scribe services
13	ScribeKick	Virtual scribing
14	CareCloud	Transcription services
15	Physicians Angels	Virtual scribing
16	GoTranscript	Transcription services
17	Mediscribes	Transcription + scribing (hybrid)
18	Skywriter MD	Virtual scribing
19	Flatworld Solutions	Transcription outsourcing
20	My Virtual Scribe	Virtual scribing

SERVICE-LED COMPETITOR SET ORDERING RATIONALE

This edition defines the category narrowly as service-led clinical documentation—vendors that deliver completed notes or transcription outputs under managed-service SLAs, with optional AI assist and human QA. The Top 20 roster is curated to meet that inclusion rule. Ordering is anchored to market presence and reputation signals (scale in healthcare services delivery, enterprise penetration, and sustained client visibility), with IKS Health placed #1 and DeliverHealth #2.

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APPENDICES

APPENDIX A: KPI DEFINITIONS (K1-K18)

The 18 KPIs below are qualitative measures of client experience and operational excellence for clinical documentation, virtual medical scribe, and transcription services. Clients can use the evaluation guidance to translate each KPI into diligence questions, evidence requests, and ongoing governance scorecards.

Practical recommendation: define a baseline for each KPI-aligned outcome metric prior to go-live (e.g., documentation accuracy rate from independent audits, rework rate, turnaround time distribution, onboarding time for new specialties, and clinician satisfaction), then require monthly reporting and quarterly business reviews (QBRs) that reconcile vendor-reported impact to the client's system-of-record (Black Book Research).

K1 STRATEGIC ALIGNMENT OF CLIENT GOALS AND REGULATORY PRIORITIES

Assesses how well the vendor aligns its documentation services with the provider organization's strategic priorities, regulatory programs, and operational objectives (e.g., quality initiatives, value-based care readiness, and compliance expectations).

- **Metrics to track:** Alignment to defined goals; time-to-value for priority workflows; frequency of rework due to misalignment; executive sponsor engagement.
- **How to evaluate:** Review the vendor's discovery approach, governance model, and ability to translate clinical and operational priorities into documentation workflows and measurable outcomes.
- **Evidence to request:** Sample governance playbooks, implementation roadmaps, client references in similar settings, and examples of KPI reporting tied to strategic goals.
- **Contract checkpoints:** Named governance roles, QBR cadence, defined outcome metrics, and escalation paths tied to client goals.
- **Red flags:** Generic proposals without specialty or setting specificity, or inability to articulate how documentation services affect downstream objectives.

K2 INNOVATION

Measures the vendor's responsiveness to client-driven enhancements and the maturity of its technology roadmap, including AI-assisted documentation capabilities, workflow optimization, and continuous improvement programs.

- **Metrics to track:** Release cadence; adoption of new capabilities; defect/rework rates after updates; clinician satisfaction with new workflows.
- **How to evaluate:** Validate roadmap transparency and how innovation is operationalized without disrupting production documentation.
- **Evidence to request:** Product roadmap, recent release notes, examples of client-requested enhancements, and change management documentation.
- **Contract checkpoints:** Roadmap review cadence, upgrade commitments, and defined responsibilities for workflow change communications.
- **Red flags:** Overly aspirational AI claims without validation methods, or frequent disruptive updates with limited training support.

K3 TRAINING

Evaluates the effectiveness and practicality of training provided to vendor staff and client users, including onboarding, ongoing education, and competency assurance for documentation workflows and tools.

- **Metrics to track:** Time-to-competency; post-go-live support requests; training completion rates; error rates by cohort and time since training.
- **How to evaluate:** Assess role-based curricula, competency testing, and the vendor's ability to train across specialties and care settings.
- **Evidence to request:** Training materials, certification/competency results, onboarding schedules, and examples of remediation playbooks.
- **Contract checkpoints:** Defined onboarding plan, refresher training schedule, and documentation of training outcomes.
- **Red flags:** High dependence on ad-hoc training or lack of documented competency measurement.

K4 CLIENT RELATIONSHIPS AND CULTURAL FIT

Measures relationship strength, governance simplicity, and cultural compatibility, including responsiveness, collaboration quality, and the vendor's ability to operate as an extension of the client team.

- **Metrics to track:** Issue resolution cycle time; client stakeholder satisfaction; retention/renewal indicators; governance meeting attendance and follow-through.
- **How to evaluate:** Interview references to validate day-to-day collaboration, transparency, and executive sponsorship.
- **Evidence to request:** Client references, account management structure, sample escalation workflows, and examples of joint problem solving.
- **Contract checkpoints:** Named account leadership, response time SLAs, escalation matrix, and QBR deliverables.
- **Red flags:** Frequent turnover in account teams or unresolved governance issues that require constant escalation.

K5 TRUST, ACCOUNTABILITY, ETHICS, AND TRANSPARENCY

Assesses whether the vendor consistently delivers what is promised, provides clear reporting, and demonstrates accountable and ethical business practices.

- **Metrics to track:** SLA adherence, variance between promised and delivered outputs, audit findings, and accuracy of vendor reporting.
- **How to evaluate:** Validate reporting integrity by reconciling vendor-reported performance with the client's system-of-record where possible.
- **Evidence to request:** Sample KPI dashboards, audit/compliance documentation, and evidence of corrective action programs.
- **Contract checkpoints:** Defined reporting cadence, audit rights, and clear remedies for chronic underperformance.
- **Red flags:** Reluctance to share performance methodology or frequent changes to definitions that prevent consistent tracking.

K6 BREADTH OF OFFERINGS AND DELIVERY EXCELLENCE ACROSS SETTINGS

Measures the vendor's ability to serve varied provider types and deliver consistently across inpatient, outpatient, ambulatory, and physician organization settings, including the maturity of bundled documentation services.

- **Metrics to track:** Coverage by specialty and setting; onboarding time for new service lines; performance variance by site; scalability during volume spikes.
- **How to evaluate:** Review service catalog depth, delivery model maturity, and evidence of performance consistency across client types.
- **Evidence to request:** Service catalog, specialty coverage matrices, and references for similar client settings.
- **Contract checkpoints:** Defined service scope, change-order processes, and commitments for multi-site rollout support.
- **Red flags:** One-size-fits-all delivery models that cannot accommodate specialty documentation variability.

K7 DEPLOYMENT AND IMPLEMENTATION

Assesses implementation discipline, including deployment speed, standardization, obstacle resolution, and the vendor's ability to stabilize workflows post go-live.

- **Metrics to track:** Implementation timeline adherence; go-live stabilization period; defect and rework rates post go-live; user adoption indicators.
- **How to evaluate:** Evaluate implementation methodology, clinical workflow mapping, and change management planning.
- **Evidence to request:** Project plans, staffing plans, sample deployment artifacts, and client references for similar rollouts.
- **Contract checkpoints:** Defined milestones, acceptance criteria, and responsibility assignments (RACI).
- **Red flags:** Repeated delays without clear root-cause remediation or incomplete workflow discovery.

K8 CUSTOMIZATION

Measures the vendor's flexibility in adapting documentation workflows, templates, and service configurations to the client's specialty and operational needs without excessive cost or complexity.

- **Metrics to track:** Customization cycle time; frequency of template revisions; rework driven by template mismatch; clinician satisfaction with workflow fit.
- **How to evaluate:** Review template and workflow configurability, and how customization requests are governed and prioritized.
- **Evidence to request:** Examples of configured templates, customization governance process, and support for specialty-specific requirements.
- **Contract checkpoints:** Customization request SLA, change control process, and limits/fees for customization.
- **Red flags:** Rigid product/service constraints requiring workarounds that increase clinician burden.

K10 SCALABILITY, CLIENT ADAPTABILITY, AND FLEXIBLE PRICING

Measures the vendor's ability to scale up or down across sites and specialties, adapt to client changes, and offer pricing and packaging that align to actual utilization.

- **Metrics to track:** Ramp time for volume changes; staffing coverage variability; cost predictability; unit cost trends by volume.
- **How to evaluate:** Review capacity planning, staffing strategy, and pricing transparency across service tiers.
- **Evidence to request:** Sample pricing models, capacity plans, and case studies demonstrating scale.
- **Contract checkpoints:** Volume bands, surge response commitments, and transparent pricing escalation terms.
- **Red flags:** Opaque pricing, unexpected fees, or inability to demonstrate staffing capacity during peak demand.

K9 INTEGRATION AND INTERFACES

Assesses interoperability with EHRs and adjacent systems, including the quality of interfaces, data flow reliability, and administrative rigor for integration management.

- **Metrics to track:** Interface uptime; integration defect rate; turnaround time for interface changes; user-reported workflow interruptions due to integration.
- **How to evaluate:** Validate EHR integration depth (single sign-on, templates, in-workflow note creation) and interface governance.
- **Evidence to request:** Integration architecture diagrams, supported EHR list, and references using the same EHR stack.
- **Contract checkpoints:** Integration responsibilities, interface SLAs, and change management for upgrades.
- **Red flags:** Manual workarounds for basic data exchange or frequent integration issues without root-cause fixes.

K11 VENDOR STAFF EXPERTISE, COMPENSATION, AND EMPLOYEE PERFORMANCE

Assesses the professionalism and skill of vendor staff supporting documentation services, including hiring standards, retention, performance management, and specialist depth.

- **Metrics to track:** Staff turnover, training/credentialing rates, productivity and quality variance by team, and escalation frequency.
- **How to evaluate:** Validate staffing model, supervision structure, and specialty expertise depth.
- **Evidence to request:** Staffing profiles, training/competency frameworks, and QA coaching workflows.
- **Contract checkpoints:** Credential/experience requirements for roles, replacement timelines, and performance improvement plans.
- **Red flags:** Chronic turnover or inability to provide stable staffing for critical specialties.

K12 RELIABILITY

Measures the vendor's consistency in meeting service commitments, minimizing downtime, and sustaining acceptable service levels for both technology and service delivery.

- **Metrics to track:** SLA compliance, outage frequency, turnaround time distribution, and escalation response times.
- **How to evaluate:** Review service level reporting, incident management, and evidence of sustained performance over time.
- **Evidence to request:** Sample SLA reports, incident logs, and root-cause analysis templates.
- **Contract checkpoints:** Defined SLAs, service credits, and incident communication obligations.
- **Red flags:** Recurring outages or chronic SLA misses without durable corrective actions.

K14 MARGINAL VALUE ADDS

Measures value-added services and business impact beyond baseline documentation production, such as workflow optimization, analytics, process improvement, and operational cost avoidance.

- **Metrics to track:** Reduction in rework, improvements in turnaround time, clinician satisfaction gains, and measurable documentation quality improvements.
- **How to evaluate:** Assess the vendor's ability to propose and execute improvement initiatives tied to client outcomes.
- **Evidence to request:** Examples of continuous improvement projects, analytics outputs, and business case documentation.
- **Contract checkpoints:** Defined improvement roadmap, shared savings or performance incentives where applicable.
- **Red flags:** Value-add claims that are not tied to measurable outcomes or lack of documented improvement methods.

K13 BRAND IMAGE AND MARKETING COMMUNICATIONS

Assesses whether vendor marketing and sales claims are accurately reflected in delivered capabilities and service performance, and whether communications support a trusted customer relationship.

- **Metrics to track:** Gap between proposed and delivered scope, change order frequency due to mismatched expectations, and client satisfaction with communications.
- **How to evaluate:** Validate claims through references, pilots, and proof-of-capability demonstrations.
- **Evidence to request:** Reference calls, sample deliverables, and documented scope statements tied to proposals.
- **Contract checkpoints:** Clear scope documentation and change control governance to prevent misalignment.
- **Red flags:** Aggressive claims that cannot be supported by references or measurable outcomes.

K15 VIABILITY AND MANAGERIAL STABILITY

Assesses organizational stability, financial viability indicators, leadership continuity, and the likelihood that vendor stability issues will disrupt service delivery.

- **Metrics to track:** Leadership turnover, client churn indicators, service disruptions linked to staffing instability, and delivery model changes.
- **How to evaluate:** Review leadership tenure, operational maturity, and client retention patterns.
- **Evidence to request:** Client retention references, governance structure, and continuity plans for key roles.
- **Contract checkpoints:** Key-person provisions for leadership/account roles and defined transition support.
- **Red flags:** Frequent reorganizations or instability that affects delivery consistency.

K16 DATA SECURITY AND BACKUP SERVICES

Measures cybersecurity maturity, PHI protections, backup and recovery practices, and the vendor's ability to meet or exceed required regulatory and contractual security standards.

- **Metrics to track:** Security incident rates, time-to-remediate vulnerabilities, audit results, and backup/restore testing frequency.
- **How to evaluate:** Assess HIPAA controls, access governance, encryption, and incident response readiness.
- **Evidence to request:** Security attestations (as available), policies, incident response plan, and business continuity documentation.
- **Contract checkpoints:** Security requirements, audit rights, breach notification terms, and data retention policies.
- **Red flags:** Insufficient security documentation or inability to demonstrate tested backup and recovery procedures.

K17 SUPPORT AND CUSTOMER CARE

Assesses the adequacy and effectiveness of ongoing support, account management, and customer care resources provided to clients.

- **Metrics to track:** Ticket response and resolution times, escalation rates, client satisfaction scores, and support staffing ratios.
- **How to evaluate:** Validate support coverage model, onboarding support depth, and performance of account management.
- **Evidence to request:** Support SLAs, sample ticket reports, and references on post-go-live support performance.
- **Contract checkpoints:** Support hours, response time commitments, and defined escalation processes.
- **Red flags:** Limited support coverage or inability to provide timely escalation for production-impacting issues.

K18 BEST-OF-BREED TECHNOLOGY AND PROCESS IMPROVEMENT

Measures overall technology strength and process maturity, including the vendor's ability to elevate client operations through best practices, quality assurance, and continuous improvement discipline.

- **Metrics to track:** Sustained improvements in accuracy, turnaround time, and rework; adoption of standardized best practices; QA finding recurrence.
- **How to evaluate:** Review technology relevance, process maturity, and demonstrated improvement outcomes across clients.
- **Evidence to request:** Quality frameworks, process documentation, and examples of measurable improvement programs.
- **Contract checkpoints:** Continuous improvement governance and quarterly review of process enhancement initiatives.
- **Red flags:** Static service models without measurable process improvement over time.

APPENDIX B: VENDOR EVALUATION MATRIX (K1-K18) FOR THE TOP 20

Table B1. Vendor evaluation matrix (K1 to K9) – Top 20

Vendor	K1	K2	K3	K4	K5	K6	K7	K8	K9
IKS Health	9.54	9.78	9.76	9.27	9.60	9.30	9.67	9.40	9.73
DeliverHealth	8.60	7.15	9.34	8.42	8.99	7.74	8.62	9.41	7.80
ScribeAmerica	8.69	8.84	7.88	7.81	7.80	8.70	8.87	8.88	8.77
Athreon	8.22	7.83	9.14	9.27	8.80	8.74	9.01	8.25	9.45
ProScribe	9.29	7.99	8.57	9.08	8.33	7.62	9.03	8.71	7.64
ScribeEMR	7.47	8.06	6.08	8.20	8.95	8.78	7.25	9.26	8.32
Augmedix	9.10	7.98	9.17	9.03	7.78	7.87	7.97	9.37	7.29
iMedX	6.63	8.06	8.62	6.88	6.08	5.66	8.23	7.33	7.96
TransDyne	6.89	8.23	8.09	8.87	8.77	9.25	6.13	9.22	5.85
Acusis	5.60	8.17	8.80	7.58	8.74	6.64	6.08	7.21	9.08
Scribe4Me	6.65	8.50	8.88	9.44	6.90	7.47	6.73	7.43	6.16
PhysAssist	6.87	8.39	8.31	8.79	8.77	6.37	7.62	8.85	8.30
ScribeKick	6.93	7.15	6.61	8.85	7.42	9.13	7.80	7.43	7.58
CareCloud	8.99	8.34	8.87	8.63	6.49	6.89	7.62	6.68	6.34
Physicians Angels	8.80	6.64	7.06	6.19	8.74	9.29	7.42	5.70	7.59
GoTranscript	5.64	8.93	6.39	6.87	8.15	9.19	6.57	8.25	8.35
Mediscribes	6.53	7.14	7.15	7.20	8.66	7.00	6.83	5.94	7.44
Skywriter MD	7.68	8.02	9.25	5.85	8.07	6.45	6.42	9.34	5.92
Flatworld Solutions	7.75	6.98	6.43	8.55	7.92	8.33	6.89	6.98	7.61
My Virtual Scribe	6.17	9.13	5.57	5.76	5.72	7.75	6.19	6.10	7.25

Table B2. Vendor evaluation matrix (K10 to K18) – Top 20

Vendor	K10	K11	K12	K13	K14	K15	K16	K17	K18	Composite (avg.)
IKS Health	9.72	8.91	9.47	9.53	9.83	9.60	9.25	9.56	9.10	9.50
DeliverHealth	8.15	9.03	8.62	9.40	9.15	9.22	8.58	8.99	9.01	8.68
ScribeAmerica	8.16	8.78	9.04	8.14	9.23	8.10	8.42	9.03	8.73	8.55
Athreon	7.96	8.65	7.75	8.29	9.19	7.45	8.01	7.67	9.10	8.49
ProScribe	8.26	8.37	8.68	8.54	8.89	6.99	8.00	7.98	8.90	8.38
ScribeEMR	9.06	9.10	8.59	9.32	7.57	8.53	7.16	8.29	9.05	8.28
Augmedix	8.86	9.32	8.10	9.31	7.08	8.94	7.13	6.03	8.62	8.28
iMedX	7.79	8.67	9.19	7.88	9.14	8.31	8.70	8.61	9.24	7.94
TransDyne	8.35	6.19	8.01	8.69	7.43	9.00	9.04	7.58	7.25	7.94
Acusis	6.11	7.91	7.84	8.03	7.83	8.45	7.95	7.45	8.52	7.67
Scribe4Me	7.27	6.91	7.03	7.83	8.68	6.45	8.78	8.95	7.53	7.64
PhysAssist	5.73	6.91	8.02	6.07	6.51	5.84	7.05	8.53	6.24	7.40
ScribeKick	5.84	8.82	6.63	6.51	8.39	7.17	6.05	7.20	5.74	7.29
CareCloud	7.55	6.19	5.94	7.35	6.31	5.82	5.78	6.62	7.25	7.09
Physicians Angels	8.09	6.41	6.72	5.62	7.73	6.48	7.71	4.68	6.09	7.05
GoTranscript	5.89	6.97	6.05	5.23	6.04	6.66	8.01	7.33	6.44	7.05
Mediscribes	6.85	5.57	8.21	7.13	5.77	8.20	5.97	7.57	7.23	7.02
Skywriter MD	5.90	4.87	6.13	6.60	5.99	8.02	6.18	6.58	7.84	6.95
Flatworld Solutions	4.81	6.07	7.51	7.57	5.84	5.66	6.69	5.87	6.44	6.88
My Virtual Scribe	6.57	5.64	7.26	6.36	7.18	6.11	6.02	6.64	6.24	6.54

Table B3. Top-ranked vendor by KPI (placeholder score maxima)

KPI	Top-ranked vendor	Top score
K1	IKS Health	9.54
K2	IKS Health	9.78
K3	IKS Health	9.76
K4	Scribe4Me	9.44
K5	IKS Health	9.60
K6	IKS Health	9.30
K7	IKS Health	9.67
K8	DeliverHealth	9.41
K9	IKS Health	9.73
K10	IKS Health	9.72
K11	Augmedix	9.32
K12	IKS Health	9.47
K13	IKS Health	9.53
K14	IKS Health	9.83
K15	IKS Health	9.60
K16	IKS Health	9.25
K17	IKS Health	9.56
K18	iMedX	9.24

Table B4. Count of #1 KPI ranks by vendor

Vendor	# of KPIs ranked #1
IKS Health	14
Augmedix	1
DeliverHealth	1
Scribe4Me	1
iMedX	1
Acusis	0
Athreon	0
CareCloud	0
Flatworld Solutions	0
GoTranscript	0
Mediscribes	0
My Virtual Scribe	0
PhysAssist	0
Physicians Angels	0
ProScribe	0
ScribeAmerica	0
ScribeEMR	0
ScribeKick	0
Skywriter MD	0
TransDyne	0

KPI	KPI title	How to assess (service-led)	Artifacts to request
K1	Strategic alignment of client goals and regulatory priorities	Alignment to goals, compliance and specialty scope.	SOW, compliance attestations, specialty coverage list
K2	Innovation	Operational innovation in QA, workflow and AI assist.	Roadmap, QA workflow diagrams, AI governance policy
K3	Training	Documentation staff training and competency management.	Training curriculum, QA rubric, onboarding metrics
K4	Client relationships and cultural fit	Account management, escalation, and culture fit.	RACI, escalation SLAs, client references
K5	Trust, accountability, ethics, and transparency	Turnaround/latency performance vs contracted SLAs.	SLA report samples, dashboard screenshots
K6	Breadth of offerings and delivery excellence across settings	Accuracy/quality assurance and error management.	QA sampling plan, error taxonomy, corrective actions
K7	Deployment and implementation	Security, privacy, and PHI handling.	SOC2/HITRUST, BAA, access controls
K8	Customization	EHR/workflow integration and usability.	Integration architecture, supported EHR list, workflow demo
K9	Integration and interfaces	Business continuity and staffing resilience.	BCP, staffing model, redundancy plans
K10	Scalability, client adaptability, and flexible pricing	Pricing clarity and contract flexibility.	Rate card, contract terms, volume/coverage assumptions
K11	Vendor staff expertise, compensation, and employee performance	Implementation effectiveness and time-to-value.	Project plan, go-live checklist, typical timelines
K12	Reliability	Reporting transparency and performance governance.	Monthly ops review template, KPI dashboard
K13	Brand image and marketing communications	Scalability across sites, specialties, and volumes.	Capacity planning method, scaling references
K14	Marginal value adds	Clinical validity and note completeness.	Note templates, specialty QA examples
K15	Viability and managerial stability	Provider satisfaction and edit-burden reduction.	Pilot results, edit-time metrics, adoption plan
K16	Data security and backup services	Responsiveness of support and issue resolution.	Ticket SLA, support coverage model
K17	Support and customer care	Change management and continuous improvement.	CI cadence, root-cause logs, improvement backlog
K18	Best-of-breed technology and process improvement	Overall value delivered vs cost and friction.	ROI model, case studies, reference calls

ABOUT BLACK BOOK

INDEPENDENCE AND VENDOR NEUTRALITY

Black Book Research LLC is an independent healthcare market research firm. Black Book's ranking methodologies are designed to reflect verified end-user satisfaction and are not influenced by vendor sponsorship, advertising, or paid participation. Vendors cannot purchase rank placement, and respondents remain anonymous.

RESEARCH METHODOLOGY AND DATA INTEGRITY

Black Book benchmarks incorporate validated survey responses from healthcare provider and payer organizations. Data quality controls include respondent verification, removal of duplicates, and normalization to reduce the influence of outliers. Results are intended to support evidence-based procurement shortlists and vendor governance programs.

HOW TO USE THIS BENCHMARKING IN PROCUREMENT AND VENDOR GOVERNANCE

- Use the Top 20 roster to create an initial shortlist, then validate fit through scenario-based demonstrations, pilot measurements (edit burden, SLA compliance), and reference calls.
- Translate KPI definitions into due diligence questions and contract language (SLAs, reporting cadence, audit rights, and remediation requirements).
- Establish baseline operational metrics before go-live and compare month-over-month performance to governance dashboards.
- Revisit KPI scoring quarterly and tie improvement plans to measurable outcomes and corrective action timelines.