LeadBetter HQ

SEPTEMBER 2026

FIELD NOTES FOR PRACTITIONERS

Practice Better AI *Summit 2026* Recap

Practice Better spent three days showing practitioners what AI can do. The room spent three days planning how to roll it out.

THE EVENT

September 16–18, 2026 · 17 sessions

WHAT THIS IS

An implementation guide, not a feature list

WRITTEN BY

Lead Better HQ

BEFORE WE START

Lead Better HQ is an independent company. We are not owned by, operated by or an official partner of Practice Better. Practice Better is our platform of choice, we build Practice Better accounts every day and we have Practice Better specialists on our team. The similar name is just a very happy coincidence.

This covers the Practice Better Summit, September 16 to 18, 2026. Everything here comes from the sessions, from answers Practice Better's team gave in the live Q&A, or from their published help documentation, checked on September 20. Where we do not know something, we say so.

ONE

What they *showed*.

Three days. 17 sessions. One promise, repeated in different mouths on all three days:

> **AI aimed at the busywork, never at your clinical judgment. More time with your clients, less time on everything else.**

It is a clear promise, and a narrower one than most vendors are making right now. Sami Sadaka's opening keynote framed it as a deliberate choice rather than a technical limit. Past the doomers and the utopians, the change is here, and the only question worth asking is how we meet it.

The demos backed it up. Amanda Hester walked a practitioner through an AI-assisted workday. Varun Chopra built a sellable Fall Reset program from a blank page, live, in under 40 minutes. Rogan Tydd-Whiting showed the automations their team has already built, so practitioners only have to fill in the blanks. Day 3 was hands-on, where attendees turned AI Charting on in their own accounts instead of watching someone else's screen.

By any reasonable measure it was an excellent event, and Practice Better is genuinely great at the thing they were demonstrating.

The most interesting part, though, was the chat.

TWO

The room skipped straight to *implementation*.

We read every question in every session. Hundreds of them.

Here is the striking thing. Almost nobody asked whether the AI would actually save them time. They had seen the demo. They believed it. That is about the best review a product launch can get.

So they skipped ahead, and spent three days asking a completely different set of questions.

"Who can I hire to set this up?"

Asked plainly, more than once. One practitioner asked how someone who has been on the platform for years gets help with AI integration and workflows, then asked directly whether anyone knew people who know the platform well enough to hire. Another asked whether there were VAs who specialise in it. Another said the more she learned the more she loved the platform, and that it was a lot to take in at once.

"What happens to my client's data, and what do I do if they say no?"

The most serious thread of the event. How do you give a client adequate disclosure that AI is involved with their data and to what extent, and how do you proceed when a client does not want it involved at all. How much security does a practice need around recordings and transcripts. Where do session recordings live, and do you keep them as part of the chart or delete them once the note is signed.

Practice Better's answer on disclosure was direct and correct: the portal gives you waivers and disclaimer templates, and **your local compliance requirements are yours to meet.** No platform can answer that one for you, because it changes by state, by province and by scope of practice.

"What does this cost, and can I opt out?"

Asked in almost every session. Usually phrased as some version of *when something new gets added, the price usually goes up.*

“How do I make it sound like me?”

One practitioner had already built her own voice into a tool elsewhere and wanted to know how to bring that here. Another asked where to learn prompts that would train it on her brand and presence.

Nobody was worried the AI would be wrong. They were worried it would be generic. Which is the more sophisticated concern, because a note you do not recognise as yours is a note you will rewrite, and a rewritten note saves you nothing.

“How would I know if it did something I didn't sanction?”

Asked twice, in different words. How do you put guardrails in place so AI does not take actions you did not approve, given that you are accountable when all is said and done. And how would you know if it had stepped outside the ones you set.

THREE

Why those five questions are *different*.

Here is what connects all of them, and it is the reason this guide exists.

> **Every one is an implementation question, not a capability question.**

The room had already accepted that the technology works. What they were asking is what it takes to make it work *in their practice*, with their clients, their liability, their voice and their existing setup.

That is a genuinely different kind of question, and it is not one any platform can answer from a stage. There is no single right answer to “how do I make it sound like me,” because the answer is different for every practitioner. There is no single right answer to client consent, because it depends on where you practise. A vendor can build an excellent tool and write excellent documentation, and Practice Better has done both. The decisions still land on your desk.

Which is the real reason so many people in that chat were asking who they could hire. Not because anything was missing. Because turning on AI in a health-based business is not a feature toggle. It is a project.

Here is what that project involves, based on what was demonstrated and what Practice Better’s team confirmed in the Q&A.

Pick a tier, on purpose

AI Charting Assistant is a metered add-on. Per Practice Better's help documentation, updated September 16:

TIER	COST PER PRACTITIONER	INCLUDED
20 hours	$10/month	1,200 minutes
60 hours	$20/month	3,600 minutes
120 hours	$40/month	7,200 minutes

Overages are $0.02 per minute, flat across all tiers. New users get the tier fee covered for their first month, described as a limited-time offer. It is available on all paid plans, Starter and above, and it is not on Sprout.

If you have seen an older figure quoted anywhere, the table above is current as of September 16. The pricing was restructured, and some write-ups still carry the previous version.

Set your tier at My Subscription, then View add-ons. Estimate your actual session hours first. At two cents a minute the overages will not hurt you, but paying them every month because you guessed is a slow leak.

Decide what the note looks like before you record anything

Three summary formats: Narrative, Outline or SOAP. The default is account-level and can be overridden per service under My Services, Edit, Booking Options, Recording summary format.

You can run multiple note automations with different service sets and different templates. One for initial consults, a different one for follow-ups.

Build the template that makes it sound like you

This is the answer to the brand voice question, and it is the kind of thing that is easy to miss on a first pass.

In note templates, `%SESSION_SUMMARY%` inserts the full AI summary and `%SESSION_ACTION_ITEMS%` inserts the action list. You insert them with the `</>` button in the editor toolbar.

You can bring standing text into every note using two consecutive left curly brackets `{{` to pull in a snippet. That is how your informed-consent language lands in the assessment section every single time without you typing it.

AI dictation is a separate feature from the recording summary. They work independently. You can run both.

Write your own compliance answer

Four things, written down: where session recordings live, who can reach them, what your BAA covers and how long you keep them.

Recordings are available in the practitioner portal. That part you can look up. The rest is a conversation with whoever advises you on compliance, because retention requirements follow your jurisdiction and your scope, not your software.

FOUR

Five things to get right *during setup*.

This is what separates a demo from a working practice. Each of these is worth ten minutes of attention before you roll AI out across your whole caseload.

01

Turn on the setting that adds to a note you already have open

If you type during sessions, the default behaviour generates a separate note, and you end up moving text between the two.

The setting exists. The automation tied to note generation can add recorded components to an existing session note. A practitioner asked about exactly this and Rogan Tydd-Whiting confirmed it on the spot.

Five minutes to turn on. It is the difference between this feature fitting how you work and feeling like it was built for someone else.

02

Sort your microphone before you record in person

Speaker separation is the hard part of transcription for every tool on the market, and a single device sitting between two people is the hardest version of it.

Practice Better's guidance is practical: keep the device between you, choose a quiet room, avoid talking over your client, use a quality or external microphone, and edit the transcription where names or terms need correcting.

If you practise in person, treat that as a setup requirement rather than a suggestion, and test on three real sessions before you build a workflow on top of it.

03

Build the send step into your workflow

Every note is shared with a client deliberately, by you or your team. This is by design, for privacy reasons, and it is the right call.

You can preselect which sections default to visible, which takes most of the friction out. Just make sure "share the note" is an actual step in someone's day rather than an assumption.

04

Decide your version control before you share programs

On a Team Plan you can share a program with everyone. Resource, More Options, Manage Sharing, share with All team members. There is a Mass Sharing tool for doing it across many resources at once.

Worth knowing before you build: what your colleague receives is a **copy**. Attached forms, protocols and tasks come across as new items in their account. Later updates to your original do not flow through, and an imported program is not re-shared onward by the person who received it.

That is a sensible design for keeping practitioners' accounts independent. It just means a build-once-distribute-widely plan needs a version habit on your side. Decide that now rather than at practitioner number six.

05

Know which three things stay in your hands

Worth being clear on, because it is what the whole “never your clinical judgment” promise actually means in practice.

Clinical reasoning. The charting assistant drafts notes. Protocols are written by you, and you can link a previous protocol to a new note from the Protocol tab.

Form mapping. Intake answers reach the client file through the form-mapping feature, which is a real feature and works well. It is a separate thing you configure. Natalie Mullin noted that doing the same job with AI is a feature request rather than something available today.

Your template library, if you are migrating. Templates come across from another system by rebuilding. A practitioner moving a stack of documents was pointed to the Automator to speed up the foundations, and fillable forms can be uploaded. If you are switching platforms, budget rebuild time.

FIVE

So what does it *actually take*.

01 **Open My Subscription, then View add-ons.** Find out what AI costs on your plan. Estimate your real session hours and pick the tier deliberately.

02 **If you document during sessions, turn on the add-to-existing-note setting.**

03 **If you practise in person, sort your microphone and test on three real sessions** before you trust it.

04 **Make one note template sound like you.** One. Not all of them. Use a snippet for your standing language and the placeholders for the summary. Run three sessions through it and edit hard. If you are still rewriting every note after three, the template needs work, not the AI.

05 **Write your four compliance sentences.** Where recordings live, who can reach them, what your BAA covers, how long you keep them.

06 **Then count.**

That last one is not about AI at all.

Of the last twenty people who inquired, how many became clients? Of the clients you saw in March, how many have been back since?

SIX

The part that sits *outside* all of this.

You will either know those two numbers or you will not. Which one it is tells you more about your business than anything shown last week.

Because here is what all 17 sessions had in common. Every announcement lives inside the appointment. The note. The chart. The program. The session.

Which is exactly right. That is what an EHR is built to be, and Practice Better does it beautifully.

But the person who filled in your intake form on Tuesday and never booked. The client who came four times in the spring and has not been back since. The inquiry that landed at 7pm on a Thursday while you were with someone else.

None of that is a documentation problem. It happens before the appointment starts and after it ends, which puts it in a different category entirely. Not a shortcoming. A boundary, and a sensible one.

You can see where that boundary sits in how the platform is built. Inviting someone to book is a deliberate action, one client at a time, so scheduling stays in your hands. Native automations are a clear trigger-and-action list rather than a branching workflow builder. Tags are applied by automations and by people. Each of those is a reasonable line for an EHR to draw, and they add up to the same thing: the platform runs the clinical world, beautifully, and something else has to run the rest.

Connector Hub is worth a proper look

Practice Better shipped something this month that points outward, and if you have been hand-copying data between tools, go and read about it.

Connector Hub links your account to outside tools so client data, bookings and program enrollments move between apps without manual work. Per their documentation it connects to eleven: Mailchimp, HubSpot, Salesforce, Gmail, Outlook, Google Sheets, Google Docs, Excel, OneDrive, QuickBooks and Xero. It is $49 a month, on Plus and Team plans.

It is a genuinely useful piece of kit. If you have been moving clients into Mailchimp by hand or reconciling into QuickBooks manually, that is real hours back.

> **It is also a specific kind of tool, and the distinction matters for planning. A connector moves data between systems. Deciding what should happen is a different job.**

It will add a new client to your Mailchimp list. Noticing that she stopped booking in April, and doing something about it, sits in the layer above.

So the map of a health-based business, after the Summit:

LAYER	WHO RUNS IT	WHAT CHANGED
Clinical judgment	You	Nothing, by design
Clinical documentation	Practice Better AI	Meaningfully faster
The appointment itself	Practice Better	Unchanged
Moving data between apps	Connector Hub, on Plus and Team	New, and useful
Getting someone to the appointment	Nobody, usually	Nothing
Noticing when someone stops coming	Nobody, usually	Nothing

The top four rows are in good hands and got better last week.

The bottom two usually have nobody's name in them. No software. No person. No process. They just happen, or more often they do not, and nobody finds out for six months.

SEVEN

Where *we* fit.

You already know where this is going, because the room asked for it out loud.

Who can I hire to set this up?

Practice Better handles the clinical world. Lead Better HQ handles everything around it. We build the operational layer, we run it, and there is a named human on it rather than a ticket queue.

We are not a marketing agency. We don't run ads, we don't buy leads and we don't promise 47 people are going to show up next Tuesday. That's not our specific job description. What we build is everything that happens when someone **does** find you, and everything that should happen when they stop coming back.

If rows five and six of that table are empty in your practice, that is the conversation.

EIGHT

Start with *five minutes*.

Everything on that list you can do yourself this week. Open the subscription page, pick the tier, turn on the setting, fix the microphone, write the four sentences.

The last one is harder, and not because the maths is difficult.

You can count how many people inquired. What you cannot easily see is what happened to them. Where the form went. How long the reply actually took. What the wait felt like on the other end. Whether anything at all happened after somebody's fourth visit.

That part is genuinely hard to audit from the inside, because you already know where everything is. You know the form goes to that inbox. You know you always reply by Thursday. A new patient knows none of that, and their experience is the one that decides whether they come back.

So we look at it from the outside.

THE PATIENT EXPERIENCE AUDIT

We go through your business the way a new patient does.

We fill in your intake form. We book the way they book. We wait the way they wait.

A few days later you get a short video from an actual human, walking you through what we found and where people are slipping through.

Free | About five minutes of your time | No software to install

Book your Patient Experience Audit →

leadbetterhq.com/audit

You do not need to be ready to hire anyone. Most practitioners who take it just want to see the thing they have never been able to see.

APPENDIX

Sources and *confidence*.

Everything here traces to the Summit sessions, to answers Practice Better's team gave in the live Q&A, or to their published help documentation, checked September 20, 2026. The AI Charting article was last updated September 16 and the Connector Hub article September 9.

Attendee questions are paraphrased and unattributed. They were asked in a private event chat.

01 **Which plan gets which program type** — plan details get refined over time and you want current information before scoping a program build.

02 **How long you are required to retain session recordings** — this follows your jurisdiction and scope of practice, so it is a question for your compliance advisor.

Pricing changes. Verify before you budget.