

Technology for Doctors online

Administrative solutions

Medical scribes are coming to Canada

By Rosie Lombardi



Doctors across the U.S. are increasingly turning to medical scribes to boost productivity and patient satisfaction – and scribe companies are planning to open up shop in Canada later this year. Scribes are essentially medical assistants who sit in on patient consultations and input all their information into EMR systems, thus freeing doctors to focus 100 percent of their attention on patients. “I think it allows physicians to finally do what they went to medical school to do, which is patient care and not data entry,” says Dr. Michael Murphy (pictured), CEO of Florida-based ScribeAmerica.

No matter how easy EMR data entry technology purports to be – voice dictation, handwriting recognition, point-and-click – doctors still need to spend inordinate amounts of time on documentation, says Murphy.

“Physicians are inputting a ton of data, and they don’t like that. They just want to be physicians. Using scribes provides a big boost to their morale and their happiness, which is completely given back to the nursing staff and patients. You have a happier doc, and you have a happier interaction.”

The number of scribes being employed across the U.S. increased dramatically with the introduction of Meaningful Use Requirements in 2008, which further increased the amount of documentation doctors need to collect in the U.S. This has spurred the growth of a new healthcare sector, says Murphy.

“We’ve seen about 70 to 100 percent growth every single year for the last six years. The industry went from one scribe company to more than 12 today. There are now about 12,000 scribes nationally, and it’s gone from a home-grown position to a full-blown career. Now

there's a credentialing pathway that's recognized by educational organizations and the CAAHEP."

Although there are no formal meaningful use requirements and incentives in Canada, the economics of using scribes can still provide huge productivity benefits within our socialized healthcare system, says Murphy. "It definitely would still work in Canada, because it allows you to decrease your overhead. And Canada has a big significant private sector and fee-for-service model just like America, but that often gets overlooked."

Scribes typically make about \$10 to \$20 per hour, and this cost frees doctors to see more patients. One huge benefit is that it reduces physician burnout, he explains. "All the studies show that you see about one extra patient per hour when you use scribes. If you do that every single day, then you can actually go home on time, spend time with your family, have a life – and you can still see an extra 40 patients per week."

In some institutions, using scribes can reduce the need to add more expensive doctors to tackle increasing volumes of patients by making the current staff complement more productive.

"In the Canadian context, you often need to decrease your overhead. Doctors are documenting and not seeing enough patients per hour, so you have to spend more money to add more physician hours. Or doctors are working overtime, which means nurses and technicians have to work overtime too. Instead of adding more expensive physician hours every single day as volume increases, you can add scribes to bridge volume gaps."

Several studies have been conducted in the U.S. to explore the cost-benefits of scribes, says Murphy. "There hasn't been one study to show that there's actually a net loss revenue with the implementation of scribes."

Beyond economics, using scribes also boosts patient satisfaction dramatically, he says. "We've actually seen dramatic rises in patient satisfaction in Press-Ganey hospital surveys and other ratings. We've seen healthcare institutions that were stuck in the 60th percentile for 10 years go to the 95th. The only variable that changed was the implementation of a scribe program."

There are several factors at play that increase patient satisfaction. One obvious factor is that they get the doctor's full attention and more eye contact, without the distraction of data entry or a computer screen in the way. Another subtle but important factor is that doctors need to explain their findings in detail for the scribe, so the patient also gets more information.

"With a scribe in the room, doctors actually need to say out loud what they're evaluating so they can get the documentation done real-time. Instead of just saying, 'Your heart and lungs sound normal,' they say, 'Your lungs are clear. There are no wheezes, rhonchi, or rales. There's no murmur.'"

Scribes aren't just glorified transcriptionists, as they need to extract the salient details of a normal patient-doctor conversation to input into the appropriate EMR fields. "The scribe can basically take a story that is being discussed between the patient and the physician. The

interaction goes back and forth for 15 minutes and the scribe extrapolates the entire history.”

Scribes can also play an important go-between and communications role in-between patient encounters. “They can help with tracking down labs. They can help with flow, making sure that patients go to CT in a timely fashion. They can communicate delays of family members. That’s another thing that’s boosted patient satisfaction scores.”

All manner of healthcare institutions, even small and medium-sized ones, are using scribes in the U.S., not just big hospitals. “We have about 420 institutions using our ScribeAmerica service. We have everything from solo practitioners to very large 300-person groups. The smart business person will use scribes to bridge volume gaps, whatever the size of the practice.”

With the recent implementation of Obamacare in the U.S., many institutions are seeing increases in the volumes of patients they need to service. “Hospital insiders predicted about a 15 to 20 percent volume increase. You would need to add one or two full-time equivalents to an institution to handle that increase just for an emergency department or an outpatient clinic to maintain normal access to care. Why not see more patients per day with the existing staff that you have and just add a physician bonus tool – which also boosts patient satisfaction.”

But not least, scribes can help maintain productivity when doctors implement EMRs. Murphy’s time for doctors to bite the bullet and admit that EMR implementations increase the amount of work they must do, even after they become proficient in using their systems.

“It’s a huge myth that doctors return to normal volume levels after an initial loss in productivity. The American College of Emergency Physicians did a study that looked at an EMR program six months out and found that doctors averaged a 20 to 30 percent productivity loss. We met a medical director at one institution who said the productivity remained the same after an EHR implementation. We asked, ‘What was your patient time pre-EHR and post-EHR?’ He said, ‘Well, pre-EHR, it was 9 minutes. Now it’s 2 minutes.’”

Murphy says there are two types of typical clients that come to ScribeAmerica for help with an EMR implementation. “They’re either taking a proactive approach, or an extremely reactive approach. One category will say, ‘We want to implement scribes so we don’t have a productivity loss,’ and they implement scribes before they even go live to EHR so they don’t see that loss. Then we have reactive clients who have recently implemented an EMR and have been suffering for months before they finally come to us, saying, ‘We can’t take it anymore.’”

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