What A Medical Scribe Can Do For You

Tim Rumsey, MD

PowerPoint designed by Emily Cabel
Objectives:

- To provide an understanding of the role of a scribe in Family Medicine
- Sharing practical pointers on how to utilize a scribe in daily patient care
Finishing Spring Refresher where we started:

- Burnout/Burnout prophylaxis
- Mindfulness
- Self care/Wellbeing
- Clinician Resilience
The Core of Family Medicine
• Patient Satisfaction
• Provider Satisfaction
Most important work we do,
The Core of Family Medicine...
Relationships with our patients and their families
Harvard Happiness Study

In a 75 year study, since 1938, two groups of men (one from a poor Boston neighborhood and the other, sophomores at Harvard University) were studied and interviewed year after year until 2013.

“The clearest message that we get from this 75-year study is this: Good relationships keep us happier and healthier. Period.”

Dr. Robert Waldinger
TED talk - November 2015
The privilege, those stories, those joys and sorrows we witness.

The roads we go down together
Something’s really wrong with how we do our work now and what our work today is keeping us from
Burnout increasing among U.S. doctors
We do often work at home. But we also work at work, before going home to work more. The office has persisted, becoming even bigger, weirder, stranger: a symbol of its outsize presence in our lives.
Tim Rumsey’s command of computer skills has taken patient communication to a new level.
EMR

• What ever happened to...
  • the good progress note?
  • EMR saving time?
  • the paperless world?
  • patient stories?
  • patient relationships?
The story of medical scribing is the story of Charting and EMR...
1950’s Charting System

Charts from Dr. Greg Sprafka, family practice doctor in Saint Paul from 1945-1985
S.O.A.P & P.O.M.R

- 1967 Larry Weed, MD
  - PROMIS Project at University of Vermont
  - Physicians and IT

MEDICAL RECORDS THAT GUIDE AND TEACH

Lawrence L. Weed, M.D.*

Reprinted from the New England Journal of Medicine
278:593-600, 652-657 (March 14, 21), 1968
“...develop a more organized approach to the medical record, a more rational record, a more rational acceptance and use of paramedical personnel, and a more positive attitude about the computer in medicine.”
Weed Cont...

- “computer printouts”
- “orient data around each problem”
- “problems list”
Weed Cont...

- “use of flow sheets”
- “records typed”
- “list of problems plays a central role in patient management”
- “use for quality control”
Weed Cont...

• “logically grouped displays of problems on a television screen terminal.”

• “...narrative data entered through a series of displays guaranteeing thoroughness, retrievability, efficiency, and economy...hither to has been handled in a very unorganized manner.”
Weed Cont...

• “It would seem logical to **have the physician enter the problem statements directly into the computer.**”
• “The problem list of the medical record should include demographic problems as well as others...”
• “Cries easily, family difficulties, smoking, etc.”
Larry Weed using Megadata Terminal.
Weed Cont...

“A complete problem oriented medical record will be invaluable to any physician and is essential to the busy one.”
Computer as big as a room...
A Really Short History of Medical Charting

- Original “charting” hospital based
- 19th c. US physicians charted, if at all, in daily ledgers
- 20th c. Individual office based charts
  - 1968: Larry Weed, MD - “Problem Oriented Records”
  - 1982: Dictation @ UFP
  - 1993: EpicCare

- 21st c. EMR goes live at UFM
Dictation Bloopers

• “The patient has chest pain if he lies on his side for over a year.”
• “Skin pale but present”
• “The patient left his WBC’s at another hospital”
Dictation Bloopers

• “Rectal exam revealed a normal sized thyroid”
• “The patient is still under our car for physical Rx”
• “Occasional, constant, infrequent headaches”

...Lederer
Dictation Bloopers

- “Large, well formed stool ambulating down the hall”
- “Patient has two teenage children, but no other abnormalities”

...Lederer
UFM EMR
Dragon Speak
Dragon Speak Bloopers

- Duluth, MN
- Poly drug abuse
- Faxed to the patient’s care center
- Form was sent to my outbox

- Too loose, MN
- Dermatology abuse
- Faxed to the patient’s car seat
- Form was sent out my buttocks
EMR is keeping us from what we do best – human touch
We need:
• Mindfulness
• Self care
• Wellness
AND...
We need structural change in our offices - NOW
• Pay for performance
• Scheduled electronic medicine
• Accountable Care over Fee for Service
• In Box assistance
We need Medical Scribes
The Triple Aim

- Quality
- Cost
- Patient Satisfaction

Berwick et al
Institute for Health Improvement, 2008
• Quality
• Cost
• Patient Satisfaction
• Provider Satisfaction

The Quadruple Aim

Bodenheimer and Sinsky
Annals of Family Medicine, Nov/Dec 2015
Disclaimers

• I love EMR (but I love my patients more)
• I am not an EMR expert
• I am not a time management coach
• I have extensive experience with being behind in the EMR world

• I have a 40 year history of patient/provider relationships

• I am an expert at using a medical scribe in primary care
Disclaimers Con’t

• I do not have any lucrative arrangements with the healthcare industry (*but sometimes I wish I did*)
United Family Medicine (UFM)
UFM Con’t

- Federally Qualified Health Care Center (FQHC)
- Full-in Family Medicine
- Allina sponsored 6x6x6 Family Medicine Residency
- Provider staff model side by side with residency model
### UFM Con’t

#### Providers

<table>
<thead>
<tr>
<th>Role</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>NP</td>
<td>2</td>
</tr>
<tr>
<td>PA</td>
<td>4</td>
</tr>
<tr>
<td>MD</td>
<td>35 (17 resident, 18 staff)</td>
</tr>
<tr>
<td>DO</td>
<td>2 (1 resident, 1 staff)</td>
</tr>
<tr>
<td>DDS</td>
<td>2</td>
</tr>
</tbody>
</table>

#### Attending Specialists
- Surgeon
- Podiatry
- Sports Medicine
- Optometry
- Psychology
- Psychiatry
UFM Con’t

- 14,000 patients (half poor, half middle class)
- 6% uninsured
- 20% Non English speaking
  - Spanish
  - Somali
  - Hmong
  - Russian
- 54,000 outpatient visits 2015
- 419 births 2015
- ~1,200 hospitalizations 2015
## Scribes at UFM

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>Scribes hired for paper-EMR chart conversions</td>
</tr>
<tr>
<td>2011-2014</td>
<td>3 mature providers (2 MD, 1 PA) use part time scribes in exam room</td>
</tr>
<tr>
<td>2015-2016</td>
<td>3 providers with full time scribes</td>
</tr>
<tr>
<td></td>
<td>2 MDs with part time scribes</td>
</tr>
<tr>
<td></td>
<td>Expanding scribe opportunity to non-resident providers*</td>
</tr>
</tbody>
</table>

*UFM not using scribes for med students and residents*
Using a Medical Scribe

• Virtually all articles reviewed (8), (1) prospective study, multiple scribe websites and my own data showed:
  • Increased production (patients seen & billed)
  • Better documentation
  • Increased patient satisfaction
  • Increased provider satisfaction
## Our Modern Medicine Day

<table>
<thead>
<tr>
<th>Patient/EMR</th>
<th>EMR</th>
<th>EMR</th>
<th>EMR</th>
</tr>
</thead>
</table>
| • Patient in room with examiner 10-20 min | • Closing charts  
  • Resulting  
  • Refills | • eMessaging  
  • Phone calls  
  • eMedicine | • After work/home |
What Happened?

Handwriting → Dictation → Dragon Speak

EMR

Input-Input-Input Compromises energy/enjoyment in exam room
Enter the Medical Scribe – an ancient, analog solution for a digital problem
“Scribes”

- Psychiatric transcription
- Legal Secretaries/Court Reporters
- First “Medical Scribes” – 1995, Reno, Nevada
- ED
- Specialists
- Hospitalists
- Primary Care
What is a Medical Scribe?

• Joint Commission 2012
  • “A scribe is an unlicensed person hired to enter information into the EHR or chart at the direction of a physician or practitioner...”
  • “The scribe does not and may not act independently but can document the previously determined physician’s or practitioner’s dictation and/or activities.”
  • “Scribes also assist providers in navigating the EHR and in locating information...”
  • “They can support work flow and documentation for medical record coding...”
  • “They can be employed by the healthcare organization, the physician or practitioner, or be a contracted service.”
Medical Scribe Con’t...

• American Health Information Management Association
• “...echoed and elaborated The Joint Commission’s guidance by explaining that ‘a scribe can be found in multiple settings including physician practices, hospitals, emergency departments, long-term care facilities, long-term acute care hospitals, public health clinics, and ambulatory care centers.’”

November 2012
<table>
<thead>
<tr>
<th>Who Can Scribe</th>
<th>Who Can’t</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Trained clinic staff</td>
<td>- Med Students</td>
</tr>
<tr>
<td>- Trained professional scribes</td>
<td>- Residents</td>
</tr>
</tbody>
</table>
What Medical Scribes can do

- “Prep” charts
- Search record for results
- Real-time transcription
- AVS/Letters
What Medical Scribes can do
Con’t

• Pend orders/referrals/refills (compliance per individual site)

• Code per provider direction (compliance per individual site)
What Scribes can’t do

• Examine patients
• Take own history
• Independent ordering
• Determine LOS
On-site Scribes
Remote Scribes
Remote Scribes

- Need remote access to EMR
- Need “wearable computer” (Google Glass)

- Scribe sees and hears in real time
- Real time text
- Present entire provider shift
Scribe Training
(Per scribe company or clinic/health system site)

• EMR/SOAP charting
• Medical Terminology
• HIPPA
• Billing and Coding
  • (appropriate documentation for LOS)
• Patient Interaction
Scribe Certification and Continued Ed

• Currently not licensed but trained scribes are certified by their companies

• Licensing being considered with continued education requirements
Medical Scribe Companies Seek:

• Pre-med, pre-DO, pre-NP/PA
• One-two year commitment
• 12-15 hours/week minimum
On-Site Medical Scribe Costs

• $15-20/hour billed to site
  • ~$36,000 per year per 40 hr/week provider clinic time.
  • Offset by increased productivity (appropriate coding plus more patients)
  • 2 extra pt/8 hour clinic x 5 days = 10 extra pt/week @ $100/pt = $1,000/week x 45 weeks = $45,000/year
  • Scribes make $9-12/hour

• Medical scribe not a billable expense to 3rd party payers
Remote Medical Scribe Costs

- $2,100 per provider per month, 2 pairs of Google Glass included (“ground floor”)

- Not a billable expense to 3rd party payers

-Courtesy of Augmedix
## Medical Scribes +/−

<table>
<thead>
<tr>
<th>+</th>
<th>−</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased productivity</td>
<td>Compromise intimacy/privacy</td>
</tr>
<tr>
<td>Increased efficiency</td>
<td>Logistics</td>
</tr>
<tr>
<td>Increased patient satisfaction</td>
<td>Atrophy of provider EMR skills</td>
</tr>
<tr>
<td>Increased provider satisfaction</td>
<td>EMR systems don’t “advance” their usability</td>
</tr>
<tr>
<td>More “energy, focus” for exam room</td>
<td>Cost</td>
</tr>
<tr>
<td>Better notes</td>
<td>New scribes</td>
</tr>
</tbody>
</table>
Practical Tips

• Chart prep (scribe and provider)
• Clipboard
• Introduce scribe
• “I’m going to tell my scribe...”
• Make the note your own (template, previous examples)
Future of Medical Scribes

- ↑ use of scribes
- “Remote”
  - Google Glass
  - Artificial Intelligence
  - “wearables”
- ↑ EMR program input functionality
In Praise of Medical Scribes
An old-fashion remedy for the ills of electronic record-keeping.

By ALAN J. BANK
April 6, 2014 5:52 p.m. ET

Reprinted widely in national newspapers based on the following prospective study...
Impact of scribes on patient interaction, productivity, and revenue in a cardiology clinic: a prospective study

Alan J Bank
Christopher Obetz
Ann Konrardy
Akbar Khan
Kamalesh M Pillai
Benjamin J McKinley
Ryan M Gage
Mark A Turnbull
William O Kenney

United Heart and Vascular Clinic, St Paul, MN, USA; Abbott Northwestern Hospital, Minneapolis, MN, USA

Objective: Scribes have been used in the emergency department to improve physician productivity and patient interaction. There are no controlled, prospective studies of scribe use in the clinic setting.

Methods: A prospective controlled study compared standard visits (20 minute follow-up and 40 minute new patient) to a scribe system (15 minute follow-up and 30 minute new patient) in a cardiology clinic. Physician productivity, patient satisfaction, physician–patient interaction, and revenue were measured.

Results: Four physicians saw 129 patients using standard care and 210 patients with scribes during 65 clinic hours each. Patients seen per hour increased ($P < 0.001$) from 2.2 ± 0.3 to 3.5 ± 0.4 (59% increase) and work relative value units (wRVU) per hour increased ($P < 0.001$) from 3.5 ± 1.3 to 5.5 ± 1.3 (57% increase). Patient satisfaction was high at baseline and unchanged with scribes. In a substudy, direct patient contact time was lower (9.1 ± 2.0 versus 12.9 ± 3.4 minutes; $P < 0.01$) for scribe visits, but time of patient interaction (without computer) was greater (6.7 ± 2.1 versus 1.5 ± 1.9 minutes; $P < 0.01$). Subjective assessment of physician–patient interaction (1–10) was higher ($P < 0.01$) on scribe visits (9.1 ± 0.9 versus 7.9 ± 1.1). Direct and indirect (downstream) revenue per patient seen was $142 and $2,398, with $205,740 additional revenue generated from the 81 additional patients seen with scribes.

Conclusion: Using scribes in a cardiology clinic is feasible, produces improvements in physician–patient interaction, and results in large increases in physician productivity and system cardiovascular revenue.

Keywords: physician productivity, medical economics, patient satisfaction, physician–patient interaction, scribe
Summary of Alan J. Bank Study

• Prospective controlled study comparing standard visits to a scribe system.

• Physician productivity, patient satisfaction, physician-patient interaction and revenue were measured in a cardiology clinic

• Conclusion: Using scribes in a cardiology clinic is:
  • Feasible
  • Produces improvements in physician-patient interaction
  • Large increase in physician productivity and system cardiovascular revenue (office visits only, no procedures)
Not all agree

Art Caplan, Ph.D., New York University Langone Medical Center’s Division of Medical Ethics, comments on Medical Scribes:

“... adding a third party into the mix is less efficient and creates additional opportunities for data entry errors.”

FierceHealthcare
April 7, 2014
Not all agree con’t...

Pre medical student/scribe felt compromised on an ethical level. He was sometimes told to document things that were not done to increase level of service.
My Data

• 1-2 additional patients per 4-5 hour clinic session
• Less EMR chart input
• Greatly increased patient/provider satisfaction
• Better notes
• More energy for patient visit
Recommended Reading

• Wikipedia, “Medical scribe”, last modified February 2016
• The Joint Commision. “Use of Unlicensed Persons Acting as Scribes.” August 29, 2012
• American Health Information Management Association, “Using Medical Scribes in a Physicians Practice”, Journal of AHIMA, November 2012
• “Full-Service Medical Scribe Management & Training Programs”, [www.scribeconnect.com](http://www.scribeconnect.com)
• Bank, Dr. Alan J., “Impact of scribes on patient interaction, productivity, and revenue in a cardiology clinic: a prospective study”, ClinicoEconomics and Outcomes Research, May 2013
• Bank, Dr. Alan J., “In Praise of Medical Scribes”, Wall Street Journal, April 6, 2014
Back to Joy of Family Medicine
A Medical Scribe will help!

Thank you
“...for the ailing, there is no substitute for face time with someone who cares about your fate.”

Jennifer Senior, book review in NY Times
Cure: A Journey Into the Science of Mind Over Body