SCRIBES IN CLINICAL PRACTICE

A means of improving provider efficiency and satisfaction

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- ▶ Where is The Vancouver Clinic?
- ▶ Who are we?
- ▶ Why change?
- ▶ What did we do about it?
- ▶ What did we imagine?
- ▶ Who is a scribe?
- ▶ How did we do it?
- ▶ How did it turn out?
- ▶ Where are we today?
- ▶ What did we learn?
- ▶ What's next?
- ▶ Benefits beyond dollars and data?
- ▶ Questions?

AGENDA/OVERVIEW

🚫 **Not B.C.**

VANCOUVER, WASHINGTON

WHERE IS THE VANCOUVER CLINIC?

- Physician owned and governed
- Established in 1936
- Annual patient visits: > 135,500
- 5 sites, 35 Specialties
- Compensation Model = 100% production
- 230 Providers
  - 73 Primary Care
  - 157 Specialty Care
- 850 staff
- Ancillary Services

WHO ARE WE?

- EMR and Practice Management
  - Epic (version 2010) – implemented 2010
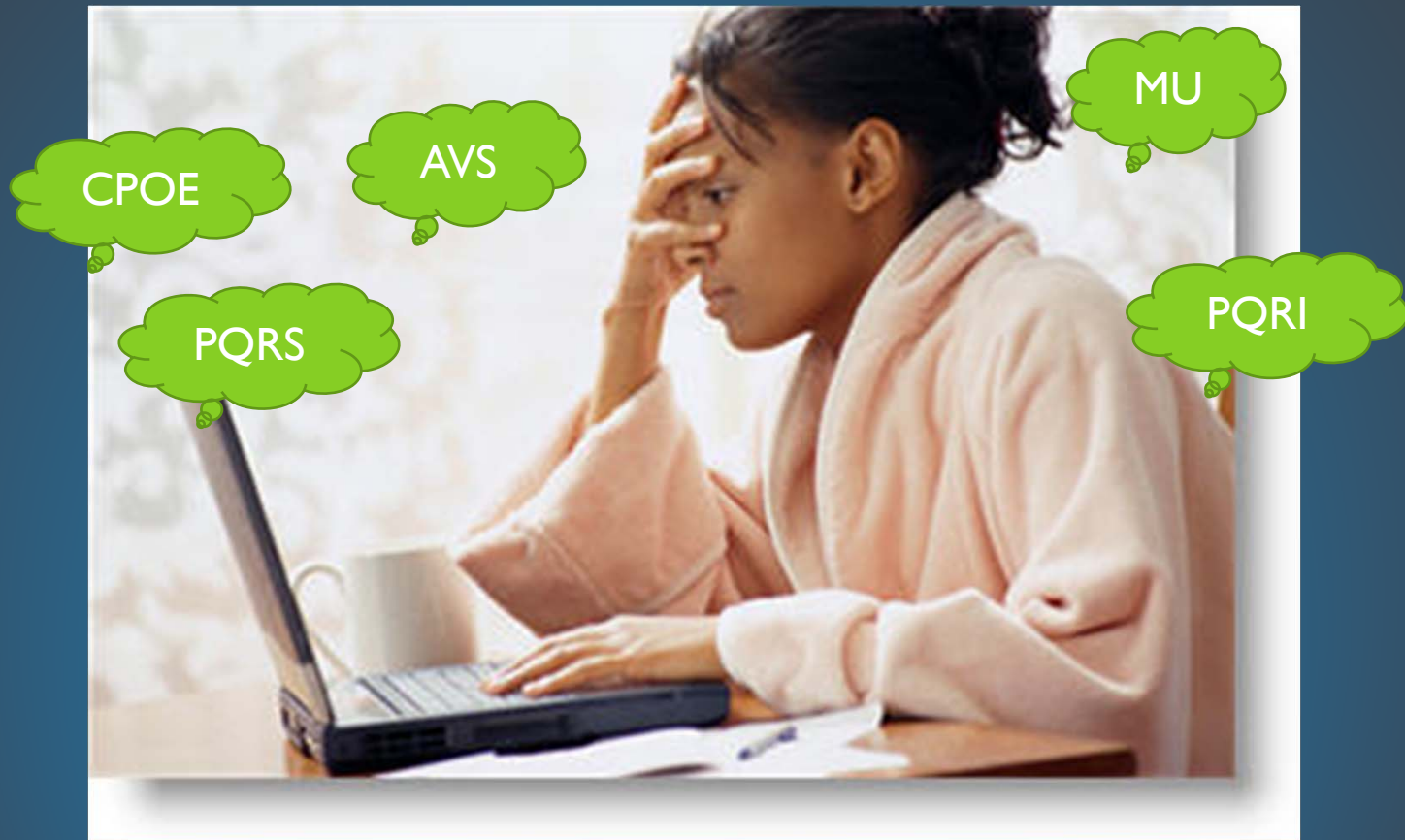 - MISYS 2004-2010
  - Meaningful Use
  - CPOE

WHO ARE WE?

▶ Sounds ideal, right? Our provider satisfaction numbers must be through the roof!

▶ Not so much!!

▶ Number One Complaint?

WHY CHANGE?

ONE HOUR OF SEEING PATIENTS GENERATES UP TO 30 MINUTES OF DOCUMENTATION TIME.

WHY CHANGE?

- Continual EMR upgrades
- Productivity obstacles
- Efficiency concerns
- Documentation expectations
- Work/life balance
- Provider satisfaction
- Doctors doing doctor work
- Increasing recruitment challenges

# WHY CHANGE?

- Medical Scribes appeared to be a plausible solution
- Cost/benefit not clearly understood
- Study internally
- 6 month pilot program
- Variables measured:
  - Provider experience
  - Total provider work day
  - Patient contact time
  - Patient experience
  - wRVUs
  - Third Next Available
  - Revenue

WHAT DID WE DO ABOUT IT?

Hypothesis: Assistance from scribes will allow a doctor to focus more on the patient, see more patients in a day, and decrease non-patient care time; all while generating enough revenue to cover the cost of the scribe.

WHAT DID WE IMAGINE?
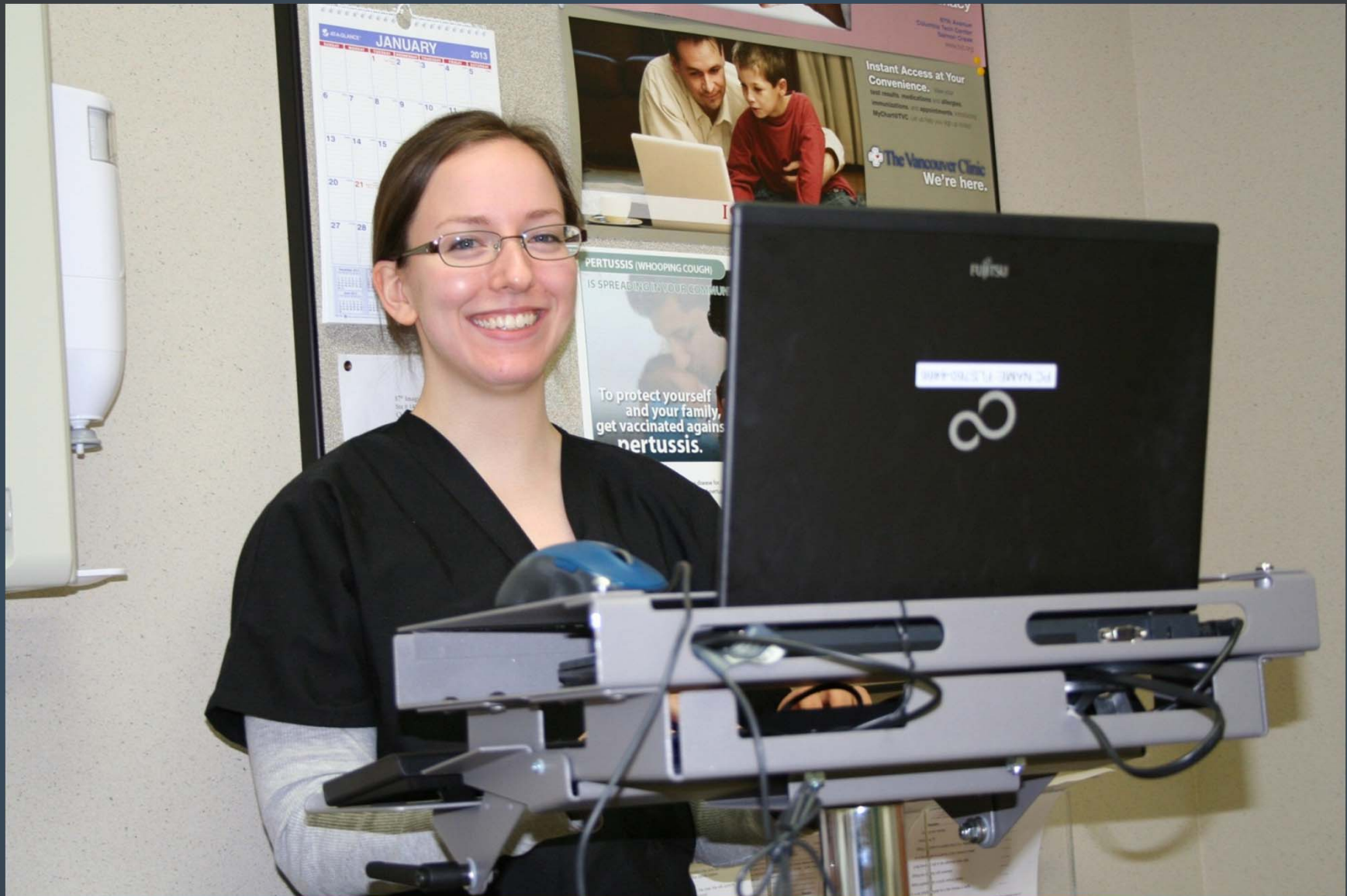
WHO IS A SCRIBE?

Physician examines the patient
Scribe records the data

Physician discusses the diagnosis and treatment plan, tests and medications ordered with the patient.

Physician reviews patient data
Scribe prepares the chart

Scribe records medical decision-making and differential diagnosis.

Physician edits and signs chart.
Physician approves pended orders.

Scribe incorporates studies and labs into chart, documents procedures. Scribe records explanations and instructions to patient.

Scribe completes diagnosis and disposition with prescriptions and follow-up plans.

HOW DOES IT WORK?

- ▸ Six month pilot data outcomes
  - ▸ October 2011 through March 2012
- ▸ 13 providers, 5 departments
  - ▸ ENT
  - ▸ Internal Medicine
  - ▸ Podiatry
  - ▸ Rheumatology
  - ▸ Urology

HOW DID WE DO IT?

Model

- Two weeks of training
    - Scribes
    - Providers
- Add one hour of contact time

- N=8

- No control group

- No conscription

HOW DID WE DO IT?

Daily wRVU

▶ Range of additional daily wRVU, per provider:
  ▶ Low: 0.37
  ▶ High: 3.45

▶ Per provider average: 1.57

HOW DID IT TURN OUT?
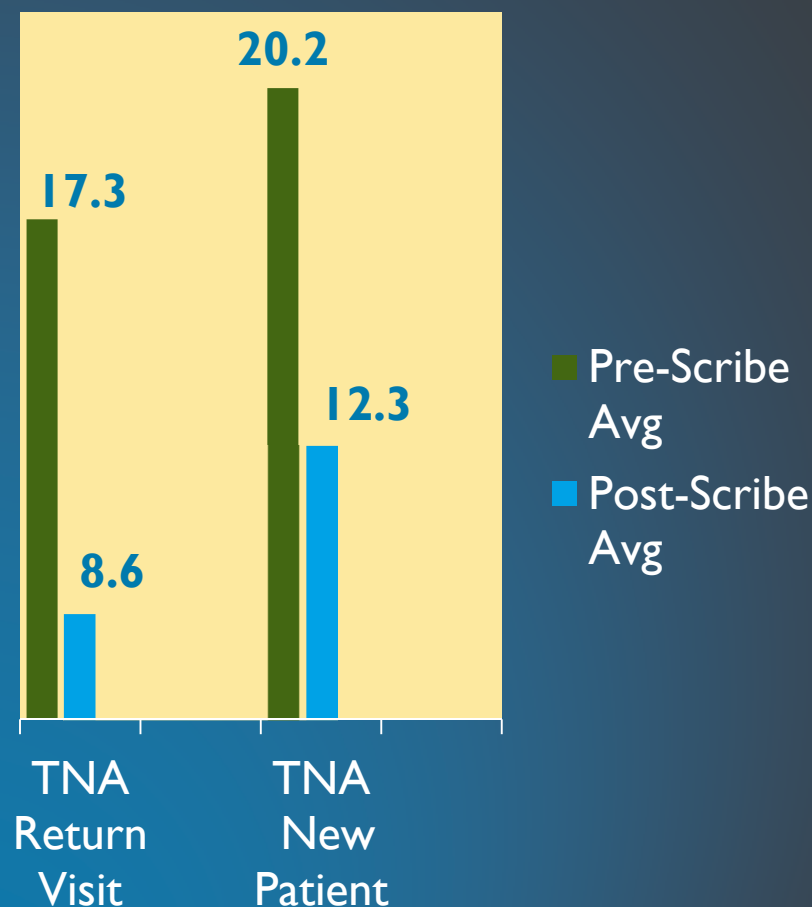
DAILY ENCOUNTERS

▶ Range of additional daily encounters, per provider:

  ▶ Low: 0.2
  ▶ High: 2.0

▶ Per provider average: 0.88

HOW DID IT TURN OUT?

THIRD NEXT AVAILABLE

▶ Range of Third Next Available (TNA) appointment improvement, per provider:

    ▶ Low: -1.0

    ▶ High: 20.2

▶ Per provider average:8.3

17.3 / 8.6 — TNA Return Visit

20.2 / 12.3 — TNA New Patient

Pre-Scribe Avg

Post-Scribe Avg

HOW DID IT TURN OUT?

PATIENT CONTACT HOURS

▶ Range of increase in patient contact hours, per provider:

  ▶ Low: 15 minutes
  ▶ High: 60 minutes

▶ Per provider average: 43 minutes

HOW DID IT TURN OUT?

TOTAL PROVIDER WORK DAY

- Range of daily hour reductions, per provider:
  - Low: 30 minutes
  - High: 2 hours

- Per provider average: 1.3 hours

HOW DID IT TURN OUT?

PRESS GANEY PATIENT SATISFACTION SCORES

▶ Range of mean score improvement, per provider:

  ▶ Low: -4

  ▶ High: +7

▶ Per provider average (mean score): +2.43

▶ Per provider average percentile rank improvement: +45%

HOW DID IT TURN OUT?

PATIENT EXPERIENCE

Sample N=156	Scribe effect on "Overall visit"		Scribe effect on "Provider Listened"		Scribe presence created barrier to privacy?	
	Better	Worse	Better	Worse	Yes	No
	24%	0	32%	0	9%	84%

HOW DID IT TURN OUT?

PROVIDER EXPERIENCE

▶ "Scribes are a radical improvement, I feel like a Doctor again"

▶ "First time in 8 years I've felt regularly "on top of it" It is nice having control of your life again. I'm usually done with everything at the end of the day, and if not, I can finish the next day... This is unheard of for me. I've stopped getting nasty grams from the hospitalists to finish work... I love it."
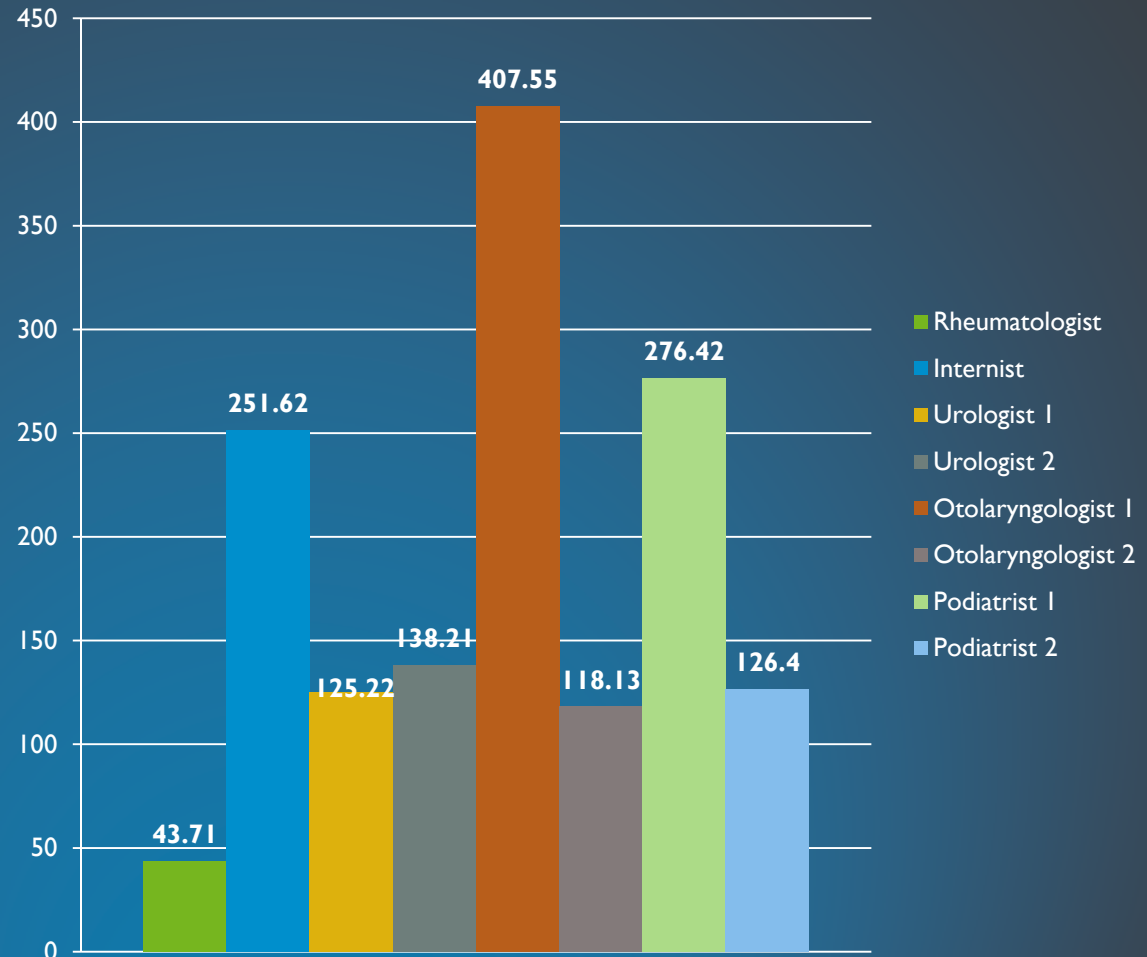
HOW DID IT TURN OUT?

PROVIDER EXPERIENCE

▶ "My hours of painful documentation day after day are over. I'm able to focus on the patient and look at them throughout the interview without having to bury my face in the computer…"

▶ "I think I'm only scratching the surface of how the scribes can help. The more time I spend with the scribes to work on dot phrases, terminology, and patients instructions/after visit summaries, the better it gets. Patients are amazed at the instructions they've been getting in the last few weeks."
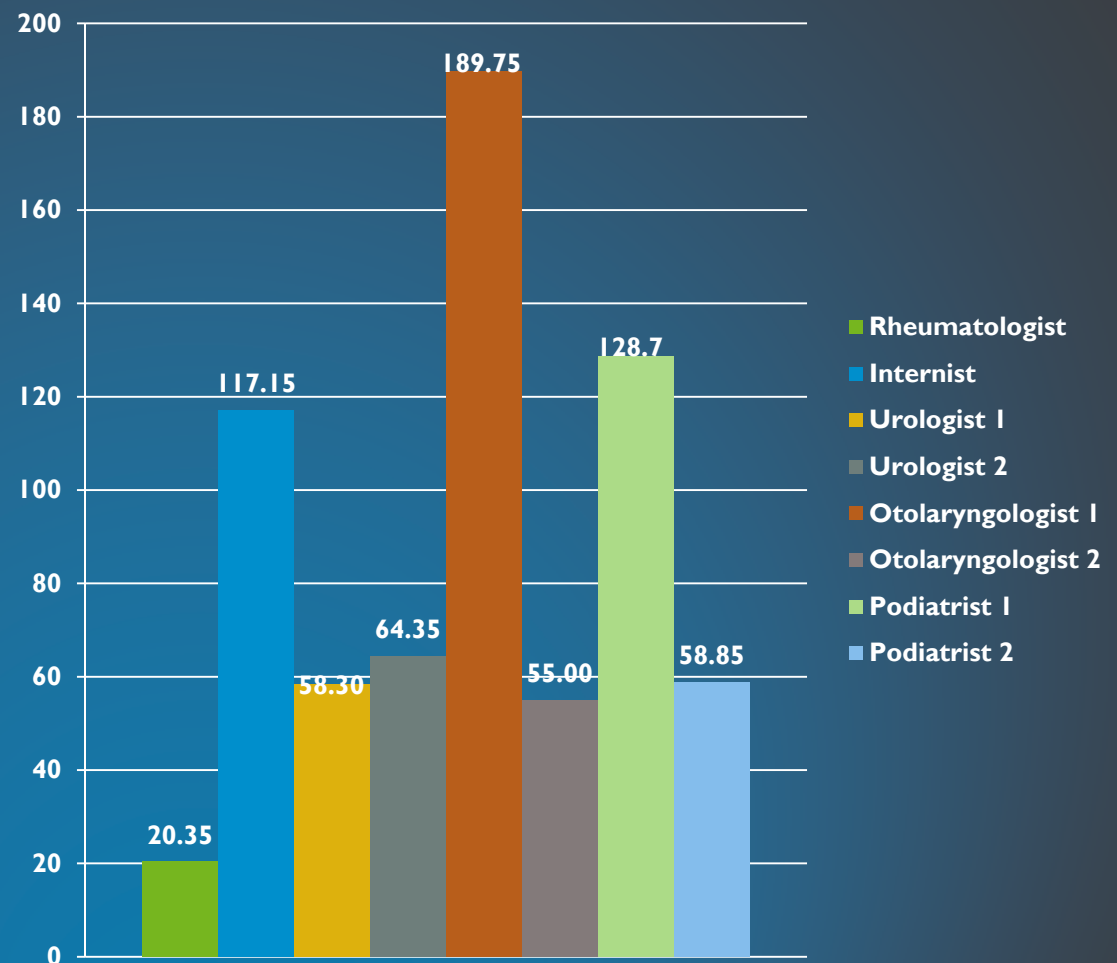
HOW DID IT TURN OUT?

ADDITIONAL DAILY REVENUE

▶ Range of additional daily revenue, per provider:

  ▶ Low: $43.71

  ▶ High: $407.55

▶ Per provider average: $185.91

HOW DID IT TURN OUT?

Chart values:
- Rheumatologist: 43.71
- Internist: 251.62
- Urologist 1: 125.22
- Urologist 2: 138.21
- Otolaryngologist 1: 407.55
- Otolaryngologist 2: 118.13
- Podiatrist 1: 276.42
- Podiatrist 2: 126.4

ADDITIONAL DAILY PROVIDER COMP

▶ Range of additional daily provider compensation, per provider:
  ▶ Low: $20.35
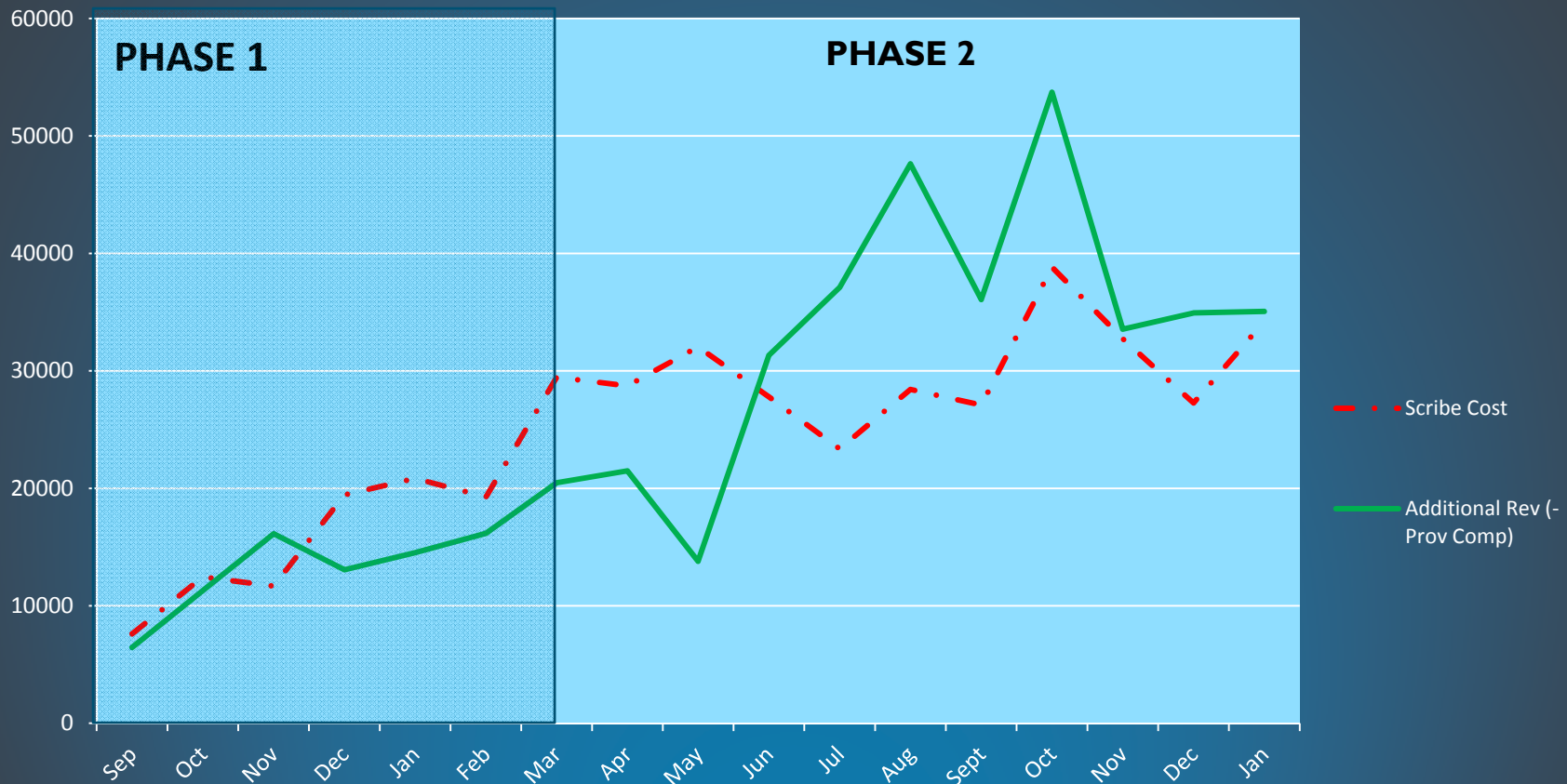 ▶ High: $189.75

▶ Per provider average: $86.55

Legend:
- Rheumatologist
- Internist
- Urologist 1
- Urologist 2
- Otolaryngologist 1
- Otolaryngologist 2
- Podiatrist 1
- Podiatrist 2

Values: 20.35, 117.15, 58.30, 64.35, 189.75, 55.00, 128.7, 58.85

HOW DID IT TURN OUT?

Net Cost of Scribes

HOW DID IT TURN OUT?

- **The Scribe concept has additional potential for:**
  - Improving quality of documentation
  - Expanding use of EMR
  - One extra patient contact hour a day for seven providers = one additional provider = increased patient capacity without overhead

- **What we have to do differently:**
  - Cost and revenue need to be balanced for viability
  - Providers must be chosen carefully

- **Risks:**
  - Cost of scribe
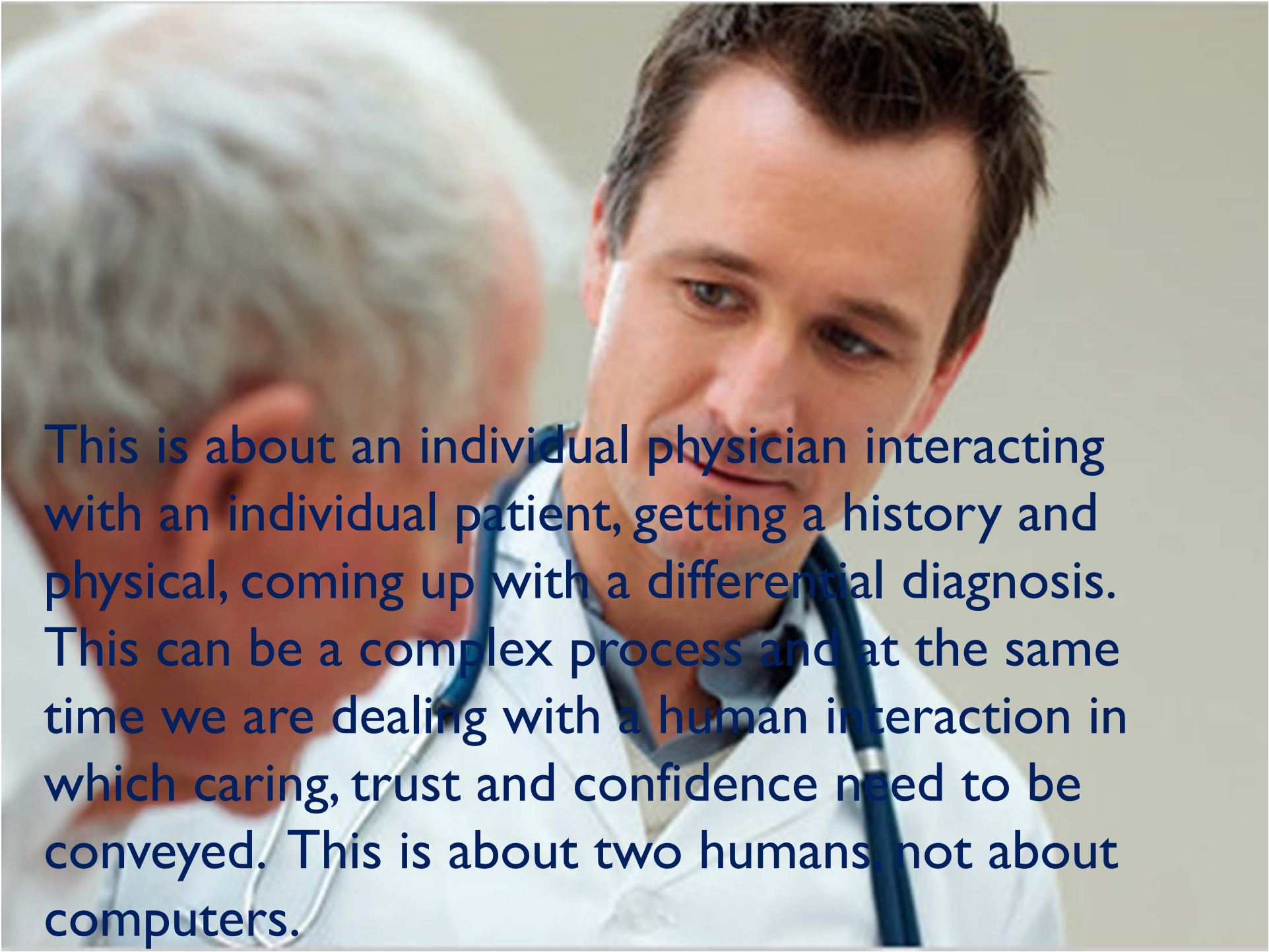 - Dependency of providers on scribe
  - High scribe turnover

WHAT DID WE LEARN?

▶ Strategic selection of provider participants

▶ Ensure additional time is added

▶ Regular reporting and review

▶ Discussion of shared risk

WHAT'S NEXT?

▶ Provider Benefits

▶ Patient Benefits

▶ Organizational Benefits

BENEFITS BEYOND DOLLARS AND DATA?

This is about an individual physician interacting with an individual patient, getting a history and physical, coming up with a differential diagnosis. This can be a complex process and at the same time we are dealing with a human interaction in which caring, trust and confidence need to be conveyed. This is about two humans, not about computers.

THANK YOU

THANK YOU

QUESTIONS?

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