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?
WHERE IS THE VANCOUVER CLINIC?
WHO ARE WE?

- 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
EMR and Practice Management
- Epic (version 2010) – implemented 2010
- MISYS 2004-2010
- Meaningful Use
- CPOE
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.
WHO IS A SCRIBE?
HOW DOES IT WORK?

Physician examines the patient. Scribe records the data.

Physician reviews patient data. Scribe prepares the chart.

Physician edits and signs chart. Physician approves pended orders.

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

Scribe records medical decision-making and differential diagnosis.

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.

Physician edits and signs chart. Physician approves pended orders.

Physician approves pended orders.
Six month pilot data outcomes
- October 2011 through March 2012
- 13 providers, 5 departments
  - ENT
  - Internal Medicine
  - Podiatry
  - Rheumatology
  - Urology
Model

- Two weeks of training
  - Scribes
  - Providers
- Add one hour of contact time
- N=8
- No control group
- No conscription
Daily wRVU

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

- Per provider average: 1.57
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

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

<table>
<thead>
<tr>
<th>Sample N=156</th>
<th>Scribe effect on &quot;Overall visit&quot;</th>
<th>Scribe effect on &quot;Provider Listened&quot;</th>
<th>Scribe presence created barrier to privacy?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Better</td>
<td>Worse</td>
<td>Better</td>
</tr>
<tr>
<td></td>
<td>24%</td>
<td>0</td>
<td>32%</td>
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</table>

**HOW DID IT TURN OUT?**
“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.”
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?
Range of additional daily provider compensation, per provider:
- Low: $20.35
- High: $189.75

Per provider average: $86.55
Net Cost of Scribes

How did it turn out?
Net Cost of Scribes

Continued pilot 12 months, increased number of providers to 19, focused on financial viability

WHERE ARE WE TODAY?
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?
WHAT'S NEXT?

- Strategic selection of provider participants
- Ensure additional time is added
- Regular reporting and review
- Discussion of shared risk
Provider Benefits

Patient Benefits

Organizational Benefits
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
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