

Medical Scribe Solution: Decrease Physician Burnout and Increase Revenue

By
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Physicians have years of schooling, advanced training, and an intense workload. They suffer from long hours, demanding pace, emotional situations, and the pressure to see a large number of patients. As a result, physicians are experiencing burnout at a rate close to 50%, and this rate is increasing more dramatically than for other highly paid professionals. Physician burnout leads to unhappy physicians and patients, poor physician performance, and a strain on the medical practice as these physicians can create unproductive, stressful environments. In addition, these physicians are

more likely to leave their current positions, and this departure puts a large burden on the remaining doctors, staff, and management.

A Rand study showed that the two factors that greatly affect physicians' satisfaction are whether or not they believe that they are providing a high quality of care and whether or not they had a positive or negative "relationship" with their Electronic Health Record (EHR).¹ Factors that contributed to a physician's ability to provide a high
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quality of care include: practice dynamics, payment issues, lack of autonomy, restrictions on his or her time, the necessity to see a certain number of patients each day, and the feeling that patient visits are impersonal due to reduced face-to-face time. The use of an EHR also impacts most of these factors.

*Electronic Health Record
— Help or Hindrance?*

Many physicians feel that the patient visit is more impersonal when physicians are typing into the EHR, and this viewpoint is supported by the finding of Asan, et al.² Their study showed that a patient’s and doctor’s gaze patterns mimic each other. If the doctor looks at the patient, the patient looks at the doctor; if the doctor looks at the computer, so does the patient. It is easy to see how the use of the EHR can make for a less-rewarding interaction. This is a huge drawback of the EHR since doctors’ happiness is linked to their ability

to provide what they consider high-quality care.

As the Electronic Medical Record (EMR) has become more pervasive, workflow and patient care have been altered. The implementation of the EMR has resulted in decreased physicians’ and patients’ satisfaction, decreased revenue, increased physician burnout, and an overall frustration with the practice of medicine. In addition, the government regulations including the Affordable Care Act (ACA) and Medicare Access and CHIP Reauthorization Act (MACRA) have also complicated the medical environment with practitioners and administrators being responsible for remaining compliant with the laws and regulations.

While many physicians feel that the acceptance of the EMR can potentially improve documentation, the reality is that it frustrates practitioners. They feel that the large amount of documentation time leads to less satisfying patient care. Currently, physicians spend about 50% of their time
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documenting patient visits and only 27% with direct patient care – and a lot of that is spent in front of the computer during a visit or afterhours. If physicians have to spend this much time documenting, it is unfulfilling for the doctors as well as being economically inefficient. A recent study in *Annals of Family Medicine* followed 142 doctors in six states to evaluate the breakdown of the day while using EPIC EMR. The findings were largely consistent with other studies – doctors spent more than half of their office hours using the EHR and an additional 1.4 hours of documentation afterhours.³ Universally, physicians want to reduce the documentation burden and return to caring for patients.

Medical Scribes: Can you afford not to use them?

A medical scribe is a potential solution to the concerns and issues of both practitioners and ad-

ministrators. A scribe is an individual whose sole responsibility is to document the patient visit. A “physical” scribe is a person who accompanies the practitioner into the room with the patient and navigates the EMR during the visit. A “virtual” scribe is a person in a remote location using screen-sharing technology on a computer screen located in the room with the patient. Both of these types of scribes work in real-time and can enter all aspects of the EMR including orders, prescriptions and diagnostic tests. The use of a scribe has been shown to increase patient satisfaction because the doctor can be more attentive, transparent, and efficient.

The physician is the most expensive “employee” of a medical practice. It is estimated that a doctor’s cost per minute is \$4 or \$240 per hour.⁴ Clearly, it would be more cost-efficient to utilize a scribe (\$14-\$30/hour) to document. Using a scribe would open up the doctors’ time to see more pa-
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tients, do research, or spend time with their families. The scribe not only allows for increased revenue but also results in a more satisfied physician. A study, published in JAMA Dermatology, followed the implementation of a scribe program over 12 months in a large dermatology practice. The findings included a 50% reduction in documentation time, a willingness for physicians to increase their patient volumes (79% of the doctors), and a 7.7% increase in revenue which more than offset the cost of the scribe.⁵ Increases in revenue can be a result of an increase patient volume or increased billing due to improved and more timely documentation.

Table 1 delineate the potential Return on Investment (ROI) using a medical scribe. A pulmonary specialist, who recently started using a virtual scribe service, reported that her notes were completed by the end of the workday with the scribe; whereas, she used to spend up to two hours each night and several hours on the weekend completing her notes. She has been able to schedule three to five more patients each day as a result. This is consistent with the figures shown in Table 1. Table 1 shows that the increased revenue can not only

cover the cost of a scribe but can also show a significant ROI. The ROI in this realistic example is between \$59,000 and \$79,000. In addition to improving revenue by increasing the number of patients, decreased costs in other areas can also help. These include elimination of transcription costs, reduction in overtime for office staff and medical assistants and improved billing due to improved documentation. The increased revenue is an example of the ROI attributed to medical scribes. Equally important is the evidence of greater patient and physician satisfaction, reduced physician burnout, and improved quality of care not always measured in conventional calculations of ROI.

Medical Scribes provide a much needed solution to the present stressors of being a doctor in clinical practice. A medical practice that has a well-run scribe program will attract and retain high-quality physicians. Physicians can spend more time with their patients, have more fulfilling visits, and increase their revenue. Overall, a medical scribe can help to satisfy the needs of patients, physicians, and managers by reducing physician burnout and improving revenue. □

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Table 1
Virtual and Physical Scribes: Return on Investment, by Time Period

	One Day	Each Month (22 days)	Year (264 days)
Patients seen without scribe	20	440	5,280
Patients seen with scribe	25	550	6,600
Additional Patients seen	5	110	1,320
Additional revenue(\$80/visit)	\$400	\$8,800	\$105,600
Cost of Physical Scribe	\$175	\$3,875	\$46,000
Cost of Virtual Scribe	\$100	\$2,200	\$26,400
Net Benefit Physical Scribe	\$225	\$4,925	\$59,600
Net Benefit Virtual Scribe	\$300	\$6,600	\$79,300

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About the Author

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Endnotes

¹ Friedburg, Mark W. "Factors Affecting Physician Professional Satisfaction and Their Implications for Patient Care, Health Systems, and Health Policy." *RAND Health Quarterly*, no. 5, 2014.

² Asan, Onur, et al. "Assessing Patient and Doctor Eye Gaze Patterns between Two Styles of Doctor EHR Use in Primary Care Encounters." *PsycEXTRA Dataset*, doi:10.1037/e572172013-199.

³ Arndt, Brian G., et al. "Tethered to the EHR: Primary Care Physician Workload Assessment Using EHR Event Log Data and Time-Motion Observations." *The Annals of Family Medicine*, vol. 15, no. 5, 2017, pp. 419-426., doi:10.1370/afm.2121.

⁴ Porter, Michael E., and Thomas H. Lee. "The Strategy That Will Fix Healthcare." *Harvard Business Review*, Oct. 2013.

⁵ Nambudiri, Vinod E., et al. "Medical Scribes in an Academic Dermatology Practice." *JAMA Dermatology*, vol. 154, no. 1, 2018, p. 101., doi:10.1001/jamadermatol.2017.3658.



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