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). Factors that contributed to a physician’s ability to provide a high quality of care and whether or not they had a positive or negative “relationship” with their Electronic Health Record (EHR). Factors that contributed to a physician’s ability to provide a high quality of care and whether or not they had a positive or negative “relationship” with their Electronic Health Record (EHR).

(continued on page 6)
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 Re-authorization 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

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. 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

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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 after-hours. 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 administrators. 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. 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 patients.
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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>
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<th>Table 1</th>
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Virtual and Physical Scribes: Return on Investment, by Time Period

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

Dr. Andrea Caliri, an obstetrician/gynecologist, is the medical consultant for MindLeaf Technologies, Inc., Lowell, Mass. Dr. Caliri works with medical practices to improve workflow and implement scribe programs. She can be reached at acaliri@mindleaf.com or at 781-771-4167.

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.


