

How you can implement medical scribes in your organization

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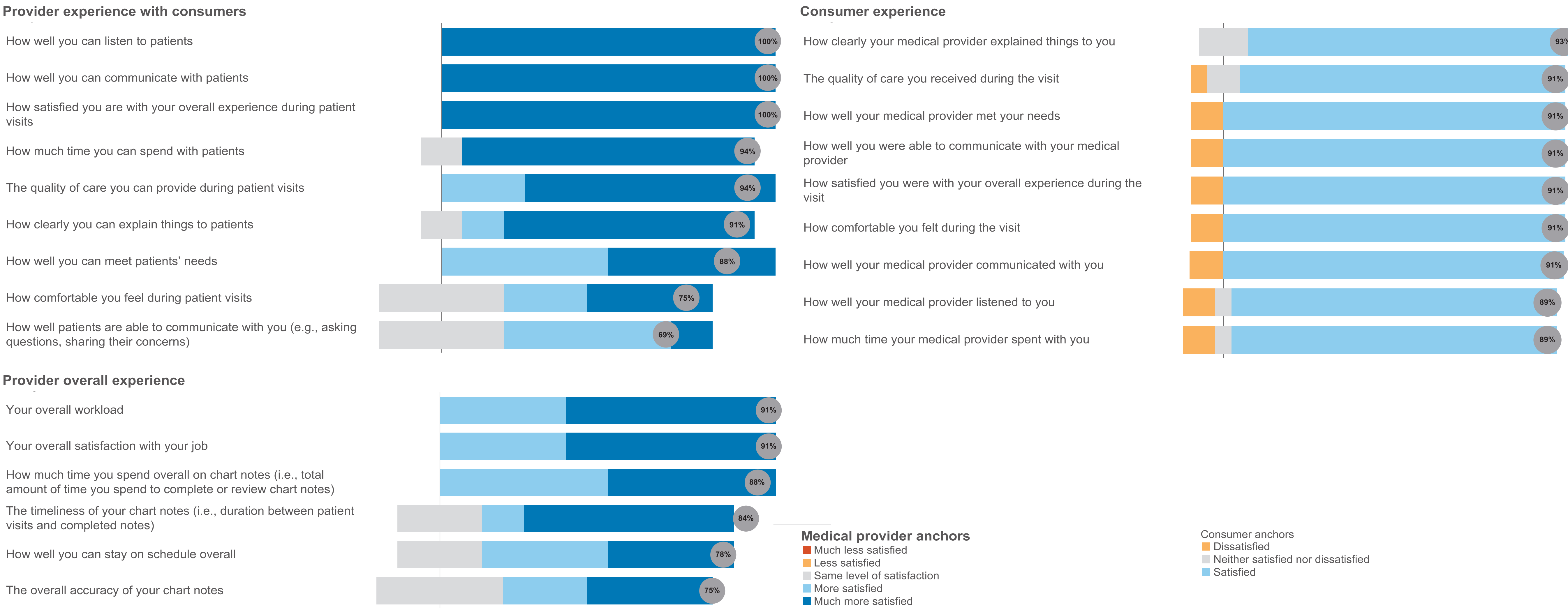
Background

The evolving landscape of behavioral healthcare has necessitated that medical providers (psychiatrists, nurse practitioners, etc.) be more efficient with their time in order to accommodate a higher caseload due to service expansion while still providing exceptional care to consumers. In Colorado, Medicaid expansion has led to an over-52% increase in residents covered by Medicaid and the Children’s Health Insurance Program from July-September, 2013 to January, 2015.^[1] This increase in consumer health care coverage put pressure on our existing medical staff. MHCD conducted a Lean process improvement event to develop potential ways to improve medical staff capacity and service utilization. We found that the burden of **unwieldy electronic health records (EHR)**, the demands of evaluation and management (**E/M coding**), and **expectations around timely documentation** have been **detrimental to medical providers’ productivity and satisfaction**.

Intervention

One of the recommendations from the Lean event was to pilot the use of medical scribes for psychiatry services in our community mental health center. The use of medical scribes — staff employed to record medical encounters — has been doubling annually^[2], with demonstrated success in other medical disciplines^[3] and a successful pilot in a community health clinic.^[4] Use of scribes in a psychiatric setting, where concerns around privacy and relationship-building are heightened in relation to other disciplines, has not yet been successfully demonstrated. Scribes can, however, prove effective in behavioral healthcare, reducing the documentation burden on medical providers without compromising the quality of care.

Results



Three medical scribe service companies were considered; the vendor selection was conducted either in-person or via tele-conference. All three were actively moving into the Denver market in emergency rooms and some outpatient medical clinics. Only the service selected had any experience in behavioral health. They also had a very robust training program for their scribes, putting them through 70 hours of training before placing them. To date, 11 medical providers have enrolled in our psychiatric scribe pilot; another six have started the enrollment process.

In order to assess the effectiveness of the psychiatric scribe pilot, medical providers and consumers were invited to provide feedback about their experiences with a scribe present during a psychiatric visit via a web-based survey. Eight of the eleven medical providers completed the survey, while 23 consumers provided

their input. In addition to satisfaction rating scales (displayed above), responses to the open-ended questions captured the value of medical scribes for addressing the problems outlined previously. Psychiatric providers described three predominant values of working with a scribe:

Enhanced Listening: ability to attend more closely and talk directly with consumers rather than dividing attention to navigating or documenting in the medical record

Improved Focus: additional time to ask more questions, and have fuller discussion for more effective problem solving and exploration of additional treatment options

Reduced Stress Level: consumer interactions are more relaxed; no more catching up on notes through lunch hours, after work hours, or at home on the weekends.

Conclusions

From a provider and consumer satisfaction perspective, the medical scribe pilot has been a wild success. The providers who have tried scribes universally found the experience satisfying, alleviating the concerns highlighted in the Lean event. Psychiatry consumers were also satisfied with their experience.

Next steps include: (a) a formal audit of documentation quality of scribed records, and (b) a cost analysis of how medical providers using scribes can offset the cost of the assistance by rendering a greater volume of services. Preliminary analyses suggest that, for example, two additional 99213 services per day might cover the cost of the scribe. Scribes are likely not for all our providers, and we need to ensure that our successful scribe implementation does not reduce the pressure to deliver a more user-friendly electronic health record for our staff.^[5]

References

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