IS A MEDICAL Scribe RIGHT FOR YOUR PRACTICE?

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Medical professionals, especially those who work in medical practices, have mixed feelings about the electronic health record (EHR). On one hand, we all know that it allows for timely input of and access to patient information, which in turn improves continuity of care. On the other hand, the process and time expenditure associated with the use of an EHR creates its own set of challenges.

We are going to discuss the pros and cons of using medical scribes to relieve some of these challenges. But first, let’s explore germane aspects of the use of EHRs and reflect on how they connect to key drivers of engaged physicians. What is it that physicians and APPs seek in their practice? The answers are clear: input, care quality, appreciation, responsiveness, and efficiency of practice. This latter factor—efficiency—is the one that the EHR can negatively impact. In fact, if we can’t improve efficiency of use of the EHR, then we run the risk of physicians becoming frustrated and less engaged in their practice, a perfect storm that can contribute to physician burnout. (Mayo Clinic Proceedings, July 2016, Shanafelt et al.)

Not surprisingly, it can be a challenge to review and enter key patient information—the “clerical burden” as it is sometimes termed—while trying to maintain some semblance of connection and communication with our patient and family. Yes, many clinicians can improve their efficacy in the EHR with optimization, training, and iterative practice, but most continue to cite it as a frustration and challenge. Physician engagement survey questions related to the EHR often receive low scores.

Of course, there are many positive attributes of the EHR—real-time documentation and information sharing, remote access to medical information, improved continuity and transition of care, and reduction in lost medical records)—and in any case, it is unlikely to ever go away. Given this reality, as owners, leaders, and other affiliates of medical practices, we must consider some key questions:

- Have we optimized our current system and developed user-effective templates?
- Have we properly trained physicians in the EHR to maximize competency and efficiency of use?
- Could we employ support systems to reduce the clerical burden of the EHR and keep physicians and APPs focused on what they do best?

This latter question brings to mind the role of the medical scribe. Used properly, scribes can ease the provider’s clerical burden, allowing them to dedicate more time to patient communication, physical examination, and clinical decision-making. In other words, scribes help maintain the foundations of the provider-patient construct.

Like “risk-benefit” considerations in patient care, we must consider the upsides and downsides to the use of scribes. First, let’s consider the benefits:

- Improved provider productivity.
- Improved real-time data entry. Notes entered during the actual episode of care means fewer notes that require entry at the end of the day or another day, which translates to enhanced work-life blend.
• Improved revenue due to elevated productivity, better documentation accuracy, and reduction in down-coded charts.

• Improved clinician engagement. This is particularly true if clerical burden and EHR use are known disengagement factors for a group or system.

• Improved clinician-patient interactions.

• Considerations that may challenge the decision to use scribes include:
  - Cost of scribes. Who will pay for the scribe? Individual providers, a medical group? And what happens if provider productivity does not improve after the scribe is engaged?
  - Scribe education, training, and quality assurance process. Scribe companies typically have these programs in place, but clinicians will still need to mentor and train the scribe so that they understand a provider’s preferences and practice nuances.
  - Scribe allocation. Does a provider have an assigned scribe or scribes? Is there a “pool” of scribes?
  - Buy-in for use of scribes by providers of a group. Not every provider may support the cost or concept of scribes—so what if some providers want scribes but others don’t?

So, here’s the big question: Should you deploy scribes? While we can’t answer that question for you, we can offer the following advice in addition to the above points to help you make an informed decision:

• Think through the use of medical scribes in specialties where provider efficiency and effectiveness is most challenged by clerical burden and the electronic health record.

• Enroll your group members in the decision to use scribes. Avoid making a “top down” decision on this. Providers will support a decision that they were a part of. Inform them of the scribe concept and the benefits and potential challenges. Allow discussion and answer questions. Get a sense of how much the EHR and clerical burden is weighing down your colleagues.

• Ensure that an adequate return on investment (ROI) would result from the use of scribes in your practice. Yes, there is a financial ROI based on improvement of documentation and productivity—but there is an equally important non-financial ROI that will manifest as engagement and professional fulfillment. For some, the latter is far more important than dollars.

• Onboard, train, and support your scribes as essential team members. Mastering a particular EHR in conjunction with clinical workflow and a given specialty and provider’s preferences is an iterative process.

• Consider a test pilot with the use of scribes for a sample of clinicians. Track their productivity, chart quality, and professional satisfaction. Share the experience and information with group members to better understand the effect of scribes in their practice environment.

In closing, clinicians yearn for fulfillment and enjoyment in their medical practice...and they want reasonable efficiencies to allow them to do what they do best—take care of patients. The movement to EHRs, despite the cited documentation benefits, has been one of the great challenges they face. Scribes represent one means to improve the clinical environment for clinicians. Give it serious consideration and then make the decision that feels right for you.

To deepen your knowledge on the subject of high-performance medical practices, we recommend Leading Medical Group Transformation by Vic Arnold and Matthew Bates.