

Scribes may be more financially viable under capitated payment

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Team documentation (i.e., the use of scribes) has the potential to improve primary care clinician satisfaction and efficiency, yet little has been known about the financial and time use implications.

A new study finds that, compared to fee-for-service payment, capitation-based systems may require less external financing to support team documentation. The study used a microsimulation model of [practice](#) costs, revenues, and time use data from 643 [primary care](#) practices.

Researchers estimated critical threshold values for time saved from routine visits that would need to be redirected to new visits to avoid net revenue losses, comparing documentation conducted by scribes to advanced team-based care in which medical assistants perform history, documentation, counseling, and order entry. They found that, to prevent net revenue losses under fee-for-service, physicians would need to save 3.5 minutes per encounter using scribes and 7.4 minutes per encounter using medical assistants.

The redirected time was expected to add 317 additional visit slots per year under the scribe strategy and 720 visit slots using the medical assistant approach. In comparison, to prevent losses under capitated payment, the scribe approach would require physicians to empanel at least 127 more [patients](#) and 279 additional visit slots per year, while the medical assistant strategy would require 227 more patients and 499 visit slots per year.

In the fee-for-service environment, the authors explain, team documentation would have to focus on providing efficiency to redirect time for additional visits to pay for itself. By contrast, a capitated practice would need to empanel new patients to pay for the team documentation costs, and typical additional visits for these new patients would be lower in cost.

The study findings, the authors suggest, can assist in estimating both start-up and longer-term benchmarks for time use for practices considering either the use of scribes or advanced team-based care and can inform ongoing discussions about how payment reform could affect the potential for team-based care.

More information: Sanjay Basu et al. Finance and Time Use Implications of Team Documentation for Primary Care: A Microsimulation, *The Annals of Family Medicine* (2018). [DOI: 10.1370/afm.2247](https://doi.org/10.1370/afm.2247)

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