

Modest increases in physician productivity can offset the cost of medical scribes

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Requirements for electronic health records are greater now than ever, and that burden is exacerbating the problem of physician burnout. However, there might be a solution: the medical scribe.

New research led by Neda Laiteerapong MD, Associate Professor of Medicine at the University Chicago Medicine, indicates the real value of adding this healthcare professional to a [medical practice](#). It gives physicians more time to treat patients, add new ones, and schedule more return visits. This research also indicates that the initial cost of employing a medical scribe can be offset in a year or less, after which the possibility of increased profit follows.

"We did an economic evaluation, a pretty common technique for healthcare administrators," Laiteerapong said. "And we did it for a total of 30 specialties, plus [physician](#) assistants and nurse practitioners." The study was published October 6, 2020, in *Annals of Internal Medicine*.

The research assumed that every patient visit would be reimbursed by Medicare. Based on that, Laiteerapong and her team determined the number of additional visits needed to have 90% certainty of breaking even one year after hiring a scribe. However, most practices are made up of a combination of Medicare, Medicaid and privately insured patients, making it possible to reach that break-even point even sooner.

Studies show that physicians with scribes can increase their availability by as much as 20%, which is about the same amount of time that it takes

to see the two or three additional patients.

"The idea that you have to see more patients can be really scary," Laiteerapong said. "But the idea is that you're actually spending that time more focused on the patient. A scribe allows doctors to focus on thinking and talking and listening, and not on the typing and clicking and ordering. I don't know anyone who became a doctor to do those things.

"We found that an average of 1.3 new patient visits per day was required to recover the cost of a scribe at the one-year point," Laiteerapong added. "And for returning patient visits, it's two or three patients per day."

The number of new patients or return visits needed to recoup costs varies depending on the type of specialty. It is lower for those who order a lot of lab testing and radiology (assuming the revenue from these tests are recovered by those physicians), and higher for others. A scribe makes that time more efficient and increases satisfaction for doctor and patient alike.

A 2018 University of Chicago study measured physician satisfaction with the scribe program in a primary care clinic. Participants reported greater satisfaction with clinic workflow when a scribe was present and that they no longer felt rushed.

The new study was completed before the new realities imposed on medical practices by COVID-19.

"Obviously, having an extra person in the room is not something that many physicians can do these days," Laiteerapong said. "But with modern technology, there can be a device in the room listening to the conversation and transmitting it electronically. So, a scribe working in another space can still have the notes 90% done when the physician

leaves the room."

What it all comes down to, she said, is improved care, financial sustainability and outcomes.

"Scribes can help a practice add up to 20% more visits, which increases patient satisfaction," she said. "That is valuable to patients, who have increased access, and to providers who are able to do what they were trained to do, which is take care of patients, not paperwork."

"The Productivity Requirements of Implementing a Medical Scribe Program" was published October 6, 2020, in *Annals of Internal Medicine*. Additional authors are Tyler J. Miksanek, Sandra A. Ham, Wei Wei Lee and Valerie G. Press of the University of Chicago; Marie T. Brown of Rush University Medical Center; and M. Reza Skandari of Imperial College London. The study received funding from the University of Chicago Medicine Center for Healthcare Delivery Science and Innovation and the University of Chicago Bucksbaum Institute for Clinical Excellence.

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