

26TH BEST PRACTICES FORUM

July 19-22, 2016



SCRIBES: FULFILLING THE QUADRUPLE AIM

Douglas J. Spegman MD, MSPH, FACP
Chief Clinical Officer

El Rio Community Health Center
Tucson, Arizona



EL RIO
COMMUNITY HEALTH CENTER

*Your HEALTH
is our PASSION*

The Birth of the CHC Movement in Tucson

Since 1970, El Rio Health Center has provided quality, accessible health care to our community



El Rio Community Health Center is a...

Nationally Recognized Organization

❖ National Committee for Quality Assurance (NCQA)

- ❖ A private, non-profit organization dedicated to improving health care quality
- ❖ Level 3 Patient Centered Medical Home

❖ The Joint Commission (TJC)

- ❖ An independent, not-for-profit organization, accredits and certifies more than 19,000 health care organizations and programs in the United States

❖ Human Rights Campaign - Healthcare Equality Index (HEI)

- ❖ A national LGBTQ benchmarking tool that evaluates healthcare facilities' policies and practices related to the equity and inclusion of their LGBTQ patients, visitors and employees.
- ❖ Leader in LGBT Healthcare Equality



Meeting the Health Needs of Our Patients

❖ 14 Clinic Locations throughout Tucson



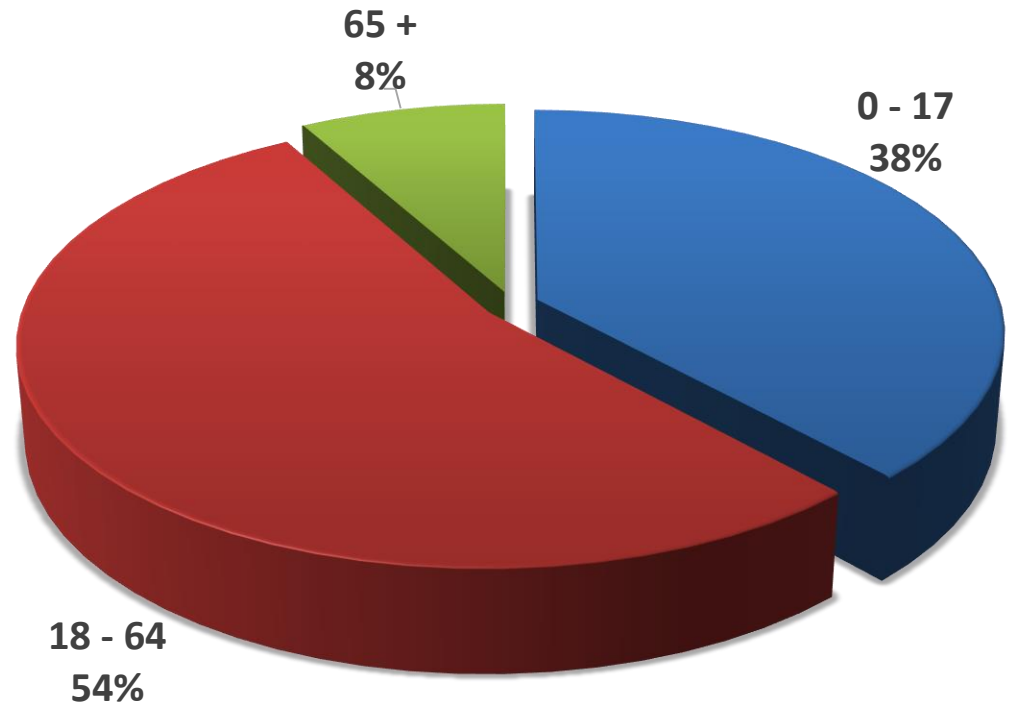
- | | |
|---|--|
| 1 Congress Health Center - Medical/Dental
839 W. Congress St. | 9 OB/GYN Associates
225 W. Irvington Rd. |
| 2 Broadway Health Center
1101 E. Broadway Blvd. | 10 Birth & Women's Health Center
5979 E. Grant Rd., Suite 107 |
| 3 Special Immunology Associates (SIA)
1701 W. St. Mary's Rd. | 11 El Pueblo Health Center
101 W. Irvington Rd. |
| 4 Southwest Health Center - Pediatrics
1500 W. Commerce Ct. | 12 Pascua Yaqui Tribe Health Center
7474 S. Camino de Oeste |
| 5 Southwest Health Center - Internal Medicine
1510 W. Commerce Ct. | 13 Sunnyside Teen-Age Parent Program (TAPP)
1725 E. Bilby Rd. |
| 6 Southwest Health Center - Dental
1530 W. Commerce Ct. | 14 Southeast Health Center
6950 E. Golf Links Rd. |
| 7 Northwest Health Center
320 W. Prince Rd. | 15 El Rio Diagnostic Laboratory/
El Rio Health Center Foundation
2501 E. Elm St. |
| 8 Northwest Dental
340 W. Prince Rd. | 16 Administration Offices
450 W. Paseo Redondo |

Who do we serve?

Demographics

- ❖ A health care home for 92,157 patients.
- ❖ Over 313,000 medical and dental visits per year.
- ❖ 64% of El Rio's patients live below the Federal Poverty Line.

Patients by Age

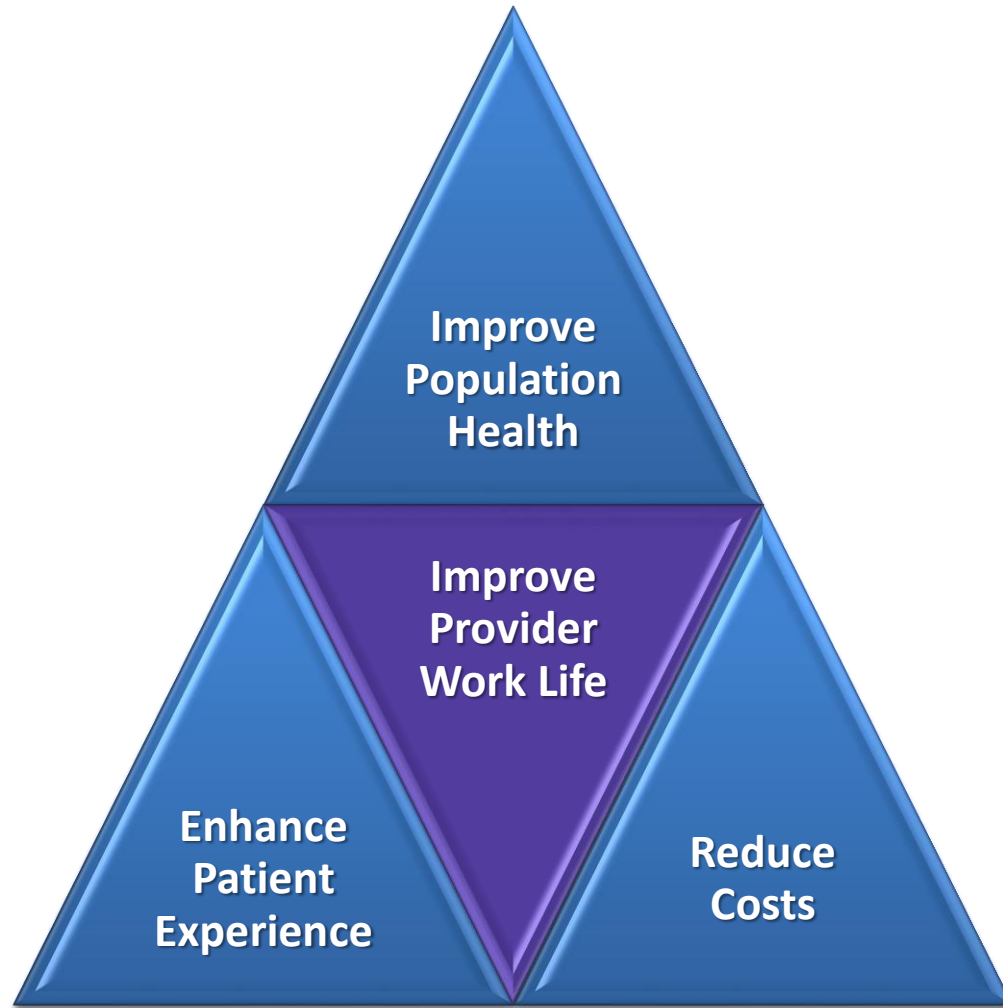


ROADMAP FOR TODAY'S DISCUSSION

PLAN FOR OUR DISCUSSION



CARE OF THE PATIENT REQUIRES CARE OF THE PROVIDER



From Triple Aim to Quadruple Aim

- ❖ 46% of US physicians to experience symptoms of burnout
 - ❖ Characterized by loss of enthusiasm for work, feelings of cynicism, and a low sense of personal accomplishment
- ❖ 87% of physicians named the leading cause of work-related stress and burnout as paperwork and administration
- ❖ Electronic health record (EHR) technology has worsened professional satisfaction through time-consuming data entry and interference with patient care
 - ❖ Even in the exam room, primary care physicians spend 25% to 50% of the time attending to the computer
 - ❖ “I am no longer a physician but the data manager, data entry clerk and steno girl... I became a doctor to take care of patients. I have become the typist.”

REFLECTION

From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider

Thomas Bodenheimer, MD¹

Christine Sinsky, MD^{2,3}

¹Center for Excellence in Primary Care, Department of Family and Community Medicine, University of California San Francisco, San Francisco, California

²Medical Associates Clinic and Health Plan, Dubuque, Iowa

³American Medical Association, Chicago, Illinois

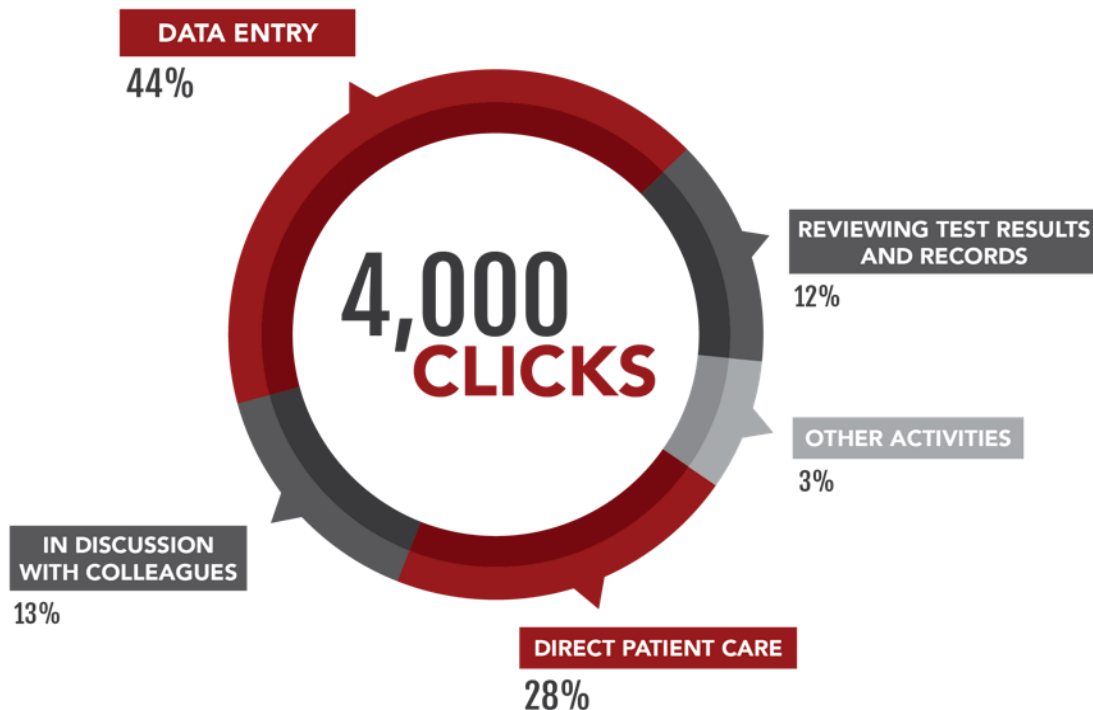
ABSTRACT

The Triple Aim—enhancing patient experience, improving population health, and reducing costs—is widely accepted as a compass to optimize health system performance. Yet physicians and other members of the health care workforce report widespread burnout and dissatisfaction. Burnout is associated with lower patient satisfaction, reduced health outcomes, and it may increase costs. Burnout thus imperils the Triple Aim. This article recommends that the Triple Aim be expanded to a Quadruple Aim, adding the goal of improving the work life of health care providers, including clinicians and staff.

Ann Fam Med 2014;12:573-576. doi: 10.1370/afm.1713.

Time-Motion Study: DEATH BY 4,000 CLICKS

“4000 CLICKS: A PRODUCTIVITY ANALYSIS OF ELECTRONIC MEDICAL RECORDS IN A COMMUNITY HOSPITAL”



“Physicians spend significantly more time entering data into electronic medical records than on any other activity, including direct patient care. Improved efficiency in data entry would allow [physicians] to devote more time to patient care,” thus impacting hospital quality and outcomes. - *AJEM*

Volume 31, Issue 11 (Nov 2013)

DID YOU SIGN UP FOR THIS?



Surprising Truths About Physician Burnout

- ❖ Advisory Board Survey Solutions conducted a survey of 11,000 healthcare employees to assess the issues of burnout and engagement.
- ❖ The most engaged survey respondents expressed the highest level of burnout (47.4%).
- ❖ The survey also showed provider burnout varied based on tenure and workplace dynamics.
- ❖ The consequences of provider burnout lead to declines in Patient Satisfaction, Quality of Care, and Provider Recruitment & Retention.

Three surprising truths
about physician burnout

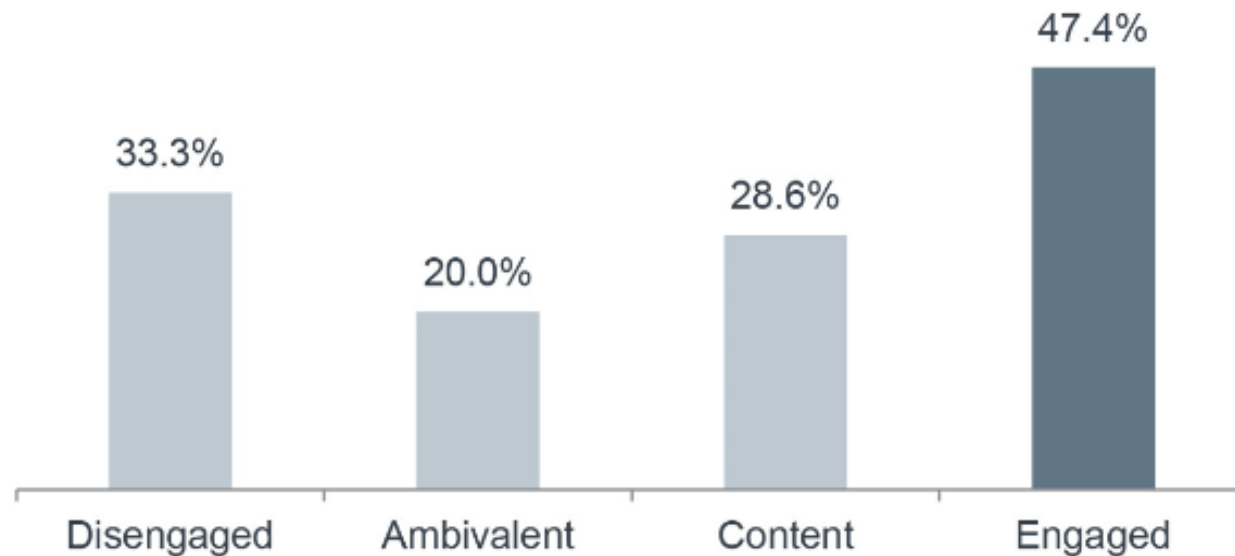
Expert Perspective | June 08, 2016

Laura Martin, Senior Analyst

Burnout is NOT the same as Disengagement

Percentage of Respondents, by Engagement Level, Agreeing or Strongly Agreeing

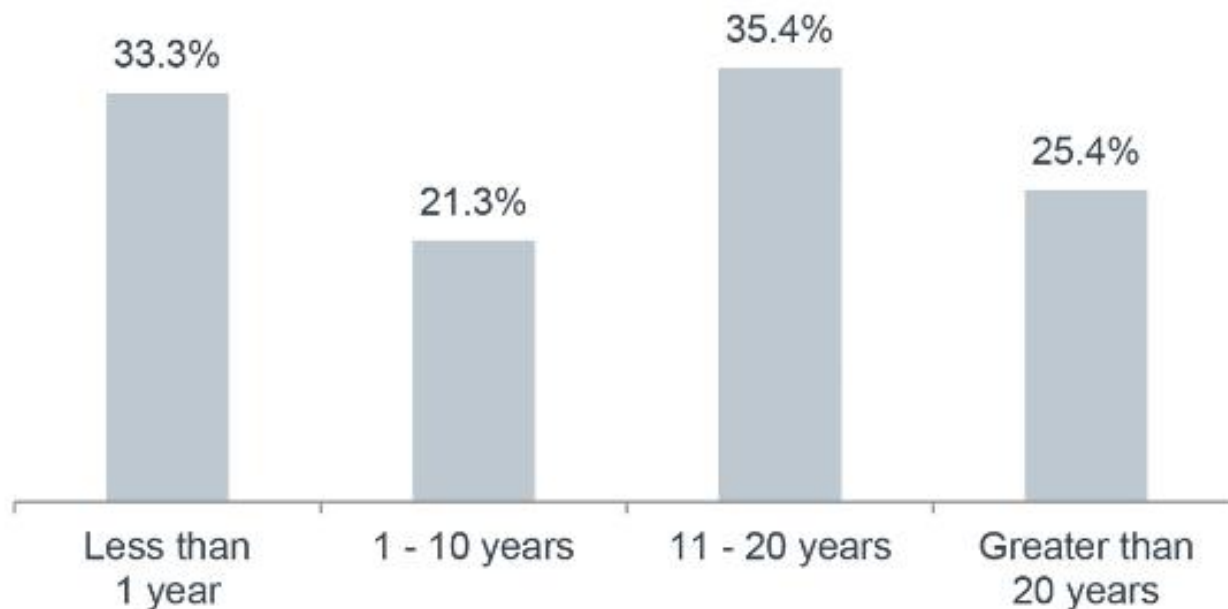
“I am experiencing more work-related stress and burnout than I did 3 years ago”



Provider Burnout is Variable Across Tenure

Percentage of Respondents, by Tenure Level, Agreeing or Strongly Agreeing

"I am experiencing more work-related stress and burnout than I did 3 years ago"



Detrimental Effects on Medical Group Business

Associated Risks, Challenges of Physician Burnout

Patient Experience

- Decline in patient satisfaction
- Increased risk of patient changing providers



16%

Percent decrease in patient satisfaction scores for burned out physicians¹

Quality of Care

- Higher rates of self-reported medical errors
- Longer post-discharge recovery time

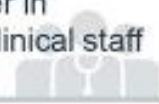


11%

Percent increase in medical errors in burned out surgeons²

Recruitment & Retention

- Younger physicians leaving medicine and early retirement
- Increased turnover in clinical and non-clinical staff



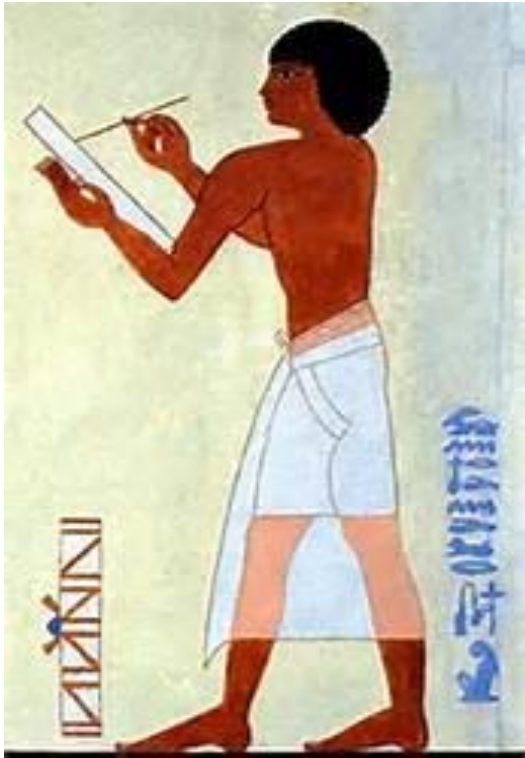
\$150K-300K

Turnover cost of replacing a single physician

1) Burnout measured by the degree of emotional exhaustion.

2) Burnout measured by the degree of depersonalization.

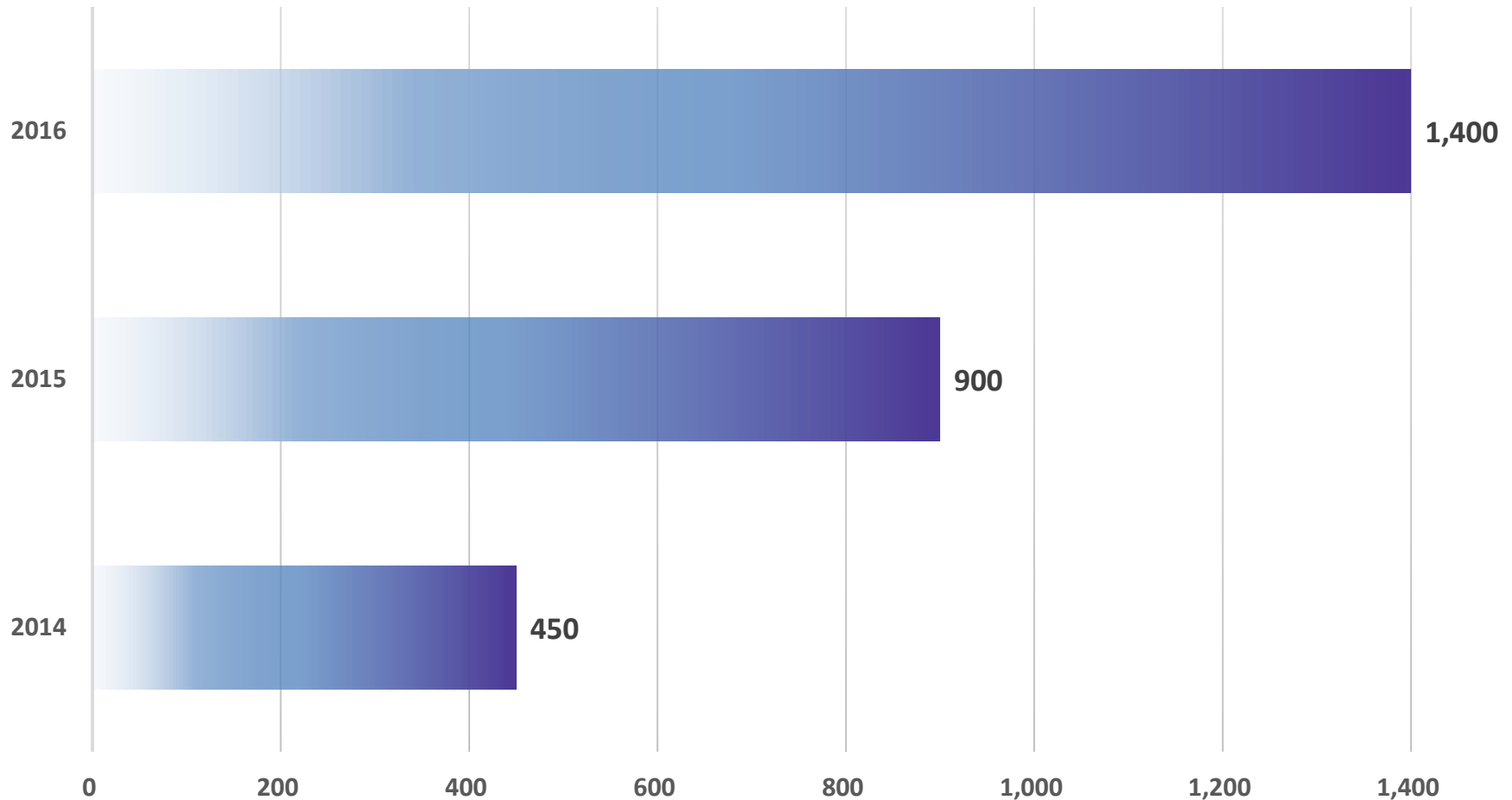
Scribes Humble Beginnings



- ❖ Niche industry (early 2000's) primarily ED based to enhance through-put workflows
- ❖ American Recovery and Reinvestment Act (2009) and CMS MU
- ❖ EMR dysfunctionality
- ❖ Number of medical scribes doubling annually. "In 6 years there will be 1 scribe for every 9 physicians in the country" JAMA April 7, 2015
- ❖ Outpatient penetration relatively novel but growing exponentially

Scribes in Ambulatory Care

Number of Ambulatory Sites (60+ Subspecialties)



From Humble Beginnings

About ScribeAmerica

Established in 2004



Years
OF EXPERIENCE



Locations
AND COUNTING



Scribes
TRAINED TO DATE



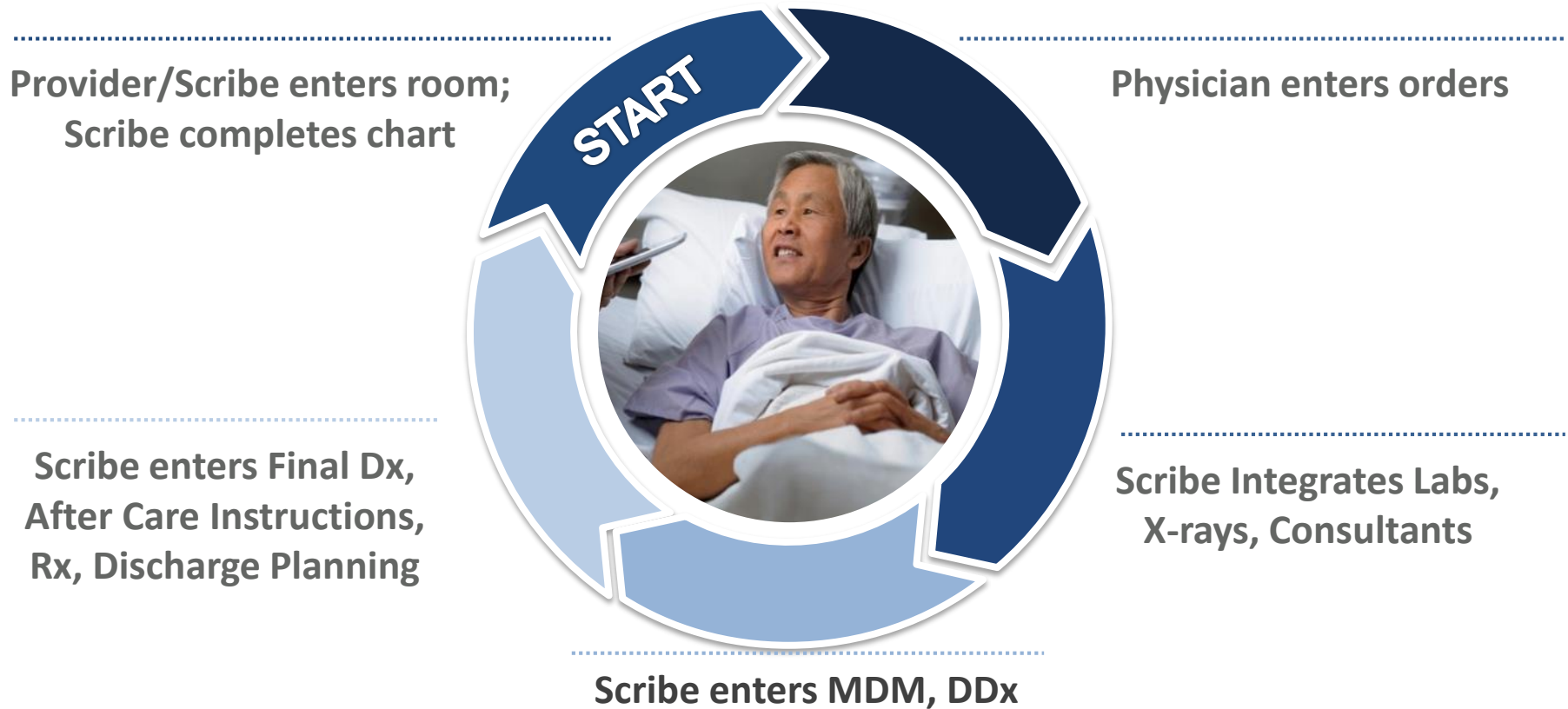
States
AND COUNTING



Ranked number 2 on *Modern Healthcare's* "Healthcare's Hottest" list
Inc. 500/5000 Fastest Growing Private Companies four years in a row

How Do Scribes Work?

The Definition of a Lean Process



"WITH DICTATION, PHYSICIANS SEE 40 PATIENTS AND THEN DOCUMENT IN SEQUENCE.
With scribes, Document is conducted in parallel and real-time so providers can leave on time!"

Considerations

- ❖ Staffing (Market Availability, Telescribe Option)
- ❖ Personnel Management/Administrative Burden
- ❖ Scribe Training and Customized QA
- ❖ Credentialing (American College of Medical Scribe Specialists/Medical Scribe Certification and Aptitude Test)
- ❖ Implementation (60 days)
- ❖ Start up Cost

Start Up and Training Cost

# of Scribes	Classroom Training Hours	Floor Training in Clinic Hours	Mandatory Online Training Hours
6	49.9	224.83	9.5

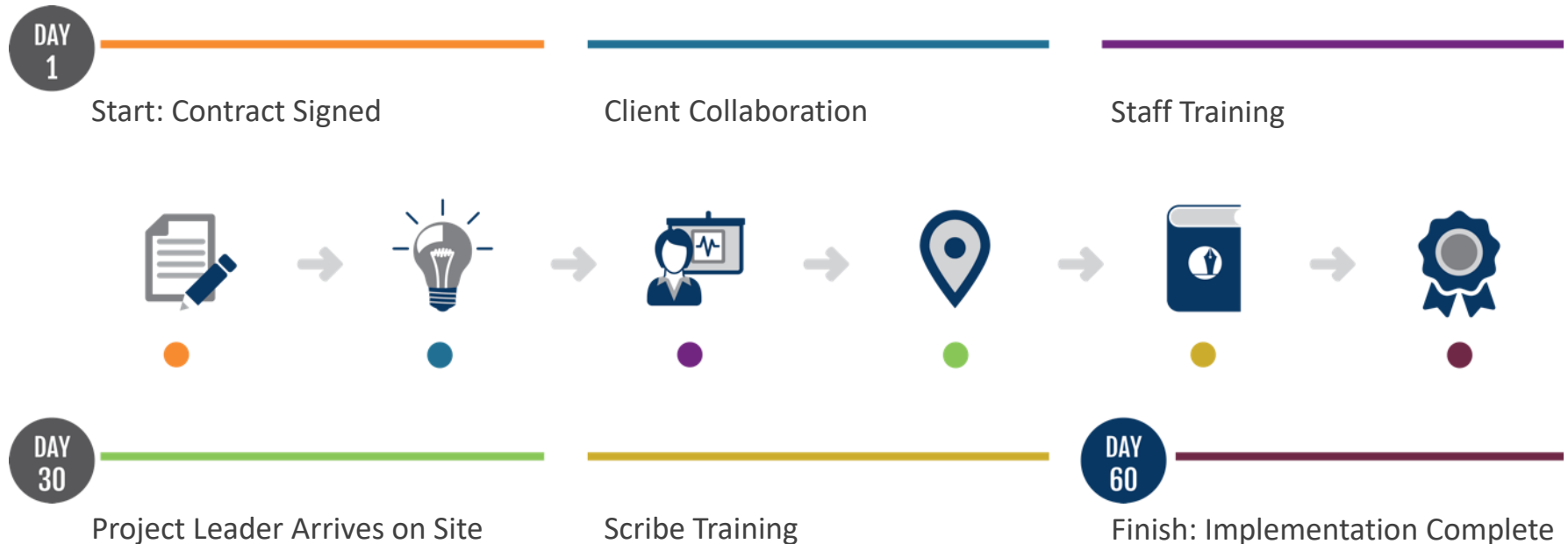
Total Training Cost
\$3,412.76

Total Implementation Cost
\$2,500.00

Total Implementation/Training Cost
\$5,910.76

Program Implementation Timeline

ScribeAmerica Tailor Makes a Scribe Program to Fit Your Needs



From start to finish, they collaborate with you to determine your needs and develop a program that fits the unique characteristics of your facility. The snapshot above provides a sample timeline with each step along the implementation of your scribe program. They will create a customized timeline for your implementation.

EL RIO PILOT

- ❖ Collaboration with Scribe America
- ❖ Total of 5 clinicians @ 2 separate clinic sites
- ❖ Agreed to seeing 2 extra new patients per day
- ❖ Budget neutral assumption
- ❖ Outcome measures on satisfaction, production, and quality

Patient Encounters Per Day

Provider	Total # of Encounters per Day (8 hours)			# of New Patient Encounters per Day (8 hours)		
	1Q15	1Q16	Increase (Decrease)	1Q15	1Q16	Increase (Decrease)
MD 1	18.46	19.06	0.61	0.76	0.63	(0.14)
MD 2	13.67	16.27	2.60	2.78	2.84	0.06
MD 3	17.36	17.56	0.21	0.60	1.17	0.57
FNP	9.76	13.10	3.35	0.00	0.52	0.52
Average	14.89	16.41	1.52	0.92	1.21	0.29

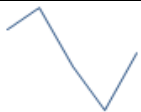
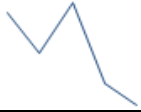
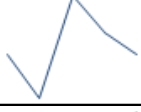


Net Revenue Per Day (8 Hours)

Provider	Net Revenue		Increase (Decrease)
	1Q15	1Q16	
MD 1	\$3,188.70	\$3,398.94	\$210.24
MD 2	\$2,418.85	\$2,838.37	\$419.52
MD 3	\$2,970.86	\$2,971.31	\$0.45
FNP	\$1,693.60	\$2,298.89	\$605.29
Average	\$2,581.17	\$2,865.22	\$284.06

Average Scribe Cost Per Day (8 Hours)

Provider	Average Cost of Scribe	Net Revenue After Scribe
MD 1	\$82.90	\$127.34
MD 2	\$185.28	\$234.24
MD 3	\$179.33	(\$178.87)
FNP	\$189.78	\$415.51
Average	\$157.82	\$126.24

Selected Quality Measures

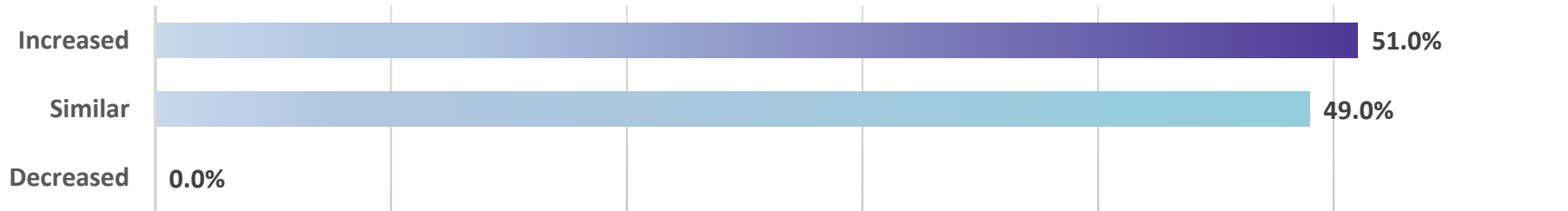
Measure	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Monthly Trend	Threshold	Target	Stretch Goal
Cervical Cancer Screening [21-64]	52.1%	52.4%	51.6%	51.0%	51.8%		68.7%	76.3%	80.0%
Diabetic HbA1c Control [18-75]	68.5%	67.7%	68.7%	67.0%	66.6%		60.8%	67.5%	72.0%
Pneumococcal Vaccination [65+]	79.3%	76.8%	82.8%	80.6%	79.3%		63.2%	70.2%	90.0%
Tobacco Use Screening and Cessation Intervention [18+]	79.1%	81.4%	80.5%	81.2%	81.8%		72.9%	81.0%	90.0%
Weight Assessment and Counseling [18+]	43.7%	43.5%	46.2%	46.8%	47.2%		39.6%	44.0%	56.1%

Patient Satisfaction Compared to Previous Visits

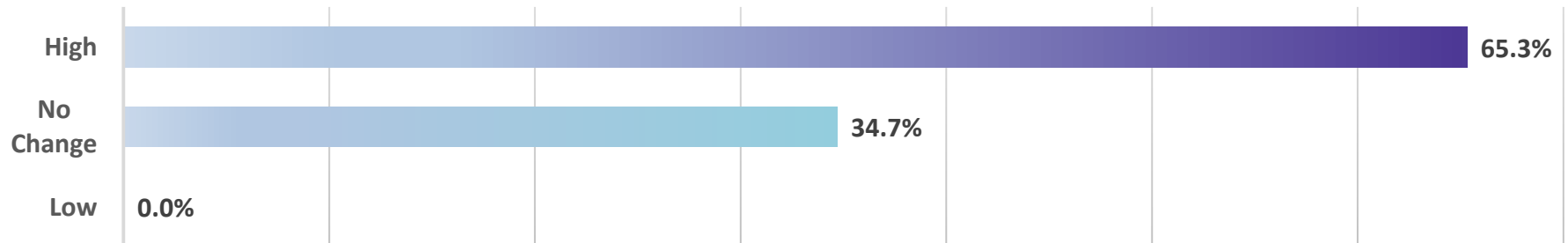
Did the Provider Spend More Time With You



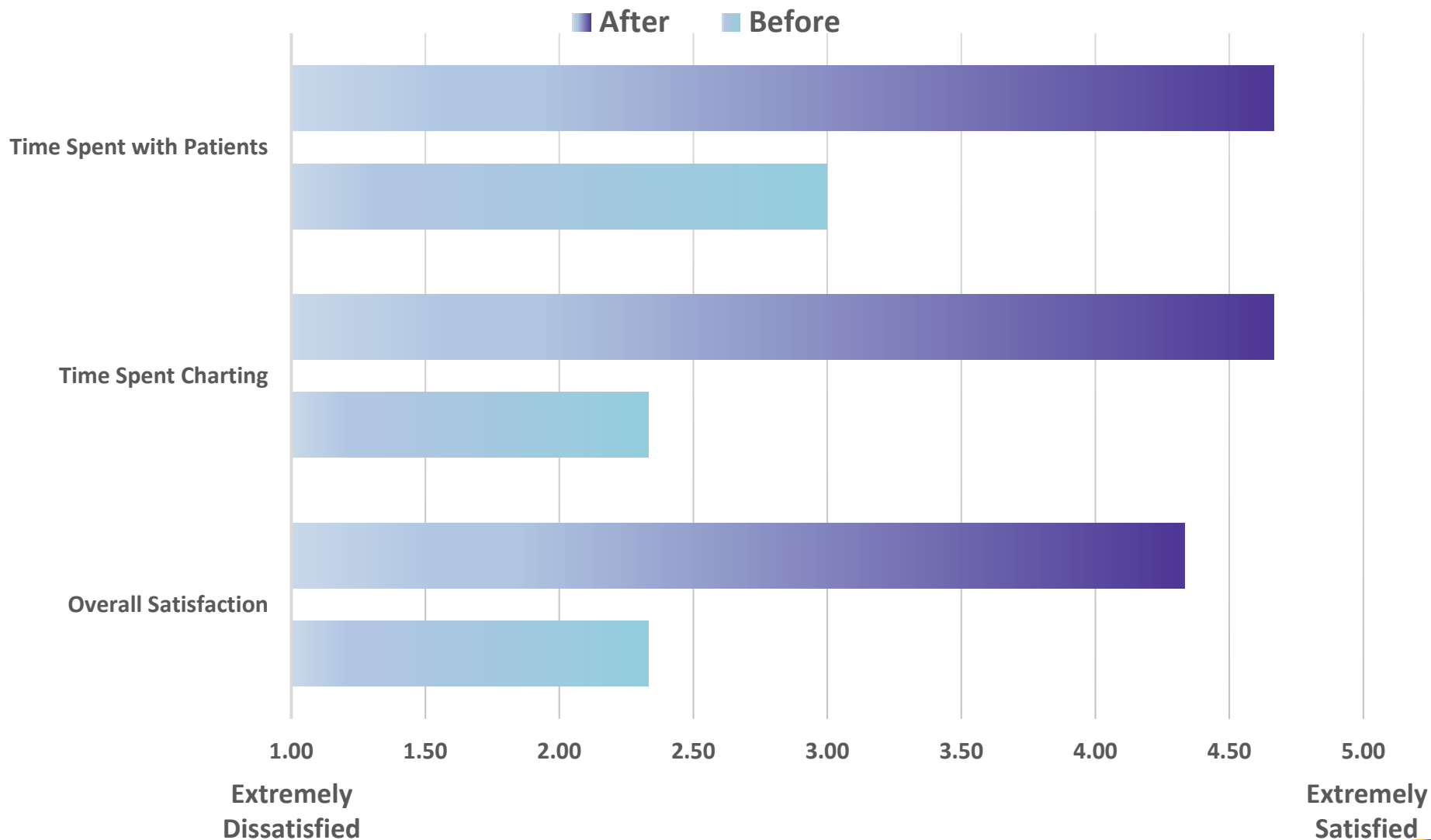
Overall Quality of Visit



Likelihood of Recommending Provider



Provider Satisfaction



Provider Commentary: Benefits

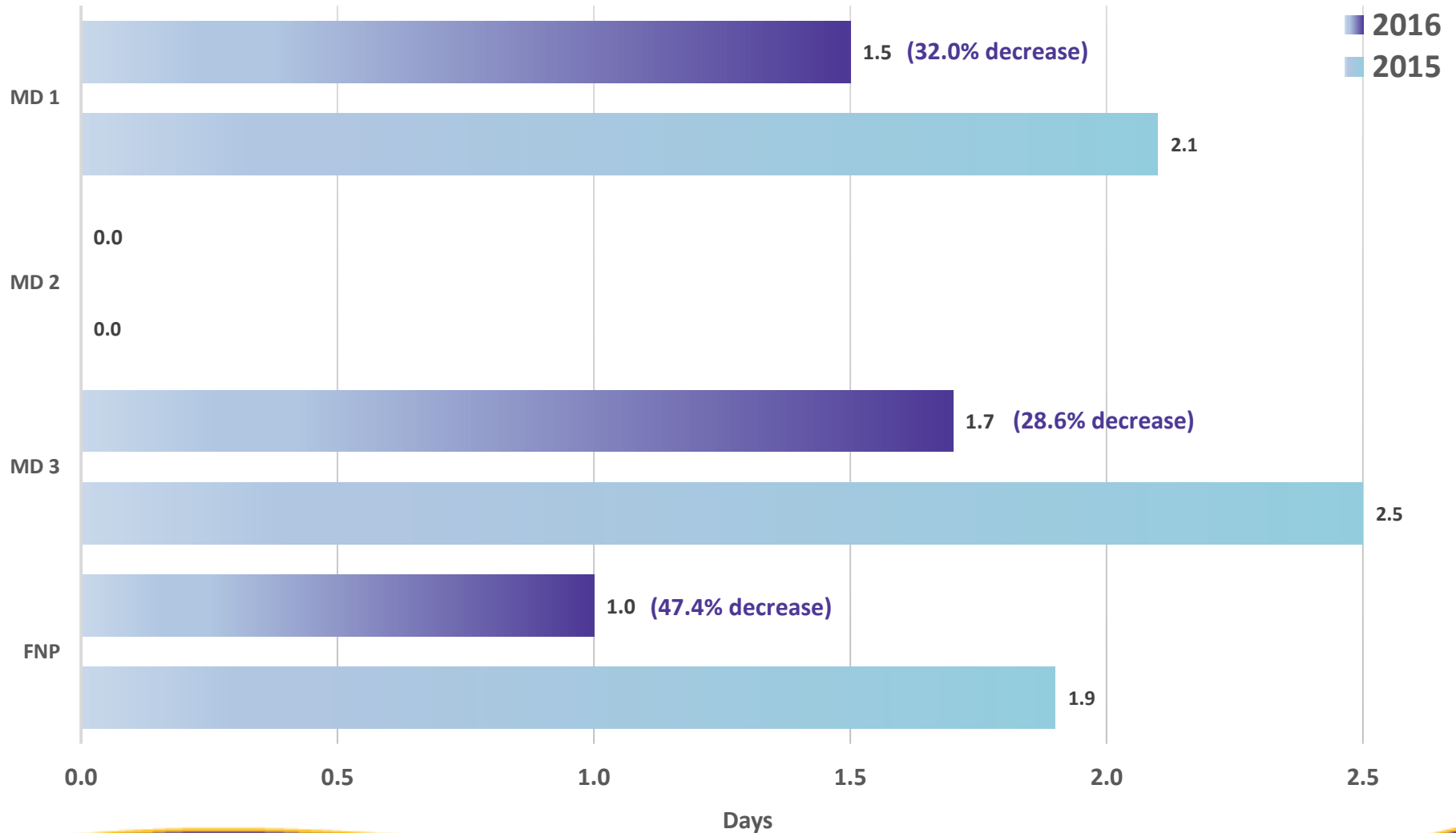
- ❖ Patient wait times decreased, more thorough charting, superbill submitted on time
- ❖ Decreased charting time outside of work
- ❖ Increased face-to-face time and improved documentation
- ❖ Improved work/life balance – more time at home with family and decreased stress at work.

Provider Commentary: Barriers

- ❖ Training of scribe
- ❖ Dealing with space constraints – finding enough space for provider and scribe in exam rooms and hallways (especially if COW is being utilized)

Provider Time to Sign Chart

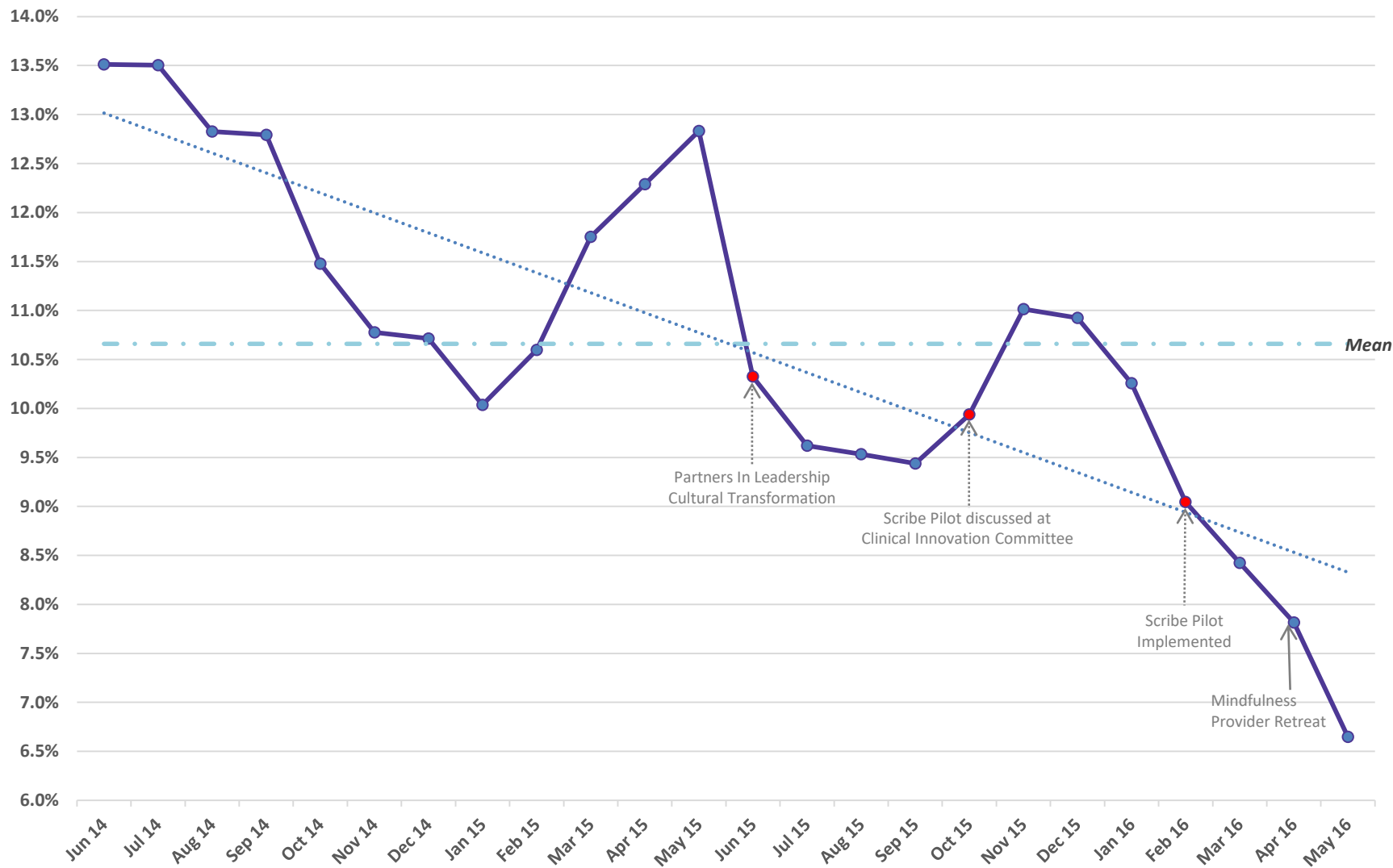
(Overall: 35.4% decrease)



Auditor Notes

- ❖ Documentation is clearer and more extensive
 - ❖ Notes are more organized and complete
 - ❖ HPI, ROS and Exam flow better
 - ❖ Meaningful Use improved
- ❖ Scribe documentation only as good as the providers' dictated notes

Provider Turnover Rate (Rolling Year)





Medical Scribes In Outpatient Care El Rio Pilot Experience

- ❖ Budget Neutral or better
- ❖ Increased patient and provider satisfaction
- ❖ Too soon to predict quality trends
- ❖ Better documentation and coding
- ❖ Not for all providers

Future Directions



- ❖ Scribes as fleeting work around to flawed EMR vs newest members of the care team?
- ❖ ROI acceptable
- ❖ Little to no down side
- ❖ Many up sides
- ❖ El Rio plan is to offer as an a la carte offering to all providers interested
- ❖ Will modify deliverables from providers to maximize ROI

QUESTIONS?

