Beth Israel Deaconess Medical Center

Medical Scribes, Provider and Patient Experiences, and Patient Throughput in Academic General Medicine

HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

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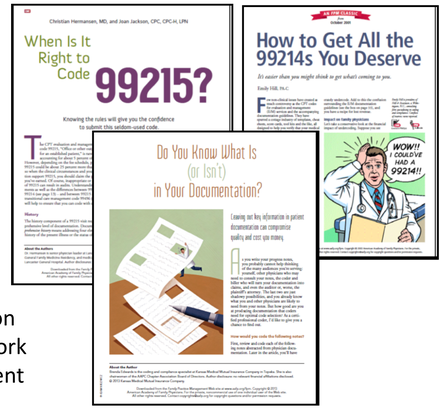
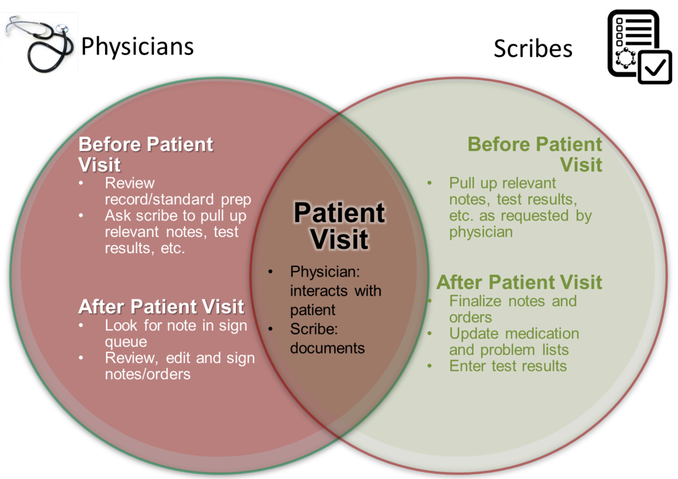
"If you didn't write it down, it didn't happen"

- Physicians are paid for what they document they do
- Clinical documentation is prioritized over patient centeredness and physician work-life balance [1-3]



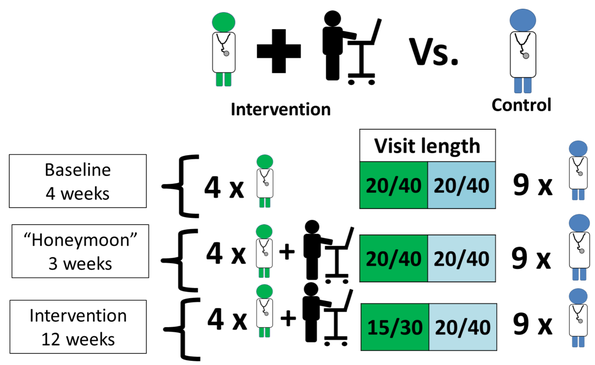
- Physicians spend ~2 hours on documentation and desk work for each hour of direct patient care [4]

Are Medical Scribes the Answer?



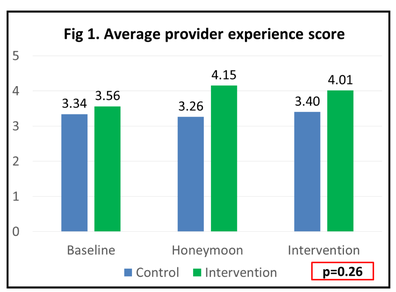
- Scribes shown to increase productivity but have variable effects on patient and provider satisfaction [5-11]
- Few studies of scribe use in primary care despite high administrative burden and dissatisfaction

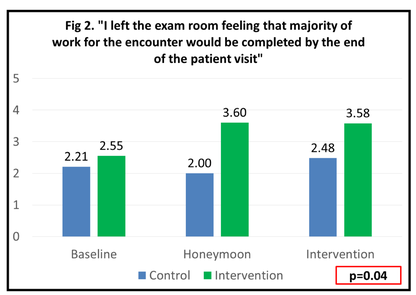
Pilot Intervention



Outcome	Metric
Provider experience	AMA steps-forward provider satisfaction survey : 5-Q after each clinic session [12]
Patient experience	AMA steps-forward patient satisfaction survey: 4-Q after every visit [12]
Throughput	wRVU/hr & patients/hr

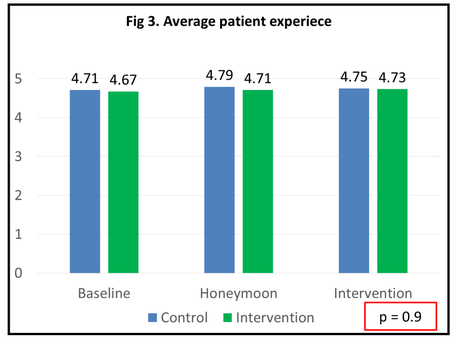
Findings



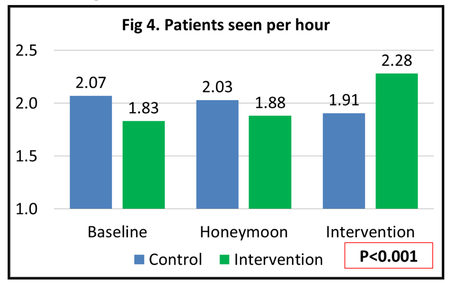


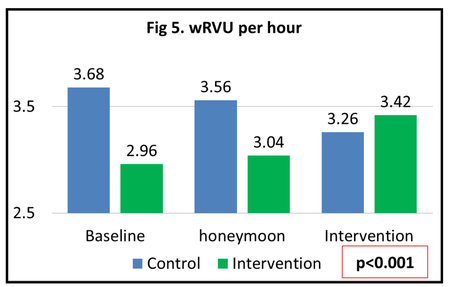
- Provider response rate = 82%
- Provider scores tended to improve more in intervention group than among controls (figure 1)
- Statistically significant differences only for "feeling that work for the encounter would be completed during visit" (figure 2)

Findings (cont.)



- Response rate 34%
- High levels of patient satisfaction throughout





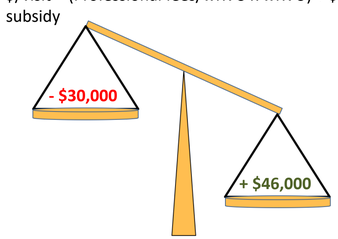
- Throughput increased significantly among intervention providers.

Financial analysis

Assumptions

Cost of scribes per hour	$30
% overage hrs *	14%
Overhead†	$6,000
Δ visits per hr	+0.45
Revenue per visit‡	$144.87
Billable hours	806

*Scribe time outside of clinic hours
†Costs specific to this study only
‡ BIDMC uses split billing model
$/visit = (Professional fees/wRVU x wRVU) + $33 facilities subsidy



Net ROI: + $16,000

Lessons Learned

- Medical scribes can increase throughput without negatively affecting provider or patient satisfaction
- Additional revenue generated can cover scribe costs
- We hypothesize that the significant increase in throughput may have attenuated the positive effects on provider wellness
- Future revisions should tailor clinic flow to balance provider wellbeing with cost-neutrality

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References available on request