White Paper

The Combined Solution:
EHR and Outsourced Transcription
Working Together for Improved Patient Care

CELERITY
SOLUTIONS GROUP, LLC

Introduction

How will the role of traditional transcription fit into the new Electronic Health Record World? Some believe that the EHR will replace the need for transcription but many facilities are realizing that, in practice, this is not the case. Transcription is an integral piece of the clinical documentation workflow and, when used in conjunction with the EHR, can be a powerful tool in quality patient care.

This paper will discuss the most advantageous workflow as organizations transition to the EHR and how to best capture the patient narrative while still keeping transcription costs manageable. In addition, this paper will demonstrate how outsourced transcription and the EHR can work hand in hand to deliver the most accurate, complete clinical documentation for **quality patient care.**

Capturing the Patient Narrative

There are several barriers to adopting EHRs including substantial cost implications as well as hard work and commitment to change workflow and provider behavior. However, the biggest concern of many clinicians is the ability to capture the patient narrative.

As noted by David Blumenthal, National Coordinator for Health Information Technology, "…Studies illustrate something that the Congress and the President understand and have allowed for: namely, that having an EHR alone is not sufficient. Doctors and hospitals have to *use* this technology effectively, have to employ its extraordinary power to improve clinical decisions, in order to achieve its potential benefits."

Many physicians find the checkbox or template methods insufficient and inefficient to capture patient narrative. The AC Group conducted a study of over 2,000 providers which found that **53 percent** of physicians had reverted back to dictation or handwriting one year following EHR implementation while 18% had stopped using the EHR altogether.[1] This is a significant challenge for organizations.

How Will It Work?
Understanding the new transcription workflow with the EHR

The EHR without Outsourced Transcription

The transcription workflow using an EMR without outsourced transcription solution would be similar to the following:

- Providers use the structured data entry capabilities of the EHR **OR**
- Provider dictates using microphone system at a designated computer
- Using a front end speech platform, providers dictate into EHR
- Provider edits the document as they go

This basic process would seemingly eliminate the need for transcription. However, there are some considerations about this process to determine if this is the most efficient and effective way to utilize the EHR technology:

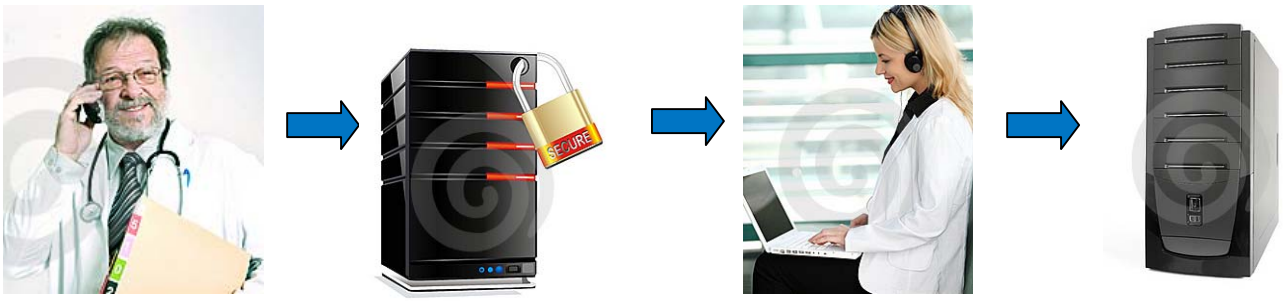
1. **Decline in physician productivity.** Filling out templates or self-editing dictation significantly lowers provider productivity reducing the number of patients seen in a day. Front end systems are time consuming to train and use properly.

2. **No checks and balances for quality.** The health record is a legal document. It is imperative to have a second or third pair of trained eyes to validate content.

3. **Limitations of templates and checkboxes.** The entire patient narrative cannot be captured using checkboxes or templates alone.

The Combined Solution: Outsourced Transcription in Conjunction with the EHR

The transcription workflow using an outsourced solution looks like the following:



- Provider dictates via phone or handheld
- Digital voice files are securely captured, encrypted and delivered to servers
- Documents are created by clinical documentation specialists
- Documentation is integrated directly into the EHR
- Integrated patient record is then available to clinician and HIM staff

The process of integrating documentation directly into the EHR is simple and straightforward. Celerity works within the parameters of the incumbent technology for seamless integration.

Benefits of The Combined Solution

Cost Savings

Many organizations believe that once they implement an EHR, they will eliminate the need for transcription realizing a tremendous cost savings. However, this has not become the reality. A recent article in the Journal of AHIMA reported that "provider organizations that originally hoped to entirely eliminate their transcription costs have discovered that approximately 30 percent of transcription still remains."[2]

Consider the cost of your physicians' time versus that of a documentation specialist. Robin Daigh's article, Friend or Foe, in the For The Record reported that it would take a physician 8-10 minutes or $13.50 - $27.00 to enter a clinical note into the EMR.[3] It would cost approximately $4.30 for a documentation specialist to transcribe that same note, which is a $9.20 savings per note.

Cost for Physician to input data into EHR	**$13.50 per note**
Cost for Documentation Specialist to transcribe report	**$4.30 per note**
Savings	**$9.20 per note**

Clinician Satisfaction & Time Efficiency

Allowing documentation specialists to process medical records relinquishes the documentation burden from providers letting them have extended time with patients or to increase the number of patients they see in a day. As noted in the above example on cost savings, the clinician would spend 8-10 minutes to enter a note into the EHR for each patient. It would take the clinician approximately 1 minute to dictate that same note. If a clinician sees 8 patients in a day and dictates 8 notes, that is approximately 1 hour per day in time savings giving clinicians more freedom and flexibility to run their day. Also adding to clinician satisfaction is the ability to use any phone or handheld device giving them the freedom to dictate whenever and wherever is convenient.

Minimal Change to Clinician Workflow

According to AR Wenner's article, *Computer Patient Interview as an Important Part of the EHR*, "much of the delay in adoption of information systems by clinicians has been the negative impact on workflow. Much resistance has focused on increased time required to enter patient history."[4] By using The Combined Solution, clinicians are able to maintain their current workflow with minimal impact. They will dictate as they normally would, including the patient history, allowing the automated system for voice capture and transcription to take care of the rest. By using an outsourced vendor, facilities help their providers adjust to the new system and ease into the technology change.

Capturing the full patient story

This is the most compelling benefit of using the Combined Solution. Clinicians will be able to capture

- Medical history
- Family history
- Current medications
- Allergies
- Current medical status
- Assessment and plan

Clinical data is textual and contextual, not numeric or always discrete. An article by in the New England Journal of Medicine noted that "the worst kind of electronic medical record requires filling in boxes with little room for free text. Although completing such templates may help physicians survive a report-card review, it directs them to ask restrictive questions rather than engaging in a narrative-based, open-ended dialogue. Such dialogue can be key to making the correct diagnosis and to understanding which treatment best fits a patient's beliefs and needs."[5] Detailing the full patient story is key to quality care and transcription allows for this essential information to be captured.

Conclusion

The Combined Solution is the most efficient workflow with today's technology. As you consider or make the transition to the EHR, you also must consider the use of outsourced transcription as a complementary and vital piece of your workflow.

The benefits of using the powerful capabilities of the EHR together with quality outsourced transcription result in capturing the patient narrative and keeping your physicians happy all while saving costs. The overall benefit of the combined solution is having a quality, accurate, complete medical record for your patients. This is essential in quality care.

Why choose Celerity as your partner?

Experience You Can Count On

Celerity Solutions Group has the capabilities and experience to successfully integrate with most EHRs in today's market. We have taken many of our customers through this process and continue to learn and work with them to provide the best solutions to their needs. Working together with your IT staff and your EHR vendor representative, Celerity can do the same for you.

Our solutions adapt to your facility's daily health information needs, so you can focus on patient care. Combining state-of-the-art technology with a seasoned U.S. network of clinical documentation specialists, Celerity converts your facility's healthcare information into HIPAA-compliant digital documentation. We streamline workflow for leading healthcare organizations nationwide, working as a partial or full outsource solution partner. Celerity provides a dependable cost-effective solution that keeps your organization operating smoothly.

The Associates in Orthopedics Experience

Associates in Orthopedics (AIO) is a four physician practice with two offices servicing Massachusetts and Southern New Hampshire. Prior to implementing the EHR, AIO used tapes for transcription purposes.

Judith Spero, MSM, FACMPE, Practice Administrator, decided to work with Celerity to transition to a digital solution to capture their dictation. As soon as the voice file was received by Celerity Voice, our documentation specialists created the medical report to send back to the facility.

Management at AIO decided to implement an EHR to accomplish two things: to minimize their transcription volume and to have electronic reports available at multiple remote locations within 24 hours.

However, after a short period of time, it was clear to management and physicians that using the EHR alone was not enough for a complete medical record. They found that important data such as the patient story and physician/patient interaction were not being captured through the EHR and that they were spending too much computer time and too little patient time. The need for transcription remained.

Once they realized a combined solution would offer the most complete medical record, Judith worked with Celerity to create an interface that uploads transcribed reports directly into the EHR using dictation markers.

"Celerity made the transition so easy, said Spero. Our providers are very pleased with the quality and turnaround time of the medical records and did not have to adjust how they dictate. Using our EHR in combination with Celerity's services was the best solution for Associates in Orthopedics."

The Benefits

Now, physicians at AIO dictate the patient story and use the checkbox systems in the EHR capturing the full patient record. Physicians do not need to dictate patient demographic information that is pre-populated, saving time and transcription costs. AIO has been able to successfully implement the EHR with minimal impact on their clinicians and without sacrificing complete, accurate documentation.

References:

[1]Anderson, Mark R. "Digital Medical Office of the Future". October 14, 2009. www.acgroup.org

[2] Cannon, Jay & Lucci, Susan. Journal of AHIMA: *Transcription and EHRs: Benefits of a Blended Approach* at http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_046429.hcsp?dDocName=bok1_046429

[3] Daigh, Robin. For the Record: *Friend or Foe? — The EMR Mandate's Effect on Transcription Companies* http://www.fortherecordmag.com/archives/ftr_081808p20.shtml

[4] Wenner, A.R. (2004). "Computer patient interview as an important part of the EHR". *Proceedings of Healthcare Computing 2004.* pp103-113.

[5] Hartzband P, Groopman J. Off the record -- avoiding the pitfalls of going electronic. N Engl J Med 2008;358:1656-1658 at http://content.nejm.org/cgi/content/full/362/12/1066

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