

ACOI

American College of Osteopathic Internists

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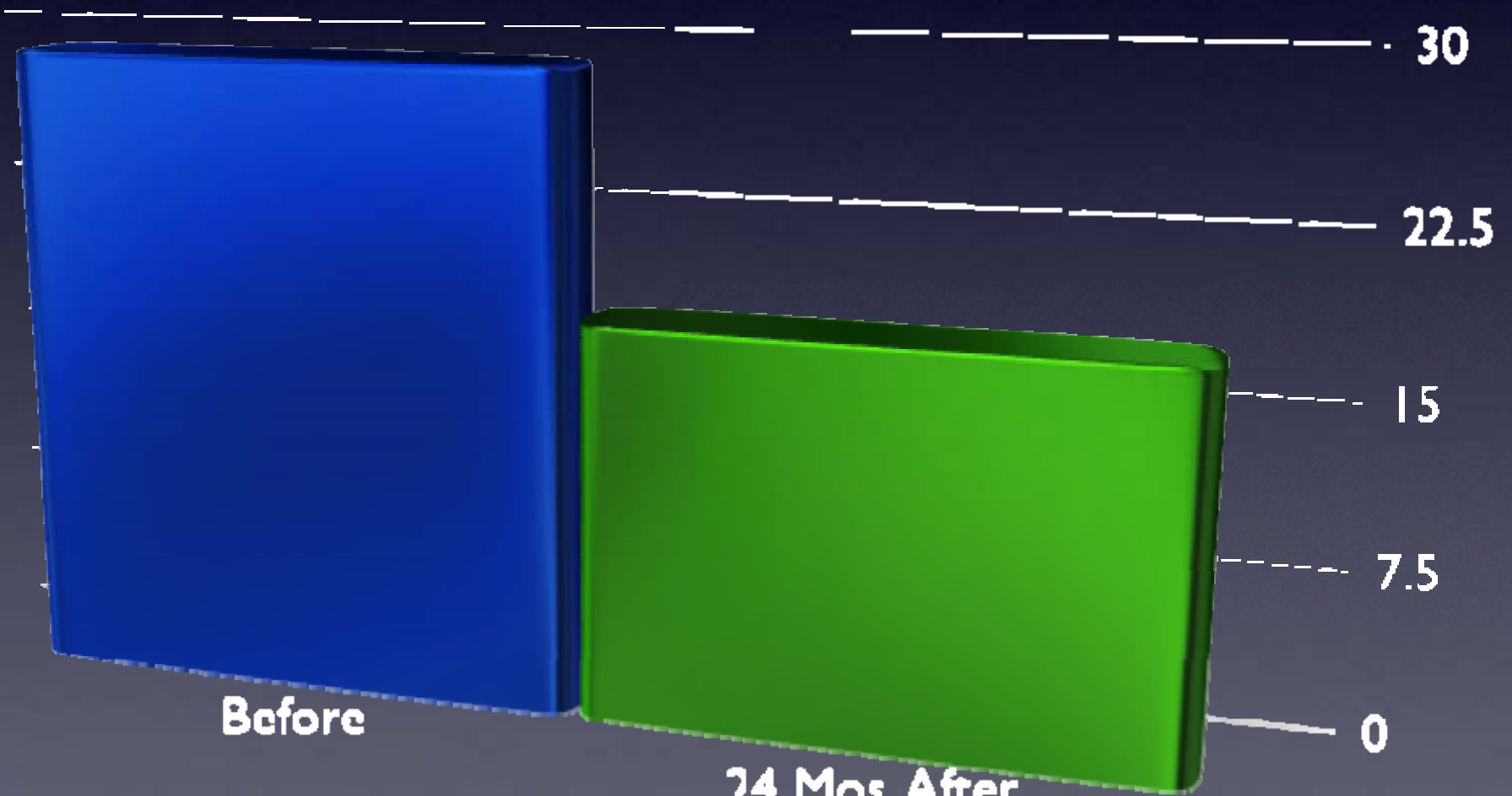


Electronic Health Records Threats and/or Opportunities

October 27, 2010

EHRs were not associated with better quality ambulatory care.

Productivity Before and 24 Mos. After EMR



Scribes in high demand

By [Name] / Miami Herald



PHOTO BY [Name] / MIAMI HERALD STAFF

On the left, Baptist Hospital's chief of emergency medicine, listens to a patient's heart while medical scribe and FIU student David Farias records data.

He wanted to become a physician. But working as an X-ray technician cleaning cassettes at Baptist Hospital Miami didn't give him a sense of what actually being a doctor is like.

So, Farias, a Florida International University pre-med student from Kendall, found out about a program run by Baptist's emergency physicians. The doctors hire college students and receive training from the physicians, and train them as medical scribes. The scribes follow the doctors around and enter their notes on patients into electronic medical records.

Farias was hired on a part-time basis, 30 hours a week, for a little more than minimum wage. He has worked day and night shifts in Baptist's emergency department, wheeling around a computer cart, recording doctors' observations, diagnoses and orders into the EMR. A year ago he was promoted to chief scribe, and next year he plans to take his medical college admissions test.

"It's not just a ticket not just into medical school but into the mindset of physicians," said Farias, 22, now an FIU senior. "I can get medical knowledge from a book, but when someone talks to me about a condition, I can draw from my own experience with thousands of patients with that condition."

Several thousand young people across the country are working in the rapidly growing medical scribe field. Scribes — typically pre-med students paid \$8 to \$10 an hour with no benefits — save doctors time to spend more quality minutes with patients, and help them bill more fully for services they provide.

They also help doctors navigate the tough transition from paper charts to electronic records, which are supposed to make them more efficient and ensure better care for patients. In return, the scribes gain clinical experience and recommendations that enable a high percentage of them to get into medical school. The Baptist emergency group is highly selective, hiring only about one in 10 applicants.

The program has expanded as hospitals and the federal government have pushed balky doctors to use EMRs. Last year, Congress provided up to \$27 billion over 10 years to encourage adoption. "Doctors don't use them will receive lower payment rates from Medicare. But it's estimated that doctors, at least initially, lose about 30 percent productivity using EMRs."

"It doesn't hurt our productivity substantially," said Dr. Tony Andrulonis, Baptist's chief of emergency medicine. "It's very tedious, particularly with new patient encounters."

Two years ago, Andrulonis and his employer Sheridan Health Care, the emergency physician group serving Baptist hospitals in South Florida, brought in an outside firm, Fort Worth-based PhysAssist, to hire the first scribes. Now Andrulonis' group has about 30 PhysAssist-employed scribes working with its 30 doctors; Sheridan pays PhysAssist for their services.

"PhysAssist's productivity has increased probably 15 percent, and we have higher physician and patient satisfaction and better quality of care," Andrulonis explained.

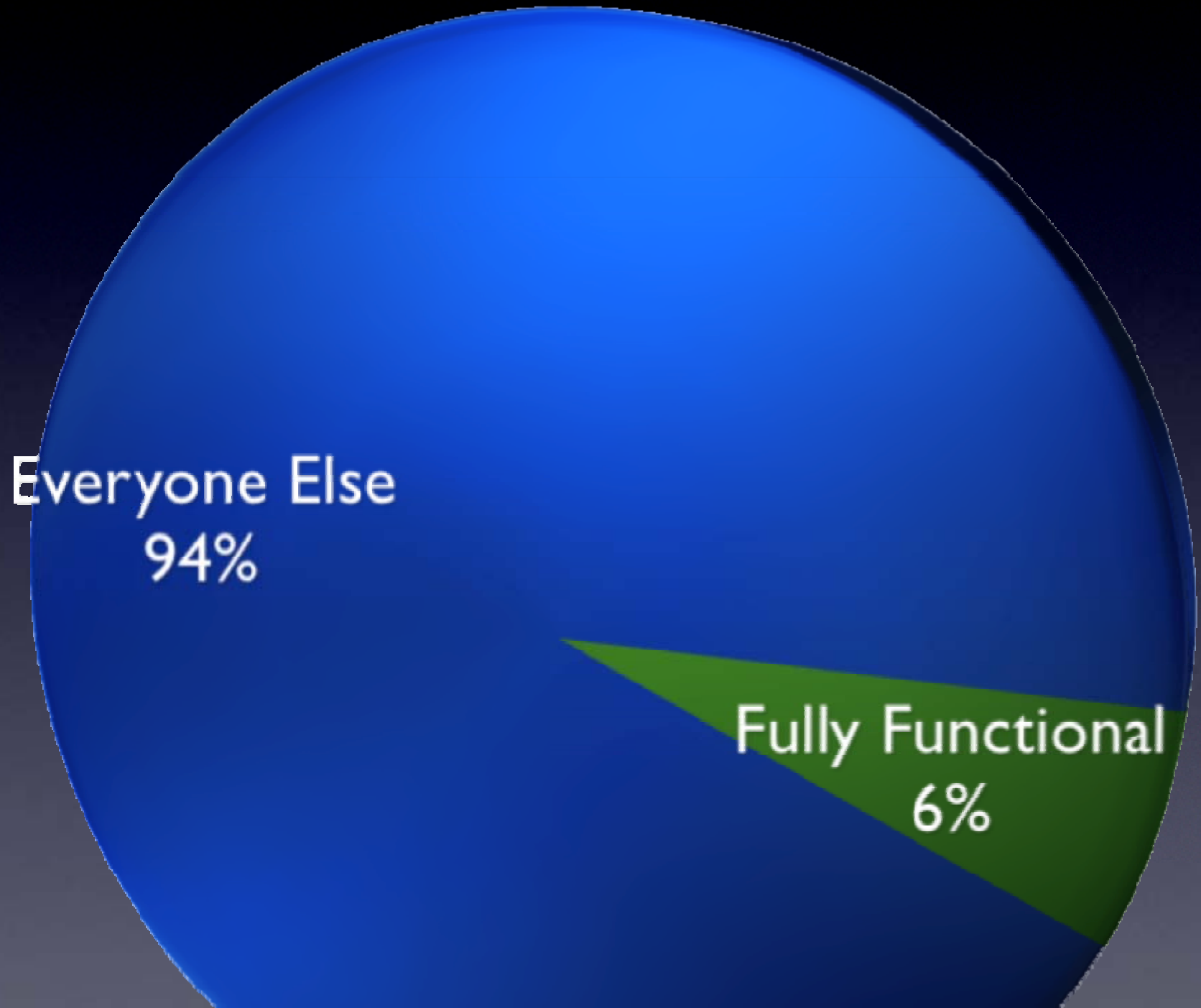
Other hospital emergency departments have been using scribes since the mid-1990s. Leaders of the three biggest companies providing scribes estimate that about 200 hospital emergency departments are using scribes. That number is growing fast. They include both community hospitals and academic medical centers. Locally, Kendall Regional Medical Center and Baptist's South Miami Hospital are among them.

Some question whether college students can handle the complicated task of charting patients. Others wonder why it's necessary to hire additional staff to fill out computerized records that are supposed to be more efficient than paper.

"I want to see how long it takes to watch whether the need for scribes goes away as the next generation of physicians who grew up with computers and electronic medical records comes in," said Dr. Ann O'Malley, a senior advisor at the Center for Studying Health System Change in Washington, D.C., who has studied physicians' experiences with EMRs.

Dr. Michael J. Scahill, an emergency physician who started Los Angeles-based Scribe America, said his company has grown from 32 scribe programs last year to 51 now. It's currently setting up seven programs in other cities. "The process of recruiting and training high-quality scribes for a new program is demanding, requiring two to four months."

Fully Functional EMR's in 2000



Medicare Incentive Program

	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015
2011	\$1,800				
2012	\$1,200	\$1,800			
2013	\$800	\$1,200	\$1,500		
2014	\$400	\$800	\$1,200	\$1,200	
2015	\$200	\$400	\$800	\$800	\$800
2016		\$200	\$400	\$400	\$800
Total	\$4,400	\$4,400	\$3,900	\$2,400	\$3,600

	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016
2011	\$21,250					
2012	\$8,500	\$21,250				
2013	\$8,500	\$8,500	\$21,250			
2014	\$8,500	\$8,500	\$8,500	\$21,250		
2015	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250	
2016	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250
2017		\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
2018			\$8,500	\$8,500	\$8,500	\$8,500
2019				\$8,500	\$8,500	\$8,500
2020					\$8,500	\$8,500
2021						\$8,500
Total	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750

MEDENT	4.26
Amazing Charts	4.22
Greenway Medical Technologies - PrimeSuite	4.17
e-MDs Solution Series	4.14
eClinicalWorks	3.92
McKesson - Practice Partner	3.8
EpicCare Ambulatory EMR	3.79
GE Centricity® EMR	3.7
Allscripts Enterprise (Touchworks)	3.6
Allscripts Professional EHR	3.5

MEDENT	4.2
Greenway Medical Technologies - PrimeSuite	4.17
e-MDs Solution Series	4.15
Amazing Charts	4.09
eClinicalWorks	4.05
McKesson - Practice Partner	3.9
EpicCare Ambulatory EMR	3.87
GE Centricity® EMR	3.77
SOAPware	3.62
Allscripts Professional EHR	3.61

MEDENT	4.59
Greenway Medical Technologies - PrimeSuite	4.45
e-MDs Solution Series	4.32
eClinicalWorks	4.14
Amazing Charts	4.13
McKesson - Practice Partner	4.08
GE Centricity® EMR	4.08
EpicCare Ambulatory EMR	4.02
Allscripts Professional EHR	3.97
Allscripts Enterprise (Touchworks)	3.85

Workflow Management



3.78

Greenway Medical Technologies - PrimeSuite	3.78
Amazing Charts	3.39
MEDENT	3.31
e-MDs Solution Series	3.22
EpicCare Ambulatory EMR	3.2
eClinicalWorks	3.09
GE Centricity® EMR	2.96
McKesson - Practice Partner	2.93
Allscripts Professional EHR	2.68
SOAPware	2.56

Order Management



4.39

MEDENT	4.39
EpicCare Ambulatory EMR	4.2
Greenway Medical Technologies - PrimeSuite	4.15
e-MDs Solution Series	4
eClinicalWorks	3.98
Amazing Charts	3.97
GE Centricity® EMR	3.94
McKesson - Practice Partner	3.88
Allscripts Professional EHR	3.7
Allscripts Enterprise (Touchworks)	3.63

Population Management



4.03

Amazing Charts	4.03
Greenway Medical Technologies - PrimeSuite	4
eClinicalWorks	3.53
MEDENT	3.51
GE Centricity® EMR	3.27
e-MDs Solution Series	3.11
EpicCare Ambulatory EMR	2.98
Allscripts Professional EHR	2.75
NextGen EMR	2.73
Allscripts Enterprise (Touchworks)	2.56

Implementation Experience



4.44

Amazing Charts	4.44
e-MDs Solution Series	4.12
Greenway Medical Technologies - PrimeSuite	4.1
MEDENT	4.01
eClinicalWorks	3.81
Allscripts Professional EHR	3.77
EpicCare Ambulatory EMR	3.75

Training



3.93

Amazing Charts	3.93
MEDENT	3.87
e-MDs Solution Series	3.84
eClinicalWorks	3.72
EpicCare Ambulatory EMR	3.5
Allscripts Enterprise (Touchworks)	3.44
McKesson - Practice Partner	3.16

Support Experience



4.12

Amazing Charts	4.12
MEDENT	4.07
e-MDs Solution Series	3.95
Greenway Medical Technologies - PrimeSuite	3.83
SOAPware	3.66
EpicCare Ambulatory EMR	3.65
eClinicalWorks	3.53

Considerations for

Moving to EHR

- Make EHR Improve the Care that You Deliver
- Ideas to Improve Revenue
- Don't Choose a System by Checklists or a Polished Sales Presentation
- It's All About the User Interface
- Design Your Exam Rooms Around Your Patients and Not the Computer or Use a Mobile Device or Laptop
- Make Automation Work for You

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