



hfma™ massachusetts - rhode island chapter
healthcare financial management association

Do *Your* Job! - Strive to Make Your
Revenue Cycle Thrive 2017



Conquering the Challenge of Administrative Burden in Healthcare

Friday, January 20th, 2017
Gillette Stadium Clubhouse

David Y. Ting, MD, FAAP, FACP
Chief Medical Information Officer
Massachusetts General Physicians Organization

Do *Your* Job! - Strive to Make Your
Revenue Cycle Thrive 2017



“Physician burnout
rates range from 30-
65% across medical
specialties, with the
highest rates
experienced by those
at the front line of care.”

Arch Intern Med. 2012;172(18):1377–85

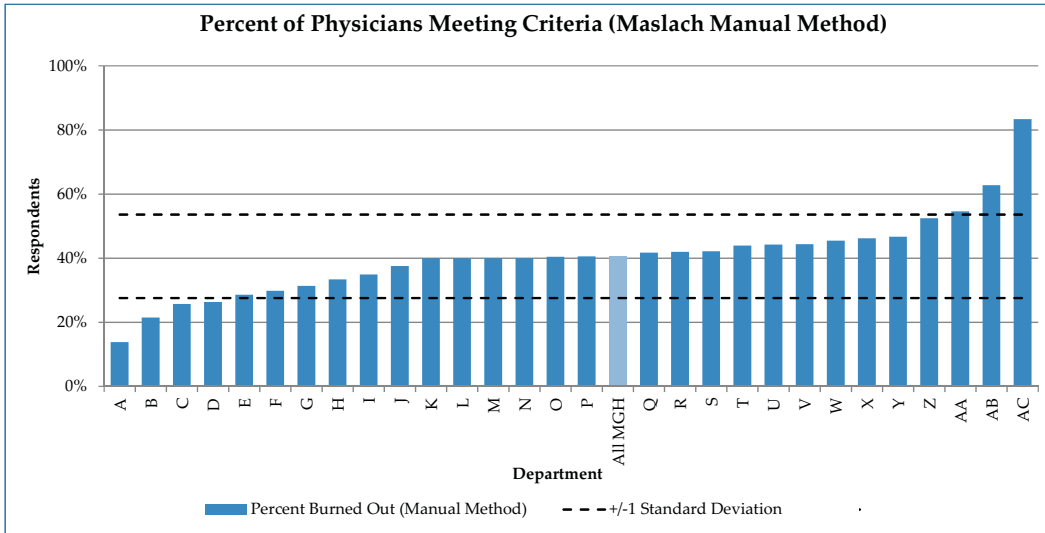


hfma™ massachusetts - rhode island chapter
healthcare financial management association



Results from MGPO Physician Survey

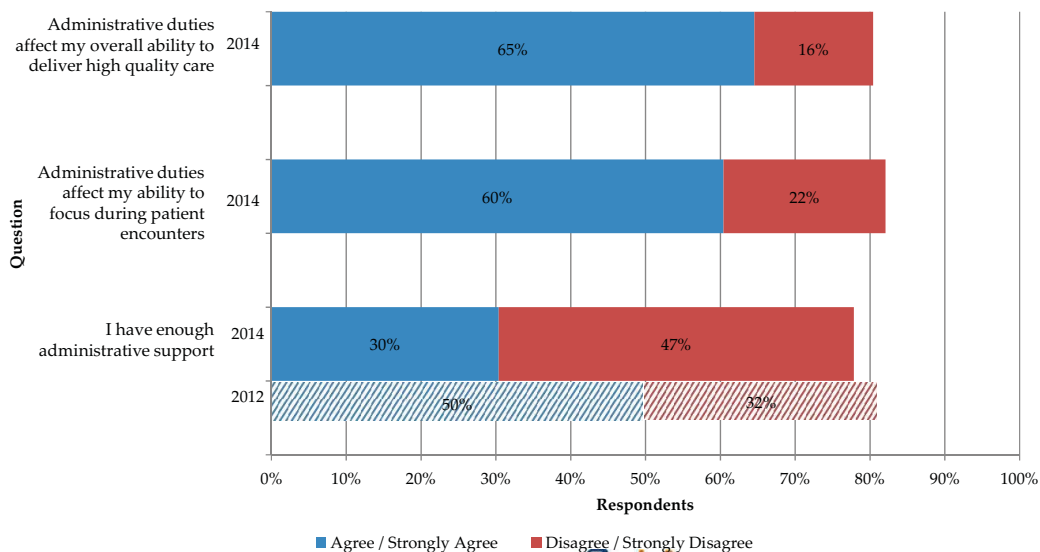
- Physician burnout at the MGPO is driven by exhaustion.
- 3.5% of physicians show signs of burnout more than once a week.



Source: MGPO 2014 Physician Survey



Physicians report that in an average week, 24% of their total hours are spent on administrative duties related to patient care.



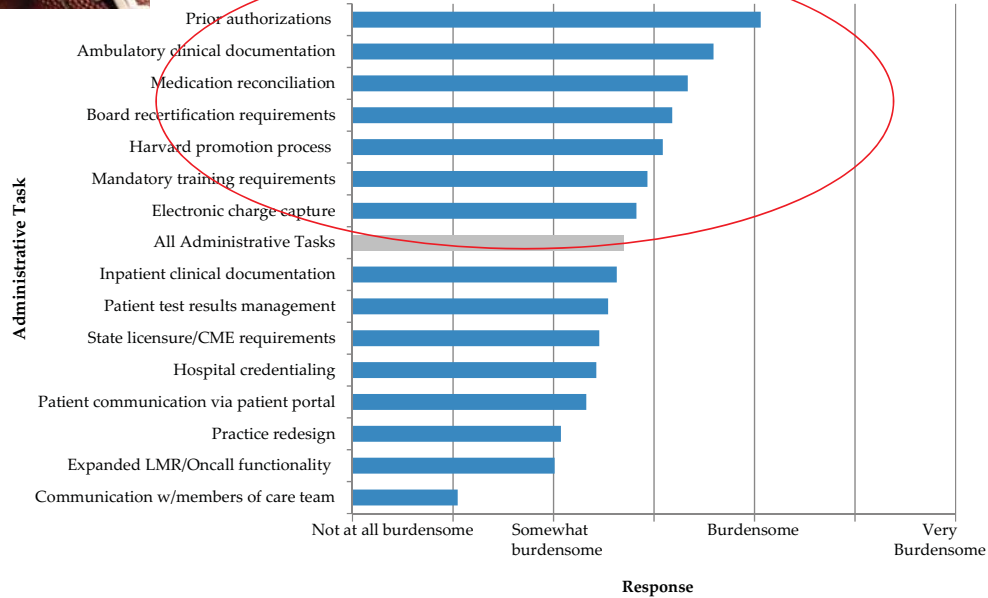
Source: MGPO 2014 Physician Survey



Do Your Job! - Strive to Make Your Revenue Cycle Thrive 2017



Burden for Administrative Tasks



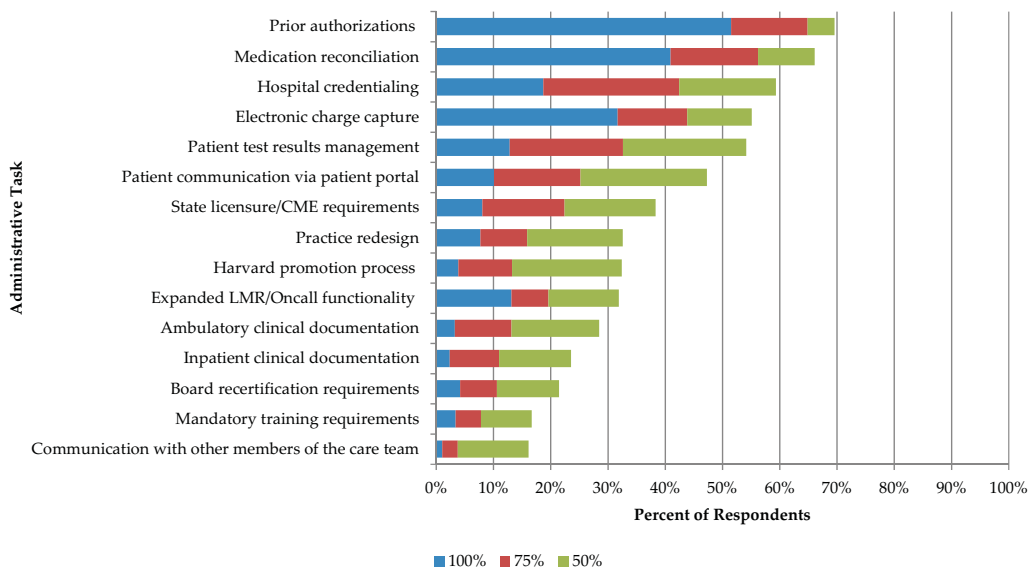
Source: MGPO 2014 Physician Survey



Do Your Job! - Strive to Make Your Revenue Cycle Thrive 2017



What percentage of this work could be delegated to someone else?



Source: MGPO 2014 Physician Survey



Do Your Job! - Strive to Make Your Revenue Cycle Thrive 2017



MGPO Kitty Hawk

MISSION:

To relieve administrative burden and allow physicians to enjoy the safer care of patients

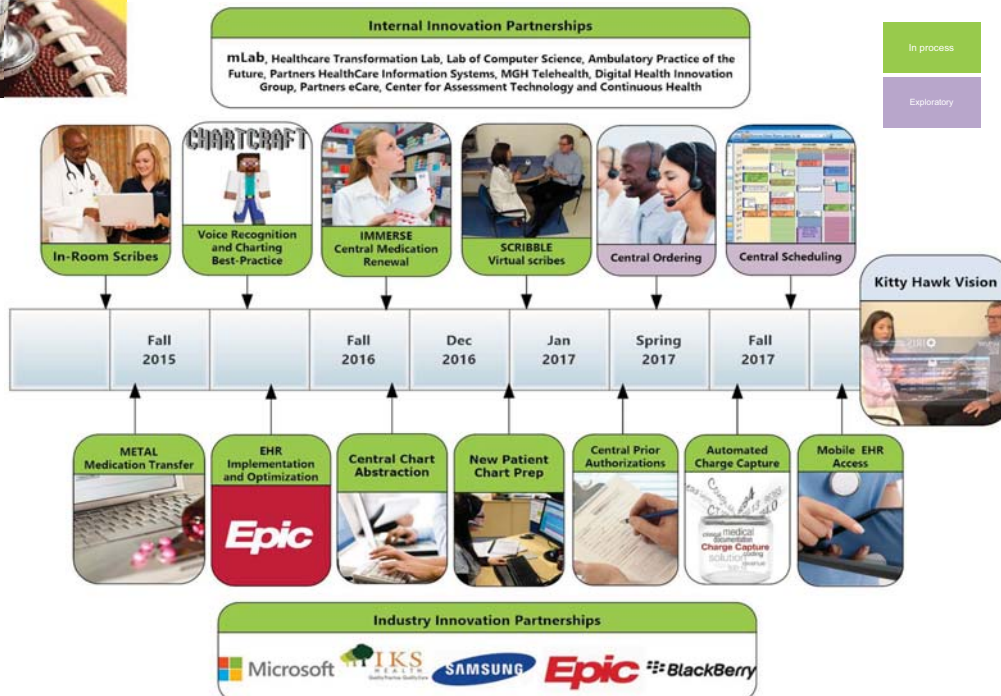


Do Your Job! - Strive to Make Your Revenue Cycle Thrive 2017



MGPO Kitty Hawk Phase II Roadmap

Fall 2016 - Spring 2017



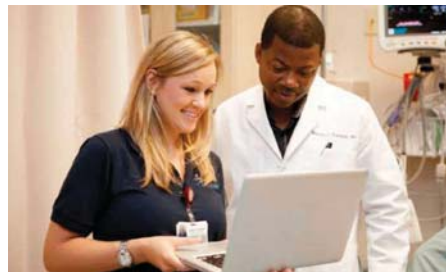


Clinical Scribes



What does a scribe do?

- Works 1:1 with provider during a session
- Is present during the patient encounter
- Is clearly identified as a medical scribe
- **Transcribes** the patient encounter, using the physician's and patient's direct words
- Works directly in the EHR to document narrative, vitals, coded history
- Scribe may enter orders **in pending status**, add to the active medication list



Do *Your Job!* - Strive to Make Your Revenue Cycle Thrive 2017



What does it take to onboard a scribe?



Relocation Costs*

Pre-Clinical + Clinical Training (~120hrs)

Credentialing Cost (avg \$80 per scribe)

Annual Re-training Cost

Compliance, HIPAA, Insurance

Physician Tools

(Quarterly Meeting, CMR, Videos, Phone app)

Scribe Career Development

(Yearly Conference, CSE, Textbook, Benefits)

Management

(Payroll, Invoicing, Human Resources)

Scribe Program Cost per Hour

Year Two Discount

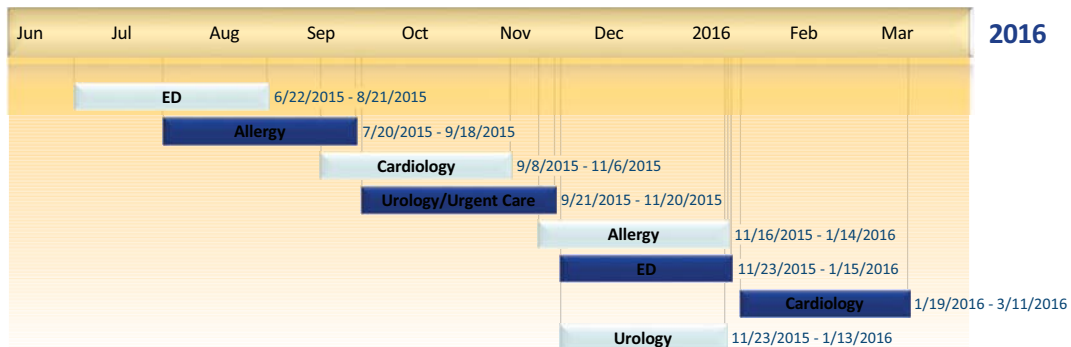


Do *Your Job!* - Strive to Make Your Revenue Cycle Thrive 2017



MGPO Scribe-Off

July 2015-March 2016



Elite Medical Scribes (2 scribes / 7 months)

Scribe America (3 scribes / 8 months)





Results of MGPO Scribe Pilot In Emergency Department

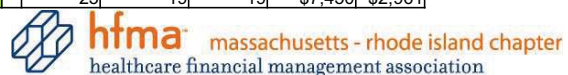
MGH ED Scribe Pilot Metrics by Area										
Metric	Scribe Designated Location (6/27-8/2 data; total days worked 32)					July 2015 Stats by Dismiss Area				
	Acute	CDU/Eval	Fast Track	Urgent	Total	Acute	CDU/Eval	Fast Track	Urgent	Total
Total Days	8	16	6	2	32	31	31	31	31	31
Volume	110	355	161	36	662	1,673	2,936	2,180	1,488	8,277
Avg Vol	14	22	27	18	21	54	95	70	48	267
% LWCT	0.0%	1.4%	1.2%	2.8%	1.2%	0.4%	3.5%	2.8%	1.1%	2.3%
Total MLOS	3.9	5.2	4.4	5.7	4.9	5.8	4.9	2.7	7.4	4.7
Admitted to EDOU	2.7	3.9	6.1	6.1	5.2	4.7	4.4	4.4	6.3	5.2
Admitted to MGH	3.4	5.7	4.9	5.3	8.1	6.2	8.2	5.2	9.5	7.5
Dismissed	6.6	5.7	4.3	5.8	3.9	5.2	5.2	2.6	5.9	3.6

- All areas except Urgent, saw a decrease in LWCT (left without care or treatment) patients
- The majority of MLOS (minimum length of stay) improvements were seen for patients that were Admitted to MGH or EDOU (ED Observation Unit)
- Acute and Urgent saw the greatest improvements in MLOS



Results of MGPO Scribe Pilot In Emergency Department

WITH SCRIBE						WITHOUT SCRIBE				
Provider	# Dates	Avg Pts	Avg Volume	Avg Charges	Avg Pymts	# Dates	Avg Pts	Avg Volume	Avg Charges	Avg Pymts
Provider A	2	12	12	\$4,432	\$1,867	10	14	14	\$5,305	\$2,006
Provider B	1	25	25	\$6,016	\$2,183	27	16	16	\$7,120	\$2,808
Provider C	7	12	12	\$5,057	\$1,895	29	15	15	\$5,505	\$2,208
Provider D	2	20	20	\$8,766	\$3,428	23	16	16	\$6,209	\$2,615
Provider E	5	20	20	\$6,544	\$2,764	24	14	14	\$5,109	\$2,063
Provider F	2	3	3	\$978	\$334	27	16	16	\$6,615	\$2,676
Provider G	1	1	1	\$233	\$67	34	15	15	\$6,363	\$2,344
Provider H	3	16	16	\$7,903	\$2,915	26	13	13	\$5,466	\$2,006
Provider I	7	18	18	\$6,653	\$2,498	23	11	11	\$4,946	\$2,129
Provider J	1	19	19	\$8,770	\$3,548	11	10	10	\$4,220	\$1,632
Provider K	3	19	19	\$7,685	\$3,587	20	10	10	\$4,131	\$1,620
Provider L	4	18	18	\$5,872	\$2,385	16	12	12	\$3,597	\$1,545
Provider M	6	14	14	\$5,317	\$2,144	15	12	12	\$5,562	\$2,293
Provider N	4	19	19	\$6,289	\$2,323	29	16	16	\$5,773	\$2,211
Provider O	1	20	21	\$6,978	\$3,108	25	19	19	\$7,450	\$2,961





Physician Feedback on Scribes

"So helpful, added in this 1/2 day of clinic while another scribe user is attending in the CCU. Everything runs very smoothly and the notes are great, nearly done at the end of clinic, and then finished for good pretty quickly!!"

"Would have been a great day to have a scribe, so much time spent in consultation with patients, so much time lost by not having someone there to document the complex conversations."

"...being busy and clearly shortening face time with the patients is made up by the actual increase in eye contact with the patients - so I don't think they felt rushed or not attended to, so in summary: scribes can increase productivity, still keep patient satisfaction, completely support scribes!"

"What a difference it makes to have someone helping with new patient visits-- so much energy goes into the interview and the interaction, and instead of having to type it out all over again later in the day, it is done by the end of the visit. Revolutionary!"



Patient Feedback on Scribes

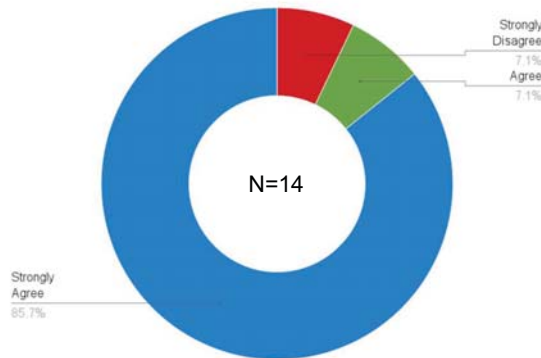
"Did you feel comfortable with the use of a medical scribe by your physician?"

Did not endorse any uncomfortable scenarios

Uncomfortable with sensitive subjects

A scribe is "similar to a medical student"

"I wouldn't mention certain things", "I would be more reserved on personal matters" (i.e. ejaculation, urination)



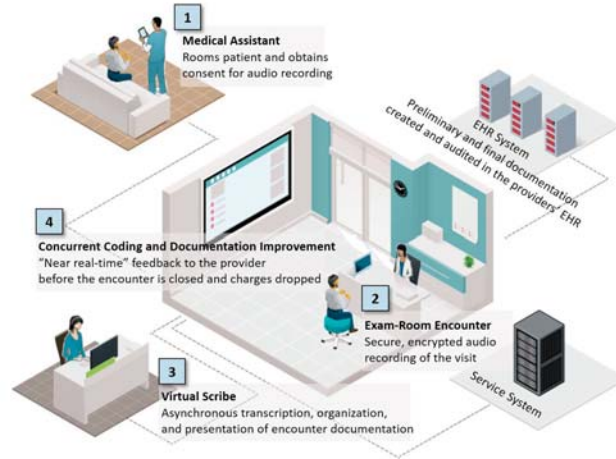
Uncomfortable with scribe during sensitive parts of the exam, "Not part of the medical community"



Do Your Job! - Strive to Make Your Revenue Cycle Thrive 2017



Virtual Scribes



hfma massachusetts - rhode island chapter
healthcare financial management association

Do Your Job! - Strive to Make Your Revenue Cycle Thrive 2017



Virtual Scribe Output

Encounter Date: 09/29/2016

09/29/2016 7:14 AM Office Visit Description: **High Everett Fan Care** C53N **Female DOB: [REDACTED]** Provider: **David Yui-Chee Ting, MD**

Author	Write Status	Last Update User	Last Update Date/Time
David Yui-Chee Ting, MD	Addendum	David Yui-Chee Ting, MD	9/30/2016 9:00 AM

Progress Notes

Date of Visit: 09/29/2016

Reason for Visit (Summary/Chief Complaint):
68 year old female presents for post hospital follow up of possible CHF and other medical conditions.

History of the Presenting Illness:
Was admitted to Lawrence Memorial Hospital for four days (from September 16, 2016 to September 19, 2016) for breathing difficulty and worsening leg edema. On admission, she was suspected to have an acute on chronic congestive heart failure. Was treated with diuretics and adjustments were made in the blood pressure medications. Norvasc was increased to 5mg, Atenolol was decreased to 50mg. She was recommended to continue the same dose of Lasix.
She takes her medications regularly.
Currently her symptoms are alleviated with no SOB, chest pain, nausea, headache, fever, rash or stomach ache. Leg edema is improved. No nurse assistance at home.

Edema: On Furosemide. Has a chronic ankle pain with bilateral leg swelling worsens as the day progress. Does not have difficulty while walking. Follows up with podiatrist. Wears left foot brace. Was recommended to use soft leather shoes and monitor the symptoms.

Essential hypertension: On Atenolol 50 mg half a tablet and Norvasc 5 mg. Refills requested.

Type 2 diabetes mellitus: On Lantus 90 units.
During the recent hospitalization, her blood glucose levels had gone down; as low as 40 mg/dL so her Lantus dose was decreased to 30 units. However, after discharge from the hospital, she found her glucose levels to be elevated (as high as 400 mg/dL) so she restarted her previous dose of 90 units. Yesterday morning, her blood sugar was 135 mg/dL.

Hyperlipidemia: On Simvastatin 20mg. Refills requested.

Anxiety: Stable. No family stressors at home.

See care plans and review of system below for future details. Past medical history, social history, family history, medication list, allergies all reviewed and updated as a part of today's visit.

Review of System:

Printed by David Yui-Chee Ting, MD [5841] at 10/1/16 10:08 AM

Encounter Date: 09/29/2016

Exam: (+) chills, no fever
[ENT/Infect]: no sore throat, rhinorrhea
[CV]: (+) for left ankle swelling, no chest pain.
[Head]: no SOB.
[IG]: no abdominal pain, nausea
[Skin]: no rashes
[Neuro]: no headaches
ROS was obtained as per above and HR and are otherwise negative.

Allergies
Allergen: Atorvastatin
Reactions: Unknown

Physical Examination:

Filed Vitals: 09/29/16 1857
BP: 145/55
Pulse: 46
Weight: 92.86 kg (215 lb 12.8 oz)

[Constitution]: well nourished and developed.
[Eyes]: conjunctiva clear.
[ENT]: None - no discharge.
[ENT]: Throat - normal color and without tonsillar enlargement.
[Neck]: external exam normal, supple no lymphadenopathy or thyromegaly
[CV]: (+) mild edema left ankle. Regular rate, no murmurs.
[Respiratory]: clear breath sounds bilaterally, no accessory muscle use.
[GI]: abdomen soft,
[Skin]: no significant rashes
[Musculoskeletal]: (+) mild edema left ankle, normal tone.
[Neuro]: 5/5 gross motor strength, grossly normal coordination and gait
[Psych]: alert and oriented for age, normal mood and affect

Recent and relevant Labs Reviewed

Assessment and Plan:

Edema, unspecified type
Mild edema of left ankle.
Continue to use soft leather shoes as recommended by podiatrist.

Essential hypertension
Her blood pressure is 145/55 mmHg in the office today. Within acceptable range.
Continue current regimen.
Refills for Atenolol 50 mg and Norvasc 5 mg provided. Medications to be taken once a day.

Printed by David Yui-Chee Ting, MD [5841] at 10/1/16 10:08 AM

hfma massachusetts - rhode island chapter
healthcare financial management association

Do *Your Job!* - Strive to Make Your Revenue Cycle Thrive 2017



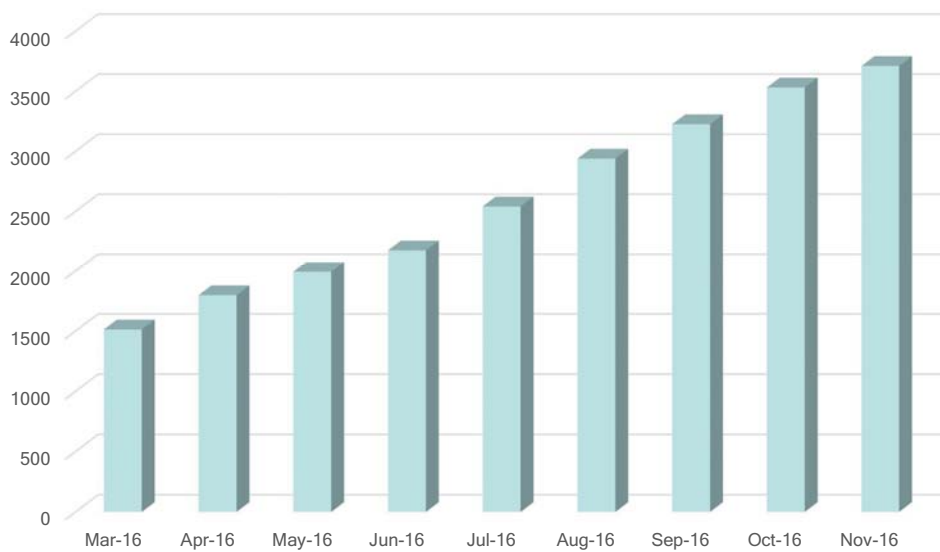
Voice Recognition

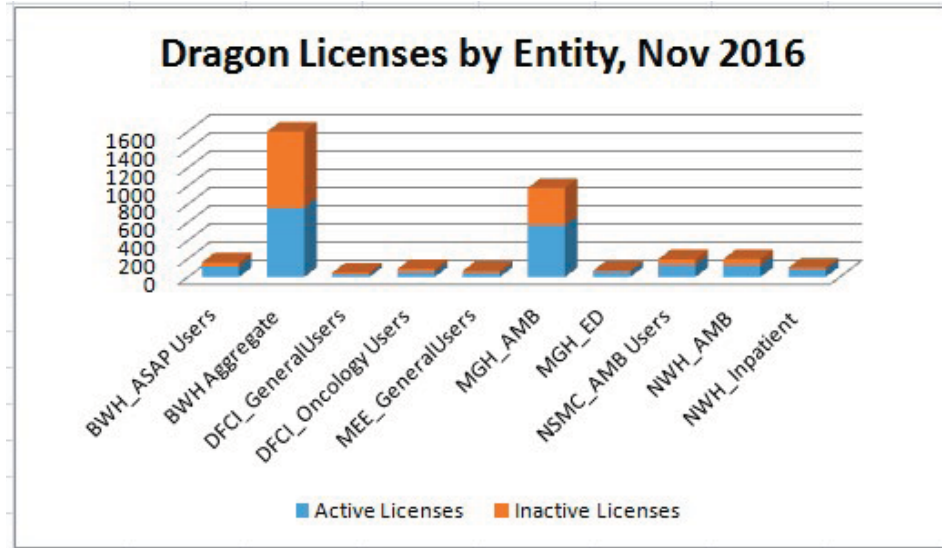


Do *Your Job!* - Strive to Make Your Revenue Cycle Thrive 2017



Total Dragon 360 Users Across Partners HealthCare





User Adoption and Feedback

Key figures

From Survey Monkey Survey conducted in Summer 2016

(based on 76 responses from DFCI, MEE & NWH):

- 65% of respondents indicated they were using VR only (no longer using transcription)
- 72% of respondents agree that Dragon Medical 360 is easy to use.
- 62% of respondents agree that additional Dragon Training would be beneficial.
- 34% of respondents indicated that Dragon sped up their work & allowed them to finish tasks faster.
- 55% of respondents indicated that they use the Nuance PowerMic II



Tangible ROI of Voice Recognition

Transcription Cost Reduction

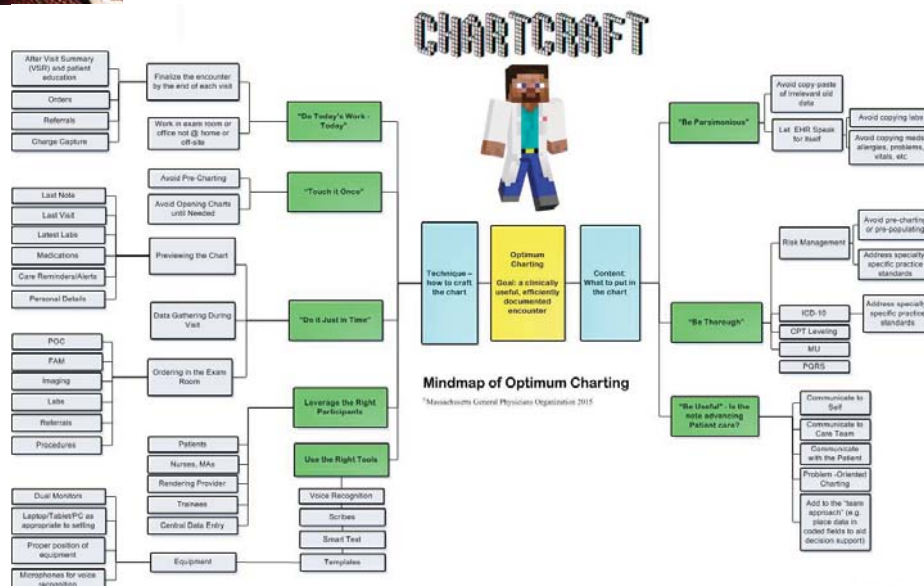
Monthly cost of traditional dictation 4 months pre- & 4 months post Go-live:

Site	Before Epic (Avg. per month)	After Epic (Avg. per month)	% change
NWH	\$ 36,189	\$14,730	60% decrease
BWH	\$129,202	\$79,162	40% decrease
MGH	\$108,162	\$71,936	44% decrease

**Note- sites have followed different implementation approaches & requirements (i.e. NWH mandated Dragon VR use)



Teaching Chartcraft as a Salve For Administrative Burden





hfma™ massachusetts - rhode island chapter
healthcare financial management association

Do *Your* Job! - Strive to Make Your
Revenue Cycle Thrive 2017



THANK YOU

Conquering the Challenge of Administrative
Burden in Healthcare

David Y. Ting, MD, FAAP, FACP
Chief Medical Information Officer
Massachusetts General Physicians Organization
dting@mgh.harvard.edu