Spreading Solutions That Work

Scribe Program Start-up Basics

Team Leader Webinar

04/11/17
Zoom Logistics

Use the control panel at the bottom of your Zoom window for:

- Muting yourself
- Chatting in questions!

Note: If you click on the up arrow ^ to the right of the Mute icon, it will show you the audio settings (call-in number, IDs, or how to switch to computer audio)

This webinar is being recorded and will be sent out via email, along with the slides.
• Welcome and Announcements

• How to be a Clinician with a Medical Scribe!
  – Presented by Michaela Boucher, Shasta Community Health Center

• Key Issues When Starting A Scribe Program

• Survey
Who’s in the Cohort

Group Visits
- Alliance Medical Center
- East Valley Community Health Center
- Olive View-UCLA

Medical Scribes
- CommuniCare Health Centers
- Hill Country Community Clinic
- La Clinica de la Raza
- Rocky Mountain Youth Clinic

Patient Portal Optimization
- LifeLong Medical Care
- Planned Parenthood California Central Coast
- San Mateo Medical Center
- UMMA Community Clinic
- Venice Family Clinic

Telephone Visits
- LifeLong Medical Care
- Monterey County Health Department
- Serve the People

Texting Solutions
- Gardner Family Health Network
Program Goals

Understand factors that support spread

Develop resources to share with the field

Solution successfully implemented beyond pilot stage
Program Support

Grants of $15,000

- Coaching (1:1 and group)
- Host Site Visit
- Support for measurement
- Peer-learning community
- Toolkits, resources and webinars

Learn from these host sites how to operationalize the solution, gain buy-in from key stakeholders, train staff, redesign workflows and build a business case to sustain the solution.
Support Schedule

- **Scribe Team Leader Monthly Call**
  - Second Tuesday at 11am PT

- **Scribe 1:1 Team Calls**
  - Team Leader, Clinical Leader, Scribes Invited
  - Every-other-month, Second Wednesday (Pacific Time)
    - 9am: Hill Country
    - 10am: La Clinica
    - 12noon: Rocky Mt Youth Clinic
    - 1pm: CommuniCare
Questions?
Provider
Introduction to Scribes

Michaela Boucher, BS, CMSS
Shasta Community Health Center
To view/listen to the presentation recording, click here:

https://vimeo.com/212769739

See the following slides for the presentation slide deck.
How to be a Clinician with a Medical Scribe!

Created by Michaela Boucher, Shasta Community Health Center

Taking the doc out of documentation...
BEFORE Medical Scribes

Ugh... This doctor is not paying attention to me!
I love that my doctor has a medical scribe! Now his attention is on me, not the computer!

AFTER Medical Scribes
- What is a medical scribe?

- How can a scribe help you?

- How you can you be successful with a medical scribe?
What is a medical scribe?

- Personal assistant to the clinician (MD, DO, NP, PA)
- Performs documentation in Electronic Health Record
- Gathers information for the patient’s chart
- Allows for QUALITY documentation and patient care
- A scribe accompanies the clinician into the exam room and documents as the patient and clinician interact.
This 40 year old female presents for Back Pain.

History of Present Illness:

1. Back Pain
Additional information: Pt is here today with c/o back pain. This onset 2 days ago after a MVA. Pt was seen in ER post MVA. Started on Norco, taking 2 tabs daily but still in severe pain. Wants more Norco.

Home Glucose Readings:
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This 40 year old female presents for Back Pain.

History of Present Illness:

1. Back Pain
Onset: 2 days ago. The problem is worsening, it occurs persistently. Location of pain is upper back, middle back and lower back. There is no radiation of pain. The patient describes the pain as an ache, burning, shooting and stabbing. Context: motor vehicle accident. Motor vehicle accident details: The patient was the driver. The accident occurred on a paved road. The air bag deployed. The vehicle hit another vehicle head-on. Symptoms are aggravated by bending and walking. Symptoms are relieved by Norco. Additional information: Pt was seen in the ER at Mercy Medical Center two hours after accident occurred. Prior to accident, patient denies any h/o back pain. Would like to consider physical therapy as a treatment option. Pt is currently taking 2 tabs Norco QD.

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How can a scribe help Clinicians?

- Documentation of visit
  - Symptoms, history, physical exam, and document the diagnosis and plan
- Order Labs
- Order Imaging
- Generate Referrals
- IT Support Staff
- Ensure Quality Measures Met
- Chaperone in Exam Room
- Prompt Clinician for Preventative Medicine
- Interdepartmental Role
- Another Person to Review the Medical Record
Clinician Testimonials

“I figure that she saves me 2-3 hours per day, especially in transcription, but also in other random tasks. I really notice it when she is gone, especially when there is no sub.”

“Having another person in the room often makes the patient behave better.”

“My nurse, scribe and I have our systems pretty well down to get these things done. She also knows how to work most of the NextGen templates, so when there is a problem, I can go to her first.”

“She is very bright, and I have trained her to summarize the prior note to put into the new note, particularly on our chronic pain patients, so that that information follows them and makes a more complete note.”

“Huge help regarding time spent at work. I usually leave between 5:00 and 5:30, although I still do paperwork at lunch. I rarely do charts at home. Almost 100% of charts finished that day so nothing hanging over my head. Scribe gets to know you and your habits, like your nurse, and can help you leave the room when needed, etc.”
How can you be a successful clinician/scribe team?
Steep Learning Curve

2-3 MONTHS
Communication is KEY

- Review the notes *with* your scribe
- Give feedback while reviewing your notes
- Dictate physical exam findings
- Create custom quick saves and “my phrases”
- Talk about preventative medicine before entering the exam room
- Encourage your scribe to read your last note and discuss plan for today’s visit
- Discuss quality measures and make goals with your scribe to meet them!
Eventually your scribe will read your mind...

I know what she’s going to order! She told me last time when a patient has abdominal pain she always wants a lipase!
Basic Scribe Program
Start-up Topics

Charles Kitzman, MS
Shasta Community Health Center
Why Do this? What to Expect?

Drivers
- Retention/Satisfaction
- Improve Documentation/Data
- Mitigate Worker Comp Claims / RM Injuries – Share the load

Benefits
- Work/Life Balance
- Increased Access
- Improved Quality

Barriers
- Initial Resistance/Trust/Territoriality
- Turnover/Costs/Change Management
- Co-dependency
Scribe Counts and Average Cost Per

2011: 7 Scribes, $13.05 Avg Wage
2012: 14 Scribes, $13.29 Avg Wage
2013: 18 Scribes, $13.26 Avg Wage
2014: 19 Scribes, $13.49 Avg Wage
2015: 29 Scribes, $13.85 Avg Wage
2016: 32 Scribes, $13.88 Avg Wage
2017: 34 Scribes, $13.47 Avg Wage
How Do We Pay for This??

- **Some Increased Access**
  - +2 Encounters/Day > Cost of the Scribe
  - Use High Volume departments (UC, PEDS)

- **Other Revenue Streams**
  - Managed Care QIP (Quality Improvement Program)
  - Meaningful Use
  - 340B Discount Pharmacy Program

- **Can you afford not to?**
  - Are you recruiting well enough to avoid a death spiral?
A Note on Quality

- Scribes Have Become “Provider Quality Brains”
  - Pre-Visit Planning/Clinical Guidelines
  - Training made easier by going through them
- Scribes Don’t Count Clicks
  - Invested in the Success of the team
  - Know what it takes to get credit on measures
- Scribes Help to Improve Platform
  - Represented on our Quality committee structure
  - Understand IT capabilities/Vocal
- Can Help with Transition to Value-based Reimbursement
To Certify, or Not to Certify

• American College of Medical Scribe Specialists
  – Nationwide Organization - $370 Initial/$170 Annual
  – Local Junior Colleges are getting involved. Check

• We Pay for All Scribes after 200 hours
  – Helps with CPOE measure for Meaningful Use
  – Labs, Referrals, Diagnostic Ordering
  – Medications not an Issue for us. Off-limits

• Calculated Risk/CMS Stage 3 Final Rule
Myth vs Reality

• Myth
  – Gender Issues <> Care
  – Territoriality*
  – All Providers are the same
  – All Scribes are the same
  – Disruptive addition to team
  – Additional logins for Cross training

• Reality
  – Patients Adapt Quickly
  – Providers = Skin in the Game
  – Highly-trainable
  – Co-Dependency
  – Bench Strength
Lessons Learned

• From Us
  – This is a process. Be patient. Pick the Right People
  – Use the Tools we’re Providing/make them your own
  – Resist the temptation to Fast Track training/onboarding
  – Set standards for Scribe candidates and stick to it
  – Be wary of co-dependency – try to stay in charge
  – Watch the competition/poaching
  – Ergonomics/Infrastructure Planning
Lessons Learned

• From Folks Who Have Gone Before You:
  – Unions – slow things down. Maybe start w/ that early
  – “Do, or do not. There is no try.” – Yoda
    • Commit to the program and stick it out
  – Investigate how system tracks accountability
    • Ex. Diagnoses captures the name of the user
    • Establish a policy to explain this nuance
  – Make sure leadership has your back
Survey
Prioritize the following issues – what is impacting you the most right now as you start the grant?

1. **Provider Connect** - Provider does not know what Scribe is to do
2. **Organization Connect** - CEO/CMO/My Boss is unclear what a Scribe is to do
3. **MA vs. Scribe Duties** - There is confusion over the role of the MA duties and the Scribe duties – Scribe is being asked to do both!
4. **Scribe Supervision** - Scribe is confused over who to go to over professional concerns
5. **Need Examples** - We need examples of job duties/job descriptions/measures of success
6. **Scribe Assignments** - Scribe assignment to a provider/multiple providers is not figured out

7. **Other:**
CCI Contact Information

Meaghan Copeland, Program Coordinator
- Phone: (415) 561-6393
- meaghan@careinnovations.org

Jim Meyers, DrPH, Coach
- Phone: 510-761-1609
- jimmeyersdrph@gmail.com

SA Kushinka, Program Director
- Phone: (415) 561-6356
- sa@careinnovations.org