The Medical Assistant Care Team Redesign Initiative Program: Clinical Scribing

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Introduction

• The care team in the primary care setting is the crux of successfully achieving the goals of health care reform.
  • The Goals$^{1, 2}$:
    • Increase the number of insured Americans
    • Increase the quality of care provided to Americans
    • Reduce costs

• Quality of care influences patient satisfaction$^3$
  • Satisfaction directly related to the physician encounter
  • Quality of physician communication is important
    • April – June 2015 CAHPS for AltaMed
Introduction

• What is a clinical scribe?
  • As defined by the Joint Commission, “a scribe is an unlicensed person hired to enter information into the electronic medical record...at the direction of a physician or practitioner.”
  • As defined by the Center for Professional Advancement, a scribe “charts encounters between physicians or other practitioners and patients in real-time and organizes the healthcare data to maximize the efficiency and productivity of clinical care.”
Introduction

• How will clinical scribes be useful in achieving the goals of the health reform (slide 2) while staying true to the core values of AltaMed? The top 3 core values are

1. Patient’s come first
   • Provider able to pay more attention to the patient without fussing with the computer

2. Employees are our most valuable asset
   • Improving the skill set of employees with formal and on the job training has been shown to increase employee satisfaction and company morale

3. Encourage process excellence and innovation for quality outcomes
   • Implementing a clinical scribe system at AltaMed, the largest FQHC, will set AltaMed ahead of other health systems
Background

• High Plains Community Health Center in Lamar, Colorado\(^6\)
  • Rural clinic with high census and 3 staff physicians
  • Pre MA CTRI (2002) : 1.82 patients per hour
  • Post MA CTRI (2004): 3.0 patients per hour
  • 10% or $500,000 in annual savings to HPCHC

• United Heart and Vascular Clinic in St. Paul, Minnesota
  • 4 physicians
  • Pre MA CTRI: 2.2 patients per hour
  • Post MA CTRI: 3.5 patients per hour
  • Patient satisfaction unchanged; direct pt interaction increased from 1.5 minutes to 6.7 minutes
  • $205,740 in additional revenue (work relative value units payment system)
Methodology

- Literature review on
  - Care Team Redesign
  - Clinical Scribing
  - Patient Satisfaction
  - Health Care Reform
  - Joint Commission and CMS Standards
- Scribe curriculum developed for NextGen Ambulatory Electronic Health Record System
- Surveys developed and published on Survey Monkey for providers and scribes
- Surveys developed and printed for patients
- CAHPS data pulled for April, May, June 2015
- Scribing sessions held at AltaMed PACE locations
Results

• Pre-pilot provider feedback
  • “Having a medical scribe in clinic with me has been a tremendous help! It allows me to focus more of my attention on the patient and worry less about documentation in the computer. Documentation is also much faster since more than half of the note is written before I open the chart. It makes me more efficient, more attentive to the patient, and improves my overall clinical experience.”

- Dr. Michael Hochman MD, MPH
## Results

Consumer Assessment of Healthcare Providers and Systems Survey Results Across AltaMed Pre-Implementation

<table>
<thead>
<tr>
<th></th>
<th>April 2015</th>
<th>May 2015</th>
<th>June 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physician communication quality</strong></td>
<td>Actual: 89.1%</td>
<td>Actual: 89.2%</td>
<td>Actual: 89.1%</td>
</tr>
<tr>
<td></td>
<td>Target: 92.9%</td>
<td>Target: 92.9%</td>
<td>Target: 92.9%</td>
</tr>
<tr>
<td><strong>Listens carefully to you</strong></td>
<td>Actual: 92%</td>
<td>Actual: 92.2%</td>
<td>Actual: 92.1%</td>
</tr>
<tr>
<td></td>
<td>Target: 94.7%</td>
<td>Target: 94.7%</td>
<td>Target: 94.7%</td>
</tr>
<tr>
<td><strong>Spend enough time with you</strong></td>
<td>Actual: 85.5%</td>
<td>Actual: 85.5%</td>
<td>Actual: 85.2%</td>
</tr>
<tr>
<td></td>
<td>Target: 89.4%</td>
<td>Target: 89.4%</td>
<td>Target: 89.4%</td>
</tr>
</tbody>
</table>
## Results

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</tr>
</thead>
<tbody>
<tr>
<td><strong>See provider w/i 15 min of appointment</strong></td>
<td>Actual: 61.7%</td>
<td>Actual: 63.4%</td>
<td>Actual: 65%</td>
</tr>
<tr>
<td></td>
<td>Target: 72.7%</td>
<td>Target: 72.7%</td>
<td>Target: 72.7%</td>
</tr>
<tr>
<td><strong>Someone follow up with results</strong></td>
<td>Actual: 61.7%</td>
<td>Actual: 63%</td>
<td>Actual: 64.3%</td>
</tr>
<tr>
<td></td>
<td>Target: 73.5%</td>
<td>Target: 73.5%</td>
<td>Target: 73.5%</td>
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</tbody>
</table>
Discussion

• Achieve and surpass targets on several measures of CAHPS survey with implementation of clinical scribing

• AltaMed has high provider turnover rate
  • Provider satisfaction with the implementation of a scribe would likely increase and lead to retention as practitioners are allowed to work at the level of their licensure.
Discussion

- Current provider daily census average: 19-20 patients.
  - MA clinical scribes should increase productivity to allow 5% to 10% increase in patient visits per day.
  - For the fiscal minded: MA salary $14/hour/8h day: $14*8 = $112
    - $112*15 pilot MAs = $1680 per day

- 1-2 extra established pt (G0467) visits per day at the FQHC prospective payment system (PPS) rate of $158.85 times the 1.1 geographic adjustment factor (GAF) equates to $174.74 - $349.47 additional revenue per MA-provider team per day
  - With 15 pilot teams seeing one additional pt = $174.74*15 = $2,621.02 revenue
    - $2,621.02 - $1680 = $941.02 additional revenue
    - In 6 months = $171,736.15
  - With 15 pilot teams seeing two additional pt = $349.47*15 = $5,242.05 revenue
    - $5,242.05 - $1680 = $3,562.05 additional revenue
    - In 6 months = $650,074.12
Discussion

• For the quality of care minded:
  • The *established pt (G0467)* code can be used on
    • Tobacco use counseling
    • Alcohol screening
    • Behavior counseling on obesity
Discussion

• Current provider daily census average: 19-20 patients.
  • MA clinical scribes should increase productivity to allow 5% to 10% increase in patient visits per day.
  • For the fiscal minded:
    • MA salary $14/hour/8h day: $14*8 = $112
      • $112*15 pilot MAs = $1680 per day

• 1-2 extra **new pt (G0466)** visits per day at FQHC PPS rate of $158.85 times the 1.3416 AF equates to $213.11 - $426.22 revenue

• 1-2 extra **IPPE OR AWV Medicare pt (G0468)** visits per day at FQHC PPS rate of $158.85 times the 1.3416 AF equates to $213.11 - $426.22 revenue
  • With 15 pilot teams seeing one additional pt/day = $ 213.11 *15 = $3,196.69 daily
    • $ 3,196.69 - $1680 = $1,516.69 additional revenue per day
    • In 6 months = $276,797.27
  • With 15 pilot teams seeing two additional pt = $ 426.22 *15 = $6,393.39 daily
    • $ 6,393.39 - $1680 = $4,713.39 additional revenue per day
    • In 6 months = $860,184.55
Recommendations

• Next steps
  • Implement MA Clinical Scribe Training
    • ~3 weeks or 120 hours of didactic and clinical time including
      • Anatomical and Medical Terminology course/review
      • SOAP Note course
        • Following CMS Documentation Guidelines
      • AltaMed medication formulary
      • NextGen Ambulatory EHR Training
      • Hands on “observation”
  • Ensure training on and compliance with the following standards, per the Joint Commission
    • Human Resources
    • Information Management
    • Rights and Responsibilities of the Individual
    • HIPAA
    • HITECH
    • Confidentiality and Patient Rights
    • Record of Care
    • Provision of Care
Recommendations

- Redesign workflow
  - One-to-one provider to MA ratio.
- Ensure notes scribed by anyone other than provider are documented as such with an acknowledgement phrase
- Ensure providers verify accuracy of scribed notes and enter their acknowledgement phrase
- Upon implementation, allow for an adjustment period (30 – 60 days) then track
  - Patient satisfaction
  - Provider satisfaction
  - Number of visits per hour/day
  - Scribe satisfaction
  - In the future, track management of chronic diseases
Conclusion

• Clinical scribes make everyone’s life better
  • Comprehensive documentation
  • Mostly completed note as soon as the patient encounter ends
  • No forgotten details as expressed by patient

• Scribing offers potential to
  • Increase revenue
  • Increase patient and provider satisfaction
  • Take AltaMed to the next level while ensuring the influx of new patients estimated to enroll in the next 5 years all receive “Quality Care Without Exceptions”
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• Nanette Gonzales-Kane
• Dr. Anthony Speights, MD
• Dr. Christopher Leadem, Ph.D
References

7. G. Klaud Miller M. The Benefits of Using Medical Scribes: Physicians can spend more time with patients; charting accuracy is increased. AAOS Now. 2012.
Questions and/or Suggestions?