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Scribes in Emergency Medicine

By Dr. David Strumpf, M.D., FACEP

Emergency department scribes improve emergency physician efficiency and quality of life. As documentation improves, billing and collections can markedly increase. Based on the article *"How do Physicians and Nurses Spend Their Time in the Emergency Department?"* by Hollingsworth in *Annals of Emergency Medicine* Volume 31, No. 1, Jan 1998, emergency physicians spend at least 21.5% of their time doing chart work and up to 28% of an EP's time is spent doing work that is clerical in nature. Having relatively low priced assistants perform these secretarial functions gets doctors back to what they do best – seeing their patients.

Emergency department scribes are highly motivated college students who are chosen from a large pool of interested applicants based on multiple factors including availability, grades, handwriting/typing skills and, most of all, energy level. They are given classroom-based training and must complete a written manual followed by a test. The classroom training focuses on medical vocabulary and CMS documentation guidelines. They are then given 40 hours or more of real time training. Scribes record the medical history and document physical exam findings in real time as the EP performs the H&P. For the scribes themselves – most of whom hope to go to medical school, working as a scribe provides invaluable 'real world' exposure to emergency medicine.

The available literature on medical scribes is sparse. An *Annals of Emergency Medicine* article from 1983 titled "Improved Emergency Dept Patient Flow: Five Years of Experience with a Scribe System" noted that the quality of physician documentation was better and that charts were completed in real time. A descriptive article titled "Office based Scribes. What a Scribe can do for you" in *Medical Economics* Jan 2006 by Guglielmo discussed anecdotal reports of improved efficiency. Using scribes can more than offset the additional physician time required to use an electronic medical record ("EMR") system. An article in *Emergency Physicians Monthly*, Aug. 2006 by Bryan Vinyard, CEO of Comprehensive Medical Billing Solutions, addresses this issue of the cost incurred by emergency physicians with the implementation of an EMR system. Mr. Vinyard notes that EMR's increase average physician documentation time by 5 minutes per encounter when compared with a template or dictation. He further goes on to detail the significant economic impact on emergency physicians. The addition of 5 minutes per encounter in a 50,000 visit/year ED can cost up to \$500,000 annually for added clerical functions required of an emergency physician utilizing an EMR. Concurrent scribe program development will greatly reduce the cost to emergency physicians for implementing these cumbersome systems. In fact, many hospital administrators recognize this cost and are willing to subsidize a scribe system to successfully implement an EMR system.

Our emergency physician group at Santa Barbara Cottage Hospital (Santa Barbara, CA) started a scribe program in 2003. We were featured in the article "The ERA of the Scribe: Lightning

the EP's Load" in Emergency Medicine News, Vol 26:2 Feb. 2004. This article features testimonials of decreased wait times and a discussion by Richard Bukata, M.D. touting the benefits of scribes. He makes the following observations: "To the extent that charting prevents a physician from seeing new patients, the true costs of charting are very high...scribes can chaperone/assist exams, get labs, make calls and do other tasks to facilitate physician productivity."

There is no disputing the fact that scribes improve a physician's quality of life. In our hospital there was a significant decrease in physician overtime when pre-scribe physician timesheets are compared with post implementation, which translates into better physicians wellness and decreased costs.

The financial benefit of improved scribe documentation can be immense. By focused documentation training, the scribe is able to improve the quality of the medical record with strict adherence to CMS documentation guidelines, thus better capturing the actual acuity of the patients treated. The following clearly illustrates the key results of more accurately documenting actual acuity:

- Level 3's decreased from 48.6% to 35.6%;
- Level 5's increased from 25.0% to 38.3%; and
- Critical Care rose from 2.7% to 4.5%

A relatively small improvement in the E&M and critical care coding distribution can translate into hundreds of thousands of dollars of additional revenue. In addition, scribes can be trained to document specifically in areas of deficiency; examples include ECG's, infusion codes, splints and conscious sedation.

In essence, a scribe program is a comprehensive documentation system that allows the physician to practice medicine while a more complete and concise medical record is generated. We have found the implementation of the scribe program has yielded the following advantages to our emergency medicine practice:

- Improved job quality, physician retention, patient satisfaction;
- Reduced overtime pay for chart completion at shift end;
- Improved physician efficiency with decreased waiting times and reduced LWOBS;
- Increased revenue through improved documentation;

Based on a review of the literature and our personal experience, the only legitimate criticism of a scribe system is training and turnover. For this reason, we have spent countless hours refining our recruitment tools and training system. Through experience we have achieved a balance of training duration and attrition. A certain level of turnover is needed to maintain high levels of interest and motivation.

When the actual full level of patient acuity is captured through more complete documentation with the help of a scribe program, the financial benefits can be substantial as well. More fully capturing charges for the care provided can increase the average charge per patient by approximately \$15, based on our actual experience.

Overall, a properly implemented scribe program can have substantial benefits for an emergency medicine group.

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