Team Documentation & Scribing
Evaluation Toolkit

Background and Description

Team documentation, also known as scribing, involves a non-clinician team member staying in the exam room during a medical visit to enter orders or type progress notes as the clinician calls them out. Team documentation can help return the clinician's focus to the patient encounter, improving the patient and clinician experience. Some models of team documentation have been shown to increase clinician productivity while also increasing their direct interaction time with patients. This toolkit is a guide that practices can use to assess and evaluate their team-documentation or scribing program.

Instructions

Consider starting to track information either before or at the onset of the program. This way you can measure the changes and track the benefits of using scribes at your health center. Our guide includes example survey instruments to assess patient, clinician, and scribe satisfaction, clinic operations data that you can track, a literature review that will allow you to read about what has worked at other health centers, and links to other resources including webinars, newspaper articles, and trainings for those of you who are interested in learning more.

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Introduction

Congratulations! You are joining a growing number of health centers who are exploring team documentation, or scribing. Team documentation can help return the clinician's focus to the patient encounter, improving the patient and clinician experience, and it provides an opportunity for growth that clinical assistants enjoy. Capturing data can help determine how the new program is affecting your health center. You can discover areas of improvement, areas of stagnation, and areas that may be regressing.

How to use this Toolkit:

Use this toolkit as a guide to evaluate your program. It is important to start tracking information either before or at the onset of the program, so that you can measure the changes and track the benefits of using scribes at your health center.

The **survey instruments** can be used to track patient and provider satisfaction at your health center with and without the use of scribes and scribes. You can use the scribe survey to measure their experience at work and determine what they need to their job better.

Clinic operations data can be tracked over time to look for improvements with the implementation of the scribing program. Example metrics are included in this toolkit.

A **review of the literature on the use of scribes** in outpatient settings will give you a sense of the successes that other health centers have experienced with the use of medical scribes. The literature also outlines the various roles of scribes and demonstrates an increase in clinician productivity with the use of scribes in ambulatory and Emergency Department settings.

For those of you who want to learn more, please visit the **other resources** section.

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Scribing Evaluation Instruments

Provider Survey

Date of visit [   ]

1. Did a scribe work with you for this visit?

   ☐₁ Yes

   ☐₂ No

How much do you agree or disagree with the following statements? Please circle your answer					
2. The patient seemed satisfied with the visit.	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree
3. I was able to spend enough time with the patient during this visit without feeling rushed.	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree
4. I left the exam room feeling satisfied with the encounter.	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree
5. Overall, I was able to stay on schedule for this care session	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree

6. How long did it take you to finish your notes?

   ☐₁ Less than 5 minutes   ☐₃ 10-20 minutes

   ☐₂ 5-10 minutes   ☐₄ More than 20 minutes

Instructions:

Complete survey at the end of your care session. A simple way to randomize is to complete the survey for the last patient of each session for a week. It is important to complete the survey for appointments with scribes and without scribes so you can compare results.

Source: Probst JC, Greenhouse DL, Selassie AW. Patient and physician satisfaction with an outpatient care visit. *The Journal of family practice*. 1997;*45*(5), 418-425.

Patient Survey

Date of visit [   ]

☐ Scribe   ☐ No scribe

How much do you agree or disagree with the following statements? Please circle your answer					
1. I feel good about my medical visit	☹ 1 Strongly disagree	2 Disagree	😐 3 Neutral	4 Agree	🙂 5 Strongly agree
2. My doctor or provider gave me his/her full attention	☹ 1 Strongly disagree	2 Disagree	😐 3 Neutral	4 Agree	🙂 5 Strongly agree
3. I was able to say everything I wanted to say to my doctor or provider	☹ 1 Strongly disagree	2 Disagree	😐 3 Neutral	4 Agree	🙂 5 Strongly agree

Instructions:

1. Present to patients after visit
2. *Survey patients who have a scribe in their appointment and patients who do not have a scribe present so you can compare results. (Try to survey patients with and without scribes but with the same provider, maybe a day with scribes and a day without scribes)*

Scribe Survey

How much do you agree or disagree with the following statements? Please circle your answer

1. Patients are comfortable having me in the exam room during their visit	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree
2. I am comfortable in the exam room during the patient visit	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree
3. In general, at the end of the day, I feel satisfied with the patient documentation work that I have done	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree
4. I have the tools and training I need I need to do my job well	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree
5. My professional skills are used to the fullest.	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree

6. What could you have used in terms of training or tools to make your patient visits more effective?

Instructions:

Complete survey after two weeks, and after 3 months on the job to a) assess fulfillment with your role and b) debrief about what you need to do your job better

Source: Probst JC, Greenhouse DL, Selassie AW. Patient and physician satisfaction with an outpatient care visit. *The Journal of family practice*. 1997;*45*(5), 418-425.

Sample Operations Metrics

Quantitative data can contribute to your understanding of the success of your scribing program. Some of these metrics may not show dramatic changes in the short term, but may improve over time. A few sample metrics to track are:

Access and Operations measures:

Some practices have found that they can see more patients if their clinicians have support in documentation, and this has been powerful information to show to their management teams.

- *Productivity:* Number of PCP or primary care team patients per hour or session
- *RVU:* work Relative Value Units are based on the level of service for each patient. RVUs can be measured per hour or other defined period of time.
- *Visit volume:* Average number of visits per half day
- *Third Next Available Appointment (TNAA) for follow-up patients:* Number of calendar days until third next available follow up appointment
- *Good Backlog Percent:* % of appointments for a given provider, department and appointment block that were made at least 12 hours before the scheduled appointment and with at least 10 other available blocks from which to choose
- *Average Lag:* Number of days between the date that an appointment is made and the actual date of the appointment.
- *No show rate*: Proportion of patients who did not show up for their appointment measured by the total number scheduled appointments where patient did not show/Total appointments scheduled at clinic

Clinical Quality:

Note that certain models also include expanded roles beyond patient documentation such as health coaching, patient history, and panel management (see *Peter Anderson and Marc Halley Clinical Assistant Model* and the *University of Utah Community Clinics* model in the summary of the literature section). If your site is implementing an expanded role, consider also measuring some clinical quality metrics such as:

- Diabetic Patient Care
- Immunizations up to date
- Cancer Screenings up to date

Scribing in Medical Practices- Summary of the Literature

United heart and Vascular Clinic, St Paul, MN

What was their model?
The scribe arrives 1 hour prior to the clinic shift to review records, generate preliminary notes, populate a template in the EMR and summarize pertinent medical history. During the patient visit, with direction from the physician, the scribe modifies the progress note, enters diagnoses, revises the problem list, and completes the follow-up request form, the patient instructions, and the after-visit summary. After the visit, the physician reviews the notes, makes modifications, and enters any new orders.

How did they test it?
A prospective controlled study compared standard visits (20 minute follow-up and 40 minute new patient) to a scribe system (15 minute follow-up and 30 minute new patient) in a cardiology clinic. Physician productivity, patient satisfaction, physician–patient interaction, and revenue were measured.

What did they learn?
Patients seen per hour increased (59% increase) and RVUs per hour increased (57% increase). Patient satisfaction was high at baseline and unchanged with scribes. In a sub-study, direct patient contact time was lower for scribe visits, but time of patient interaction (without computer) was greater. Subjective assessment of physician–patient interaction was higher on scribe visits. Direct and indirect (downstream) revenue per patient seen was $142 and $2,398, with $205,740 additional revenue generated from the 81 additional patients seen with scribes. (Bank 2013)

Urological Institute of Northeastern New York, Albany, New York

What was their model?
The electronic medical record (EMR) scribes are pre-med or first year medical students. The physician introduces the patient and the scribe remains in the room, recording medical information throughout the patient encounter. The physician is later able to review and make corrections to the data entered.

How did they test it?
This study evaluated whether the use of EMR scribes in an academic urology program would improve physician satisfaction and patient experience of the medical visit.

What did they learn?
Patients were accepting of an EMR scribe and satisfaction rates were high (93% vs 87% for control group). Patients were comfortable disclosing urological information in the presence of the scribe. Physicians were dramatically more satisfied with office hours when a scribe was present (69% vs 19%).
(Koshy 2010)

Shasta Community Health Center, Redding, CA
What was their model?
SCHC piloted an EHR scribe model in 2011. The scribe is present during the patient visit to enter information into the EHR.
How did they test it?
In the process, the health center tracked patient and provider satisfaction, quality of chart documentation, visit efficiency, fiscal impact and important characteristics for a successful model.
What did they learn?
Clinicians reported greater satisfaction with the time spent on chart notes, the accuracy of chart notes, and overall workload when working with scribes. After working with a scribe, clinicians' initial concerns tended to diminish. Most patients did not voice concerns about having a scribe present during their visit. Quality of chart documentation improved with the use of scribes and the average productivity rate for clinicians using scribes increased at twice the rate as that for the comparison group.
(Ammann Howard 2012)

University of Utah Community Clinics, Salt Lake City Area, Utah
What was their model?
This model involves a high medical assistant/provider ratio (5:2) with a group of medical assistants (MAs) trained also to do office functions and accompany the patient throughout the course of the visit. Some MAs scribe during the exam and any MA can work with any patient or physician.
How did they test it?
They measured patient no-show rates, cycle times, financial impacts, patient satisfaction, provider satisfaction, clinical outcomes, recruitment and retention.
What did they learn?
After implementation of this model they found a 50% drop in no-show rates, a 50% decrease in cycle time, an increase in gross net revenue per visit, decrease in staff cost per RVU, increase in patient satisfaction, increase in staff satisfaction and improvements in clinical quality measures.
(Blash 2011)

Peter Anderson and Marc Halley Clinical Assistant Model
What was their model?   This team-based care approach involves each primary care clinician (PCP) being paired with one or two clinical assistants who consistently work together to care for their patients. The clinical assistants take responsibility for many of the patient care tasks, including gathering patient data before the PCP visit, taking a thorough history, updating medication lists, scribing during the medical visit, and closing-the-loop with the patient after the visit. When fully implemented this model requires two well-trained clinical assistants per PCP and three-five exam rooms.   *How did they test it?*   At Dr. Anderson's practice in Newport News, VA, they looked at the impact of clinical assistants on productivity, finances, chart documentation, quality of care, and patient and staff satisfaction.   *What did they learn?*   The full model can increase productivity by 60% resulting in increased income to offset the costs of the additional personnel. Most of the documentation occurs during the patient visit, so the PCP does not have to rush to complete it between visits or stay after hours. The clinical assistant model improved patient and staff satisfaction.   (Anderson 2008)

Emergency Department Scribes
What was their model?   The ED scribes are pre-medical students who are trained to assist physicians with the clerical aspects of patient care. The scribe records patient histories, documents details of the physical examination and procedures, follows up on lab reports, and assists with discharges. Scribes are assigned to a specific area of the ED and work with one physician for the entire work-shift.   *How did they test it?*   This study sought to quantify the effect of scribes in the Emergency Department on physician productivity.   *What did they learn?*   Emergency Department shifts that were covered by scribes experienced an increase in RVUs generated per hour and patients per hour.   (Arya 2010)

References:

Bank AJ, Obetz ., Konrardy A, Khan A, Pillai KM, McKinley BJ, ... Kenney WO. Impact of scribes on patient interaction, productivity, and revenue in a cardiology clinic: a prospective study. *ClinicoEconomics and outcomes research;2013.CEOR* 5:399.

Koshy S, Feustel PJ, Hong M, Kogan BA. Scribes in an ambulatory urology practice: patient and physician satisfaction. *The Journal of urology*. 2010;184.1: 258-262.

Ammann Howard, Helé K, Salibi N, Wilcox S, Cohen, M. Adapting EHR Scribe Model to Community Health Centers: The Experience of Shasta Community Health Center's Pilot. Blue Shield of California Foundation Report. 2012 Feb.

Blash L, Dower C, Chapman S. University of Utah Community Clinics-Medical Assistant Terms Enhance Patient-centered, Physician-efficient Care. Center for the Health Professions. 2011.

Anderson P, Halley MD. A new approach to making your doctor-nurse team more productive. *Family Practice Management*. 2008;15.7:35.

Arya R, Salovich DM, Ohman-Strickland P, Merlin MA. "Impact of scribes on performance indicators in the emergency department. *Academic Emergency Medicine*. 2010;17.5: 490-494

Other Resources

Clinical Assistant Responsibilities in a Routine Visit: http://www.aafp.org/fpm/2008/0700/fpm20080700p35-rt1.pdf fghfgh
Adapting EHR Scribe Model to Community Health Centers: The Experience of Shasta Community Health Center's Pilot: http://www.blueshieldcafoundation.org/sites/default/files/publications/downloadable/Shasta%20EHR%20Scribes%20Final%20Report.pdf
Webinar: In Search of Joy in Practice: Innovations from 23 High-Performing Primary Care Practices. (Challenge #3- vast amount of time spent documenting care- around minute 19)   http://www.youtube.com/watch?v=tKVl74Al_I0
Center for Excellence in Primary Care: Health Coach Training
Productivity and PCP Panel Size: Three variables affect the ideal PCP panel size: 1) visits per patient per year, 2) Provider visits per day, 3) Provider days per year. The second variable, Provider visits per day, can increase by optimizing the use of the care team by reducing unnecessary work for the providers and decreasing their portion of the patient visit.   From: Murray M, Davies M, Boushon B. "Panel size: how many patients can one doctor manage?." *Family Practice Management* 14.4 (2007): 44.   http://www.aafp.org/fpm/2007/0400/p44.html
Sutter primary care practice using team-based care and patient documentation   http://www.youtube.com/watch?v=oBxHCkxnpgk