

# With 2 new patients a day, medical scribes are profitable in one year

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Electronic health record documentation poses notable disadvantages, including decreased face-to-face time with patients as well as increased documentation burden and physician burnout, according to a study published in the journal *Annals of Internal Medicine*. One solution to overcome the EHR burden is with a medical scribe program, which can reduce physician documentation time and improve workplace satisfaction. But how many visits are needed to make a scribe program profitable?

The study, “The Productivity Requirements of Implementing a Medical Scribe Program,” was co-written by AMA member Neda Laiteerapong, MD, an internist and associate director of the Center for Chronic Disease Research and Policy at the University of Chicago Medicine, and Marie Brown, MD, the AMA’s director of practice redesign, as well as other health professionals from the University of Chicago and Imperial College London.

Based on 2015 data from the Centers for Medicare and Medicaid Services and the National Ambulatory Medical Care Survey, the study aimed to determine the number of visits needed to make a scribe program profitable. The study found that the mean cost of implementing a scribe program was \$47,594 for the first year.

To make the scribe program profitable after one year, physicians from all specialties had to see two new or three returning patients each day. This was calculated with the assumption that physicians and other health professionals would work 220 eight-hour clinic days per year and that scribe shifts mirrored that schedule.

“Providing a scribe right now might actually be the thing that keeps your providers from saying, ‘I’m going to retire. I’m opting out,’” said Dr. Laiteerapong. “If we don’t have some sort of tool that can help people with their notes right now, you could end up losing a good chunk of the workforce.”

“People could say, ‘Oh, we’re going to wait to invest in scribes later,’” she said. But “there may not be a later for many of those physicians.”

For health systems and organizations looking to implement a scribe program, Dr. Laiteerapong shared some tips to keep in mind.

## **Physicians shouldn’t pay for their own scribe**

“The expectation that physicians pay for their own scribes and then not collect the revenue generated from the scribes is unfair and unreasonable,” said Dr. Laiteerapong. “That’s a problem because the scribes are actually increasing productivity and patient satisfaction.

“The studies show that if providers are more satisfied, patients are happy that their providers are satisfied, and satisfied providers are better at their jobs—they listen more and provide higher quality care,” she said. “The expectation that clinicians should pay for their better productivity and better quality, is not the message that health care administrators should give to their providers.”

Learn about how EHR scribes cut physician documentation time in half.

## **Don’t expect more visits immediately**

“At the beginning, demanding more visits right away is also something to avoid,” said Dr. Laiteerapong. “Most clinicians went into the field of medicine because they wanted to help people.

“It is not hard for clinicians to see one more patient—we do this all the time for family and friends or neighbors who ask us, ‘Oh, I got this thing on my arm. Can you take a look?’” she added. “We do this all the time, but if you make me document that note, that’s the thing that I don’t want to do.

“Most clinicians on their own will add one or two visits without being asked because it becomes easy with scribes,” said Dr. Laiteerapong. “So, at the beginning at a health system, don’t demand a change in your clinic template, understand that you should look at it and consider it.”

Uncover the overlooked benefits of medical scribes.

## **Offer service to productive doctors first**

It is also important to offer the scribe “service to clinicians who are already productive,” said Dr. Laiteerapong. “If clinicians are not productive at baseline, they may not have enough demand for their services, so they may not be able to generate the extra productivity requirements to make it all work.

“But if a clinician’s already performing at higher than the benchmark, those clinicians should get a scribe, if they want one, and not be asked to see more patients because they were already choosing to see more patients beforehand,” she added. “Chances are, they’re going to keep on choosing to see more patients in the future because of their intrinsic generosity.”

Discover the seven things about EHRs that stress out doctors, including data entry and information overload.

## Scribes can be virtual

When implementing scribes, “they don’t have to be in person,” said Dr. Laiteerapong. “A lot of the first pushback I hear these days is, ‘Oh, I can’t have another body in the room.’

“Well, you just need a listening device. You just need a little thing that can transmit the visit in real time and scribe companies already set those virtual systems up,” she said. “If institutions want more help, they can reach out to me—I’d be happy if our results translate into real life improvements for clinicians.”