



## Can medical scribes solve doctors' EMR woes?

AUGUST 13, 2019 - BY PAMELA ELLGEN

**“Do you experience any tingling or numbness in your fingers?” the doctor asked.**

I said no. He turned to the computer and entered my response. A dozen clicks and a few minutes later, he turned back to me and asked another question.

This was my first introduction to the EMR.

I sat on the paper-lined bed in a gown, lost in a blur of confusion and headaches from a recent concussion. I tried to answer each of his questions. Waited. Answered. And waited some more.

It felt like being on a date with someone who couldn't look up from his phone.

## You don't go to med school for a data-entry job

EMRs are blamed for turning doctors into data-entry clerks, [contributing to physician burnout](#), hurting the doctor-patient relationship, and even causing deadly medical errors. Doctors spend [twice as many hours entering data into the EMR as they do with patients](#). The EMR's unintended effects on physicians and patients are well documented in peer-reviewed journals and national publications such as [The New Yorker](#) and [Kaiser Health News](#).

While [doctors push back](#), policy makers grapple, and [tech giants try to make EMRs more accessible](#), a promising human workaround has emerged: medical scribes.

"If you see 20 patients, 30 patients, you may have four, five, or six hours of charting. That is not patient care. That is wasted time," says Dr. John Gambol, MD, medical director of [Wound Care Advantage](#), which recently launched a virtual scribe service. Gambol says scribes can save hours off of a physician's day and they know how to chart and document the way a doctor would, ensuring insurance reimbursements.

## A human solution to a tech problem

It's a captivating concept — a medical scribe works alongside a doctor to enter information into the EMR or chart so that doctors can focus all of their attention on patients. As of 2018, there were more than 25,000 medical scribes in the United States serving in 2,500 healthcare facilities.

"Scribes are incredibly important as they allow doctors to focus on patients, without worrying about administration. Especially if they have a more difficult case to diagnose — they need to be able to discuss all of the symptoms in detail which is sometimes impossible if you have to fill out a lot of reports simultaneously," says [Dr. Lina Velikova](#), MD, PhD who works for a university hospital in clinical immunology.

## Happier doctors, healthier patients, and more revenue

There is limited but growing proof that scribes can serve as a good workaround to the data entry challenges doctors face and improve patient care.

A 2018 study conducted by researchers at the University of North Carolina at Chapel Hill evaluated the effectiveness of medical scribes in an academic urology practice. Scribes were assigned to six academic urologists for one day per week for three months. Researchers looked at matched clinic days in the year prior to evaluate changes in productivity and physician/hospital charges and revenue along with patient and provider surveys.

With [scribes, providers reported increased efficiency and work satisfaction and were able to see more patients](#). The net financial impact was more than \$429 per clinic session while having no effect on patient satisfaction scores.

A 2015 review of several studies found that [medical scribes have the potential to improve clinician satisfaction](#), productivity, time-related efficiencies, revenue, and patient-clinician interactions.

## Can scribes solve all of our EMR woes?

Few rules govern the growing medical scribe industry. As of 2019, there were no specific licensing requirements for scribes. Moreover, medical scribes are not doctors, and a \$400 scribe certification is no replacement for a decade of medical school and residency.

Medical scribes are typically underpaid, making roughly minimum wage in most areas and contributing to a high turnover rate. A constant rotation of new scribes with minimal training will only increase errors in the EMR, not reduce them.

One solution has been to export scribe services to virtual scribes in the US or even offshore workers, as has been done with call centers. IKS Health offers virtual scribes in India. They are fully trained medical doctors and get paid slightly higher than they would otherwise. However as Atul Gawande pointed out in an article for the New Yorker, can it really be sustainable to have an additional personal assistant for every doctor with a computer? And who is taking care of the patients all those scribing doctors aren't seeing?

Additionally, with the time freed up from charting, doctors don't necessarily get more time with their existing patients, but get more patients overall. In the Chapel Hill study, providers saw a mean 2.15 more patients per session.

## The difference a scribe makes — mixed results

The next time I visited the doctor, he introduced me to Colton, who would be documenting our visit. The doctor looked me in the eye. He asked questions, but this time I felt like he heard my answers and responded with better follow-up questions.

Toward the end of the visit, Colton wrote into the EMR "Patient denies mid-back pain."

The doctor looked at him and laughed. "Denied?" he said. "That sounds like she really has pain but won't admit it."

We all laughed. There wasn't a dropdown menu to choose another option. We settled on, "The patient isn't in pain." And, I wasn't.

The scribe injected a new element into the doctor-patient relationship. He wasn't perfect — but at least my doctor was present. ♥