The Role of Ophthalmic Scribes in the Retina Practice

Specialized technicians can improve clinic efficiency.

By Melanie J. Fortin, BS, COA; and Brian C. Joondeph, MD, MPS

In emergency rooms across the country, it has become commonplace to use medical scribes to increase productivity and efficiency. But how can the use of scribes translate to other specialties of medicine, particularly retina? Most retina practices already use ophthalmic technicians during the screening process to prepare patients for examination, but not all retina specialists utilize technicians during examination and treatment. As practice complexity grows due to government regulations, decreased reimbursements, and increased patient volume, it is necessary for physicians to adjust their practice patterns.

Studies investigating scribes’ influence on clinic efficiency have been initiated, and preliminary evidence suggests that scribes may be a possible solution to easing the stress of practicing modern medicine.

HOW SCRIBES HELP

Ophthalmic scribes are specialized technicians who assist the retina physician with the clerical aspects of retina examination. Scribes are only able to work in a limited scope under the guidance, direction, and dictation of a licensed physician. Typical duties for a scribe include reviewing previous electronic health record (EHR) visits and preparing the electronic medical charting for the next encounter; recording imaging study interpretations; transcribing the retinal examination findings into the EHR; documenting diagnoses, provider communication, plans of treatment, and prescriptions; preparing for and recording in-office procedures; and completing EHR charting (Figures 1 and 2). Scribes also monitor schedules and patient flow. A scribe who tracks a patient’s location during an office visit and prepares physicians for upcoming patients is a valuable resource for a busy retina practice. Moreover, informing physicians which patient is next and preparing the EHR for the physician to review eliminates unnecessary guesswork and increases clinic efficiency.

WHY SCRIBES HELP

The use of EHRs can demand a good deal of a physician’s time for data entry and clerical functions. Scribes allow for increased patient volume and physician productivity because they decrease encounter time with individual patients, improve EHR documentation and coding compliance, and increase patient and physician satisfaction.

“[S]cribes enable me to spend more time with the patient focusing on being a doctor and less time messing around with the records.”

—Curtis L. Hagedorn, MD

“I think it’s impossible to use electronic health records without a scribe, and scribes enable me to spend more time with the patient focusing on being a doctor and less time messing around with the records,” says Curtis L. Hagedorn, MD, partner at Colorado Retina Associates PC in Denver. Regarding the correlation between scribe use and increased patient satisfaction, Dr. Hagedorn explains that, “without scribes, patients would be much less satisfied because there would be less face-to-face time with the physician as the doctor would spend too much time typing or writing. Scribes improve the patient experience.”

Scribes also enhance physician productivity by creating a seamless clinic. Retina physicians have a heavy workload, and the volume of frequent and recurring anti-
VEGF injections can occupy a majority of their time in the office. Scribes who prepare procedures by setting up injections and educating patients and their families will alleviate some of the stress that such patient volume creates. During an injection, scribes also serve as assistants to the physician and as an EHR data entry point. Offices employing scribes in this capacity see increased patient volume and better workflow.

THE DOWNSIDE TO SCRIBE USE
Not surprisingly, use of scribes comes with costs. Short-term costs include time and money necessary for developing a scribe training program, and time spent on physician support during implementation and training. Long-term costs include increased payroll for additional staff. Scribes also come with risk of data entry error, which could lead to expensive audits.

Alan E. Kimura, MD, MPH, partner at Colorado Retina Associates PC, says weighing risks and costs versus rewards is key in deciding whether scribes fit your practice model. “The initial hurdle for most practices to get over is the thought that they can’t afford another full-time equivalent,” he says. “The counterargument says that scribes are going to increase your billing efficiency, and you’ll be able to see more patients in the same amount of time.”

One way to determine how a scribe could increase productivity at your practice is to use this general formula: time spent on documenting patient encounters divided by time spent per patient encounter. The quotient is a potential indicator of the increased possible patient visits per day with the addition of a scribe (Table).

Because ophthalmology offices have only recently started employing scribes, it may be challenging to find experienced ophthalmic scribes. Thus, offices generally need to develop a scribe training program.

“It’s an investment,” Dr. Kimura says of scribe training programs. “You’ve got to create your own scribe school, your own ‘scribe university,’ in the practice.”

SCRIBE TRAINING
When hiring potential scribes, it is helpful for candidates to have a medical background, preferably in ophthalmology, and be efficient with a desktop, laptop, or tablet, depending on your type of EHR system. A good candidate should be able to master spelling retina-specific jargon, which may be difficult given the frequent encounters with words such as phthisis and synechiae. Basic ophthalmology knowledge is also necessary. For example, when a physician describes hyphema or hypopyon, the scribe must know that these are anterior chamber, not cornea, findings. Given these requirements, ophthalmic technicians are often qualified for scribe positions.

Due to utilizing EHR for charting, it may be necessary to administer an online typing test to applicants to evaluate their level of computer aptitude. Basic typing is no longer taught in school and millennials, although proficient at typing on their smartphones, may have less experience typing on a computer keyboard. Another human resources–related decision is whether to hire certified technicians (ie, those with a COA, COT, COMT, etc.) or provide opportunities for your technicians to obtain online certification, such as the Ophthalmic Scribe Certification through the Joint Commission on Allied Health Personnel in Ophthalmology.

One model for a scribe training program graduates candidates to scribe training only after they have mastered the patient-screening process. Working as a screener provides familiarity with the EHR system without the added pressure of recording physician comments or exam findings. This process of advancing a current technician’s training may take several weeks. It begins with a class-
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room curriculum, followed by shadowing current scribes who can provide hands-on training. The areas of focus for scribe training include ophthalmology anatomy and pathology, terminology, treatment procedures and protocols, physician preferences, and basic ophthalmic coding.

CONCLUSION

Despite the possible disadvantages of the short-term time and money costs associated with developing a scribe training program, employing ophthalmic scribes in a retina practice increases productivity and efficiency by allowing physicians to see more patients. Enhanced patient-physician interaction leads to increased patient satisfaction, and increased efficiency is important for practice viability in the face of declining reimbursement, higher overhead costs, greater regulatory requirements, and increased emphasis on patient experience.

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<tr>
<th>TABLE. GENERAL FORMULA FOR HOW SCRIBES CAN INCREASE PRODUCTIVITY</th>
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<td>Time (min) spent on documentation every day</td>
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<td>Time (min) spent on each patient encounter</td>
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Formula: documentation time ÷ encounter time
Example: $80 ÷ 14 = 5.71$
With a scribe, a retina specialist using these numbers could see five or six more patients per day.