

Editing for Quality and Proficiency

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The Current Situation

The screenshot shows a medical software interface with the following fields and data:

- Last Visit: 01/11/2001
- Date of Visit: 11/11/2001
- Dr: DR. JEN MCKOY, MD
- Complaint: Fatigue
- Subjective: Patient complained of feeling fatigued. Occasional dizziness. Sleeping difficulties and morning headaches.
- Objective: Recent bout with the flu.
- Assessment: Although flu symptoms were in remission, patient has not fully recovered.
- Problem: INFLUENZA (Acute)
- Plan: Place patient on antibiotics.
- Medications Prescribed: BIAxin (11/11/2001 to 25/11/2001)
- Vital Signs: Blood Pressure 120 over 80, Pulse 62, Temp 37.0 °C (98.6 F), Height 171.45 cm (67.50 in), Weight 49.09 kg (108.00 lbs), BMI 16.70 kg/m² (Moderate)
- ICD: SEPTICEMIA DUE TO HE 03841
- Tariff: 78509

Direct Data Entry:
Structured and
encoded information.

Tedious manual process,
Time-consuming,
Documentation lacks
expressiveness of natural
language

MRN: 000000
DOS: 11/11/2001

CHIEF COMPLAINT:
Fatigue

SUBJECTIVE:
Patient is a 25 year old woman complaining of feeling frequently fatigued. She reported also occasional dizziness. Sleeping difficulties and morning headaches.

OBJECTIVE:
Recent bout with the flu.

PHYSICAL EXAMINATION:
Vital signs are normal with a blood pressure of 120/80, pulse 62, temperature 98.6 degrees, weight 108 pounds.

ASSESSMENT:
Although flu symptoms were in remission, patient has not fully recovered yet.

PLAN:
Place patient on Biaxin
call us if there is no im

Dictation:
Fast and easy,
expressive.

Transcription can be expensive
Subject to longer turn-around
times
Clinical data lost, because
documents are neither structured
nor encoded.

The Competition

The EHR – direct entry

- Speech rec directly into form fields
- Template – point and click
- Direct data entry
- Physician behavior modification
 - What fields must I complete?
 - How fast can I get it over with?

The Competition

“Front-end” speech recognition

- Physician self-edit
- “Once and done”
- Physician behavior modification
 - What do I need to say?
 - How do I need to say it?
 - For the fewest edits

Narrative Dictation

Doesn't interfere with the doctor's day

- Where and when he wants to do it
- Lots of information in a little bit of time
- Comprehensive information
- Documents intuition and inclination
- Physician behavior modification

None!

You compensate for physician –

- Error
- Sloppiness
- Non-compliance
- Poor habits

Value of Narrative Dictation

Importance of content –

- CMS reduction in hospital base rates

MS-DRG for coding - reimbursement

- More information about complications means higher reimbursement

POA

RAC

Reimbursement

MS-DRG¹

- Uncompensated CHF with
 - COPD - \$4,820
 - Obstructive bronchitis and acute exacerbation
 - Acute respiratory failure - \$6,921
 - Difference of >\$2,000 (base rate of \$5,500)
 - For how many patients per year?

1 - Pam Wirth, RHIA and Kerry Chase, Amphion Medical Solutions, April 23, 2009, The Impact of Coding and Increased Demands on Specificity in Healthcare Documentation. MTIA

At the end of the day....

\$\$ Talks....

Can human talent combined with technology solve the problem?

Productivity and Cost Savings

Add volume without increasing costs...

Management costs

- Supervisors and managers per # MTs

Technical support costs

- Tech support per # MTs
- Costs of running Tech support

Ancillary support staff

- HR, payroll, clerical per # MTs

Technology costs

Physical facilities

Benefits, training

- Line rates

Where does that leave us?

Is backend speech recognition plus MT editing the answer?

- Efficiencies and cost savings
- Cost avoidance
- Comprehensive and complete documentation
- High adoption by physicians
- Pricing opportunities

Yes!

From For the Record

“...when Dragon Medical was integrated with the organization’s EHR, emergency department (ED) transcription costs went from \$1.4 million per year to zero.²”

Hard Question

If you are only willing to edit documents of the same quality a doctor will edit –
Where does that leave you?

Reality #1

Medical Transcription is competing with –

- Front-end speech recognition
- EHR – Direct entry
 - Front-end speech rec
 - Templating
 - Direct data entry

Hospitals are looking for the most cost-effective solution...

Reality #2

Hospitals need cost savings –

- Prices are being driven down
- Transcription is expensive
- If transcription can't be competitively priced.....

It will go away!

Well, what are we supposed to do about it?

Medical Transcriptionists are not Typists...

Medical Language Specialists

New technology INCREASES our value...

Reality Check....

We are not replaceable!

We are necessary in the new e-HIM world to...

Validate Speech Recognition (**Draft** text)

Ensure Accurate Clinical Facts

Provide Data for Analysis and Reporting

Perception

...From manual laborer to highly skilled
knowledge-based professionals....³

3 - Gary David, PhD

Expectations

1. There WILL be edits!!
2. Quality will improve, but only to a certain extent
3. Variables to quality
 1. Use of incorrect IDs
 2. Audio or voice quality
 3. Doctor's dictation habits
 4. Disorganized dictation
 5. Background noise
 6. Highly customized account instructions

Quality Checklist

Does the organization you work for do the following?

If not, adjust your expectations accordingly

The Difference

Audio quality

Unique dictation IDs

Standardization of style and formatting rules

Physician dictation practices

Acceptance of verbatim **WITHIN REASON**

Or

Physician willingness to dictate per requirements

Acceptance of text without “over-editing”

Quality – What is it?

Draft Text -

- Level of Editing Effort matters
 - How efficiently can you make the edit?
 - Context of errors not relevant
 - Word accuracy does not always correlate to level of editing effort
- Structural edits
- Content edits – word errors

Quality – What is it?

Final delivered document –

- Must meet standards for patient care, accurate and complete.
 - Context of errors matters –
 - Medication dosage errors more critical than missing punctuation
 - Terminology errors more critical than formatting errors.
 - Medical language errors more critical than errors in common English usage – articles, pronouns.

Level of Effort versus Criticality

Doctor dictates,
Xanax twenty five

Xanax **25** mg t.i.d. p.r.n.

- Perfect word accuracy per verbatim speech
- Final delivered document - critical error!
 - 4 point penalty by AHDI quality standards

- In the assessment of draft text, this error is easily edited by a skilled MTE



Quality – What is it?

What does this mean for work produced using speech technology and MT editing?

- Quality standards are exactly the same regardless of method of production.
 - Use of speech technology should be invisible
 - Expectations of quality delivered by the MTE are the same as expectations for an MT
- Errors are the responsibility of the MTE
 - Speech versus MT-introduced error

Speech - Quality Improvement

Your responsibilities –

1. Produce a high-quality document
 2. Do it efficiently
- Focus on quality, not on “training the engine”

Exercise #1

The Power of Suggestion

- What do you see?

Exercise #2

Attention to Detail

- Can you find the errors?

Exercise #3

Word Search

Can you spot the hidden words?

Exercise #4

Easy to miss errors...

- Sound-alikes
- Compound words
- Commonly misused English terms

Exercise # 5

Do you see what you think you see?

Over-editing

Are you...

- Re-arranging for perfection or for ease of reading?
- Adding debatable commas, hyphens?
- Completing clipped/incomplete sentences
- Removing “the”?
- Going overboard with title case in place names

Exercises 6 and 7

Can you find the errors?

Do any qualify as “over-editing”?

Draft as a Tool

Improve MT knowledge and skill

Draft text as a guide for researching terms that are unfamiliar to inexperienced MTs or MTs who are learning new work types or new specialties

Draft as a Tool

Use the context of the draft -

- Verify text that does not make sense
- Use surrounding context to determine correct word
- Use the text to perform research
- Sound-alike terms
- Drug dosages
- Lab values

Exercise #8

Style and Format Rules

What changes would you need to make to comply with the rules?

Exercise #8

To Pre-Edit or Not to Pre-Edit?

What changes can you make before listening to the audio?

- Section and subsection headings
- Numbered lists
- Style rules

Sample Documents¹

Do you see anything that you are not sure of?

- Unfamiliar terms
- Lab values
- Drug dosages

Which of these words would be useful to you for reference?

Retrieved July 28 from <http://mtsamples.com/>,
<http://www.mthelpline.com/index.asp>

Know how to make the most commonly required edits efficiently -

- Creation of section/subsection headings
- Creation of numbered lists
- Replacement of words/text
- Deletion of words/text
- Insertion of words/text
- Navigation

Keyboard Shortcuts

No practice tool?

Using shortcuts in Windows or MS Word will give you the idea..

- Step away from the mouse!
- Practice using keyboard shortcuts even when typing from scratch
- Aim for the lowest number of keystrokes

Exercise #9

How many keystrokes to get from here to there?

Tips for Productivity

Participate!

Volunteer –

- Meetings
- Discussions
- Voluntary training

Listen

Ask questions

Learn from those with positive messages

Speak up

Practice

Take every opportunity

- Sharpen editing skills –
 - Attention to detail
- Practice shortcuts

Patience!

Give yourself a break!

Persevere!

Remember the lesson of your first difficult dictator...

Positive!

- Avoid the nay-sayers
- Surround yourself with those determined to succeed
- You CAN do this!

Favorite Quote

From an MT averaging 550 lines per hour

Quality greater than 99%

Acute care work

All work types

"I make an edit and move on, make an edit and move on. I don't worry about why the engine made the error."

*You will make the
difference!*

Questions?