

SRT Editing

BY

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Dear Colleagues,

The technology explosion in our industry has never been more evident or relevant as it is now. Legal requirements for auditing, mandated use of an EHR, and almost instantaneous access and availability of patient documentation are driving changes in the way that we work. These changes require that we retrain, unlearn, and relearn processes to become more efficient and fast in order to move documentation from a voice recognition environment to an EHR environment.

Your AHDI Board of Directors want to hear what you have to say about the process – what’s working and not working in your experience. We are committed and are listening to you. It is our goal to open that discussion, hear about your experiences with voice recognition, start talking about the reality of the technology as it exists today. and start to drive the conversation from a user perspective. It’s this open and honest discussion that will begin the process of dialogue with technology companies, strengthen partnerships with technology research and development teams, and help them make this technology into a tool we can use to do our jobs better and more efficiently.

I have had the opportunity to speak to a unique group of transcriptionists who were willing to share their successes and discuss their frustrations with speech recognition technology as it exists today. It’s only when we start to work together discussing these issues in an environment that is constructive and collaborative that we will see our ideas taken and put into practice. It reminds me of the commercial out there today about a car company. Regular people are driving the cars and sharing how they would take that car’s unique technology solutions and apply them in other places that are important to their world. That’s what we have to do. We have to start working together – technology companies, transcriptionists, and others – to make sure that the documentation being captured in the EHR is useful so that it can be used to treat patients in almost real time.

That is the dream. Let’s start by talking about the *reality*.

The need for real-time documentation turn around for patient care has increased at an alarming rate over the last 5 years. Technology companies have been creating and selling software and platforms to accommodate the needs of the industry for over 30 years. The need for almost instantaneous documentation of care encounters to be available in electronic health records (EHR) for patient care has forced the more traditional profession of medical transcription to change at a fast pace in order to meet challenges and requirements of the HITECH Act and ARRA. This increased pressure has offered an opportunity to the transcription profession to be more visible and viable as a solution to the challenges of turn-around time and quality healthcare documentation.

Our profession has been embroiled in the SRT discussion for more than a decade. At first, the technology sector made quick claims that speech recognition technology was going to replace transcription. Well, that didn’t happen. Then, with the advent of EHRs, technology companies were touting “Once and done!” concepts for recording patient documentation. Well, that’s not

working out so well either. In reality and practice, with the sheer volume of dictation, a myriad of solutions including SRT, traditional transcription, physician or provider input, and menu technologies are all being used to record patient care encounters.

What are the fundamental skills of an SRT editor?

Let's talk about speech recognition editing. The skill set needed for a medical transcription editor (MTE) is the same skill set as a traditional transcriptionist and includes medical terminology, anatomy and physiology, pharmacology, and transcription as well as experience as a medical transcriptionist. The myth that anyone can be hired to "read through" a speech recognized document and perform edits is a fairytale. An MTE must have experience in working with the medical record prior to continuing on to or acquiring the additional skills needed to work with speech recognized documents.

What about the transition from traditional transcription to editing?

Transitioning from traditional transcription to SRT editing takes a change in mindset. Traditional transcription deploys a keyboard, foot pedal, and physical and/or electronic resources. The SRT editor must deploy a similar but unique focus, as editing documents requires exceptional attention to detail. According to Denise Ward Shelby, "Your brain/eyes have to be retrained to watch and catch every single black space on the screen. This goes to the thinking/theory that when we are reading, especially familiar words, our brains process the word without actually catching every letter of the word. When editing SRT reports, you have to catch every character or very serious errors could occur." The SRT editor has to pay attention to all words *already captured* on the page rather than delivering the words *to* the page through keyboarding. An SRT editor has to be patient as well. SRT programs use a highlighter to jump from space to space as the MT is editing the SRT document.

Sarah Sills Barton identifies the need to "utilize your keyboard shortcuts, keyboard remapping, and text expander at a new level. It is one thing to enter a shortcut or macro to expand a word but an entirely different thing to make entries that edit entire strings of words, open websites, copy from one page and paste to another, and so on. Learning to edit SR might be easy, but learning the skills needed to make as much as you would transcribing is anything but easy. I don't know anyone who has done that without substantial work to improve the skill.

Transitioning from transcribing (especially on a strictly Book of Style account), to the way most of us are asked to edit is very hard. Some of us are instructed to leave in doctor dictated punctuation so as not to 'confuse' the SR program, to not add punctuation we know should go there, to not sacrifice quantity but to sacrifice quality, and those things are a very hard line to learn to walk for a group of people who are mostly very type A about our work."

How do we address the compensation challenges our sector is experiencing with SRT?

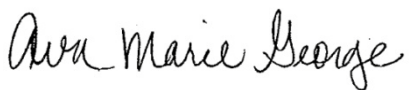
Compensation for SRT editing is still a work in progress as are line per hour expectations. According to Maureen Murphy Harris, "One of the issues I have with speech recognition is there is some misguided belief that it takes LESS skill, and since we can do it "faster," it deserves less money to the tune of a 37% line rate cut. For example, I know many MTs who could consistently pump out 10,000 lines a week straight transcription (250 lph). To make the

same wage now requires 16,000 lines a week of ISR work (400 lph). Perhaps I am totally clueless, but I do not know anyone who can perform at 400 lph for 40 hours a week.”

Our profession is experiencing exponential technological growth. As with any change in technology, it takes time to hit quality targets 100% of the time in an SRT document. It also takes time to switch standards and practices to match the requirements of SRT technology. Requirements of a robust speech recognition education program in our transcription schools learning the technologies that students will be required to use in the workplace after they graduate is crucial. We also must encourage adequate retraining of medical transcriptionists using SRT technology in an educational setting rather than watching training videos and PowerPoint demonstrations online. The success of SRT as a transcription tool and as a driver to bring down cost in our sector is dependent upon partnerships between transcriptionists, companies, and technology vendors. It’s up to us to take this tool and push it to a whole new level – a level that we direct.

As an educator and transcriptionist who uses voice recognition, I can assure you that I understand where we are in the process with this technology. I have experienced your frustrations and exasperation when it comes to why this technology works in ways that seem illogical. It matters that transcriptionist editors have the ability to determine whether or not a document that has gone through voice recognition should have been put through that process in the first place. When a document could have been traditionally transcribed faster (improved delivery is our ultimate goal for patient care) and it has been mandated that it go through speech recognition only, we need to have an avenue to communicate this in a collaborative manner. Better communication channels need to be developed to help further the understanding about the realities of this technology in order to make it into the tool that we can effectively use. Just because the technology exists does not mean that all dictators are candidates to be run through it.

It’s up to all of us to not only grow with the technology, but become the user-drivers of the technology so that its final form is a tool that we can use to become more effective in our role in the patient documentation process. Please continue to visit the [AHDI Lounge](#) and visit the [AHDI website](#) to sign up for our Town Hall meeting series to participate in an informal discussion about emerging roles. There is no fee to register and all are welcome. We are here and we are listening, so let’s talk!



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AHDI President-Elect, 2010-2011