

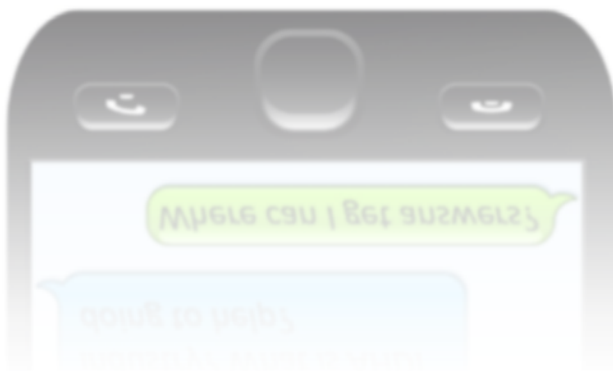
Transcription Services & Outsourcing

BY

Susan Lucci, RHIT,
CMT, AHDI-F



Open Letter Series
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Dear Colleagues,

In this installment of the *Let's Talk About* series, the topic is transcription services and outsourcing. Even if you work in a hospital or clinic setting, you may find this information useful, particularly in understanding the difference between outsourcing and off-shoring as well as the differences in working for a service as opposed to working independently as it relates to the new HITECH/HIPAA regulations. What follows is a brief discussion punctuated with “truth statements” along the way on getting to the facts of these subjects that are often confusing and misunderstood.

Let's start with outsourcing. In today's far-reaching economy, hospitals and clinics are being squeezed financially in every direction and accordingly need to make some difficult decisions. The fiscal “health” of most healthcare facilities is not good. And in fact, cost-cutting measures are being felt by every department. These are challenging times and some of the reasons lie with both regulatory demands as well as the numerous technological changes that are shaping the new way health care will be documented and shared across national networks.

Truth Statement: The bottom line is that outsourcing is one way in which healthcare facilities are trying to keep up with rising costs of employees and benefits by shifting this responsibility to a service.

When outsourcing is determined to be the course of action, there are many decisions that will factor in to which company wins the contract bid—issues like quality reporting, turnaround time, customer service, percentage of credentialed staff, management reporting, technology interfaces, EHR compatibility, and oh yes, *price*. While price is mentioned last, it would be unfair to say this is not one of the most important considerations in the final stages of contract award. This is where choosing US domestic, offshore & domestic combination, or off-shoring exclusively enter the dynamic and where the privacy and security (HITECH) provisions within the law emerge.

With the signing of health care reform into law in 2010, HITECH became an important integral part of that legislation. HITECH, in a nutshell, calls for stricter privacy and security protocols with documented risk assessments to be completed and for formal privacy and security policies and procedures to be in place for providers and business associates. Every individual who works as an independent contractor, as related to HITECH, is a business associate and all requirements of the law apply.

Truth Statement: HITECH places responsibility on all providers to ensure that all their business associates are compliant with these new regulations.

Many providers are demanding to know where the work is being performed, because the end responsibility for any privacy or security breach rests with them. Make no mistake; this new law brings specific liability to all business associates.

Truth Statement: Should a breach occur, there are financial and legal actions that may be brought forth.

Because of this, most requests for proposals (RFPs) include disclosure about their requirements for the location of the workforce as well as other evidence-based proof of policies and procedures.

Making the decision to have some or all of the work performed offshore is an option that some hospitals are choosing based predominately on price, but another factor that weighs heavily in favor of off-shoring is turnaround time. Some countries most readily associated with off-shoring are India and the Philippines. We must remember that one factor that may play into an offshore decision is the time difference— they are working while we are sleeping. With the pressing demands to get more closely aligned with real-time documentation, unless we are suddenly willing to have a significantly larger domestic workforce working 3rd shift, the offshore option presents a great complement for those MTSOs who utilize both domestic and offshore solutions.

In addition, the world has become smaller, with global offerings in a number of industries – not just transcription. This happens out of supply and demand like most business opportunities, not support or nonsupport for these options.

Truth Statement: AHDI neither advocates for nor denounces off-shoring as an option, but does stand firm in advocating that wherever transcription and editing are performed, patient safety and quality must come first.

Now let's talk a minute about the partnership between CDIA and AHDI. Many people have complained that this alliance means we have shifted our support to businesses exclusively and have taken our focus off the individual "MT." Far too many online posts erroneously "claim" that AHDI is not for the MT any longer.

Truth Statement: Every initiative our association is working on is centered on relevancy and value of the contributions every individual medical language specialist makes as a key member of the healthcare delivery team. We have always stood fast in this belief as central to the mission of our association.

In fact, by working more closely with CDIA, we can better emphasize that with a strong and vital industry hiring and expanding operations, more MTs have jobs and/or have a robust pool from which to search for new job opportunities and career expansion. As well, neither organization thrives without highly educated, credentialed, and knowledgeable MTs, editors, educators, managers, recruiters, and support staff. It is extremely important that all members are clear on these facts surrounding the natural attraction, cooperative, and interdependent nature of AHDI and CDIA's partnership.

Truth Statement: AHDI and CDIA are interconnected with aligned goals that promote the importance of healthcare documentation, and it is critically important that we work well together to bring a larger presence to the sector in times like these, when our contributions are being marginalized.

So while some will still argue that we should not work together, I would ask you to consider the following:

- 1. How do we expect to be important players in the future without a larger, louder voice speaking as to why what we do is so critical to improved patient safety and better quality outcomes?**
- 2. Who will carry forward our value proposition to healthcare executives and those in congress who are making the rules about how and who should be documenting healthcare encounters if we do not do it together?**
- 3. How long will our profession remain visible if no one is speaking to our value?**
- 4. For the thousands of MTs in our profession who aren't participating with us, who is willing to try to connect with them and let them know the truth of what is happening in DC while they are working hard at their desks trying to make ends meet?**
- 5. If we stop communicating and go silent, what are the chances that EHRs will eliminate even more transcription positions?**
- 6. Can we afford to be left out of the future?**

Do you see how it is high-time to expend efforts only in the direction of building an ongoing stronger, louder voice to get our value known? Do you see how misconceptions of our purpose can be detrimental to the work that we need to achieve today? We have been working quietly at home, dedicated to the profession we love for several decades while the wheels of change keep turning. They are moving at warp speed now, so we can no longer afford to be invisible.

We need to start talking to all of our colleagues and get those folks involved with and connected to the only association positioned with their best interests as critical to our mission. AHDI and its partners are working for you and ONLY for you! Join in and be part of making our place important in the future.

A handwritten signature in black ink that reads "Susan Lucci". The signature is fluid and cursive, with a distinct loop at the end of the last name.

Susan Lucci, RHIT, CMT, AHDI-F
AHDI Director 2011