

Albany-area primary care doctors try medical scribes

Program hopes to put physicians' eyes on patients

By Claire Hughes

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When Leslie Palmer went to see her longtime primary care physician, Dr. Paul Barbarotto, earlier this month, there was an extra person in the room.

Saima Akhter, laptop in hand, was there to look up information from Palmer's record for Barbarotto and to input data as the doctor asked his patient questions or gave instructions for further care.

Akhter, a medical scribe, is part of an experiment at Capital Region Family Health Care. Palmer, an open and gregarious 79-year-old, said it has taken a little getting used to having Akhter in the room, but she's adjusted.

"I was used to just having the doctor to myself," she said.

Scribes are intended to free doctors' gaze from the laptop so they can focus on the patient — even look them in the eye through more of the appointment. Scribes have been used for years in emergency rooms, and are becoming a new trend in primary care offices, too. Scribe America, the vendor used by Capital Region Family Health Care, works with 850 medical establishments around the country, according to Marla Scriffignano, vice president of client solutions. In the last several years, their outpatient business has grown, with primary care offices leading the increase.

St. Peter's Health Partners, parent of Capital Region Family Health Care, decided to launch the scribe pilot in large part to address physician burnout at a time when the health system is asking doctors to do more with less, said Dr. Thomas Lawrence, chief medical officer of St. Peter's Health Partners Medical Associates, their physicians' groups.

The experiment also holds promise for improving patients' satisfaction and involvement in their own care, considered by experts to be critical to reducing medical costs, Lawrence said.

Some theorize scribes' presence might benefit the medical practices' bottom lines: Despite what Lawrence called the "significant" cost of hiring scribes, they may allow doctors to see more patients — and bill for more hours.

"This may get us back to something that looks more like the traditional way of interacting with patients — making eye contact," Lawrence said.

Lawrence, who has been with St. Peter's two years, had some experience with scribes in his previous role as the chief medical officer at Peninsula Regional Health System in Maryland, where scribes were employed in the emergency department. Scribes were valuable in that setting, where doctors are treating a single episode of illness or injury. He hadn't been sure whether scribes would translate well to a setting where continuity is critical, and diagnosing can be lengthy and complicated. But he wanted to give it a try.

Capital Region Family Health Care was interested in the experiment. Following St. Peter's acquisition of a number of doctors' practices, the group was challenged to move to all electronic records last summer. Until then, the Rensselaer medical practice, located off Route 4, had been using paper records, Barbarotto said. Some doctors found the transition easier than others, he said.

For Barbarotto himself, the digital records took more time to complete after his office hours. Plus, during his exams, he had to focus on where he was clicking, to make sure he was inputting information in the right place.

With the paper charts, it had been easier, he said. He held them on his lap and took some notes, while frequently looking up at the patient.

He likes having a scribe who is an expert at the computer program, so he can be free to think about his own field expertise — medicine. The scribe is trained to treat all information confidentially. And a patient has the right to ask that a scribe not be present, he said.

He's not alone.

"The providers are pretty darn satisfied," Lawrence said.

So far, patient feedback has been good, too, Lawrence said, though they haven't done a scientific survey.

For St. Peter's to implement the program full scale, the health system needs more than anecdotal evidence of its value, Lawrence said. There are 10 scribes at Capital Regional Family Health Care; 350 doctors would need them if St. Peter's rolled them out system-wide.

"Can this work in a way that would be, at the end of the day, relatively cost-neutral?" Lawrence said.

Researchers from Rensselaer Polytechnic Institute started collecting data from the family

practice last week, to get an objective view of the program's effectiveness, according to William Foley at RPI who is leading the research. They will look at patient exams where scribes are present and non-scribe exams to compare such things as time spent in interaction, patient response, the quality of records kept, and how many patients are seen in a day.

A factor in determining whether the model makes financial sense is the changing way doctors are being paid. Payers, including the government and private insurers, are moving toward paying health systems a lump sum per patient to provide all the care needed. That model requires most patients to stay healthy — and out of pricey emergency rooms — to work. It means their symptoms must be addressed early on, and their chronic conditions must be well-managed.

Experts say that's more likely to work if patients like their doctors and listen to their advice.

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