Background
Healthcare industry sources report physicians increasingly experience stress and burnout in response to ever-expanding health record documentation requirements. To help address these issues, more healthcare facilities now employ scribes or "documentation assistants" to allow their physicians to focus more on patient care while also increasing efficiency. In 2015, the University of Texas Medical Branch (UTMB Health) contracted with ScribeAmerica to provide scribe services to ambulatory care physicians. Currently, 48 physicians utilize scribes in their practice. The six year contract, with a maximum expenditure of $5,500,000 during the contract term, ends December 31, 2021. Approximately $1.1 million of the contract maximum has been expended through fiscal year (FY) 2018.

The Joint Commission and the Center for Medicare and Medicaid Services (CMS) provide regulatory guidance related to the use of scribes in healthcare. Institutional guidance for using scribes is documented in the Institutional Handbook of Operating Procedures (IHOP) Policy 06.03.03 Use of Scribes. Faculty Group Practice (FGP) representatives and the Office of Institutional Compliance monitor authoritative/regulatory guidance for updates.

Annually, the Office of Audit Services reserves project hours for an audit or consulting engagement related to UTMB Health’s physician’s practice plan. This area was selected based on consideration of prior projects and discussions with representatives from the Faculty Group Practice (FGP) and the Office of the Provost provide insight supporting current and future decision making regarding the program.

Audit Objective
The objective of this audit was to assess the operational and financial effectiveness of the Clinical Scribe Program.

Scope of Work and Methodology
The audit scope included current operational processes of the clinical scribe program and physician performance data from fiscal year 2016 to August 2018. Our methodology included interviews with key personnel, review and analysis of relevant documentation, and a survey of current scribe users.

The audit was conducted in accordance with the International Standards for the Professional Practice of Internal Auditing as promulgated by the Institute of Internal Auditors.
Audit Results

Governance
Audit Services discussions with Provost Office leadership indicated the impetus for creating the scribe program arose from concerns about physician burnout due to increased clinical documentation requirements supporting quality measure reporting and billing accuracy and completeness. Beyond these broad tenets, formal documentation of the program was not created until May 2018 with the drafting of a document entitled “Requirements and Priorities by Which to Deploy Scribes at UTMB”. The document is primarily a tactical plan with criteria and a scoring methodology determining whether a physician can receive scribe support rather than a visionary/strategic plan with defined goals and objectives for the program.

Communication of these guidelines to current and potential scribe users is pending.

Recommendation 2018-035-01-FM:
The Vice President, Chief Physician Executive Faculty Group Practice (FGP), should establish and document a strategic vision with defined objectives for the scribe program. The strategic vision and program objectives along with the Requirements and Priorities document should be communicated to all affected parties.

Management’s Response:
The Vice President, Chief Physician Executive Faculty Group Practice will work with representatives from the Faculty Group Practice (FGP) and the Office of the Provost to establish a plan that establishes and documents a strategic vision with defined objectives for the scribe program. The Vice President, Chief Physician Executive Faculty Group Practice will communicate this plan to the appropriate parties to include the Office of the Provost and clinical departments.

Implementation Date: 5/31/2019

Program Performance
Assessing the overall operational and financial effectiveness of the clinical scribe program proved challenging given a lack of established performance metrics with regular oversight and monitoring.

Audit Services review of the contract between UTMB Health and ScribeAmerica noted stipulations under Rider 101, Scope of Work that UTMB Health would "begin to measure the impact that scribes had on pre-defined key performance metrics after six months of implementation of scribe services. These key metrics can include, but are not limited to:

- Physician productivity (measured by additional pt. scheduled per day)
- Physician coding (measured by additional RVUs/patient)
- Physician after-hours documentation
- Physician satisfaction surveys
- Patient satisfaction surveys"
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Audit Services interviews with Office of the Provost and Faculty Group Practice personnel noted while a review was completed six months after initial implementation, ongoing key performance metrics as stated in the contract were not performed. We subsequently worked with Provost Office personnel to create a dashboard reporting tool within the POWER Business Intelligence (BI) software application that would facilitate performance monitoring. Utilizing the newly created tool, Audit Services selected a sample of 16 physicians and analyzed their associated data for a six month period prior to the physician utilizing a scribe through August 2018 noting:

- Five of 16 physicians (31%) increased their RVUs
- Five of 16 physicians (31%) decreased time spent after-hours (known as “pajama time”) on patient documentation
- Six of 16 physicians (38%) had no change in pajama time
- Fourteen of 16 physicians (88%) decreased their “encounter close” time

While our analysis provides some assessment of the program performance based on contract established metrics, there are numerous unaccountable variables that could impact these results. These variables include any increased documentation requirements, vacations, absences, administrative responsibilities, etc. indicating a need for establishing metric targets, more routine monitoring and investigation of deviations.

**Recommendation 2018-035-O2-RM:**
The Vice President, Chief Physician Executive Faculty Group Practice (FGP), should ensure regular oversight and monitoring of key physician metrics via the POWER Business Intelligence (BI) dashboard reporting tool created during our audit.

**Management’s Response:**
The Vice President, Chief Physician Executive Faculty Group Practice will work with representatives from the Faculty Group Practice (FGP) and the Office of the Provost to utilized POWER Business Intelligence (BI) to review established metrics semiannually.

**Implementation Date:** 5/31/2019

Additionally, Audit Services working with the Office of the Provost solicited feedback from participating physicians using a survey. Audit Services received anonymous responses from 24 of 48 physicians (50%) surveyed. Key results by survey topic/area include:

**General Information**
- 63% Utilize a scribe 1 – 3 sessions per week
- 100% Proficiency with Epic is satisfactory or higher

**Job Satisfaction/Stress**
- 83% Agree or strongly agree they are satisfied with their current job
- 54% Agree or Strongly agree they feel a great deal of stress because of their job
- 30% Report symptoms of burnout
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Documentation Time Requirements

- Rating of sufficiency of time for documentation after utilization of scribes increased in the 'GOOD' category from 0% to 46%
- Rating of time spent in EHR at home after utilization of scribes as satisfactory or higher increased from 12% to 58%

Overall Scribe Services

- 96% Overall satisfaction with scribe services is satisfactory or higher
- 33% Would not participate if they had to share costs
- 67% Willing to share costs of scribe services

Summary of Comments

- Noted variability in scribe skill set
- Cost sharing opinions
- Low amount of sessions they utilize scribe services
- Scribes are useful if well trained and regularly available

Epic System Access Controls

Upon completion of required training, the ScribeAmerica clinical scribes utilized by UTMB Health physicians are granted access to the Epic medical record application. Audit Services compared the FGP list of active scribes with the list of active users on the Information Services' Scribe Template noting 11 out of 48 users on the template (23%) are no longer active scribes and should have their access removed.

Additionally, our review of permissions on the Scribe Template indicated none of the scribes listed can close encounters. As prescribed by institutional policies, only physicians are allowed to close their respective encounters in Epic.

Recommendation 2018-035-03-RM:
The Vice President, Chief Physician Executive Faculty Group Practice, should establish monitoring processes to ensure scribe user access to Epic is disabled upon termination.

Management’s Response:
The Vice President, Chief Physician Executive Faculty Group Practice will work with representatives from the Faculty Group Practice (FGP), the Office of the Provost, Information Services, and ScribeAmerica to develop a communication process that notifies all aforementioned parties when a scribe is terminated or resigns from their role.

Implementation Date: 4/30/2019
Clinical Scribe Program Audit
Engagement Number: 2018-035

Conclusion
Measuring the effectiveness of the clinical scribe program proved challenging given the lack of established performance metrics with regular oversight and monitoring. However, the results of the physician survey indicated a high level of satisfaction with the scribe program and its impact on documentation time requirements. Opportunities to enhance and strengthen the current program as it matures include improving governance and oversight and monitoring activities.

We greatly appreciate the assistance provided by the Office of the Provost staff and hope that the information presented in our report is beneficial.

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