A close-up photograph of a young Black woman with her hair in a bun, wearing blue scrubs and a stethoscope. She is smiling and looking down at a tablet computer she is holding in her hands. The background is a bright, out-of-focus clinical setting.

# Utilizing Scribes to Improve Patient-Centered Care and Efficiency and Reduce Burnout

**M**ore oncology programs across the country are hiring scribes in their practices to improve patient-centered care, reduce physician burnout, and create administrative efficiencies—like enabling providers to close charts more quickly, for example. The practice that is becoming commonplace among cancer programs is also helping to increase engagement among staff members and provide professional growth opportunities.

### How It Works in Practice

Association of Community Cancer Centers (ACCC) member FirstHealth Moore Regional Hospital is a 402-bed, acute care, not-for-profit hospital that serves as the referral center for a 15-county region in the Carolinas. Located in Pinehurst, N.C., it is the flagship hospital for FirstHealth of the Carolinas. The hospital opened in 1929, with 33 beds, 5 bassinets, and a staff of 27. Since then, it has grown into a 4-hospital health system including 292 medical staff members, a professional staff of nearly 5,000, and 970 volunteers.

Matt Sherer, MBA, MSHA, administrative director, oncology and clinical trials at FirstHealth Moore Regional Hospital, implemented the use of the program's first scribe just over a year ago. Now the oncology program employs three scribes and expects to hire more after seeing the benefits provided by this new member of the cancer care team.

Each scribe is dedicated to a specific physician, working directly with that provider to help document notes in the patient's record and assist the physician while seeing patients. The scribes, who are either a certified medical assistant (CMA) or a licensed practical nurse (LPN), help take vital signs and room patients. Sherer said that he thinks the number of scribes at FirstHealth will continue to increase. "I do see this growing as our physicians learn how to utilize them," he said.

Training can be a challenge because each physician uses scribes for a similar function but with an approach that is specific to each provider. "It's not a one-size-fits-all methodology," Sherer said.

Gail L. Jones is the service line director at Grand Valley Oncology, located in Grand Junction, Colo. Grand Valley Oncology is an ACCC member program affiliated with Community Hospital and a partner of University of Utah Health Care and Huntsman Cancer Institute. Her practice includes three full-time medical oncologists, two radiation oncologists, a part-time oncologist, a survivorship provider, and a nurse practitioner. In all, Grand Valley Oncology employs 70 people, four of whom are MAs and scribes. Clinic nurses also serve as scribes.

Jones had experience using scribes in various practices prior to joining Grand Valley Oncology in May 2018, specifically in orthopedics, general surgery, and urology. "I have tried scribes in other practices with mixed success," she said. "A lot depends on the provider, the EHR [electronic health record], and the willingness of the provider to create templates and help to train the scribe."

At Grand Valley Oncology, CMAs assist patients by taking vitals, reviewing medical history, and performing standard certified medical assistant functions. Scribes (either a CMA or a registered nurse) then go back into the room with the provider to add notes for the provider as they are seeing the patient. The scribes use an



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Matt Sherer, MBA, MSHA, Administrative Director, Oncology and Clinical Trials at FirstHealth Moore Regional Hospital, Pinehurst, N.C.

agreed-upon format for their provider. The provider reviews the scribe's notes and adds his or her own personal notations and signs off.

### Hiring a Scribe

Sherer said that FirstHealth's cancer program decided that scribes were an option when they began using Epic as their EHR system in 2017. "Epic had recommendations that some physicians use scribes for this type of role," he said. "We talked with our physicians about the position. We started out slow, not really knowing how the position would evolve."

"The main consideration was to ensure scribes were either a CMA or LPN," he said. "This would allow them to help with clinic activities in addition to having the proper access in Epic."

Neither cancer program uses a scribe service, which is similar to a dictation service but with a more specific approach in terms of ensuring correct spelling and terminology and then inputting the notes into a template within the EHR system. Sherer said that he spoke to one company that provides scribes, but his program ultimately decided to hire their own.

Finding the right person to fill the role was challenging. "We first posted the position as a scribe with the credentials of a CMA or LPN. We got very few candidates," Sherer said. "We then reversed the postings to be a CMA or LPN working as a scribe. Then we did get a good applicant pool."

Jones said that she often looks for someone on staff who is familiar with the specialty already and who can enter information into the EHR efficiently. They started with a nurse at Grand

Valley Oncology, but it was not the most efficient use of the nurse's time, so they decided to train a CMA to fill the role instead. However, some of the nurses do help to scribe as needed.

### One Size Does Not Fit All

Training can be a challenge because each physician uses scribes for a similar function but with an approach that is specific to each provider. "It's not a one-size-fits-all methodology," Sherer said.

His organization does not use templates currently. It is solely on-the-job training, and the physician works directly with the scribe to ensure that he or she understands his or her role and the tasks assigned to the individual.

Jones agreed that "developing a working relationship between the provider and scribe is a key to success."

It is not easy to find "quality and qualified" candidates, Sherer said. He recommends having a framework of what duties your scribe will be assigned prior to hiring, along with a defined scope of work. "Be patient while training and as the role evolves," he recommended.

Grand Valley Oncology uses templates that help with training. Physicians can customize them as needed. To build the templates, providers at Grand Valley Oncology use the standard notation method that they have become accustomed to over the years and create a template based on that model. "Each of the providers has their own way of doing it," Jones said.

It is a time investment to build the templates initially. "You have to work with the providers and hence you must have a provider willing to do the work," Jones added. "With some EHRs you can actually go online and pull templates from other organizations."

Even with the templates, however, every note must be personalized by the physician. "While using scribes is great, the downfall is you have to make sure the provider is still personalizing the notes," Jones said.

### Benefits Outweigh Challenges

Sherer said that FirstHealth's cancer program has seen a number of benefits since bringing a scribe on staff. "The physician can spend more face-to-face time with the patient as the scribe is documenting necessary information that is being shared," he said. "Our patients have been very receptive to this additional staff person being in the room. The physician is also more efficient and productive when using the scribe."

"For the providers, the benefit of having scribes is that scribes allow the provider to get a lot of the dictation done and are able to leave [the office] in a timely fashion," Jones said. "Physicians still have to go back and review the notes, and make sure everything is correct, and then sign off on it. But that is much more efficient than typing or dictating the notes."

A drawback of dictation alone is that incorrect spellings often get introduced. A scribe is able to provide an extra level of accuracy to ensure that terms are spelled correctly.

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“From a leadership standpoint, scribes can be hard to implement. There is no reimbursement for their services. However, scribes can greatly improve the provider’s ability to complete their charts in a timely fashion, and it subsequently enhances their work-life balance,” Jones said.

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scribes can greatly improve the provider’s ability to complete their charts in a timely fashion, and it subsequently enhances their work-life balance,” Jones said. It also provides a personalized approach that enables the patient and staff to connect on a deeper level that can increase the overall quality of patient-centered care. Patients then have a contact in the clinic if they call later and need assistance.

“The hardest part to sell to administration is the issue that where you normally need one MA, now you need an additional one when the provider is in the clinic: one to assist and handle problems and one to scribe,” Jones said. “When I had multiple sites, I had an MA that floated to the different clinics. Now I am starting to do that with different departments in oncology.”

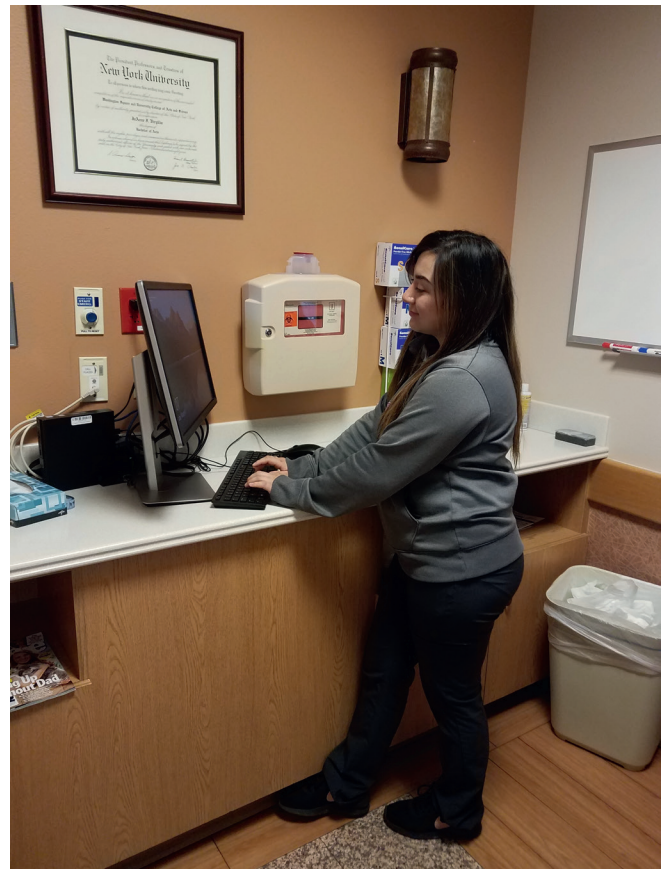
### Cost-Benefit Analysis

“The cost-benefit tradeoff is that the physicians see more patients by utilizing a scribe,” Sherer said. To cover the cost of scribes, physicians must see two new oncology patients a week above the average number they saw the previous year to offset the cost of the new scribe position, including salary plus benefits. At FirstHealth, Sherer reports that physicians have seen an increase in their work relative value units (RVUs) and efficiency with the addition of scribes.

“I can tell you that the RVUs go down at first. Just like when you start a new EHR or anything like that. RVUs always go down slightly because it’s taking a little bit longer as the staff’s getting ramped up. So you can measure it by RVUs, or more commonly what I see people doing is measuring it by the time providers close their charts,” Jones said. “That’s a good way to measure it because you’re adding these resources to have them do that.”

“We must make EHRs work for us and not us for them,” Sherer said. “Scribes are an excellent way to help the physicians and our patients. The scribe can help the physician spend less time on the computer working in the EHR. It does take time to train a scribe, but if you are patient it will be a huge benefit later.”

“Have one provider that you’re willing to try it with and dedicate the resources,” Jones recommends.



Nina Cuji-Carusio, Medical Scribe, Grand Valley Oncology.

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### Professional Development

Adding the role of scribes to a program can bring added benefits, like opportunities for career growth, engagement, and value added for the entire team. “For the MAs, it helps them to grow professionally and builds their confidence,” Jones said. “They get to hear what the provider is doing rather than just rooming and answering calls. I know that the scribes that are successful and have a willingness to learn enjoy the work.”

According to Sherer, FirstHealth Moore Regional Hospital is evaluating a “scribe academy” within the organization to further improve standardized training and recognize their scribes.

In some practices, CMAs are able to demand a higher salary when adding scribing to their skillset, Jones noted.

Two scribes she has worked with in the past have gone onto nursing school. “They were interested in becoming medical assistants, but,” she said, “when you go in being a medical assistant, it can get kind of tedious.”

As a scribe, now “you’re actually going into the room, and your staff is hearing more, and they’re learning more, and it gets them excited and gets them engaged. Then they start asking their provider questions about a specific disease process, so it starts



Katie Clayton, Medical Scribe, Grand Valley Oncology.

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Jones sees her MAs who are scribes become more involved with patients and, as a result, they are more invested in the work they are doing. The work is more meaningful to them, so scribes feel more valued, which creates more engagement.

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helping them,” she said. “I’ve had different staff over the years that have become very engaged with their work as a scribe and found that this was a passion that they really liked hearing about it.”

“We actually push them [scribes] to a higher standard of learning, and we’ve spent a lot of time on education. The more your staff learns, the more engaged they’ll be and the better fit for your program,” Jones said. “They’re happier because they’re doing something different. They’re learning something, and a lot of times, they’ll get a really strong bond and working relationship with their provider. But they also get that with the patients because they’re seeing the patients, and the patients get to know them better.”

The use of scribes has had an impact on her entire team because it adds value across the board. “One of the other benefits when you have an MA that is able to scribe really well, they can float and help another provider,” Jones said.

Jones sees her MAs who are scribes become more involved with patients and, as a result, they are more invested in the work they are doing. The work is more meaningful to them, so scribes feel more valued, which creates more engagement. “Scribes tend to work better than an MA that you’re just moving around to help different providers,” she said.

*Amy Hindman is a freelance writer with over 10 years of experience writing in technology, healthcare, and oncology.*