BayScribe

Dictation & Transcription
Real Savings + Total Control

BayScribe is a Clinical Documentation System that is provided to healthcare facilities as a service – Software as a Service – relieving facilities of the financial burden to purchase expensive hardware to support Clinical Documentation. There are three key areas of benefit to the facility: Cost, Control and Performance. The focus of this White Paper is Cost and Control and the areas of cost-savings that BayScribe customers enjoy when they take control of their Dictation and Transcription systems. Performance is addressed in a separate White Paper.

Dictation Savings

There are several areas of savings when upgrading to newer dictation equipment – expensive and cumbersome VPN lines are no longer required for Transcription access; Digital Handheld recorders can be phased out or replaced altogether with wireless handhelds; antiquated cPhones can be eliminated and replaced. The cost of these single-purpose devices combined with the maintenance and support of these devices add up to real quantitative savings.

Many facilities utilize digital handheld recorders from companies like Philips and Olympus. These devices' only purpose is to capture dictation. With per unit costs of $250-600, these devices are not cheap to deploy nor cheap to maintain. Compare that to $0 per user to deploy BayScribe Mobile on an iPad, iPhone, iPod Touch or Windows Mobile device – that's big savings! Of course, the expense of acquiring, maintaining and supporting these devices depends upon the number of authors using them, the model/price of the device itself as well as any ongoing maintenance/support for the devices.

Sample Savings:

- $500 average per Olympus digital handheld
  versus
- $0 per BayScribe Mobile license
- A $200 per unit cost for iPod Touch = $300 per unit savings
- Replacing 100 units/year * $300 = $30,000 saved per year

BayScribe Mobile is not only far less expensive to acquire and deploy, but it provides a real-time, secure, wireless upload of the dictation directly into the dictation system and queues the report for Speech Recognition and/or Transcription. Authors/Providers need not concern themselves with the tedious task of docking the unit to the PC to get the files uploaded into the system. This creates additional efficiencies to the high-salaried staff as well as increases overall satisfaction for both the authors and the transcription staff. By providing a list of valid Work Types and validating the User wirelessly reduces the task of programming the handhelds too. Couple this with an ADT feed and providers can receive Patient lists downloaded to their handheld to enable more accurate and timely dictation – without additional charge – expediting the Patient Care process further.

Control of Dictation

When facilities own their own dictation systems, they have access to new technologies and integration possibilities that provide additional workflows and savings. When outsourcing Dictation to a Medical Transcription Service Organization (MTSO), these savings opportunities are often lost, as the MTSO may not be equipped to provide these beneficial tools. BayScribe Mobile is an excellent example of an efficient and effective dictation vehicle that saves organizations time and money while speeding Patient Care.

Transcription Savings

BayScribe generates real cost savings by automatically populating information (Header, Footers and Patient Data) into the report template for the Medical Transcriptionist (MT). In addition to Header & Footer information, there are several other data points that can be auto-filled by BayScribe as it is gathered from other systems:

- Medical Record Number/Accession Number
- Social Security #
- Date of Birth
- Date of Visit/Date of Service
- Dictating Author's information
- Referring Provider information
- Phone, Fax & Address information
- Medication information

There is no need to pay the MT or the MTSO for the lines which are not typed – whether the MT is internal or with an MTSO. In the sample that follows on the next page, the **orange data** constitutes information which could be auto-filled into the report. While the amount of information can and will vary from report to report and location to location, the outcomes are the same – *real* savings.

Sample output summary:

- The character count with spaces is 618 (or 9.5 lines on an industry standard 65-character billable line)
- The Visible Black Character (VBC) count of the auto-filled data is **555** (total displayed in the right column)

Calculate this by the pay rate of the Transcriptionist and that equates to real 'hard-cost' savings for each and every report generated. Using industry-average compensation (.08 per line) for a Transcriptionist this would equate to a savings of **$0.76** for a single report, or over **$1.28** at .135 per line to an MTSO. Multiply that by the number of 'Consultations' per month or per year and the savings are tremendous – tens, or even hundreds of thousands of dollars per year. It simply doesn't pay to outsource the platform.

Control of Transcription

When facilities own their own transcription platform, they have the ability to regulate the amount and type of work done by various MTSO's. The facility knows exactly what work is being done by whom, when and if it is on-time. Facilities can then monitor the performance of the MTSO, mix and match volumes with internal resources and know that a single workflow will ensure that all of the finished reports are deposited into the appropriate records at the conclusion of the job.

If an MTSO is not performing, they can easily be replaced because the facility need not worry about setup delays or additional costs in configuring interfaces again. Simply plug a new service into the platform – your platform – and evaluate the quality of the work. You are in control!

Line			VBC

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1   THE NEW MEDICAL CENTER          Patient: SMITH,JOHN W        38
2   ANYWHERE, MARYLAND 21401        SS#: 123-45-6789            37
3                                   MRN: 00012345678            15
4                                   Date of Admission: 05/01/2008   26
5          Auto-filled with         Consult Date: 05/01/2008    22
6          data from CHIS           Consultant: Dr. Barry Bernstein   28
7                                   Physician: Dr. Sonya Beck   22
8                                   Room Number: 1234           15
9
10                    CONSULTATION                              12
11
12  CARDIOLOGY CONSULTATION                                     22
13                              Headers & Footers
14  REQUESTING PHYSICIAN        Auto-filled from                19
15  Sonya Beck, MD              Report Template                 12
16
17  HISTORY OF PRESENT ILLNESS                                  23
18  The patient is a 53-year-old man with a history of an idiopathic dilated    60
19  cardiomyopathy and a history of ventricular tachycardia.  He has an ICD in place.   68
20  The patient presented with increasing dyspnea over the past few weeks and   62
21  particularly bad over the past 3 days.  For the past few days, he has had   58
22  decreased energy.  He has been unable to sleep even sitting in a chair.  The   61
23  patient had a recent defibrillator shock, and a check of his device did confirm   66
24  that it was an appropriate shock for ventricular tachycardia.   53
25
26  PAST MEDICAL HISTORY                                        18
27  His past medical history is remarkable for COPD, idiopathic dilated   58
28  cardiomyopathy, chronic lymphocytic leukemia, and chronic renal insufficiency.   71
29  The patient has had a recent diagnosis of a urethral stricture and so had a   61
30  chronic Foley catheter in place.  He is also scheduled for hernia repair in 1-2   65
31  weeks.                                                      6
32
33  CURRENT MEDICATIONS                                         18
34  1.   Coreg 12.5 b.i.d.                                      19
35  2.   Amiodarone 200 mg.     Meds can be filled from         20
36  3.   Coumadin.              Meds Reconciliation             13
37  4.   Lasix 40.              system if supported             12
38  5.   Flomax 0.4.                                            12
39  6.   Digoxin 0.125.                                         17
40
41  ALLERGIES                                                   9
42  HE HAS A SEVERE COUGH WITH ALTACE.                          28
43
44  SOCIAL HISTORY                                              13
45  He does not use alcohol or tobacco.                         30
46
47  REVIEW OF SYSTEMS                                           15
48  Review of systems is as noted above.                        30
49
50  PHYSICAL EXAMINATION                                        19
51  On exam, he is a normally developed, normally nourished male who appears tired.   67
52  Blood pressure is 135/64, heart rate 66 and regular, head and neck:  Eyes:   61
53  Pupils are equally round and reactive to light.  Extraocular movements are   63
54  intact.  Mucous membranes are moist.  Neck is supple.  There are no carotid   61
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55	bruits. Lungs show decreased breath sounds bilaterally. Cardiac exam: He has a	67
56	normal single S1 and S2. He has a grade 2/6 holosystolic murmur at the apex.	62
57		
58	Jugular venous pressure is 15 cm with the patient at 30 degrees. The abdomen is	65
59	nontender. Extremities are without edema.	37
60		
61	**LABORATORY DATA**	14
62	BNP is 151. Sodium 140, potassium 6.6, chloride 109, CO2 24, BUN 53, creatinine	66
63	2.8, glucose 100.	15
64	EKG shows normal sinus rhythm with ventricular pacing tracking the atrium.	64
65		
66	**ASSESSMENT**	10
67	A 53-year-old man with dilated cardiomyopathy who presents with an exacerbation	69
68	of congestive heart failure (CHF) and chronic obstructive pulmonary disease	66
69	(COPD). He also has worsening renal failure and hyperkalemia.	53
70		
71	**RECOMMENDATIONS**	15
72	We will place him on Natrecor infusion in view of the increased creatinine to	64
73	achieve gentle diuresis without worsening of BUN and creatinine. I will repeat a	68
74	potassium level now and if the potassium is accurately greater than 6, we will	65
75	give 20 g of Kayexalate. The patient probably would benefit from a nephrology	65
76	consult in the morning.	20
77		
78	[	1
79	Electronically Signed 05/03/2008 09:19	35
80	By: Barry Bernstein, MD	20
81		
82	DD: 05/01/2008 18:14	18
83	DT: 05/02/2008 11:25	18
84	MT.XYZ	6
85	Document ID: 12345678]	20
86		
87	CC: Sonya Beck, MD	15

In this example, the remainder of the report typed by the Transcriptionist totals 2,360 characters (or 36.3 lines) or 1,970 VBC. At BayScribe's system license of $0.01 per line for the entire Dictation & Transcription System, BayScribe would more than pay for itself in this example!

BayScribe License costs:
- 618 auto-filled characters + 2,360 typed characters = 2,978 Total Characters
- 2,978/65 = 45.82 lines   (65 characters per line)
- 45.82 lines x $0.01/line = **$0.4582**   *(versus $0.76 or $1.28)*

Summary

When facilities own their own transcription platform, they have the ability to regulate the amount and type of work done by various MTSO's, saving time and money, as well as mitigating risk. Not only is transcription completed at a much lower cost – practically free – but it is also faster on BayScribe. Further savings and benefits can be derived from BayScribe's Natural Language Processing technology to assist with Meaningful Use, Present on Admission and Core Measures.

The benefits and savings speak for themselves.