

# FOR THE Record

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## TRANSCRIPTION TRENDS



## NEW TECHNOLOGY VS. OUTSOURCING

By Todd Charest

Proactively analyzing and improving your clinical documentation process can reduce costs, improve the revenue cycle, and enhance patient care. However, many healthcare facilities are only willing to explore significant changes after problems arise. Whether you are pursuing a long-term improvement strategy or trying to overcome immediate problems, it is vital to consider your full range of options before deciding on the right balance of outsourcing and new technology.

Too often, healthcare facilities consider new technology and outsourcing as separate and unrelated investments. This can lead to piecemeal solutions that create long-term complications. The most effective solutions require a comprehensive approach that recognizes how people, technology, and processes are interconnected.

When evaluating changes to the clinical documentation process, healthcare facilities should consider new technology and outsourcing; both offer distinct advantages. New technology promises to increase the efficiency and effectiveness of your internal staff, including physicians, medical language specialists (MLS), and IT and HIM professionals. Outsourcing offers the reduction or elimination of staffing issues, as well as reduces costs, opens floor space, and helps reduce the risk of documentation backlog as fluctuations occur in dictation and documentation volume.

Once a healthcare facility identifies the specific area within the clinical documentation process needing improvement, the advantages of new technology and outsourcing become increasingly apparent. For example, if physicians are demanding greater flexibility in dictation options or integration with their departmental systems, improved technologies such as hand microphones and Integrating the Healthcare Enterprise-ready applications support greater adoption of electronic documentation. In addition to technology, if a slow turnaround time for clinical documentation is negatively impacting the quality of patient treatment and the

revenue cycle, the MLS staff may be unable to keep pace with the facility's needs, and outsourcing may be the answer.

Narrowly approaching and analyzing improvements to the clinical documentation process generally provides only short-term solutions to specific problems. Considering new technology and outsourcing separately as an either/or decision will limit the long-term effectiveness of any solution. Instead, the clinical documentation process should be evaluated in terms of the fluid interaction of people, processes, and technology.

### **The Best Approach**

Is your facility's technology designed to handle a mix of in-house staff and outsourcing support? Do your facility's employees require additional training or more staffing, or is the process broken? When asking these questions, it is important to remember that technology, people, and processes do not operate independently. Understanding these interactions is vital before introducing any changes to the clinical documentation process.

The primary reason technology and outsourcing are often approached separately is because, frequently, vendors only offer one or the other. A service outsourcing provider will analyze the clinical documentation process from its area of expertise and rarely discuss technological opportunities. Conversely, a technology provider is unlikely to recognize and advise new staffing solutions, whether internal or external. In this situation, it is up to the healthcare facility to integrate the potential technology and outsourcing options into a single, integrated solution.

However, if a healthcare facility is determined from the start to seek an either/or solution, the organization is probably only going to pursue a relationship with one type of supplier or vendor. This unnecessarily limits the range of options available and may prevent the facility from achieving the most effective long-term value changes in its clinical documentation process. Instead, healthcare facilities should solicit solutions from vendors on both sides of the divide or seek out a partner capable of providing both technologies and outsourcing services.

In addition, healthcare facilities should involve the entire HIM, clinical, and IT staffs in any changes made to the clinical documentation process. Decisions made by IT without consultation with the HIM department may compromise functionality, while decisions made purely by HIM staff may result in technological and cost inefficiencies. At the same time, all changes made by IT and HIM staff should reflect an in-depth understanding of the workflow and clinical staff needs—or adoption could face significant challenges.

### **An Example Involving Overflow**

Consider a hospital experiencing recurring overflow that results in a dictation backlog. This facility may choose to replace its legacy

technology with a new document management or dictation/transcription application with advanced features that improve the MLS staff's productivity. This technology-only approach may eliminate the problem.

However, the hospital may still experience the same fluctuations in patient and clinical documentation volume that had been creating periodic overflow. Although the MLS staff is now equipped to handle the high-volume periods, slower weeks or months will leave some employees idle. These volume fluctuations may minimize staffing optimization, possibly leading to inefficiencies and unnecessary expenses.

If the hospital had originally elected to partner with an outsourcing vendor to manage its recurring backlog of dictation files, this also would have eliminated the overflow problem. However, this solution could displace quality staff and create hostility in the medical facility and community.

An equally effective, low-risk approach to managing fluctuating volumes involves integrating the new technology with a partial outsourcing relationship. The facility can deploy new software to make its internal staff more productive and simultaneously secure an outsourcing relationship for partial volumes to minimize risk in overflow situations.

### **Make the Change**

There is growing pressure for new solutions to clinical documentation. Ideally, healthcare facilities will proactively meet this challenge when it is easiest to evaluate the full range of options. However, even after problems develop and crises arise, changes to the clinical documentation process should not be considered piecemeal but part of a comprehensive study of the entire process.

Healthcare organizations should consult with vendors specializing in technology and outsourcing as part of the decision-making process. Problems cannot be properly evaluated from a limited perspective. There is no technology that can remove the human element from clinical documentation, and even full outsourcing requires healthcare facilities to wisely adopt and support new technologies.

With the rapid pace of technological advances and the gradual shrinking of the U.S. MLS workforce, all clinical documentation decisions should address long-term considerations in addition to immediate problems. At best, failure to do so may result in a missed opportunity. More likely, short-sighted solutions will lead to larger problems, including high staff turnover, chronic overflow problems, incomplete clinical documentation potentially impacting patient care, and costly delays in the revenue cycle.

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