Surviving the Transcription Market Downturn

May 2012

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Today's Objectives

- Give a clear picture of the impact EHRs have made and will continue to make on the transcription industry.

- Review the findings of the recent EHR Survey and their implications for narrative.

- Propose an approach to maintaining and possibly even building new market share.

EHR Market Update

EHR-centric Healthcare

- EHRs are at the center of an <u>evolving and chaotic transformation</u> occurring in U.S. healthcare.

- "Healthcare is becoming an analytics business." Glen Tullman, Allscripts, HIMSS 2012

- EHR market has grown from <u>$973.2 million in 2009</u> to projected <u>$6.5 billion in 2012</u>[1].

[1] Source: Nancy Fabozzi, "U.S. Hospital EHR, 2009-2016: Charting the Course for Dramatic Change," Frost & Sullivan, October 2011

Top 10 Ambulatory EHRs

Product	Market Share	Physicians as %	EMR Pulse	Self Reported
Allscripts	15.80%	44,240	180,000	180,000
Epic Systems	14.93%	41,804		220,000
eClinical Works	11.00%	30,800	50,000	55,000
GE Centricity	9.19%	25,732	30,000	33,000
Cerner	7.39%	20,692		30,000
NextGen	6.30%	17,640	56,000	50,000
McKesson	2.94%	8,232		
e-MDs	2.89%	8,092	17,000	29,000
Sage Intergy	2.84%	7,952	80,000	
Amazing Charts	2.17%	6,076		
Top 10 Sub-total	**75.45%**			
All Other	24.55%	68,740		
Total	**100%**	**280,000**	**413,000**	**597,000**

Source: American EHR Partners, "Market Share and Top 10 Rated Ambulatory EHR Products By Practice Size," October 2011

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Ambulatory EHR Adoption Status

	July 2011	January 2012
Overall Market Penetration	40.40%	45.6%
By physician count		
1 physician	31%	37%
26 or more physicians	75%	77%
By patient volume		
1 to 50 patients	36%	41%
101+ patients	66%	68%
By site ownership		
Hospital owned	60%	60%
non-health system owned	38%	43%

Source: SK&A, "EHR Penetration to Date in Ambulatory Market," January 2012, see
http://www.skainfo.com/health_care_market_reports/EMR_Electronic_Medical_Records.pdf

EHR Incentive Program Active Registrations

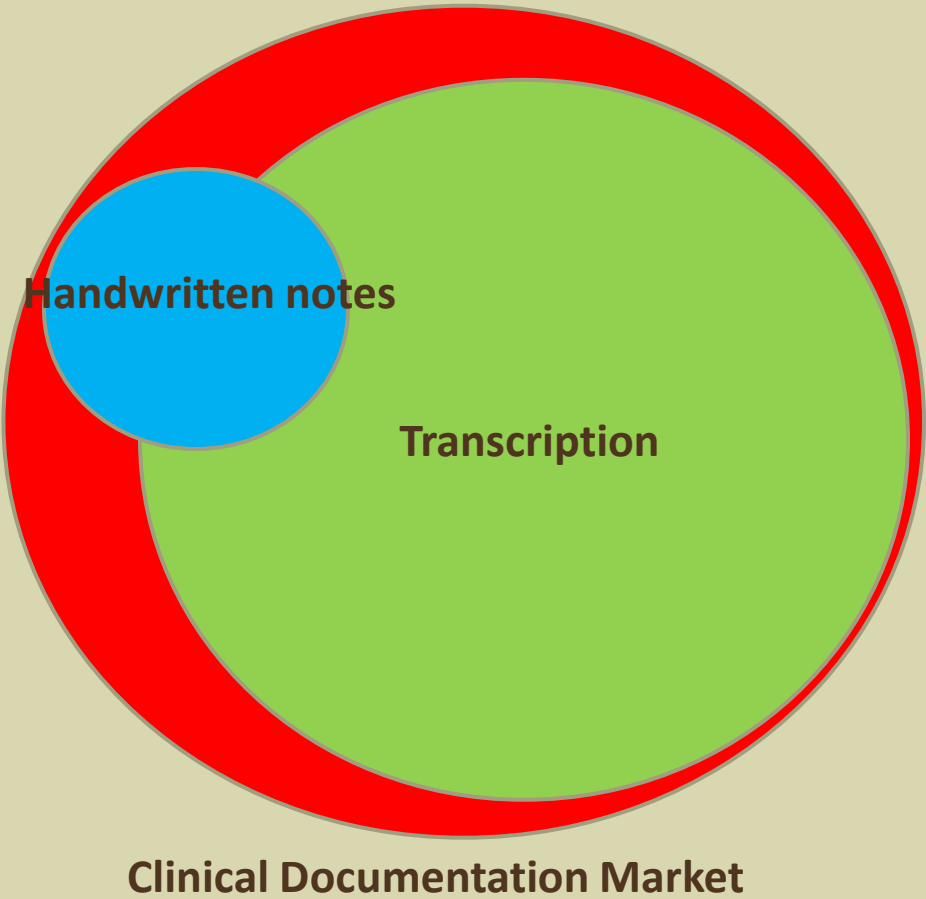|	March 2012	Program-to-Date
Medicare Eligible Professionals	**6,830**	**148,476**
Doctors of Medicine or Osteopathy	6,264	132,585
Dentists	2	209
Optometrists	262	6,651
Podiatrists	143	5,350
Chiropractors	159	3,681
Medicaid Eligible Professionals	**7,143**	**73,806**
Physicians	5,114	53,082
Certified Nurse Midwives	156	1,578
Dentists	619	4,623
Nurse Practitioners	1,120	13,202
Physicians Assistants	134	1,321
Hospitals	**128**	**3,483**
Medicare Only	4	190
Medicaid Only	3	78
Medicare/Medicaid	121	3,215
Total	**14,101**	**225,765**

Source: Centers for Medicare & Medicaid Services, March 2012 Report, see:
http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads//Monthly_Payment_Registration_Report_Updated.pdf
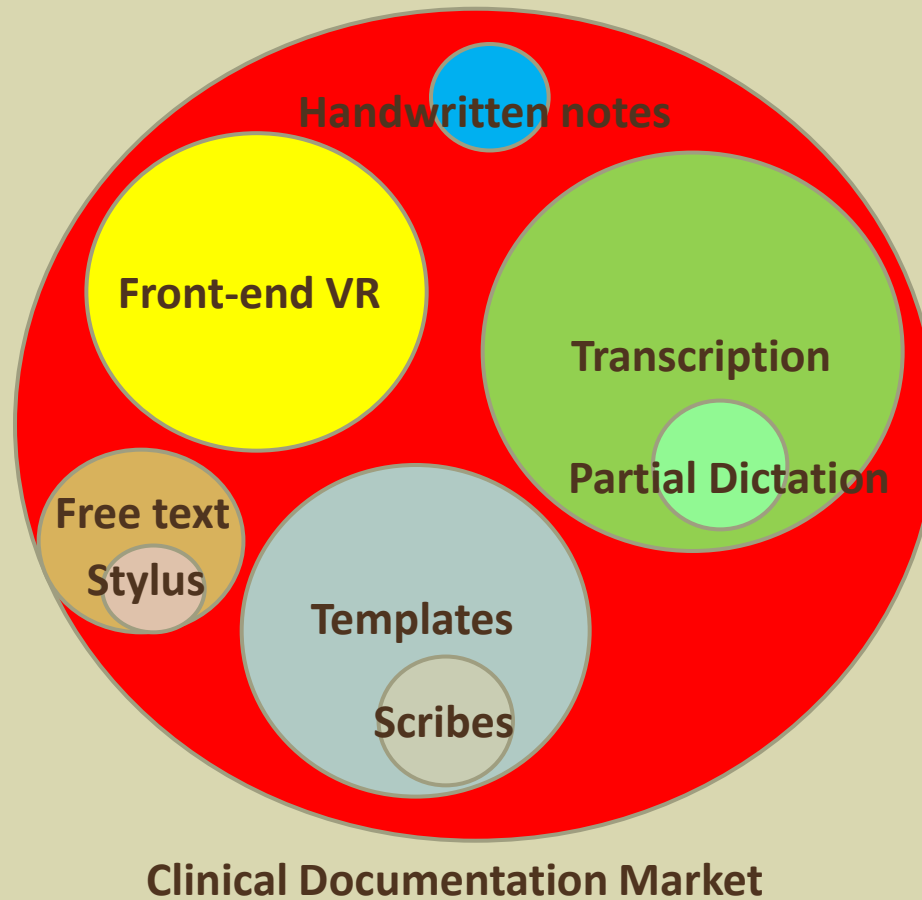
EHRs and Clinical Documentation

- The reasons for healthcare's aggressive EHR adoption <u>are much broader than clinical documentation</u>, but the clinical documentation industry has been more severely impacted than perhaps <u>any other healthcare industry</u> as a result of EHR adoption.

- Transcription's virtual monopoly position now has competition from a wide array of new <u>EHR-driven documentation tools</u>.

Pre-EHR Clinical Documentation Methods

Handwritten notes

Transcription

Clinical Documentation Market

Post-EHR Clinical Documentation Methods

Handwritten notes

Front-end VR

Transcription

Partial Dictation

Free text
Stylus

Templates

Scribes

Clinical Documentation Market

Delivering on Expectations

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- **May 2012: *Annuals of Internal Medicine*: "EHR use was not associated with better adherence to care guidelines or a more rapid improvement in adherence."**

EHR Scorecard

Feature	True	False
Reduce medical errors	X	
Patient access to data	X	
Easier access to PHI (providers and staff)	X	
Data aggregation, structuring and reporting	X	
Billing and coding improvements	X	
More time-efficient		X
More cost-efficient		X
More secure data		X

EHR Study Findings

2012 EHR Study Findings

- Study conducted December 2011 through February 2012.

- 100 MTSOs surveyed, 23 responded.   Almost all volume for respondents was <u>ambulatory</u> based.

- Respondents reported average <u>loss of 16% of 2011 </u>volume to EHRs and predicted <u>losses of 14% to 25% in 2012.</u>

- Losses represented clients who had <u>recently converted </u>to EHRs, with further EHR conversions predicted for 2012.

Key Finding of Study: Market Contraction

1. If the small data set collected in the study is indicative of the overall market trend, outsourced transcription volumes could fall to 50% of their 2008 volumes.

Key Finding of Study: Market Contraction

Market Segment	2008 Levels		2011 Levels		20?? Levels	
	Lines per year (000)	Value ($, 000)	Lines per year (000)	Value ($, 000)	Lines per year (000)	Value ($, 000)
Acute Care – Outsourced	25,000,000	3,500,000	19,100,000	2,700,000	12,000,000	1,548,000
Ambulatory – Outsourced	35,500,000	4,250,000	29,600,000	3,575,000	18,000,000	2,322,000
Total Market Size	60,500,000	7,750,000	48,700,000	6,275,000	30,000,000	3,870,000

Source: WebChartMD estimate

Key Finding of Study: Interface Usage

2. It's not the EHR as much as the clinic's preference that determines whether transcription will continue being used. Our current interface project list illustrates this finding.

EHR	Clinic Type	Impact of EHR	Interface Type
Acumen	Renal group	Full transcription	HL-7
Allscripts	Digestive health	Full transcription	HL-7
Greenway	Orthopedic	Full transcription	File monitor
Centricity	Hospital	Full transcription	HL-7
Meditech	Behavioral health	Full transcription	HL-7
eMDs	Abdominal group	Full transcription	HL-7
Care 360	Internal Medicine	Full transcription	HL-7
SRSsoft	Orthopedic	Full transcription	File monitor
Epic	Multi-specialty	Full transcription	HL-7
NextGen	Orthopedic	Full transcription	File monitor

Key Finding of Study: Interface Usage

Physician Type	Total Physicians	Percentage of Total
Primary Care Physicians	383,063	47.20%
Specialist Physicians	428,490	52.80%
Total Physicians	**811,553**	**100.00%**

Note: primary, family and pediatric physicians tend to implement standardized, out-of-the box EHR solutions (Practice Fusion doesn't even have a transcription interface capability), while specialists are more often the physician type interested in continuing the use of narrative (ref. SRS Soft's transcription partner).

Source: Kaiser Foundation State Health Facts, see http://www.statehealthfacts.org/profileind.jsp?ind=934&cat=8&rgn=1&cmprgn=2

Key Finding of Study: Interface Usage

Specialty	Dictators	Pre-EHR Lines/Mo	Post-EHR Lines/Mo	Variance
GI	4	8,500	8,500	0%
Not given	3	5,000	5,000	0%
Not given	1	2,700	2,700	0%
Multi	40	145,000	130,000	-10%
pulmonary	7	14,867	8,093	-46%
Vascular	8	32,939	17,000	-48%
Oncology	3	21,791	7,986	-63%
cardiology	21	77,848	18,524	-76%
Cardio	13	56,868	8,000	-86%
Not given	3	5,000	500	-90%
Vein	2	7,150	700	-90%
nephrology	3	16,000	850	-95%
Urology	6	80,000	2,000	-98%
Ortho	4	35,400	750	-98%
Not given	3	5,000	50	-99%
Cardio	11	55,031	0	-100%
podiatrist	1	6,000	0	-100%
nephrology	3	8,000	0	-100%
ortho	6	32,400	0	-100%
OB/GYN	1	3,000	0	-100%
specialty hospital	30	3,500	0	-100%
bleeding disorder	3	5,000	0	-100%
Total	176	626,994	210,653	-66%

Key Finding of Study: Interface Usage

2. (cont.) For many of the EHR implementations that were reported, MTSOs didn't know about the impending interface until the decision had already been made or was about to be made; and, the EHR implementation plan had already been developed. This may be a key reason why volume was lost and an interface could not be implemented (ref: "I didn't want to rock the boat.")

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Key Finding of Study: At-Risk MTSOs

3. MTSOs without client diversification – or those dependent on a small number of clients for a large percentage of their revenue – are most at risk to a business downturn resulting from EHRs.

Key Finding of Study: At-Risk MTSOs

- Independent Contractors and MTSOs at the bottom tier of the market are exiting the market and will continue to do so.

- Their departure from the market means that potentially billions of lines of residual transcription will become available to other MTSOs.

Key Finding of Study: At-Risk MTSOs

2011 Market Size	>$25 MM	$5-25 MM	$1-5 MM	$.5 - 1 MM	$.1 - .5 MM	$0 - .1 MM	Total MTSOs
# MTSOs	8	15	250	1,000	2,500	80,000	83,773
Total Lines (000)	7,700,000	1,500,000	5,300,000	6,200,000	5,200,000	22,800,000	48,700,000
Total Revenue ($, 000)	950,000	200,000	650,000	750,000	625,000	3,100,000	6,275,000
Percent of Market	16%	3%	11%	13%	11%	46%	100%

Source: WebChartMD estimate

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Key Finding of Study: Lost Productivity

4. Studies, articles and anecdotal user testimonies continue to reinforce that EHRs <u>negatively impact some physicians' productivity</u>. This is primarily related to the extra time required to generate clinical documentation.

    For this and other reasons, some physicians <u>continue to prefer dictation and transcription</u> .

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Five Key Reasons for Continued Dictation

1. Clinic culture/physician preference: an influencer within the organization expressed a preference for narrative and pushed for an interface.

2. Some work types (most often letters) were continuing to be transcribed.

3. Template/front-end speech aversion: Some dictators prefer dictation over EHR-driven clinical documentation and/or to front-end speech recognition.

4. Dictators' time too expensive for EHR-driven modalities.

5. Older doctors close to retirement continue non-EHR workflow.

Key Findings of Study – Lost Productivity

Where EHRs are weakest (time efficiency) narrative is strongest. Narrative benefits often cited include:

1. Patient-centric exam room interactions.

2. Capturing a comprehensive assessment of the patient and his/her needs (HPI, Assessment and Plan).

3. Better utilization of a physician's time (SRS Soft ortho users).

4. Lower cost of EHR utilization.

Key Findings of Study – Lost Productivity

"Free-text narrative will often be superior to point-and-click boilerplate in accurately capturing a patient's history and making assessments, and notes should be designed to include discussion of uncertainties."

". . . narrative-based documentation methods are viewed as able to preserve detailed and expressive descriptions of patients and their stories and are commonly accepted as the best way to capture and arrange the informational background on which effective diagnostic reasoning is based."

Source: Gordon D. Schiff, M.D., and David W. Bates, M.D., "Can Electronic Clinical Documentation Help Prevent Diagnostic Errors?", The New England Journal of Medicine, March 24, 2010

In light of those findings and the changes occurring in the clinical documentation market, what steps can MTSOs take to position themselves for success?

Steps to Surviving the Downturn

Step 1 – Change In Marketing Tactics

PAIN POINT: EHRs are great at accessing patient information but terrible at inputting it. A lot of clinic time and money is spent on the inputting process, and it's probably the number one frustration physicians express regarding EHRs.

ACTION POINT: Marketing message and materials that make the MTSO a productivity tool that saves physician time and expands her/his workday. Emphasis on ease of interface.

Step 2 – Change In Sales Tactics

PAIN POINT: MTSOs will have larger client bases generating smaller volumes per client. Instead of 25 accounts billing at $2,500 per month, an MTSO in the future may have 250 accounts billing at $250 per month.

ACTION POINT: More deliberate, targeted sales approach that is focused on capturing volumes left by MTSOs exiting the market. Development and solicitation of prospect list more critical than ever.

Step 3 – Interfacing

PAIN POINT: MTSOs need technology partners capable of making the transcription interface into EHRs as painless and invisible to clinics as possible.

ACTION POINT: MTOSs need to proactively engage clinics to place interfaces into the project plan from the beginning. Engage technology partner to implement no-cost interfaces of all types.

Step 4 – Leveraging Technology

PAIN POINT: MTSOs need technology tools that will enable them to manage higher numbers of clients with lower volumes of transcription lines.

ACTION POINT: platform tools that are MTSO-driven and can easily facilitate the on-boarding and management of large volumes of clients and dictators (case study: Florida ortho group).   Also, MTSOs need new technologies that enable them to diversify their service offering.

Step 5 – Reducing Costs

PAIN POINT: MTSOs need to run more efficient operations to generate higher margins from lower volumes transcribed.

ACTION POINT: back-end voice recognition can cut transcription costs by 50%-80% after initial learning curve.

When It's Time To Sell

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Next Steps

1. Work with your current technology partner or staff members to develop a response to the five steps described in this presentation.

2. Attend other WebChartMD seminars that provide training and assistance in each of the five steps.

Series of Presentations

Presentation	Date
Surviving the Transcription Market Downturn	May 23, May 25
Step 1: Changing your marketing tactics	May 28, May 30
Step 2: Changing your sales tactics	May 30, June 1
Step 3: Interfacing boot camp	June 4, June 6
Step 4: Leveraging Technology Effectively	June 6, June 8
Step 5: Back-end speech recognition	June 11, June 13

Step 1: Changing Your Marketing Tactics

Premise: prior to launching your sales effort you need to redefine your message.

What we'll cover:

1. "Pitching" the key advantages of using transcription for clinical documentation.

2. How to present those advantages in your marketing materials and website.

Step 2: Changing Your Sales Tactics

Premise: your sales effort is built on a simple strategy implemented repetitively.

What we'll cover:

1. How to build a prospect list from cold calling (phone), the internet and other sources.

2. Managing your prospects and sales efforts via a CRM (customer relations manager) tool.

3. How to "pitch" to new prospects and close the deal.

Step 3: Interfacing Boot Camp

Premise: You can intelligently discuss interfaces with your clients and help sell them on a transcription interface.

What we'll cover:

1. Understanding interface basics and terminology.

2. Overview of top EHRs and their interface requirements.

3. Implementation timelines and costs for top EHRs.

Step 4: Leveraging Technology Effectively

Premise: your platform plays a key role in the successful transformation of your company's customer mix.

What we'll cover:

1. Using a platform to easily manage a large number of clients.

2. New Microsoft technology allows for ultra-fast file management of large volumes of dictators.

3. Making pools and template management easy.

Step 5: Back-end speech recognition

Premise: back-end speech recognition (we use M*Modal) provides a viable option for reducing costs and gaining margin.

What we'll cover:

1. How M*Modal works - a demonstration of speech recognition editing tools.

2. What to expect in terms of speech recognition productivity gains.

3. Translating productivity gains into margin – assessing the financial benefits.

Thank you for joining us today. Please plan on attending another upcoming webinar!

Appendix

Drivers for EHR Adoption

The ONC defines EHR benefits as:

- a real-time patient health record with access to <u>evidence-based decision support tools</u> that can be used to aid clinicians in decision making.

- can <u>automate and streamline a clinician's workflow</u>, ensuring that all clinical information is communicated.

- can also support the collection of data for uses other than clinical care, such as <u>billing, quality management, outcome reporting</u>, and public health disease surveillance and reporting."

Source: Source: *2011 National Healthcare Quality Report*, Agency for Healthcare Research and Quality (AHRQ), see http://www.ahrq.gov/qual/nhqr11/nhqr11.pdf

Drivers for EHR Adoption

"Health providers using EHRs have reported improvement in clinical decision making and <u>communication with other providers and patients</u>, as well as <u>faster and more accurate access to medical records</u> and <u>avoidance of medical errors</u> (Romano & Stafford, 2011). Components of EHRs, such as computerized provider order entry (CPOE) and clinical decision support (CDS), have been found to be associated with <u>significant reductions in medication errors</u> (Devine, et al., 2010)."

Source: *2011 National Healthcare Quality Report*, Agency for Healthcare Research and Quality (AHRQ), see http://www.ahrq.gov/qual/nhqr11/nhqr11.pdf

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Drivers for EHR Adoption

1. Improve <u>quality and convenience of patient care</u>
2. Increase <u>patient participation</u> in their care
3. Improve <u>accuracy of diagnoses</u> and health outcomes
4. Improve <u>care coordination</u>
5. Increase <u>practice efficiencies and cost savings</u>

Source: Department of Health and Human Resources, HealthIT.Gov, see:
 http://www.healthit.gov/providers-professionals/benefits-electronic-health-records-ehrs

EHR Shortcomings

"Although electronic health records (EHRs) are intended to streamline patient care and communication between healthcare professionals, they can lead to information overload, according to results a study published in a letter in the February 13 issue of Archives of Internal Medicine.

" 'We both hear strong complaints from [PCPs] about electronic medical records . . . cutting their time efficiency,' write Michael H. McDonald, MD, from the Department of Surgery, University of Wisconsin School of Medicine, Madison, and Clement J. McDonald, MD, from the National Institutes of Health, Bethesda, Maryland, in an invited commentary.

"All respondents reported a median of 60 minutes and a mean of 48 minutes per day of free time lost to the computer."

Source: Kate Johnson, "Too Much Information: Are EHRs Drowning Primary Care?", *MedScape News Today*, February 12, 2012, see http://www.medscape.com/viewarticle/758632?sssdmh=dm1.758881&src=nldne

EHR Shortcomings

"EHR use was <u>not associated with better adherence to care guidelines</u> or a <u>more rapid improvement in adherence</u>. In fact, patients in practices that did not use an EHR were <u>more likely than those in practices that used an EHR</u> to meet all of 3 intermediate outcomes . . . consistent use of an EHR over 3 years <u>does not ensure successful use</u> for improving the quality of diabetes care . . . in conclusion, our findings show that even after the potentially disruptive phase of initial EHR implementation, <u>quality improvements remain elusive</u>."

Source: Jesse C Crosson, PhD et al, "Typical Electronic Health Record Use in Primary Care Practices and the Quality of Diabetes Care," *Annals of Family Medicine*, May/June 2012 edition, see http://www.annfammed.org/content/10/3/221.full

EHR Shortcomings

"EHR-associated administrative work <u>had added two hours to the clinician workday</u> . . . many of the systems presented data in a "cluttered" way, leaving physicians <u>struggling to identify meaningful information</u>. This causes a "needle in a haystack" dynamic . . . with 'complex navigational pathways resulting in hard to see patterns.' . . . current EHRs caused <u>"death by keystroke,"</u> and were <u>deficient</u> in their ability to provide synthesized information for clinicians."

Source: Anthony Guerra, "Healthcare Providers Voice Gripes At EHR Usability Hearing," *Information Week*, April 25,2011, see
http://www.informationweek.com/news/healthcare/EMR/229402180

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EHR Shortcomings

"The U.S. tally of major healthcare information breaches now includes 385 incidents affecting more than 19 million individuals since September 2009."

Source: Howard Anderson , "US Health Breach Tally Hits 19 Million," *Gov Info Security*, January 23, 2012, see http://www.govinfosecurity.com/articles.php?art_id=4428

EHR Shortcomings

" . . . electronic access <u>does not decrease test ordering</u> in the office setting and <u>may even increase it</u>, possibly because of system features that are enticements to ordering. We conclude that use of these health information technologies, whatever their other benefits, <u>remains unproven</u> as an effective cost-control strategy with respect to reducing the ordering of unnecessary tests."

Source: *Giving Office-Based Physicians Electronic Access To Patients' Prior Imaging And Lab Results Did Not Deter Ordering Of Tests,* Danny McCormick, et al, HealthAffairs, March 20, 2012, see http://content.healthaffairs.org/content/31/3/488

EHR Shortcomings

1. There is no guaranteed gain in productivity.

2. Patient data is sometimes hard to find.

3. There are too many steps to complete a task.

4. The dynamic in the exam room is altered.

5. Practices become too reliant on the systems.

Source: Pamela Lewis Dolan, "Doctors' love-hate Relationship with EHRs," *American Medical News*, May 7, 2012, see http://www.ama-assn.org/amednews/2012/05/07/bisa0507.htm

EHR Shortcomings

"It takes <u>twice as long to complete a patient's visit</u>, and I see 75% of the patients now as compared to before EHR . . . the EHR makes every aspect of the work involved with patient care take <u>MUCH longer</u> than it did before."

"Careen Whitley, a family practice doctor with Hill Physicians in Oakland, Calif., noted that before she started using an EHR, she was seeing about 35 patients a day. This dropped to 15 during system implementation, then went back up to 20 during the next six months."

Source: Paul Cerrato, "How To Ease EHR Frustration." Information Week, May 7, 2012,
see http://www.informationweek.com/news/healthcare/EMR/232901480

The Value of Narrative

2009 survey by Nuance of 17,000 physicians, with responses from 1,000 physicians.

94% percent said that "including the physician narrative as part of patients' medical records" is "important" or "very important" to realizing and measuring improved patient outcomes.

Source: Nuance Healthcare Solutions, 2009 Physician Study, see http://www.nuance.com/healthcare/physician-study/

Key Findings of Study – Lost Productivity

HPI Note #1 (dictated with Dragon Medical) – "The patient is a 74-year-old female who presents with a complaint of fall, 74-year-old female presents with complaint of neck pain, headache. She states that she had mechanical fall at home where she tripped and fell downstairs, approximately 9 steps and landed on her back. She complained of shortness of breath right after the event. She noted that she had pain in her left ankle and left knee. She is not sure whether she had loss of consciousness and the patient further complains of the pain in the right wrist."

HPI Note #2 (produced by an EHR template) – "The occurrence was one hour prior to arrival. The course of pain is constant. Location of pain: Head leg. Location of bleeding: None. Location of laceration: None. The degree of headache is mild. The other degree of pain is moderate. The degree of bleeding is negative. Mitigating factor is negative. Immobilization no backboard in place and no cervical collar in place. Fall description tripped. Intoxication: No alcohol intoxication. Location accident occurred was home."

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