



Medical Documentation Efficiencies

Practical Advice on Improving Documentation Results *December 2009*

From the desk of Kendall Tant Sharing know-how...

Welcome to Medical Documentation Efficiencies (MDE)! This new newsletter represents iData's latest outreach to help you get better transcription results. With each issue we will share with you our best insights and know-how drawn from our 25+ years working with records managers and others who manage transcription activities. MDE will focus on how to get more out of your current solution. How to reduce workflow bottlenecks and overall costs. How to work with doctors whose dictations are always difficult to understand. What works when you are automating your transcription process. How transcription works with EMR. And more.

Enjoy this first issue and learn how Lourdes Hospital solved years-old problems and streamlined their transcription operations. Let us know what you think of MDE! Contact me at ktant@idata-llc.com.

Contact iData CEO Kendall Tant at (410) 212-7935.

Honest Talk On Line Counts

Beyond death and taxes, another certainty of life seems to be that managers can't explain the monthly bills they get from their transcription providers. Often the invoices resemble one of two extremes. Some invoices consist of just a single page that lists only the total lines and fee billed for the month. Other bills are multi-page affairs that are densely packed line after line with abbreviated codes, prices and cryptic descriptions of work delivered.

When many managers started in on their current relationship with their transcription provider, there was an understanding of how lines were to be counted, what the charge would be per line, what surcharges were to be for faster TATs, and so on. But then something happens over the months and years of the relationship, and suddenly a manager can't explain the latest monthly transcription invoice. How does this happen?

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Lourdes Hospital Cuts Costs

Lourdes Hospital Cuts Costs, Streamlines Transcription Workflow

Lourdes Hospital in Paducah, KY, serves as a regional referral center for a wide geographic region, including more than a dozen counties in western Kentucky, southern Illinois, southeast Missouri, and northwest Tennessee. Lourdes offers an extensive array of medical specialties and technologies typically found in much larger urban settings.

Lourdes CFO John Dempsey contacted iData in May of 2008 asking for help to solve several nagging problems the Hospital had with their medical

In our 25 years working with transcription managers, again and again we see a lack of clarity on how transcribed lines are to be counted for billing purposes. And overbilling for total transcribed lines frequently results from this confusion. Let's review the three main methods of counting lines of transcription.

- **AAMT Line** (American Association of Medical Transcriptionists) Lines counted in this fashion often include the many special characters (boldface, italics, symbols, etc.) that can be included in a transcription, which make verifying the accuracy on a monthly invoice difficult. Counting lines in this method appears to result in a much lower price per line, however many more lines are typically needed to produce the transcriptions, resulting in total charges that average 30% to 40% more than other line counting methods.
- **ASCII Line** The American Standard Code for Information Interchange (ASCII) Printed Character line is tabulated by counting all ASCII characters and dividing the total by 65. Formatting codes are not included in this count, but spaces and carriage returns are included. The advantage of this approach is that the line counts are easily verifiable in any word processing program because neither ASCII nor word processing programs count hidden codes or formatting codes. So, generally the ASCII price per line will be higher than an AAMT price per line because there are fewer lines to count in an ASCII-transcribed report. This pricing method is often confused with the AAMT method and other less transparent pricing methods.
- **Visual Black Character Method (VBC)** This method only counts the characters that appear on the transcribed page and does not charge additional for any special characters. Using the VBC method, it is easy to do a quick check against a transcription invoice, using the Word Count feature in MS Word or another similar word processing software.

So the VBC Method eliminates the confusion on line counts and in our view is the method you should require your transcription provider to use in preparing your invoices. If you're not sure, ask your transcription provider what methods are currently used to calculate your invoice. If you get the runaround, ask another transcription provider to audit your current reports and let you know what the corresponding VBC count and pricing would be.

For those who currently receive a one page monthly transcription invoice listing only total monthly lines and a total price, you need to find out both the line counting method your provider uses and get additional reporting detail so you can know that you are not being overbilled. It can be very difficult to determine if the total lines billed are accurate, if you receive a bill for total lines without a copy of the month's individual reports. Knowing the total number of reports also will give you a 'sanity test' of overall volume. With detailed information, the facility can do a simple audit of a few reports and double check the line counts. Several of the transcription industry's large companies have routinely been caught by their customers billing for more lines than were actually being transcribed.

Really understanding the three main line count methods and having the ability to audit transcribed reports and line totals takes the mystery out of line counts.

transcription service. Lourdes had been unable to solve technical issues around capturing dictation and then returning transcribed reports to their Meditech Electronic Medical Record (EMR).

Read the solution to Lourdes's transcription problems [here](#).

New White Paper on Transcription

Get a copy of iData's new white paper - ***Four Forces Reshaping The Medical Transcription Industry That You Need To Know*** - and learn where transcription is going. Download your free copy [here](#).

Improving Transcription in Group Practices

What are the keys to making a group practice's medical transcription work better behind the scenes? This article assumes your practice already has adopted some kind of transcription software solution that automates at least some parts of the transcription workflow. If your practice transcription volume is more than 10,000 lines per week and you have not yet adopted one of the many software solutions on the market, make a New Year's Resolution to start using transcription software. Your error rate as well as spending on transcription will both decline very nicely.

For those who have already adopted a transcription software solution...

First, all key systems need to interface with your dictation-transcription software. That means all of the patient appointment information needs to be digitally captured daily, all of the voice files electronically interfaced if you are using a digital handheld or foreign voice system, and then all reports need to flow back to the practice to an EMR system and an Auto-fax system.

Your transcription provider should make it a point to ensure that all data that can be captured via interface is set up from the beginning of your use of the vendor's solution. This way, patient information can be known, which is so important for verifying name and identifying information. This eliminates dictations from doctors that include spelling names, which is otherwise necessary if there is no patient information interface.

Reports should be sent electronically to the EMR system or clinical repository. Reports should be instantly available after they have been signed or approved by the facility. This allows everyone who needs to review clinical information about the patient to see it in the reports almost immediately.

Second, what does your current work flow look like as completed reports come back to your facility? How many people have to touch completed reports to make sure they are signed and filed? How long does this take? Can physicians electronically review, edit, and sign their reports? What about faxing - does anyone have to personally handle reports that need to be faxed? Your philosophy here should be to automate workflow as much as possible, as fits the needs of your particular practice. Try to eliminate all printing of reports unless they have to be manually filed. Instead let your transcription system route the reports to administration if an address was missing or directly to the physician for approval and eSignature.

Significant transcription savings can be realized and improved efficiency and quality when all of the data flows electronically from dictating doctors to transcriptionists and back, from the dictation-transcription system. Improving workflow and eliminating manual steps will also save money and greatly increase efficiency. Reports will not only be returned in less than 24 hours but because of better efficiencies referring physicians and the entire facility can now have access to the reports much sooner.

2010 Transcription Webinar Series

Starting in January iData will begin a series of free monthly webinars under the theme of Optimizing Transcription. These quick, 30-minute web sessions will teach techniques and offer practical advice on how to improve your current transcription results and make you a smarter manager of the transcription function in your hospital, clinic or group practice. If you want further information about the content of these webinars or a schedule, [click here](#).

Transcription Q & A with Donna Dannessa, iData COO

Q: From your transcription Ops experience, what's the most effective protocol to follow when my records manager announces to me that he can't find a specific transcribed report?

A: Every transcription provider has to deliver a very high level of guaranteed quality and turn-around time on reports, or else they won't be in business for long. And many providers today - both large and small in size - have solid IT systems that manage the volumes from many different customers to insure that that quality is delivered day in and day out.

When a customer is looking for a particular report within their hospital EMR system or clinic web based transcription system, initially check your transcription system to see if in fact the report has even been completed and transmitted. Most of the time the report has been completed and sent, but occasionally this is not the case. Then check your transcription system's activity log and the interface logs for all of the appropriate demographic information. If certain pieces of demographic information are incorrect, the report would fail to transmit properly. If there was an issue with demographics, then Medical Records needs to verify there was not an issue in Registration, which could be impacting the Revenue Cycle in other ways.

If all of these initial searches do not yield the missing report, in rare occasions pull in your technical team (internal and from the vendor side if you need) along with the facility's interface support IT team and look at logs and any changes to your transcription system interface. Normally with this detailed information, the missing report is quickly found. Although the facility could find these searches daunting, there is real satisfaction in coming to a quick diagnosis and resolution of the problem.

Got a transcription question or problem that needs an answer? Send it to us at question@100medicaltranscription.com and we'll answer it in future issues of Medical Transcription Efficiencies.

www.100medicaltranscription.com