

"Transcription versus EMR/EHR"

By Andy Braverman, President of Apptec Corporation... a developer of *next generation* speech processing products.

About 4 decades ago... every school child was told "we (in the USA) will be going metric". That we had to in order to compete in the world. The closest that we got to that is in that the labels on soda bottles and other items have both English and metric units of measure on them. And we still buy gas by the gallon, not by the liter. I, as an engineer always thought that people in technical jobs would be the most likely to adopt the metric system, even if the general public didn't embrace it. So I was both surprised, and relieved when I heard space walking Hubble Telescope repair astronauts telling Houston "...just another inch and we should have it installed." An "inch"... what happened to "...just another "few centimeters"! So "go metric"... I don't think so! We're too stubborn and set in our ways, and too comfortable with English based measurements.

Speech Recognition is following the same track. Actually, not because we don't want to change... but because it is a difficult, in fact, a virtually impossible thing for a computer program to do perfectly. I've developed SR systems for Philips and have seen SR technology get better over the decades, but they have reached a plateau of performance. The better (most expensive) SR products provide pretty good results. But they are not (and in my opinion which is based on 20 years of designing speech processing products including SR systems) capable of achieving the StarTrek Enterprise level (which of course is fiction) of 100% accuracy. And the bottom line where ever an SR system is employed, is that anything less than 100% accuracy means the output has to be corrected... by a transcriptionist! **Thus the fallacy that an SR system will save money.** In fact, it just adds cost to the transcription process. Yes, in some cases, using SR can improve the throughput of documents a few percent... but it doesn't save anywhere near as much money as the SR vendors say it will. (If you'd like a more technical explanation of why SR is so hard to get 100% right, email me... I wrote a very descriptive article on it I'd be glad to send you.) I've heard sales people and the general "buzz" scaring transcriptionists for two decades now, that SR will be replacing them. 20 years later, I see that to be the case in just a few percent of the market. **This is an example of another "we're going metric", or in this case, "we're going SR" that just fizzled.**

And this brings me to EMR/EHR. We all know that for "normals" (that is, someone that see's a doctor but the doctor can not find any problems), a standard template saying "...the patient came in with blah blah blah symptoms...but its unfounded..." can be put in the patient's record by a single click pulling up the appropriate template. **And we all know that doctor's will be seeing less patients per day as they spend 10 or more minutes clicking here, clicking there, typing a few sentences here and there to fill in the blanks, when they could have just spent 3 minutes speaking their notes.** It may take months, or even years, but hospital administrators will eventually look at their finances, and start asking the docs why they are only seeing 80% of the patient volume they used to see before implementing the EMR/EHR. **The question (and dollars and cents of it) is do I want my \$200 an hour radiologist to be spending every minute of his work day interpreting MRI's, or do I not mind paying him or her \$200 an hour to type!** Isn't it much more cost effective to pay someone (a la a transcriptionist) \$25 an hour to type! If you think healthcare costs are high now... wait until more doctors are doing their own data entry!

EMR/EHR in principal is a great idea... that of coordinating a person's healthcare record so it can be pulled up by any doctor anywhere... so when you're on vacation and get ill, the doctor treating you has all your past issues at hand. While the purchase of the EMR/EHR software will be initially expensive for the hospital, as long as they implement it right, it should over the long run help improve a person's healthcare continuity. **The way to do it right, is for the doctor to dictate just as they have for decades. Dictation is the most efficient use of the doctor's time. The EMR/EHR should only be in front of the doctor to review a patient's records... not to input data into it. For data input into the EMR/EHR, that should be a "back office" task performed by the transcriptionist.** All that changes is that instead of typing into Word (or whatever word processor you prefer), the transcriptionist will be typing into the EMR/EHR to click here, and type there. **Everybody gets to keep their job... including the hospital administrator who won't get fired for having their doctors type at \$200 an hour!**

Am I biased about the need to continue to use the "traditional" method of having the doctor's dictate... yes, but for good reason. Not because I continue, as I have for 20 years now, to develop and sell dictation and transcription products, but because I've seen 20 years of "we'll be going SR any day now", and 40 years of "think metric!". I can give you dozens more examples of that sounded great, but once shown the "light of day", their great promise quickly fades away. Remember President Bush saying about 10 years ago "...our next step for NASA is to go to Mars!" That "great" idea sure faded into obscurity and from the headlines quickly.

And I've just mentioned hospitals... because the General Practitioners (our everyday doctors) who are by themselves or have a practice with a partner or two... will never be able to afford the startup costs of an EMR/EHR. If they are penalized by Medicare for not going EMR/EHR, so be it... they'll just have to groan and accept it... just another reason why they won't be suggesting to their college bound kids to go into a career in medicine.

Comments? Am I right, or am I wrong? Either way, I've said enough for now... don't get me started!

Have a great day!
Andy

Thank you for taking the time to read this article. I hope you have enjoyed it. I would love to hear your comments and of your experiences working with Transcription and EMR/EHR technologies.

Mini Bio: Andy Braverman is the President and Owner of Apptec Corporation. Andy has been involved in the design and marketing of dictation and transcription systems for nearly two decades... one decade of which was devoted to designing *next generation* dictation and transcription products for Philips Speech Processing of Vienna, Austria. In the past decade, Andy has devoted his talents to bringing to market feature rich and cost effective dictation and transcription products for medical, legal, and general business applications. His company, Apptec Corporation, based on Long Island, is also involved in developing custom products to suit their client's specific needs, from software development to circuit design. If you have a question for Andy, or a problem that needs solving, he invites you to contact him at 1-631-828-1245 or at Andy@DigiTelStore.com. Or to see his latest adventures in the field of Speech Processing please visit www.DigiTelStore.com.