

FOR THE Record

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TRANSCRIPTION TRENDS



PARTNERING WITH INTERNATIONAL LABOR

By Linda Reino

As the demand for transcribed clinical documentation increases, so does the need for skilled transcription labor. The healthcare industry, having experienced significant complications and postponements in its quest for an electronic health record (EHR), is looking to enhance online patient documentation in ways that complement current workflow practices while direct entry mechanisms into a patient EHR continue to mature and improve. Transcription is one way patient care documentation can be transformed into legible electronic records, becoming itself a complement to the electronic process—an “on-ramp to the EHR.”

With this demand, the transcription service industry finds itself facing a growing capacity challenge, as the supply of qualified transcription resources is not keeping pace. Building international labor partnerships (ILPs) has become imperative for medical transcription service organizations (MTSOs) to be able to handle the workload. International loca-

tions are rising to the challenge of meeting intensified turnaround time (TAT) requirements while providing a high level of quality.

According to the 2006 KLAS MTSO study, “[Healthcare] providers are demanding increased and improved transcription services as a component of their just-in-time information strategies.... Over the last decade, the global delivery of services across borders and time zones has increased to find more skilled workers.”

The Medical Transcription Industry Association reports that in 2003, approximately 4% to 5% of the total volume of U.S. healthcare transcription was performed overseas. Since then, Internet and telecom technology advancements have made it possible to outsource more medical transcription work to international labor partners while the data center for these operations frequently remains housed in the United States.

Contributing Factors

In addition to the growing desire to streamline the capture of electronic patient clinical information, transcription capacity issues have been brought on by a number of additional factors:

- An aging U.S. population — Older healthcare consumers undergo

greater numbers of tests and treatments, increasing the need for transcription. (The U.S. population over the age of 65 will more than double to 71.5 million by 2030.)

- An increased regulatory focus on quality — Organizations such as the Centers for Medicare & Medicaid Services (CMS) and JCAHO have imposed stringent demands on quality standards for documentation accuracy and timeliness. Legible, accessible patient information is critical to meeting these requirements.

- Continued emphasis on standards — The pressure on the healthcare industry to standardize and clarify medical terminology continues to be a quality driver. The transcription process allows for a medical transcriptionist (MT) to contribute by reducing the use of inappropriate abbreviations and identifying and clarifying medical documentation.

- Reimbursement demands — The expectation of immediate, comprehensive patient care documentation by Medicare, Medicaid, and insurance companies requires healthcare entities to respond promptly with complete records.

These demand factors and others have been compounded by a lack of qualified MTs, creating a widening supply-demand gap.

The Numbers Tell the Story

According to the U.S. Bureau of Labor Statistics, in 2004, there were 417,000 physicians and surgeons working in the country. Each doctor requires, on average, two MTs to handle all his or her records. Theoretically, this means a demand exists for approximately 834,000 MTs. However, in 2004, the total number of MTs in the United States was approximately 105,000, creating a huge shortfall as well as cost pressures.

MTSOs simply cannot recruit and retain enough qualified U.S.-based MTs to keep up with the demand. There is also a growing concern with the number of new entrants in the medical transcription profession. The average age of a U.S. MT is just under 50, and many are now opting for part-time employment or retirement, while medical transcription training schools are not producing an equal number of graduates to replace them. Thus, there are more people leaving the industry than coming in, and MTSOs have found themselves competing for the limited pool of domestic MTs.

Just as other areas in healthcare have turned to international labor to help fill a void, the transcription industry is doing the same. In the reality of a global marketplace, ILPs can help MTSOs respond to this need.

Impact on Domestic MTs

The introduction of an ILP component can result in concerns from an MTSO's current domestic employee base. "Will this result in less work for me?" "What does this mean for my career potential?" "Will I be replaced?" These are exactly the same questions asked by members of the nursing profession as shortages caused an increase in the use of international nurses over the past decade.

The use of international labor enables an MTSO to supplement its workforce to continue to meet customer needs. By satisfying demand with increased TAT compliance and a focus on quality, transcription is

positioned to be a key contributor to the electronic patient record in the healthcare marketplace. Domestic MTs will benefit from the resulting increased stability in the transcription industry.

In addition, the MT career path continues to have many strong opportunities in the United States, especially in light of the expanding demand for transcription services. ILPs are supplements to, not replacements for, the valuable contribution that U.S.-based MTs who deliver high-quality work at impressive speed make to the industry. Their roles will continue to evolve as more basic transcription assignments are off-shored, and a larger, global MT workforce requires more quality assurance personnel, production supervisors, and other management positions.

Components of Success

It is critical for an MTSO to seamlessly and effectively incorporate ILPs into its customer service operation. Healthcare entities should not be able to distinguish whether a job has been completed domestically or internationally. Quality and TAT requirements need to be met regardless of the production method.

A successful ILP strategy will:

- include significant emphasis and controls on process and quality of work (Augmenting the workforce with off-site, remote workers always brings with it the need to focus on process management. Adding the complication of international communication to the equation requires even greater emphasis.);

- extend the importance of domestic security across the globe (Technology and process both play a role in maintaining the security and confidentiality of patient information. Technology can contribute with security provisions driven by end-to-end, 128-bit encryption, firewalls, secure hypertext transfer protocol, and secure sockets layer technology. Processes need to include education around the importance of security and confidentiality of data, signed employee confidentiality agreements, and ongoing monitoring efforts.);

- follow the MTSO's existing policy and practices for its domestic transcriptionists, including those related to HIPAA compliance; and

- focus on the "P" in ILP and create a partnership with the international labor source. (Medical transcription should not be viewed as a commodity. There is critical value that can be applied with transcribing clinical documentation, and the ILP relationship needs to complement and understand that value proposition.)

Conclusion

International labor provides a much-needed channel to enable MTSOs to continue to provide streamlined, quality work for the U.S. healthcare industry. The use of ILPs can reinforce the infrastructure of an MTSO and provide for a stronger, more competitive organization that can contribute to the quality of clinical documentation. This is good news for patients, caregivers, the global MT workforce, and the U.S. healthcare industry as a whole.

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