

Treating Burnout Syndrome with a Medical Scribe

I am an “out-of-network provider,” which means that patients pay me directly the day they see me or at the end of the month when I give them my bill. They then submit it to the insurance company and attempt to get some form of reimbursement.

It took me several months of internal reworking of my personal analysis to tolerate the narcissistic blow of just being that, an “out-of-network provider,” in the eyes of the current healthcare system. Did the insurance carrier’s twenty-something clerk who picked up the phone to “deny reimbursement for further sessions” care that I had over a decade of postgraduate studies or special skills of any sort? NO, I am just an “out-of-network-provider.” Sorry for the repetitive narrative, but it mirrors the mantra-type cognitive work I need to do on a daily basis.

I have a large solo practice in psychodynamic psychiatry in the suburb of a major metropolitan area. Roughly, 30% of my patients are adults, 30% are teenagers, and 40% are children. Almost all of my patients are weekly or twice-weekly patients, and I prescribe medications to about 80% of them. For a long time, I managed to stay as a “non-HIPPA entity,” which--as long as I wrote a bizarre lawyerly legend at the end of my faxes--meant I could continue to practice as always.

But then, two years ago Uncle Sam forced me to use electronic prescriptions, which also meant I was now “a HIPPA entity”... and an “out-of-network provider.” Talking like this makes me feel like I’m ordering a coffee at Starbucks!

So, now I had to:

- 1) Keep electronic medical records
- 2) Receive consents to talk to other doctors with a HIPPA format
- 3) Keep abreast of the latest codes to place in the bills, and make sure they are “itemized”
- 4) Work through endless faxes from CVS and the likes telling me which medications I should be renewing – and for 90 days, if I may.

All this was on top of doing “precertifications” and “preauthorizations” with my twenty-something buddy at the other side of the phone line who tells me how to run my practice. And beyond that all those notes and letters to colleagues in the special HIPPA-compliant format.

“A tall, half-caff, vanilla soy at 120 degrees, half sweet -no foam- latte, please... ah, with caramel drizzle, too... please”.

I WAS BURNED OUT!

I decided I needed some permanent solution. I just needed to find it! After talking with many colleagues, one of my supervisees--a resident who is current with the latest “whatever” procedures--gave me the perfect solution. She said, “You need a medical scribe.” A medical scribe is a paraprofessional who is updated in the latest legal requirements and is not only capable of doing all this clerical work, but is also capable of scheduling, filing, writing emails, requesting labs results, and managing the office.

The first thing my new scribe did was to order a Keurig coffeemaker. “Phew,” we got rid of Starbucks!

By the time I arrive at the office when she is there, my coffee is waiting for me at my side table. I then give her my schedule, which she transcribes into an Excel spreadsheet that, at the end of the month, will be used to generate patient bills. I give her some jotted notes about my patients from the previous day and any checks that arrive in the mail that she also enters in an Excel spreadsheet.

I tell her the patients who need to be called to schedule appointments, and I forward her any messages from pharmacies. She uses my jotted one-liners to create notes that follow the latest insurance company guidelines, just in case the insurance company requests the notes. My scribe also pairs the notes with and the billing codes so that my patients can easily request the reimbursement they are entitled to.

The end result is that:

- 1) My progress notes are now in an electronic health record format.
- 2) I am no longer concerned that my progress notes will fail to accurately reflect the “activity” that my bills show.
- 3) My patients are happier since they are receiving a higher reimbursement and more often than before.
- 4) I no longer use up my time talking to pharmacies, insurance companies, or coordinating the messages the patients receive from them.
- 5) I have Excel mastersheets that show the name of each patient, the day I see them, how much they owe from before, how much they paid during the month, and how much they owe me.
- 6) I am no longer concerned about needing to prepare bills or address envelopes. I just check that they are all correct.
- 7) I am no longer concerned about scheduling appointments, rescheduling, or providing administrative information to patients.
- 8) I am no longer concerned with filling forms, writing letters to patients or to colleagues, filing, faxing, and reordering supplies.

All this for the cost of what I charge for one session every week (plus the cost of a cup of coffee!).

And I am no longer burned out! For further information on psychiatric medical scribes please go to the website of the American College of Medical Scribe Specialists: <https://theacmss.org>

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