

2007 SURVEY OF MEDICAL TRANSCRIPTIONISTS: PRELIMINARY FINDINGS

Prepared by the

**Bentley College Healthcare Documentation
Production Project**

for the

AHDI/MTIA ADVOCACY SUMMIT

MAY 15-17, 2008



PROJECT SUMMARY

The *2007 Survey of Medical Transcriptionists* is one part of a larger project examining the production of medical records conducted by a research team at Bentley College (Waltham, MA). The project was born out of questions regarding the place of medical transcriptionists in the production process, and the potential place and impact of production technologies (such as speech recognition technology (SRT)) on the quality, timeliness, and cost of medical records production. Given the increasing cost of healthcare, attempts are being made to save money wherever possible. At the same time, there is real concern that cost-saving measures may negatively impact the delivery of quality healthcare. The key question then becomes, "What can be done to lower healthcare costs without comprising healthcare delivery?"

The medical transcriptionist is the most frequently forgotten part of the healthcare documentation production chain. Our investigation into the work of medical transcriptionists (or MTs) is meant to fill a major gap in how MTs are factored into the healthcare delivery chain. Quality healthcare delivery often depends on quality medical records. This extends from the treatment of patients to healthcare providers recouping costs. Thus, a gap in records can result in a gap on a number of levels. For example, recently the Office of Medicare and Medicaid began a Recovery Audit Contractor (RAC) program in which contractors scoured the medical records in California, Florida, and New York during 2007 (see US Centers for Medicare and Medicaid Services 2007). As a result, Florida-based healthcare providers had to return \$125M (US) to the federal government, with "almost half (of the cases because) of incorrect billing coding" and "one-third were ruled medically unnecessary" (Bandell 2008). This creates a greater need for accurate healthcare documentation beyond the treatment of patients.

The following report is an initial glimpse into the survey results and MT professional community. This survey is the first of its kind to try to document the demographics, training, experience, and thoughts of medical transcriptionists. There is no complete understanding of how many people are engaged in medical transcription worldwide. Therefore, it cannot be said to what extent the following results are reflective of the MT workforce. At the same time, our understanding of the MT community provides an indication that the results are on some level representative.

The results are based on 3809 responses generated through an on-line survey created by the research team in conjunction with representatives from the Association for Healthcare Documentation Integrity (AHDl). The survey was "live" from August to December of 2007, and promoted through AHDl, medical transcription service organizations (or MTSOs), and MT on-line discussion boards. The results were then filtered for any potential duplicate responses. This report provides an initial illustration of the survey's results.

Summary Points

- Quality healthcare often is dependent on quality medical records.
- Doctors do not generate revenue; documents do. Accurate and complete healthcare documents are essential to a doctor's and institution's revenue cycle.
- MTs as a group are committed to education and training. More should be done to provide aid, assistance, or some level of reimbursement to leverage this asset.
- Cost pressures on the industry are putting MTs in a precarious financial position, potentially hurting recruitment and retention. Structures need to be put in place to stabilize this and facilitate the growth of the industry.
- Steps to facilitate the work of the MT, such as the creation of common document formats, should be considered. While it is going to be difficult to have doctors conform to standardized manners of description, it is more likely to get them to adopt standardized format. Here it must be stressed that standardized format does not equal standardized content.
- Speech-recognition technology is only a transcription tool, and not a transcription replacement. The job involves too much professional intelligence and sense-making ability to have it migrate completely to speech recognition.
- In many ways, MTs represent the workforce of the future, including its opportunities and challenges. More work needs to be done to understand these factors.

Bentley College Study of Healthcare Documentation Production

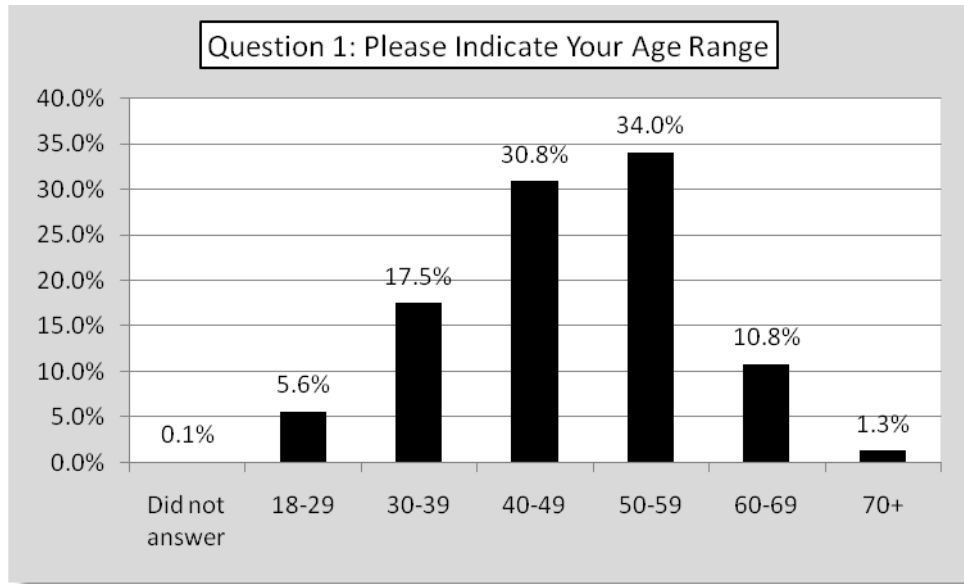
For over a year, a team from Bentley College has been engaged in a comprehensive study of the medical transcription industry. The first study of its kind, it is providing important information regarding the role of the industry in healthcare. The study includes an examination of how MTs perform their work, off-shore medical transcription, the development and implementation of quality improvement technologies, the role of speech recognition on the production process, and evaluation tools to gauge industry performance. This survey represents on aspect of this study.

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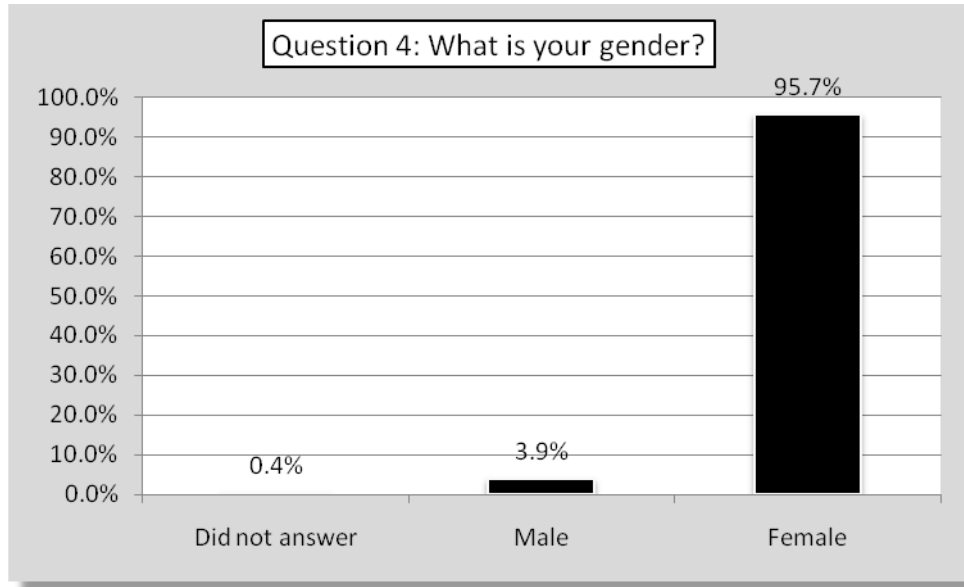
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Demographic Descriptions



Medical transcriptionists continue to be an aging population. Part of this is impacted by the aging nature of the US workforce overall. However, when compared to estimates of the 2006 age distribution of the US, the MT profession reflected in this survey trends older. This creates an immediate concern regarding the creation of not only a replacement workforce, but a workforce that can match the demands of the expanding healthcare industry. Also of concern is the apparent drop-off that occurs when MTs reach the ages of 60-69. Medical transcription, while a sedentary profession, is nevertheless an inherently physical one. MTs are required to continuously read and type in a repetitive fashion. Thus, MTs are uniquely vulnerable to suffering the impacts of repetitive stress syndrome, vision problems, and other maladies associated with prolonged sitting and typing. Given that many MTs are paid by production units (see pg#), anything that negatively impacts on their ability to perform their work in a timely manner will result in a loss of wages. There is potential to transition members of old age cohorts into work function that require more editing than typing, but two factors can be problematic in this effort. First, editing often pays less than transcribing (under the belief that it takes less effort and therefore can be done more quickly). However, physical limitations (such as poor eye-sight) can still negatively impact performance. Second, there can be hesitancy among older MTs to learn new technologies associated with editing.

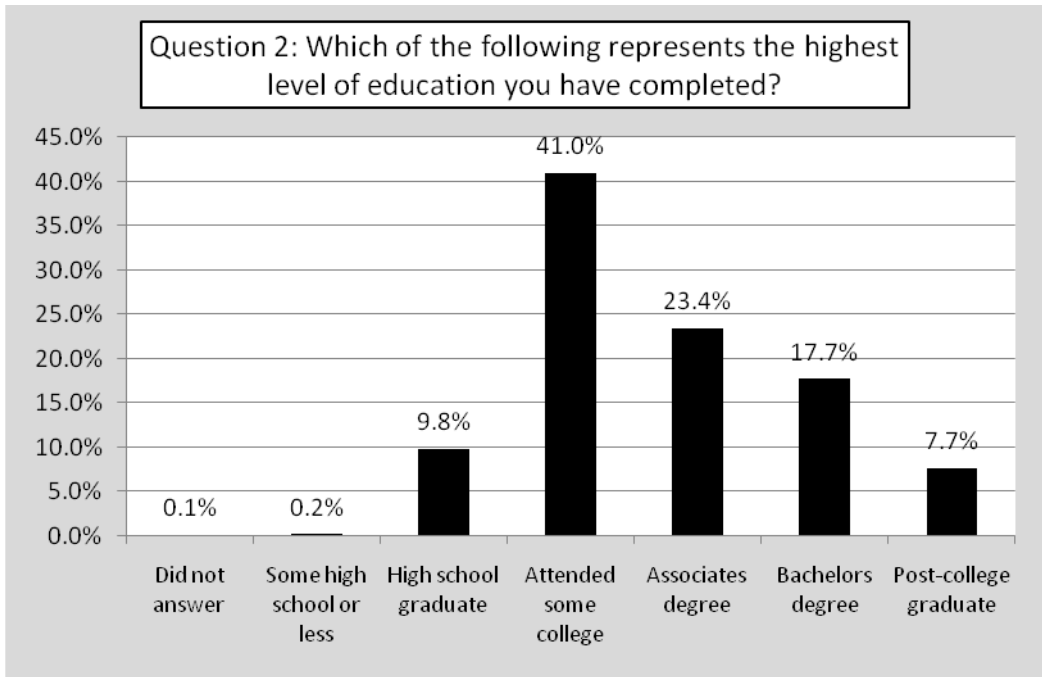
In general, the MT profession is faced by the two-pronged problem of an aging workforce without younger replacements.



Medical transcription predominantly is a female-dominated profession. This has historically been the case as many transcriptionists were referred to as “medical secretaries,” whose transcription duties were part of their larger responsibilities running the office of a physician practice. The same generally is true throughout the healthcare documentation production chain, including Quality Assurance personnel and medical record coders.

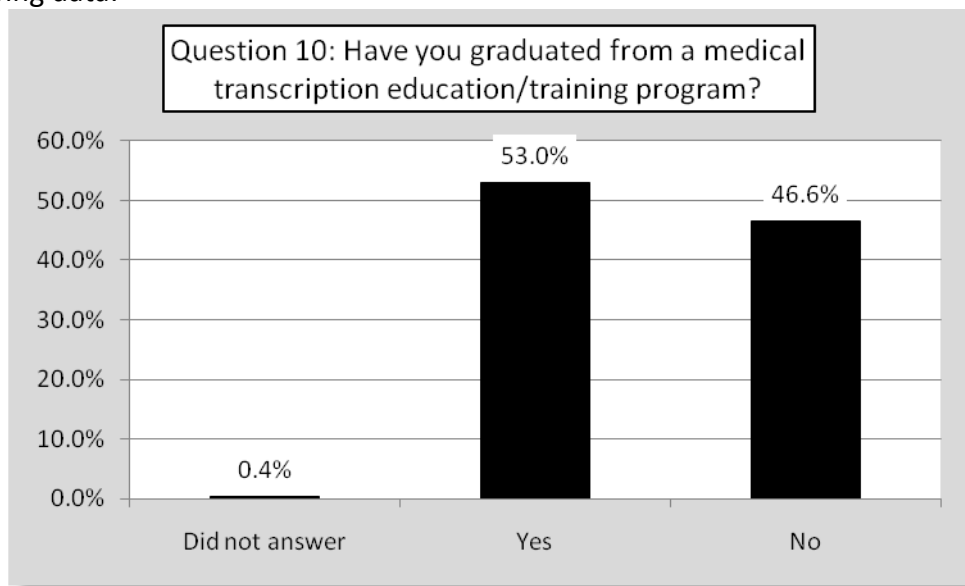
However, this is not the case when looking at the globally-distributed MT workforce. There we find a higher representation of men working in the field, demonstrating that medical transcription is not solely “women’s work.” This demonstrates the potential for men to enter into the medical transcription workforce in larger numbers. Given the need for more MTs, the expansion of the labor force from being primarily female is an important strategy to explore.

Education and Training



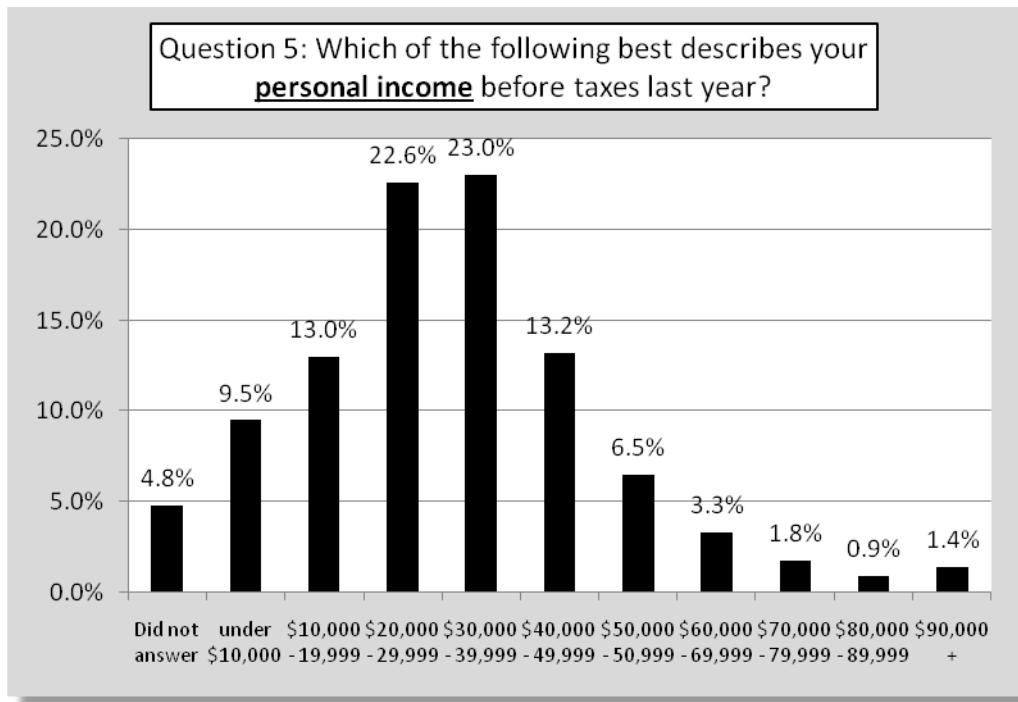
As demonstrated by Question 2, the MTs who responded to our survey are especially interested in education. This interest in education likewise has been demonstrated in our interviews with MTs. Consistently, MTs with whom we have spoken refer to their desire for more knowledge and their interest in learning more, especially with it comes to medical subject matter.

At first glance, this interest in training and education might seem contradicted by the following data:



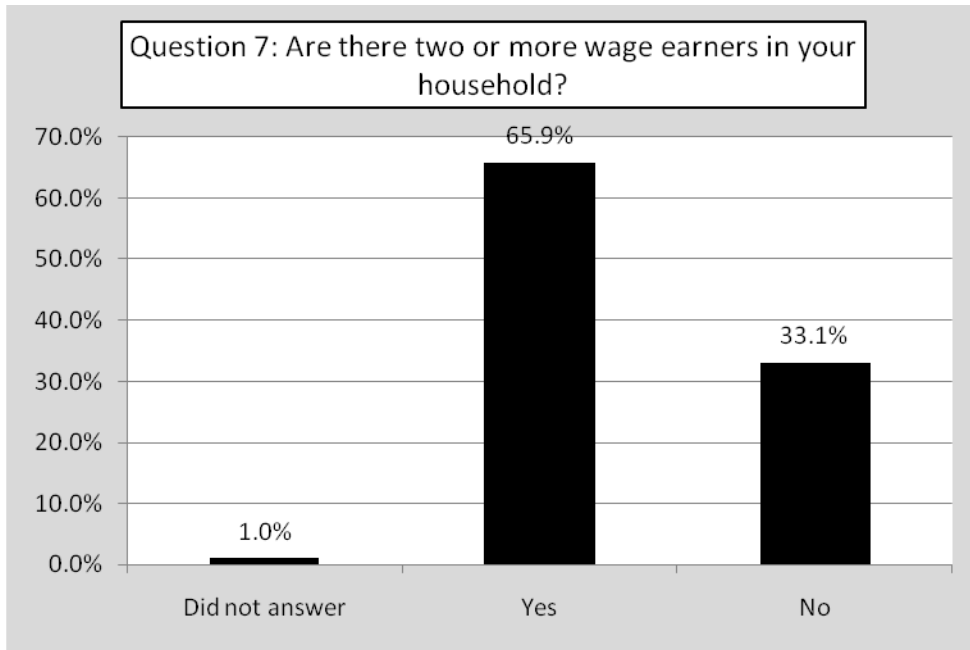
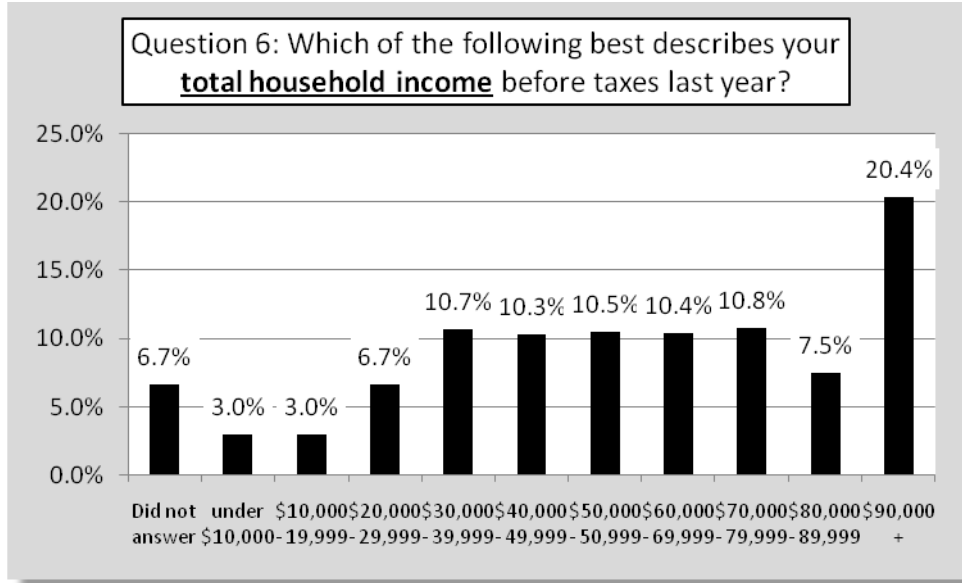
However, it must be kept in mind that many of the older MTs entered into the workforce well before there were any MT training programs. The continued interest in Continued Education programs and engagement in skill-set expansion shows that the belief in education and training is part of the medical transcriptionist ethos.

Income and Earnings

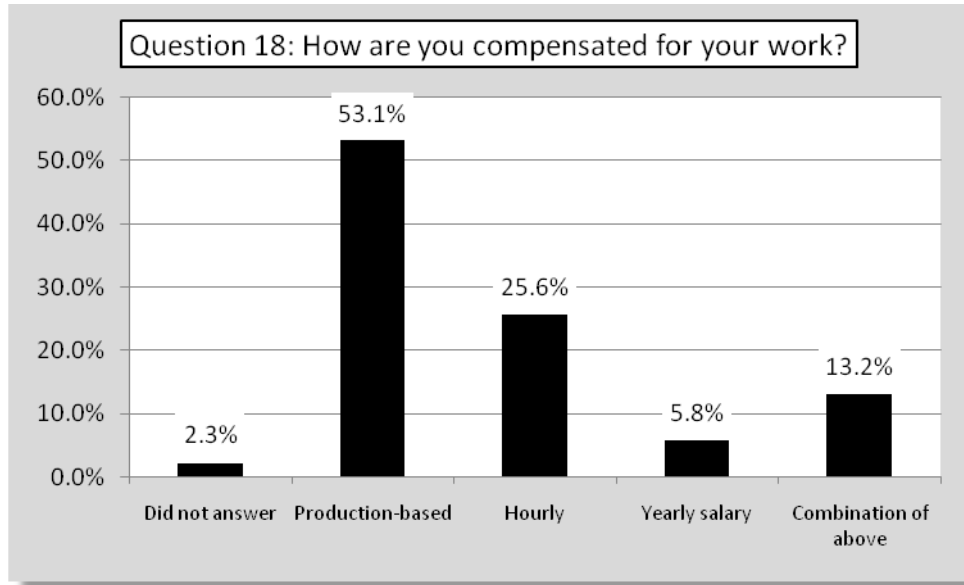


One of the continued challenges to attracting new MTs is the challenge to making a sustainable wage. Respondents to the survey show the narrow earnings structure of MTs. While it must be said that the question does not ask specifically for income generated by working as a medical transcriptionist, the productivity minimums that MTs often have to complete make it unlikely that MTs are able to hold down more than one job.

The potentially tenuous economic position of the MT is demonstrated in the following two questions:



Overwhelmingly, the MT salary is a crucial component to the family earnings. This salary is not just extra income; it is essential income. Thus, the increasing downward pressures on MT salary can have large negative impacts on family economic stability. Furthermore, the failure of MT salaries to keep up with inflation not only increase economic challenges to MT families, but also will make it difficult to attract and retain new MTs.

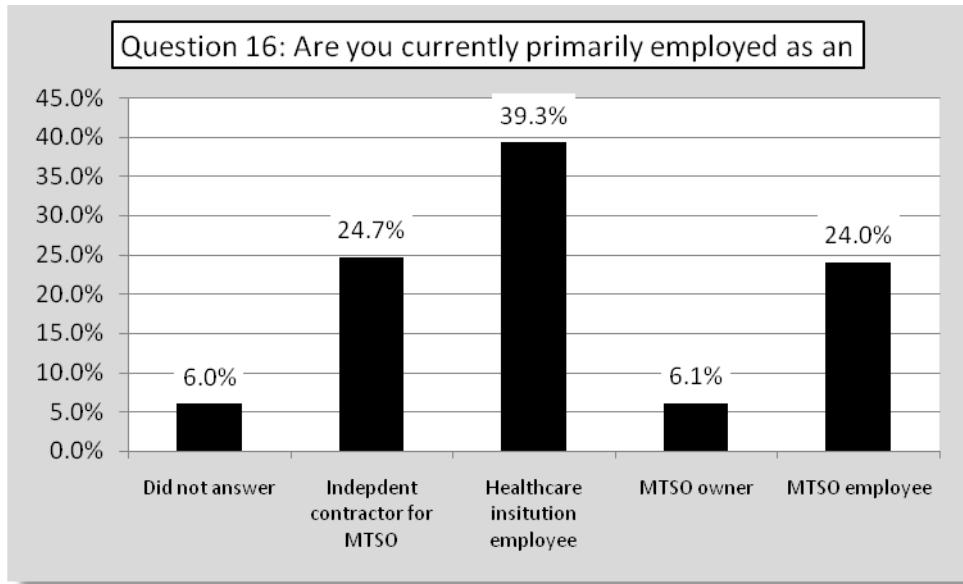


One of the primary challenges for MTs is how they are compensated. Along with the issue of wage is the issue of unit of compensation. The majority of MTs are paid per production unit. Most generally, this is “per line”, which often refers to the standard unit of measurement proposed by the AHDI. The introduction of speech-recognition technology has changed this equation, with MTs being paid as “Editors”, resulting in a decline in per unit pay. In this scenario, it is expected that an increase in productivity (due to “reading” versus “typing”) will offset the decrease in per-line pay.

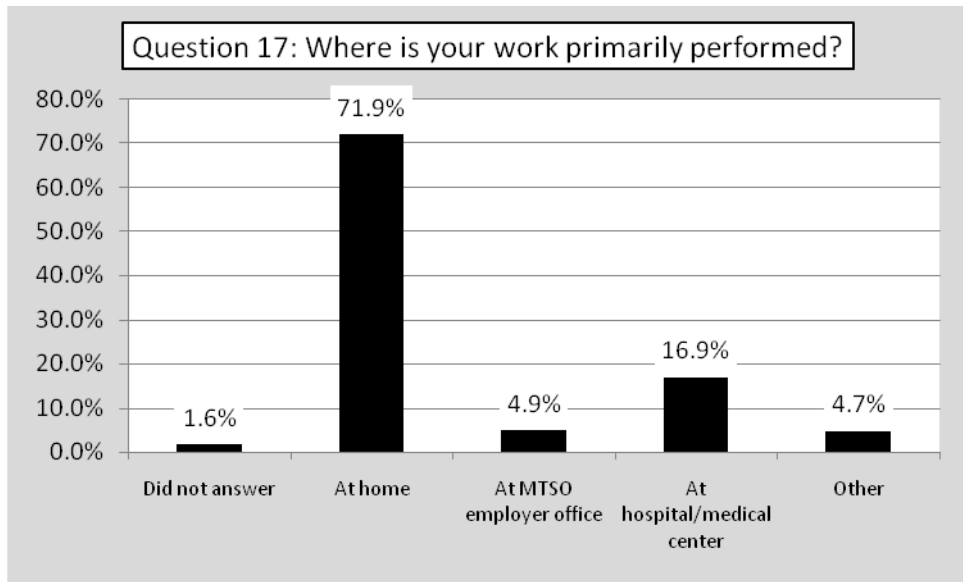
The general stagnation of MT salaries (which has been felt across numerous industries and workforces) has increased personal pressure to increase production. It remains unclear what the short-term impacts (in terms of accuracy) and long-term impacts (in terms of physical ailments) of this change will be. Also, hospitals are increasing the pressure for cheaper and faster, looking to stem the tide of their own rising costs by increasing savings on healthcare documentation production. This is based on a general devaluation of the work that MTs do.

While MTs are thought to “just type”, in which they are positioned as producing a commodity, this is in fact not the case. MTs are essential not only to healthcare by providing accurate medical records, but also to a hospital’s or healthcare provider’s revenue cycle. **Doctors themselves do not generate revenue; documents generate revenue.** In other words, reimbursement is based on the extent to which the document accurately and completely reflects, across a variety of user constituencies, what occurred in the medical encounter and treatment. Without the work of the MT, everything else that occurs “downstream” has an increased potential for breakdown.

Employment and Work

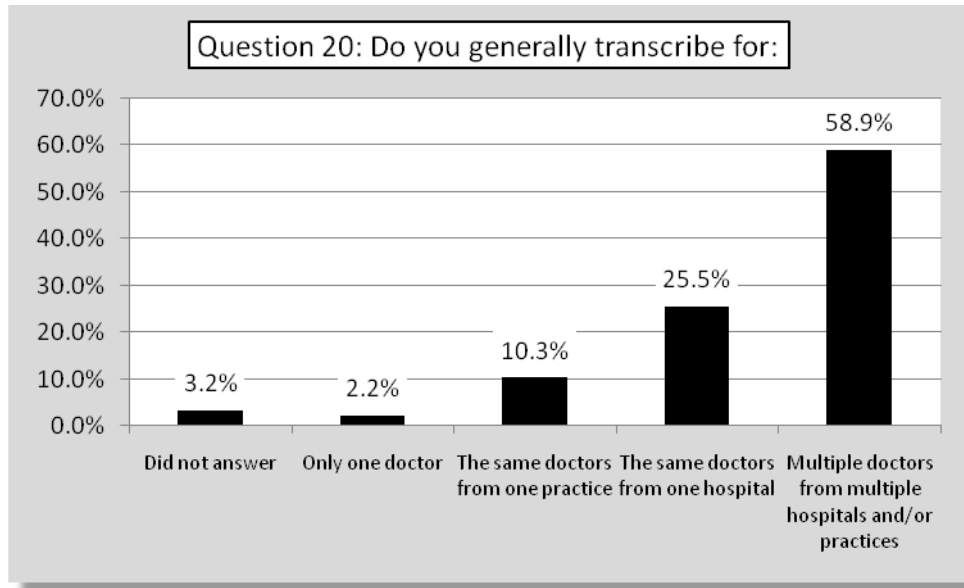


MTs are employed across a range of environments, as indicated in the responses to Question 16. Despite the increasing trend toward utilizing medical transcription service organizations (MTSOs), the largest percentage of workers who responded are employees for a healthcare institution. When combined, however, MTs predominantly work in association with a MTSO (54.1%), demonstrating the out-sourcing nature of the transcription process.



Regardless for whom MTs work, they by a large margin work at home. This raises a host of challenges in terms of how to create and maintain an effective workforce, as well as establishing the types of social networks found in other workplace and industries. While

MTs may prefer this arrangement due to convenience, familial commitments, geographic isolation, and other factors, it remains an important consideration in terms of creating a cohesive workforce. At the same time, given the current trajectory of telework and e-commuting, the MT workforce in fact may represent the workforce of the future.



The other significant aspect of the MT job is the number of doctors for whom they are transcribing and editing. MTs overwhelmingly have to transcribe for multiple doctors from multiple hospitals and/or practices (58.9%). This is important because MTs must become accustomed to how healthcare practitioners dictate their notes. This is especially the case for dictators with poor dictation habits. Over time, MTs develop an “ear” for dictators, enabling them to complete their job more quickly and accurately. When transcribing for multiple doctors, this process can be more prolonged, meaning that once they achieve a level of proficiency it is important that they have the opportunity to continue with those dictators. Furthermore, when transcribing for multiple doctors and hospitals, MTs must learn a wide range of document styles and protocols (due to the lack of standardized reporting formats). This further complicates the task of MTs whose accuracy scores are dependent on meeting these widely divergent expectations.

Referring back to the issue of compensation and training, it is imperative for the industry that the proper incentives, career trajectory, and general recognition be in place to keep MTs committed to the profession.