



Dictation & Transcription

## Real Savings Revealed

BayScribe is a Clinical Documentation System that runs on virtual server technology, making it a Virtual Appliance (or, Virtual Machine/VM). There are vast performance benefits derived by using this architecture, which are discussed in another technical White Paper. This White Paper highlights areas of cost-savings that BayScribe customers enjoy when they take control of their Dictation and Transcription systems.

### Dictation Savings

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There are several areas of savings when upgrading to newer dictation equipment – expensive and cumbersome VPN lines are no longer required for Transcription access; Digital Handheld recorders can be phased out or replaced; antiquated single-purpose telephones can be eliminated and replaced with a regular telephone. The cost of these single-purpose devices combined with the maintenance and support of these devices add up to real savings.

Many facilities utilize digital handheld recorders from companies like Philips and Olympus. These devices only purpose is to capture dictation and with per unit cost of \$250-600 these devices are not cheap to deploy. Compare that to \$0 per user to deploy BayScribe Mobile on an iPad or iPhone – that's big savings! Of course, the expense of acquiring, maintaining and supporting these devices depends upon the number of authors using them, the model/price of the device itself as well as any ongoing maintenance/support for the devices.

#### Sample Savings:

- \$400 average per handheld cost versus
- \$0 average cost per BayScribe Mobile license
- A \$400 per unit savings
- Replacing 100 units/year \* \$400 = \$40,000 saved

BayScribe Mobile is not only far less expensive to acquire and deploy, but it provides a real-time, secure, wireless upload of the dictation directly into the main system, and queues the report for Speech Recognition and/or Transcription.

Authors/Providers need not concern themselves with the tedious task of docking the unit with the PC to get the files uploaded into the system. This creates additional efficiencies to the high-salaried staff as well as increases overall satisfaction for both the authors and the transcription staff. Couple this with an ADT feed and providers can receive patient lists and work type lists downloaded to their handheld to enable more accurate and timely dictation – without additional charge!



## Transcription Savings

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BayScribe generates real cost savings by automatically populating information into the report template for the Transcriptionists. In addition to Header & Footer information, there are several other data points that can be auto-filled by BayScribe as it is gathered from other systems:

- Medical Record Number/Accession Number
- Social Security #
- Date of Birth
- Date of Visit/Date of Service
- Dictating Author's information
- Referring Provider information
- Phone, Fax & Address information

There is no need to pay the Transcriptionists for the lines which are not typed. In the sample that follows, the **orange data** constitutes information which could be auto-filled into the report. While the amount of information can and will vary from report to report and location to location, the outcomes are the same – *real* savings.

Sample output summary:

- The character count with spaces is 618 (or 9.5 lines on an industry standard 65-character billable line)
- The Visible Black Character (VBC) count of the auto-filled data is **555** (total displayed in the right column)

Calculate this by the pay rate of the Transcriptionist and that equates to real 'hard-cost' savings for each and every report generated. Using industry-average compensation (.075 - .10 per line) for a Transcriptionist this would equate to a savings of **\$0.7125—0.95** for a single report. Multiply that by the number of 'Consultations' per month or per year and the savings are tremendous – thousands, or even tens of thousands of dollars per year.



Line		VBC
1	THE NEW MEDICAL CENTER	38
2	ANYWHERE, MARYLAND 21401	37
3		15
4		26
5		22
6		28
7		22
8		15
9		
10		12
11		
12	CARDIOLOGY CONSULTATION	22
13		
14	REQUESTING PHYSICIAN	19
15	Sonya Beck, MD	12
16		
17	HISTORY OF PRESENT ILLNESS	23
18	The patient is a 53-year-old man with a history of an idiopathic dilated	60
19	cardiomyopathy and a history of ventricular tachycardia. He has an ICD in place.	68
20	The patient presented with increasing dyspnea over the past few weeks and	62
21	particularly bad over the past 3 days. For the past few days, he has had	58
22	decreased energy. He has been unable to sleep even sitting in a chair. The	61
23	patient had a recent defibrillator shock, and a check of his device did confirm	66
24	that it was an appropriate shock for ventricular tachycardia.	53
25		
26	PAST MEDICAL HISTORY	18
27	His past medical history is remarkable for COPD, idiopathic dilated	58
28	cardiomyopathy, chronic lymphocytic leukemia, and chronic renal insufficiency.	71
29	The patient has had a recent diagnosis of a urethral stricture and so had a	61
30	chronic Foley catheter in place. He is also scheduled for hernia repair in 1-2	65
31	weeks.	6
32		
33	CURRENT MEDICATIONS	18
34	1. Coreg 12.5 b.i.d.	19
35	2. Amiodarone 200 mg.	20
36	3. Coumadin.	13
37	4. Lasix 40.	12
38	5. Flomax 0.4.	12
39	6. Digoxin 0.125.	17
40		
41	ALLERGIES	9
42	HE HAS A SEVERE COUGH WITH ALTACE.	28
43		
44	SOCIAL HISTORY	13
45	He does not use alcohol or tobacco.	30
46		
47	REVIEW OF SYSTEMS	15
48	Review of systems is as noted above.	30
49		
50	PHYSICAL EXAMINATION	19
51	On exam, he is a normally developed, normally nourished male who appears tired.	67
52	Blood pressure is 135/64, heart rate 66 and regular, head and neck: Eyes:	61
53	Pupils are equally round and reactive to light. Extraocular movements are	63
54	intact. Mucous membranes are moist. Neck is supple. There are no carotid	61
55		67
56		62



57	bruits. Lungs show decreased breath sounds bilaterally. Cardiac exam: He has a normal single S1 and S2. He has a grade 2/6 holosystolic murmur at the apex.	65
58	Jugular venous pressure is 15 cm with the patient at 30 degrees. The abdomen is nontender. Extremities are without edema.	37
59		
60	<b>LABORATORY DATA</b>	14
61	BNP is 151. Sodium 140, potassium 6.6, chloride 109, CO2 24, BUN 53, creatinine 2.8, glucose 100.	66
62	EKG shows normal sinus rhythm with ventricular pacing tracking the atrium.	15
63		64
64		
65	<b>ASSESSMENT</b>	10
66	A 53-year-old man with dilated cardiomyopathy who presents with an exacerbation of congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD). He also has worsening renal failure and hyperkalemia.	69
67		66
68		53
69		
70	<b>RECOMMENDATIONS</b>	15
71	We will place him on Natrecor infusion in view of the increased creatinine to achieve gentle diuresis without worsening of BUN and creatinine. I will repeat a potassium level now and if the potassium is accurately greater than 6, we will give 20 g of Kayexalate. The patient probably would benefit from a nephrology consult in the morning.	64
72		68
73		65
74		65
75		20
76		
77	[	1
78	Electronically Signed 05/03/2008 09:19	35
79	By: Barry Bernstein, MD	20
80		
81	DD: 05/01/2008 18:14	18
82	DT: 05/02/2008 11:25	18
83	MT.XYZ	6
84	Document ID: 12345678 ]	20
85		
86	CC: Sonya Beck, MD	15

In this example, the remainder of the report typed by the Transcriptionist totals 2,360 characters (or 36.3 lines) or 1,970 VBC. At BayScribe's average system license of \$0.01 per line for the entire Dictation & Transcription System, BayScribe would pay for itself in this example – in fact, more than pay for itself!

BayScribe License costs:

- 618 auto-filled characters + 2,360 typed characters = 2,978 Total Characters
- 2,978/65 = 45.82 lines (65 characters per line)
- 45.82 lines x \$0.01/line = \$0.4582

Not only is transcription completed at a much lower cost – practically free – but it is also faster on BayScribe.

So, what are you waiting for? Times are tough; start saving money today.