

# I DIDN'T SIGN UP FOR THIS!

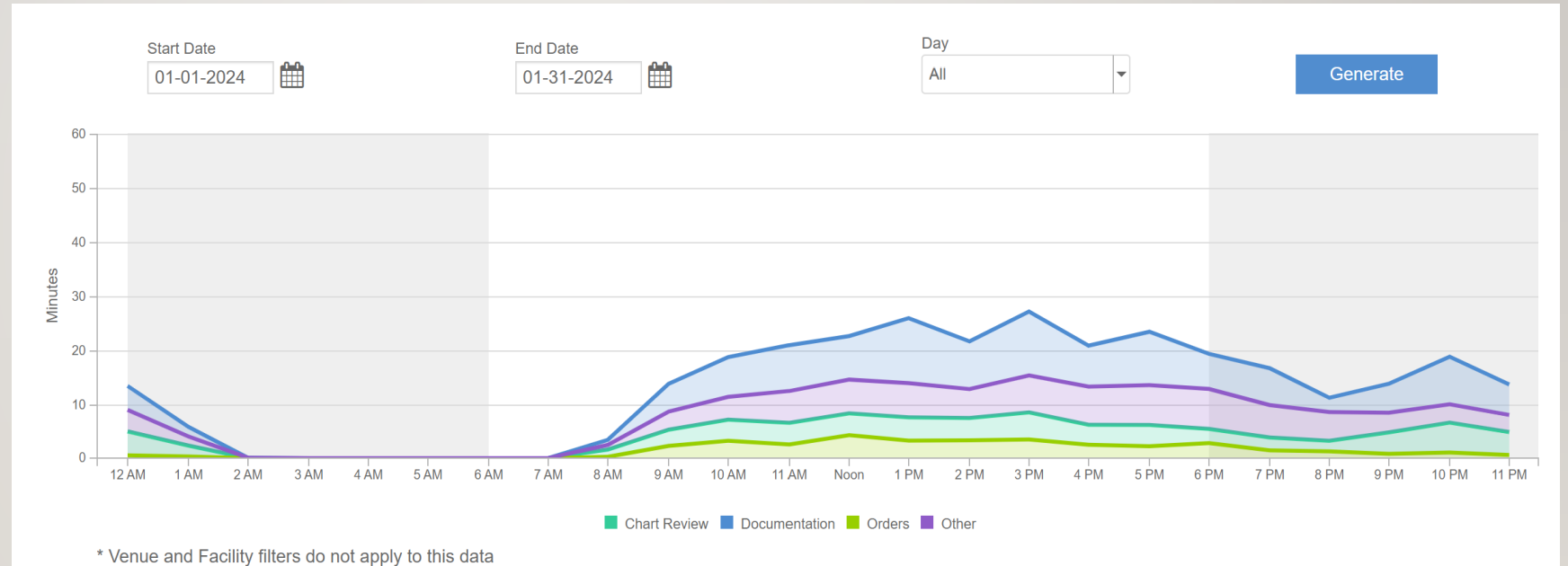
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A STORY OF BURNOUT AND THE USE OF AI TO BRING DOCTORS BACK TO THE  
BEDSIDE.



# MEET VIVICA

- 58 years old family medicine doc
- Married with 2 kids in high school.



malaise

Fatigue

# HISTORY OF BURNOUT

1974 first described

1980-90s HMOs push for throughput

2015 Mayo clinic report 54% have at least 1 symptom of burnout. Depression 40%, suicidal thoughts 6%

2019 WHO recognizes burnout as a medical condition

1981 Burnout measured

2009 Meaningful Use adds documentation burden

2018 moral injury identifies gap between care docs want to give vs what they can

2020 COVID 19 accelerates burnout

Frustration

Cynicism

Inefficacy



# WORK IS KILLING ME

- ~ 300 - 400 physicians die by suicide annually
- Suicide deaths are 250 - 400% higher among female physicians when compared to females in other professions
- Male doctors have suicide rates as much as 40% higher than the general population

# THE RISE OF EMRS

Early 19<sup>th</sup> century  
medical records  
beginning in Paris and  
berlin

1990s EMRs where  
seen in academic  
centers to support  
claims and billing

2009 Obama signs  
the American  
Recovery and  
Reinvestment Act  
AND HITECH Act

1972 the Regenstreif  
Institute developed  
the first EMR in US

2004 Bush Sr creates  
office of National  
Coordinator for HIT  
to ensure EMRs  
within 10 years

2011 Meaning Use  
Payments from the  
HITECH Act begin  
~36 Billion



# WHY THE SHIFT?

## PAPER

### Pros:

- True simple narrative of provider thoughts
- No data entry.

### CONS:

- Data retrieval difficult.
- Storage of paper FOR YEARS is expensive.
- Lack of easy data retrieval led to repeat testing.

## Electronic Medical Records

### Pros:

- Data accessibility
- Data transmissibility
- Data mine ability for quality and billing.

### CONS:

- Someone has to enter the data
- Lack of national standards for data between different EMRs transmissibility



# FROM HEALER TO DATA ENTRY CLERK

- International Classification of Diseases (ICD) started in the 19<sup>th</sup> century to help codify disease
- ICD-10 coding system (2015) represented a significant milestone in healthcare documentation and billing practices.
  - ICD-10 includes 68,000 codes, allowing for a much more detailed representation of medical diagnoses and procedures.
- ICD-10 brought increased specificity and complexity in healthcare documentation and billing.
- While offering benefits in terms of enhanced data accuracy and clinical decision-making
- ICD-10 has necessitated adjustments in physician documentation practices to meet coding requirements and ensure compliance with billing regulations.

ITS COMPLEX

# DOCS SPEND 26.6% OF THEIR DAY DOCUMENTING AND 27.5% TALKING WITH PATIENTS- THE BURDEN

- Past medical conditions
- Medications
- Allergies
- Social history
- Physical examinations
- Vital signs
- Assessments of patient conditions, including differential diagnoses and prognoses
- Develop comprehensive treatment plans outlining medications, procedures, and follow-up care.

IT'S A LOT

# HOW DO WE BRING DOCTOR BACK TO THE BEDSIDE?

- Smart speakers (Alexa, Google) and voice recognition technology laid the groundwork for the adoption of ambient AI listening in healthcare.
- AI advances in natural language processing (NLP) technology matured to leverage AI for real-time interpretation and analysis of spoken conversations.
- Ambient AI listening passively listens to and interprets spoken interactions between patients and healthcare providers
- The promise:
  - improve documentation accuracy
  - facilitate more natural interactions between patients and providers.



# INTRODUCTION OF SUKI & NUANCE DAX



- 2 years of contracting
- Scoping
- Integration with the EMR
- Two Companies:
  - SUKI: Start up company willing to provide free trial and integration. Product \$400/provider/month
  - DAX: Microsoft market leader with rigid contracting. No trial. Product \$1600/provider/month

# THE SUKI TRIAL

## SUMMARY:

- You are invited to join a webinar sponsored by Suki to recruit pilot candidates.
- 20 attendings will be chosen from those showing interest at the webinar
- Selected candidates get 30 days free to try Suki's Ambient Scribe technology before having to decide to purchase the product or walk away.
- To learn more and get started. Sign up for the webinar here:
  - **Date & Time:** Tue Jan 30 2024, 5:30-6:30 pm ET
  - **Register here:** <https://my.demio.com/ref/ylxuRgxYxXgKX7xl>

# POST TRIAL SURVEY

1. Would you recommend the ambient scribe technology you tested to a friend or colleague?
2. How disappointed would you be if you no longer had access to ambient scribe technology
3. What was your primary means of documenting clinical encounters prior to utilizing ambient scribe technology
4. How has ambient scribe technology impacted the quality of your notes?
5. Are you satisfied with the documentation turnaround time provided by ambient scribe technology?
6. Has your use of ambient scribe technology impacted the overall quality of patient experience?
7. Would you pay for this technology out of your own salary?
8. Comments

# SUKI SURVEY SAYS!!

## The GOOD

- 8/12 would be disappointed if the app was turned off.
- 50% felt the technology made their notes worse. 50% felt note quality was at LEAST the same if not better
- 75% were happy with the turn around time of the note.
- 6/10 people felt they spent LESS time documenting.
- 7/12 people felt they spent LESS time interacting with the computer while in the exam room.
- 7/12 felt LESS cognitive burden of documentation
- 84% felt the overall quality of patient experience was the same or Better

## The Bad

- The technology was **UNABLE** to show benefits in the following:
  - Better work/life balance.
  - Reduce burnout or fatigue.
  - Higher Job Satisfaction.
  - Less likely to leave the organization.
  - Ability to see more patients.
- 75% (9/12) would NOT pay for this technology with their own salary.

# DAX TRIAL RESULTS

- “I cant live without this” –Vivica
- Improvements in Note turn around time, decreased burnout symptoms.
- Willingness to see more patients
- Unfortunately this technology is cost prohibitive for general distribution

# NEXT STEPS: CAST A WIDER NET



- Reach out to more companies and do Sim center testing:
  - 3m
  - Abridge
  - Ambience health
  - Augmedix
  - Nabla
  - Oracle

