



How co-source transcription can help meet increasing demand while reducing costs

See how iMedX can partner with you to decrease operating expenditure across a District Health Board (DHB) service; and why Australian hospitals have taken this pathway in large numbers.

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Introduction

Working in partnership with New Zealand's DHB's iMedX has gained firsthand insight into the cost pressures impacting clinical operations today. We know many DHB's are operating in a financially challenging environment and are looking for ways to reduce costs and deliver efficiencies.

This paper explores the challenges DHB's are facing surrounding increasing transcription demand, whilst battling workforces shortages and increasing service costs. It also provides insight into how Australian hospitals have transformed these same processes using a technology and service enabled delivery model resulting in more efficient letter delivery, freeing up hospital staff to focus on better patient care. This paper will also explore how this can impact positively in New Zealand.

One of the highest administration cost burdens facing DHB's today is operating medical transcription services (MTS). Critical to patient care, the MTS process facilitates the production and distribution of clinician dictated operating notes, emergency department (ED) notes, and the production of specialist clinic letters. These letters inform general practitioners (GPs) and other specialists with patient care updates to maintain quality of service facilitate communication of care plans. They play an essential role in delivering a patient centred model.

“Communication with General Practice and other healthcare providers is an essential element in the continuity and enhancement of patient care from the provider. One of the key pieces of communication with General Practice is specialist clinic letters outlining the treatment and on-going management of patients.” Eastern Health, Australia

Despite their critical role, DHB's are often challenged in managing these services. Trained transcriptionists necessary to transcribe clinical records are scarce, Clinician's time is better placed on patient care than on clerical or administration tasks associated with transcribing patient notes, technology platforms available in the market often fail to support efficient workflow management allowing for scale or flexibility to manage demand, and technological innovations like speech recognition are unproven to fully replace the role of the medical typist.

These factors can result in dictation backlogs, delays to letter delivery, or worse elevate clinical risk. They also make it difficult for many hospital department and administration managers to manage transcription volumes in an efficient manner, leading to increased budget and cost management challenges.

Key points for DHB's:

- **Visitations are growing and the subsequent strain on dictated clinic letters is increasing.**
- **They are challenged with technology, resourcing and budget constraints.**
- **DHB's need a pathway to cost mitigation and a solution to manage increasing work volumes.**

Clinic letter workflow management for patient correspondence can be simplified, and costs reduced whilst aligning to the strategic objectives of DHB's.



HOSPITAL/DHB BENEFIT

The most cost-effective way to manage clinic letters is via a co-source model for transcription resourcing coupled with an efficient workflow management solution.



PATIENT BENEFIT

The capacity increase with outsourcing and electronic distribution can significantly reduce time taken to communicate with GPs enhancing communication for patients—costs savings can then be directed to patient needs.

Factors impacting DHB's today

MARKET FORCES IMPACTING DHB's

DHB's are facing similar market forces which impact on clinic letter workflow management:

- o Increasing demand—annual visitation growth due to changing population demographics, changing healthcare needs, and an ageing population.
- o Budget constraints—needing to do more with less, and looking for cost saving opportunities.
- o High operating costs—clinical administration models are costly to maintain due to high labour costs and inability to streamline processes.

DHB's want to:



Reduce cost



Increase efficiency



Reduce clinical risk



Embrace cloud solutions



Manage scalability in operational capacity

MEDICAL TRANSCRIPTIONIST WORKFORCE CHALLENGES

In addition to market forces there are several challenges facing all DHB's regarding their Medical Transcriptionist workforce and the ways these currently function.

- o Supply constraints—typically an ageing workforce leading to a labour shortage of qualified transcriptionists.
- o Slow speed to competency for new transcriptionists—training new transcriptionists takes time due to the complex nature of the profession, and often there is a scarcity in training facilities to conduct the training.
- o Limited scalability options—accessing additional transcriptionists has long lead times, where resource fulfillment is possible.
- o The workforce is heavily unionised—the transcriptionist profession is protected by union arrangements which can make change difficult.
- o Old legacy systems do not promote efficiency.
- o Secretary based working arrangements are not productive as they are typically segregated based on specialty with limited ability to access typists in other departments.
- o The impact of these forces means DHB's are managing high-cost FTE models where there is an inability to access transcription services easily if the work volume scales up and down quickly or volume growth exceeds capacity; turnaround times are often increased leading to workaround approaches to ensure letters are still going out. For example, sending unsigned letters, other doctors needing to access drafts as opposed to completed letters. All of which increases clinical risk for the DHB.

DHB's need a strategy for their Medical Transcription workforce that resolves these challenges and aligns to their long term roadmap focused on the end goal of a patient-centred, digitised, cloud-based, scalable and cost-efficient future state.



Australia has faced similar market forces and workforce challenges and their hospitals have found a way to mitigate these by implementing co-source transcription solutions.



PATIENT-CENTRED DIGITAL AND COST REDUCED FUTURE STATE

Embrace technology and cloud solutions - scalability, multi-site, retain or decrease FTE numbers

Outsource - cost effective, scalable workforce, workflow improvement

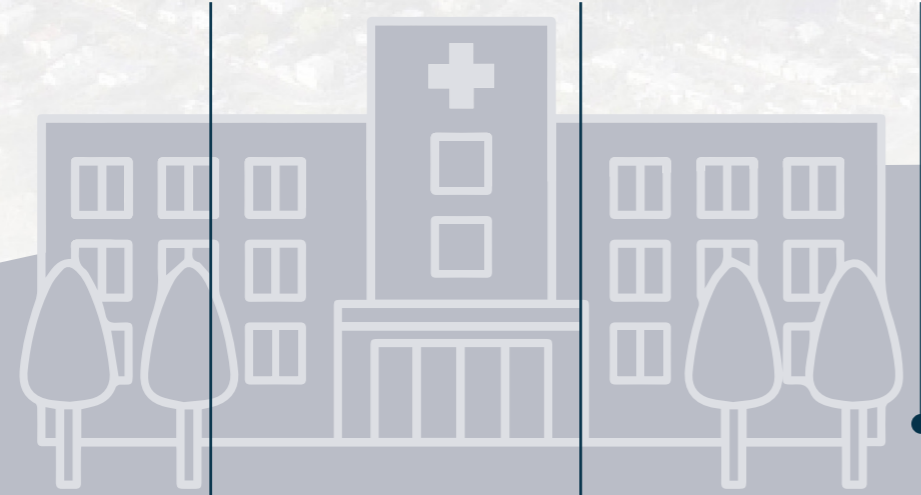


Market Challenges

Budget pressures and DHB deficits

DHB organic visitation growth

Population growth



CURRENT STATE

Increasing healthcare demands - Aging population, Obesity, New Procedures

A need to share resources across DHBs

Hard to train due to time, lack of training sites

Limited access to qualified MTs in NZ

Aging MT workforce

TAT long - due to resources/old platforms

High cost FTE model, hard to scale - unionised challenges growth



MT Workforce Challenges





What is co-sourcing?

Co-sourcing is a partnership between a customer and an outsource provider that works in partnership to enable more efficient operations. By working with a partner to seamlessly share production efforts, on the same technology platform, efficiencies can be gained helping to alleviate operational burdens and reduce clinical risk. There is a technology component that supports the delivery, enabling better workflow and visibility into the dictation to transcription process.

HOW DOES IT WORK?

Often preferred by larger institutions and organisations, co-sourced models enable the effective control of transcription delivery turnaround. Your hospital typists are set up on the outsource providers technology platform and production is shared between internal and outsourced typists. The technology platform allows both typing workforces to share access to files so the administrator can choose at the touch of a button the workforce to use, or the files can be automatically routed.

This model also deliver health services a seamless path to outsource, whereby their ageing workforce retire organically and care back-filled by the iMedX transcription team over time.

HOW CAN IMEDX HELP?

iMedX is a proven co-source transcription provider currently working with 520 customers in Australia. We are the largest co-source provider in the region and we provide both the skilled typist workforce and cutting edge technology.

iMedX enables the merging of in-house medical transcriptionists with iMedX's proven workflow, accuracy improvement processes. Using our technology, in-house Medical Typists will realise better job satisfaction and higher productivity for your organisation.




Australian & New Zealand market comparison


Fifteen years ago Australia was in a similar position to New Zealand. Many hospitals had large typing pools, secretaries and with old high-cost base transcription technology platforms and clunky workflows.

WHAT LED TO CHANGE IN AUSTRALIA?

Australian hospitals quickly realised the cost and workflow benefits of engaging partners that delivered both technology and resourcing technology which enabled their Medical Transcription service to align to their strategic roadmap.



GROWTH
Many hospitals realised that their visitations were growing, and it was too cumbersome to operationally scale in-house.



OUTSOURCE
Many realised they needed a better way to access overflow transcription staff and this was complicated with budgetary constraints.




“iMedX have developed a solution that meets our needs on a number of levels. They have consistently provided excellent customer service. Alex has been available to meet onsite whenever the need arose and find sensible solutions to any issues encountered. The implementation with the clinics was managed and supported by iMedX which was a key ingredient in its success. Feedback from clinicians is very positive. We have a complex integration environment that spans five separate PAS systems which has been handled seamlessly by iMedX. Most importantly, we have seen a major improvement in our turnaround time and this has been achieved consistently.”


Health Information Manager, Victoria, Australia

HOW DID THEY CHANGE?

Providers implemented co-source solutions enabling them to scale without creating backlogs and increasing clinical risk. They chose partners with sophisticated technology that enabled better workflows creating efficiencies and reducing costs.



CO-SOURCE SOLUTION
Co-source partners like iMedX provided an alternative solution which involved providing a technology platform as well as transcription services.



TECHNOLOGY
This enabled hospitals to adopt technology, deliver workflow improvement, native cost reductions as well as accessing a cost-effective workforce.

Co-source solutions benefit providers by enabling them to create a roadmap to outsource and achieve greater cost savings based on their operational sensitivities and financial positions. Other benefits include:

- o supporting in-house staff with time saving technology that improved their own productivity;
- o reducing transcription backlogs and mitigated clinical risk;
- o a reduction in paper, fax, distribution and postage costs;
- o increased turnaround compliance KPIs whilst maintaining quality;
- o visibility and productivity management of the current workforce; and
- o cloud-based solutions allowing remote access and portability plus flexible work processes.





CASE STUDIES

Northern Health

A 400-bed hospital serving the northern suburbs of Melbourne, Victoria looking for a cost-effective solution to clinical letters.

Resourcing solution: Full outsource

Legacy System: Dial in dictation

PAS System: IPM

SMR/EMR: Infomedix



Large 323-bed hospital in Brisbane, Queensland who wanted a better way to manage their growth, as well as their inhouse typists.

Resourcing solution: Co-source transitioning to full outsource

Legacy System: Dial in dictation

PAS System: IPM

SMR/EMR: Hyland

These hospitals were in the same position prior to making changes that many New Zealand hospitals now face.
Key to achieving the outcomes they required was a combined technology and workforce solution.



SDHB deployed an iMedX co-source solution in 2020.

Customer situation

SDHB is a network of large tertiary teaching hospitals. They employ 120 typists who transcribe over 300,000 dictations per year. SDHB identified a need to adopt a better workflow, the ability to work remotely due to Covid, meet strategic requirements of cost, efficiency, service quality, cloud based and future proofed all not possible on their outdated legacy software. Being sensitive to typist jobs, SDHB wanted to retain in house typists and access overflow as needed.

Solution

SDHB adopted an iMedX solution during the lockdowns in Australia and New Zealand which made remote working possible and was fully implemented virtually and remotely.

Medical Transcriptionists continue to transcribe with iMedX providing overflow and volume growth support.

Outcomes

- o Turnaround times and efficiencies gained with cost reductions.
- o Future proof solution for growth.
- o Seamless ability to outsource as required.
- o End to end reporting.
- o Integrated EDI reduced mail costs.



Eastern Health is a large acute hospital and health network in Melbourne's East which admits over 48,000 patients each year. They sought a replacement to their legacy dictation software which would support their clinic growth with easy access to iMedX overflow typists.

Resourcing solution: Co-source

Legacy System: Dial in dictation

PAS System: IPM

SMR/EMR: Infomedix



St Vincent's Melbourne is a 500 bed+ health service and is one of Melbourne's busiest and biggest acute care hospitals. They implemented the iMedX co-source solution seeking a replacement to their legacy dictation system and were seeking an electronic export and interface into their records as well as secure messaging.

Resourcing solution: Co-source to full outsource

Legacy System: Dial in dictation

PAS System: WEBPAS

SMR/EMR: Infomedix



NEW ZEALAND COST ANALYSIS— OUTSOURCING EXAMPLE FOR A MID-SIZED AND LARGE HOSPITAL

The below table shows that with both a mid-sized and large hospital there are substantial savings to be made through outsourcing. Savings will still be made with small workforces as well.

Current costs of In-House Transcriptionists

	45 Typists, 25 hrs dictation per day	80 typists, 48.24 hrs dictation per day
	Med-sized Hospital	Large-sized Hospital
Employees—salary	\$45,000 p/e	\$45,000 p/e
On-going costs (e.g. Super)	\$6,750 p/e	\$6,750 p/e
Rent saved—Transcription Team	Customer specific	Customer specific
Computers—3 year amortisation	Customer specific	Customer specific
Total In-House cost per typist FTE	\$51,750	\$51,750
Total In-House cost	\$2,328,750	\$4,140,000
Existing Outsource cost		
Total cost	\$2,328,750	\$4,140,000
iMedX vs Full outsource		
Outsource—Hours per month 100% outsourced assumption	500	900
Dictation hours per day	25	45
Dictation hours per year (260 days)	6,500	11,700
Minutes per year	390,000	702,000
Lines per minute, total lines per year	3,120,000	5,616,000
Total (based on cost per line (0.28CPL))	\$873,600	\$1,572,480
Net annual benefit from outsourcing	\$1,455,150	\$2,567,520
Percentage of savings	62%	62%

*Data based on aggregated data and is indicative and not specific/customer actuals.

Savings has high as 62% of current documentation costs, and scalability for increasing volumes, can be achieved, through the combination of a cloud technology platform, which easily allows outsource staffing access, and co-source/outsource workforce.

HOW CAN NEW ZEALAND HOSPITALS UPDATE THEIR TECHNOLOGY PLATFORM AND ACHIEVE OUTSOURCING IN THE LONG TERM?

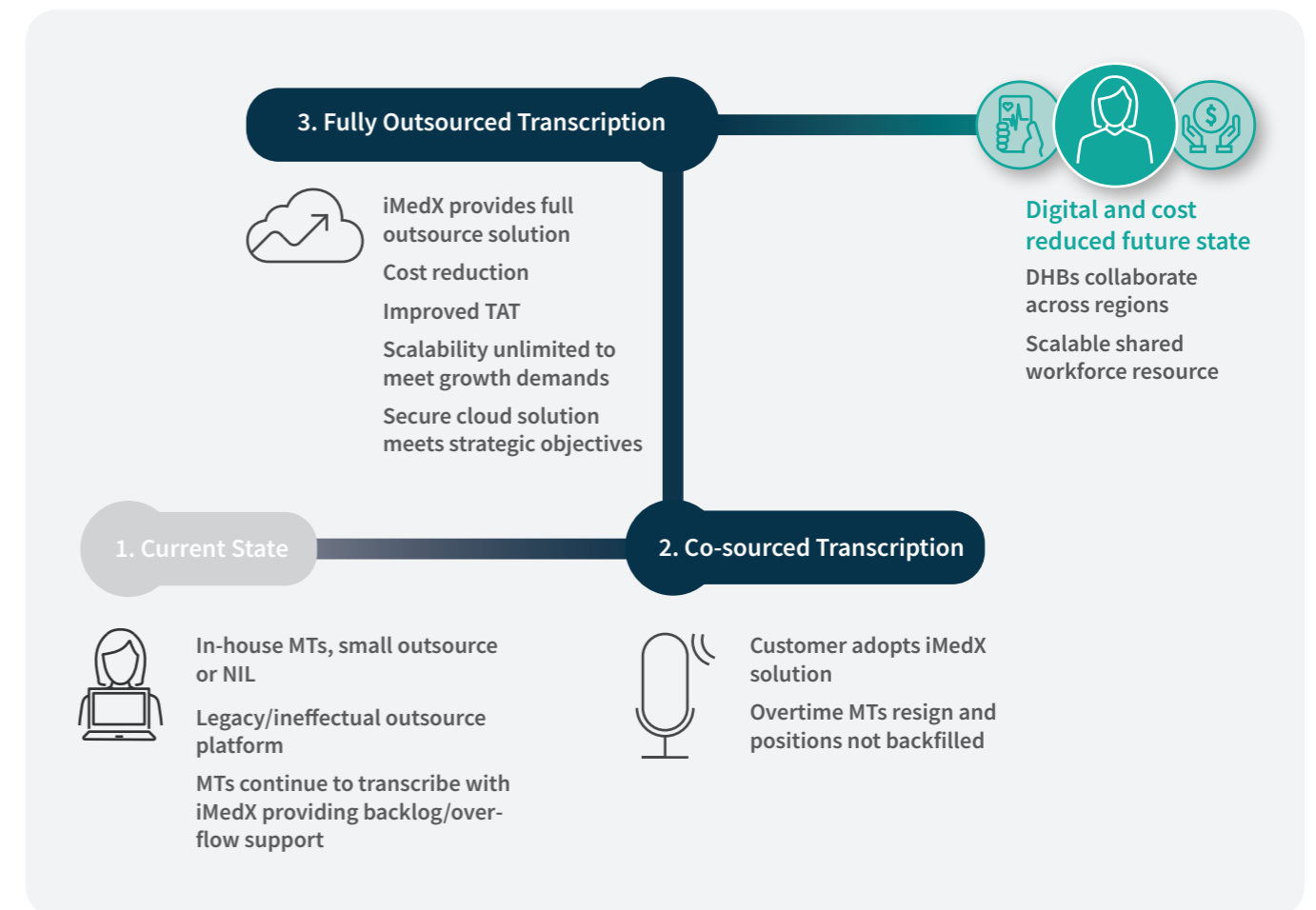
Hospitals should have a roadmap to a low cost, scalable model, that aligns to their DHB strategy, whilst trying to get there as soon as possible to benefit from cost savings.

However, resource operational and staffing sensitivity can be a challenge to navigate. iMedX can assist with the transition from a full in-house or current co-source model to outsourcing immediately or over time via a three-phase process. We can partner with the DHB to shift staff to an

outsource model and offer to engage them in contract employment with iMedX as part of the process if desired and achievable.

Implementation of our platform as a SaaS model means implementation can happen without significant upfront investment. In addition, deployment can happen within 4-6 weeks, making the model operational and delivering immediate savings and improving service levels.

Roadmap



HOW IMEDX SUPPORTS DELIVERY OF A DIGITAL AND COST-REDUCED FUTURE STATE

The iMedX solution offers a blended delivery approach using highly qualified medical transcriptionists enabled by sophisticated technology to maximise efficiency and deliver cost savings over time.



TECHNOLOGY

A comprehensive cloud platform that enables end-to-end dictation and transcription management.

Our platform technology

Which gives

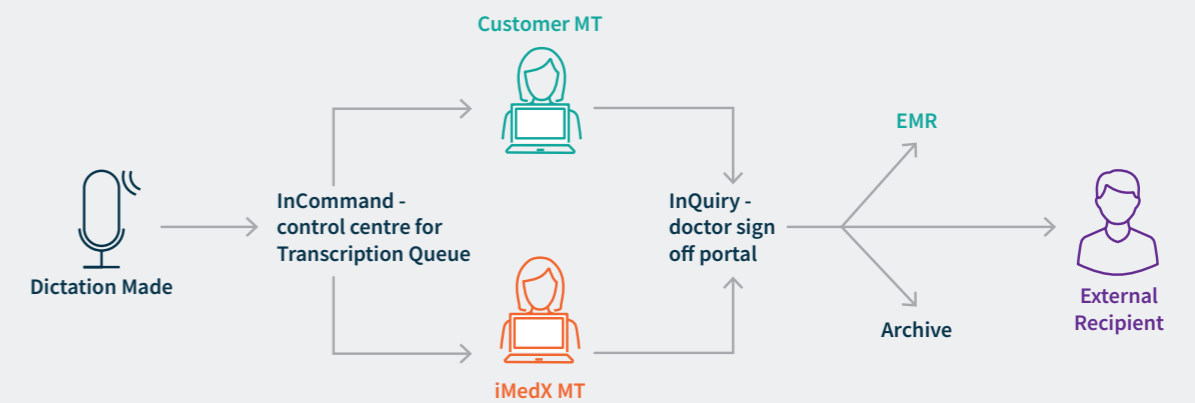
Is cloud hosted, multi-tenant and web-based	Scalability to support growth, accessibility, security and improved platform uptime.
Gives seamless access to overflow typists	Delivers the co-source resource solution.
Offers a comprehensive reporting suite	Detailed data for productivity and workforce management.
Can integrate with all leading PAS and EMR platforms	Straight forward alignment with current clinical systems and improves access to information.
Comes with automated and customised workflows and speech recognition	Increased productivity to end users and reduced operational costs.
Has a simple User Interface	Fast training and uptake of the platform by typists, clinicians and administrators, and able to be implemented quickly and remotely.
Is cost effective via SaaS	Accurate cost containment as you only pay for what you use.



CO-SOURCE SOLUTION

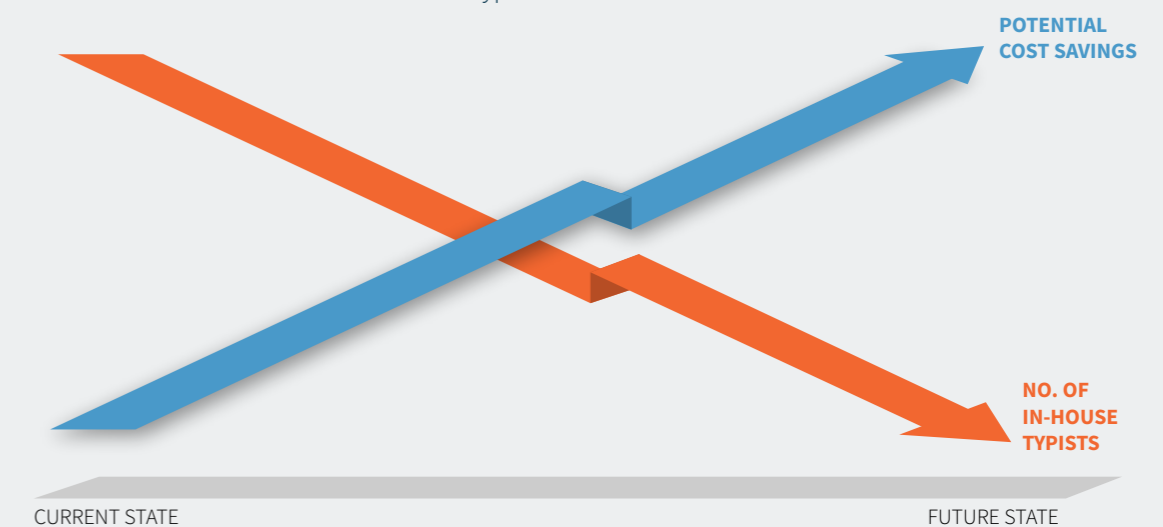
In-house typists and iMedX typists share the same workflow enabling a scalable transcription workforce.

Work can be typed by customer or iMedX MTs.



This enables you to control backlogs whilst also accessing cost-effective outsource typists over time.

Costs reduce as the number of in-house typists reduces over time.



NZ Health Strategy alignment

Alignment with strategic themes in the New Zealand health strategy and DHB strategic plans

The long-term vision for New Zealand's health service is articulated through the New Zealand Health Strategy. The overarching intent is to support all New Zealanders to 'live well, stay well, and get well.'¹

DHB's throughout New Zealand have incorporated these themes into their annual plans to align with their local community needs. The iMedX solution aligns with these strategic intents, helping to support the change agenda.

Five strategic themes of the strategy:



¹Minister of Health, 2016. New Zealand Health Strategy. Wellington: Minister of Health, <https://www.health.govt.nz/new-zealand-health-system/new-zealand-health-strategy-future-direction/five-strategic-themes>

IMEDX SOLUTION ALIGNMENT TO NEW ZEALAND HEALTH STRATEGY

Strategic Direction

iMedX solution alignment

VALUE AND HIGH PERFORMANCE

Timely communication with external providers is essential for continuity of care. iMedX provides the ability to easily monitor volume and backlogs and efficiently outsource work ensuring an acceptable turnaround time.

PEOPLE POWERED

Patient-centred care models are the future and patients expect that their information is provided to other health professionals in a timely manner and easily accessible. iMedX electronic delivery methods and digitisation of the letters supports this.

CLOSER TO HOME—ENABLING PEOPLE AND SYSTEMS

Typists and clinicians enjoy using an intuitive system. A major advantage of iMedX is that clinicians can dictate, review, and approve their letters seamlessly via a secure, accessible, online platform or smartphone. Management have greater transparency regarding usage, workflow obstacles, workforce productivity and costing via the iMedX system.

SMART SYSTEM—EMPHASIS ON OPERATIONAL AND FINANCIAL SUSTAINABILITY

The iMedX technology and transcription services are both delivered by a SaaS model, the cost of which is directly linked to visitations at the hospital. This means seasonal fluctuations in patient demand results in minimal costs, supporting financial and operational sustainability, whilst maintaining service levels.

ONE TEAM—COLLABORATIVE, COST-EFFECTIVE SERVICES

Clinical and financial risk can be reduced with the ability to use our platform and service across multiple sites. DHB's can share the scalable workforce as required to meet demand, utilising in-house and outsourcing. A roadmap can be enabled towards full outsourcing with long-term return on investment.



Conclusion

The iMedX partnership brings the full solution to meet the DHB's needs for Medical Transcription, offering the cloud platform alongside a scalable workforce at a cost-effective price point.

DHB's need

- A technology that supports inhouse and outsource.
- A low capex model and low ongoing costs.
- To manage growth and deliver scalability, without disrupting workflow or creating clinical risk.
- A simple solution for clinician and users offering mobility.
- Integration with legacy solutions.
- Simple training and onboarding.

So that they can

1. Reduce transcription costs over time.
2. Maintain clinical documentation creation and reduce clinical risk.
3. Maximise digitisation of documentation.

Our system and utilisation of our outsource workforce has been implemented at many sites throughout Australia and at SDHB in NZ. We manage over 520 Australian clients, including over 30 enterprise health networks (Public and Private) and work alongside major DHB's in NZ supporting their in-house workforce with our outsourcing. We transcribe over 55 million lines per year and administer services to thousands of dictating users on our platform.

As a professional services company we also provide through our partnerships discounted access to our other services which include Revenue Cycle Management. Our RCM services are often purchased in conjunction with our Transcription service as through our audit optimisation programs DHB funds can be increased, delivering enough value to implement the cloud platform. As part of our RCM services, we also offer CDI (Clinical Documentation Improvement Programs) and Coding education with remote services. Our comprehensive packages in these areas bring increased revenue for the DHB.

“When we point out to them that as an end-to-end solution, it removes a whole lot of clinical risk, it removes a whole lot of patient risk and it cuts costs, they've seen it as an asset to clinicians, patients and their work.”

Paddy Lewis, Clinical Administration Manager, SDHB

If you have increasing demands in transcription and are looking to save costs and this health check list below shows a need for change, iMedX can help.

How prepared is your MT solution for the future?

- Do you ever have large backlogs or overflow of transcription?
- Are you TAT times longer than 48 hours to return the document and are you concerned about the clinical risk this imposes?
- Do you often have to engage contact/casual staff to cover your secretarial workforce?
- Do you have legacy dictation software such as Dictaphones and recorders all over the hospital, or not enough devices for your staff?
- Do you struggle with seasonal peaks and troughs with resourcing secretarial staff and find it difficult to scale up to meet demand?
- Do you have no visibility as to what your transcription workflow is?
- Are you looking to save costs in your service while increasing productivity and increasing the volume throughput?
- Does your reporting give you good oversight of the service, visibility of user productivity and make it easy to manage the service?
- Can all system users remotely use and access the system easily?

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