

## An Independent Path

### *Small Practice Free of Transcription Costs; Physicians Use Their Own Style to Make Breveon Software Work for Them*

Ada A. Koransky, M.D. has her own view of how much a small private practice should invest in technology. "If we were a large office with multiple sites, I might see the point of spending money on things like an electronic medical record," she observed. "But it just doesn't make sense to me right now." A practicing cardiologist since 1982, Dr. Koransky is careful about how she adopts tools for greater efficiency.

One software product that did make sense to her was the Breveon™ Aurator advanced speech recognition tool. With this natural language speech interface, she has eliminated transcription costs, saved time, and improved reporting accuracy. Koransky and her colleague, Lynette W. Lissin, M.D., have been satisfied users since early 2004.

Aurator was founded through a National Institutes of Health (NIH) grant to determine why medical professionals would not use computers. The Breveon study, and the company's development of a speech technology with unique medical vocabularies, proved that speech was the ideal interface for the medical environment. These unique vocabularies have so far been created for more than twenty-one medical specialties and sub-specialties.

#### *The Cost of Transcription*

"I was very frustrated with the cost of transcription," Koransky stated. "My costs alone were between \$700 and \$800 per month. We estimated that the cost would double when Dr. Lissin joined me. I saw no way to control that." Fortunately, she inaugurated her use of the Breveon system at the same time that Dr. Lissin came on board. Neither

physician uses transcription now. "I'm very happy about that," stated Koransky.

Each physician has her own preference and independent approach for using the Aurator software. Koransky uses it primarily to make her reports and follow-up letters to referring physicians. Lissin takes advantage of the templates to accompany her imaging studies. Each physician manages a busy practice. Each does so, on the outpatient side, *completely without transcription.*

#### *First Thirty Days*

"I would say that the learning curve really wasn't that steep," reported Koransky. "I understood how it worked pretty quickly. I felt comfortable using the equipment in less than a month. And this really hasn't changed over time." With the exception of a few glitches, both physicians feel that the first thirty days of using the system went fairly smoothly. Lissin agreed that Aurator was easy to learn. "I learned how to use it pretty fast," she observed. "My microphone wasn't working right at first but Alex, our support person from Breveon, took care of that for me." There was one initial frustration of lost dictation but this isolated incident wasn't an ongoing issue.

"A lot of doctors are impatient when adopting new tools," observed Koransky. "There are always challenges you have to overcome but you need to recognize the value. Most of us are used to just rattling off the dictation in a few minutes and being done. But with transcription, it's not *really* done because you get this error-filled thing back. You spend time fixing it and it's frustrating because you know you're

spending a lot of *money* on it. I'm willing to spend time generating my report letter at the front end. It's time well spent. And it's not *that* much time. Especially since I don't have to worry about it later."

Like other physicians, both cardiologists had lived with a wait in transcription turnaround of between two and five days. "With the error-correction time and the dollar cost, this was too high a price to pay," asserted Koransky. "I'm completely free of all transcription now and I'm very pleased about that. It's a huge cost savings."

Breveon Aurator allows both doctors to have immediate possession of follow-up letters and other pertinent information – just as originally specified – and with no discrepancies. "Initially, I spent an average of twenty minutes as I got to know the system," Koransky reported. "I've cut that time in half. I spend ten minutes and I have an accurate document right away, and right here, in the office with the patient chart."

#### *Imaging Study Templates*

Like Koransky, Lissin also benefits from using Aurator for patient reporting and referral follow-up letters. At the same time, her most significant use of the system comes from the Aurator templates. With these, she creates the custom reports that accompany her imaging studies. "After I start with the patient information, I can select some of the indications for why the study was

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done,” she said in describing her process. “Then I have several sections where I state the results of the study along with its conclusions. Various parts of that are then streamlined when I select from the list that was previously made.” She attaches these to the images in the patient chart.

Lissin is happy with how the system has served her needs with templates and with the imaging studies. She recognizes the advantage she might gain by incorporating Breveon’s networking capability. This would allow her to pull data from other parts of the patient’s chart. “Right now, we’re not networked to connect the patient record from other places. That would be a nice enhancement.” She has a different format or template for each study, whether for ultrasounds of patients’ hearts or carotid arteries, or for one of the various kinds of stress tests she performs. “It’s going well,” she said. “We’re able to make templates, then pre-set freezes that I can just simply select. So it does go pretty quickly.”

### ***Using the Application Development Package***

While Breveon’s well-regarded, online support is provided to physicians throughout the U.S., Koransky is pleased that, for her, they are geographically nearby. “I like the fact that Breveon is a local company,” she said. Although she has observed limitations as well as enhancements that would make the system work even better, she is confident that, with a little time spent with the Breveon staff, she will be able to make those improvements.

Koransky hopes to template the reports so there will be more default phrases. “Then I could shorten my time even further with my follow-up letters to referring physicians.” Meanwhile, when certain words aren’t yet recognized by the system, she tailors her input.

“Right now, there are words I try not to use because I know they’re not going to be heard. I would also like to see the medical vocabulary incorporate the names of new drugs that are continuously being approved and put on the market. Alex is really helpful. I plan to work with him soon. It’s great that they’re just up the road in Mountain View.”

Breveon provides an application development package with every system. “I’ve been thinking for a long time that there are ways I can customize the system and make it even more automatic,” she continued. “In other words, I can make a better template so that I would have to dictate even less. Because the more you can use a template and just fill in a few blanks, the more attractive this system is going to be for us. There are things that we could make better and I know it’s just a matter of setting aside some time with Alex.”

### ***Investments Only as Needed***

The office has a new system of hardware and software for billing. The staff has created custom claim forms just for their office. In addition to the customary patient information and insurance identifiers, each form provides fields for specifying procedure and diagnosis. These are quickly completed by the physician then processed into the billing system by the staff for transmission to payers.

Otherwise, technology investments are made conservatively and only as needed. Their preference is to maintain the simple methodologies that work for them. Each report generated by the Breveon Aurator is printed out and placed within the patient’s chart. Pertinent follow-up information and letters are printed and sent to the referring physician. Presently, in addition to the printed copies, Koransky and Lissin store the digital version of the Breveon generated records on their laptops. They have begun

transferring what they have onto external hard drives for back up.

“Aside from the Breveon system and the billing system,” stated Koransky, “the only other data management tool we have is an echocardiogram machine equipped with its own report generating system.” Called Xcelera, this word processing application has a keyboard for entering typed information, along with ready-made descriptors and phrasing for completing reports. “It’s pretty easy,” she said. “It also has its own storage system that we back up onto CDs.”

### ***Containing Costs from Within***

The medical office is adjacent to San Jose’s Good Samaritan Hospital. Koransky and Lissin handle a patient load that keeps them fully involved with only rare moments to spare. Both physicians are keenly aware of how the *practice* of medicine is impacted by changing landscapes in the *business* of medicine. Koransky agreed that there will probably be no increase in physician reimbursement from insurance companies. “We have to contain costs ourselves and within our own practices.”

While looking forward to further updates, enhancements and training, both physicians are pleased with the dramatic strides they’ve made in working with the Breveon system. Koransky has been able to add staff and accomplish other needed expenditures with the money she has saved, and she makes this observation about being free of transcription. “Without having to go through transcriptionists, there is now well over a thousand dollars a month that I’m not spending. And that’s great!”

