

NHS TRUSTS COULD SAVE FROM £400,000 PER ANNUM UP TO £2.5 MILLION



In an era of tightening budgets and the need to make efficiency improvements, healthcare organisations are looking for solutions that can help them achieve targets. Voice recognition technology has the ability to streamline clinical documentation and enable healthcare organisations to make huge savings. The Nuance eScription service could enable healthcare organisations to save 'millions'.

The NHS Quality Innovation, Productivity and Prevention (QIPP) programme could be a major driver of voice recognition adoption in the NHS. How can eScription help NHS trusts achieve QIPP targets?

QIPP is an NHS programme designed to support NHS trusts in delivering new solutions that can deliver efficiencies to their organisation whilst also improving standards of quality and patient safety. Amongst those, the timelier turnaround of clinical documentation is a key process in enabling better patient outcomes. It is an area where both voice recognition technology and, aligned to that, end-to-end automated workflow, including the distribution process, can dramatically impact on productivity, cost savings and of course quality. For all those reasons, eScription is a natural fit for attracting QIPP funding and is also an opportunity for NHS trusts to adopt international best practice into its back-office processes, which is also a guiding principal of QIPP.

Is this international practice high in the minds of the NHS rather than looking how they compare with neighbours?

It seems to fit very high in the QIPP agenda that trusts should look abroad for best practices and learn and adopt from those practices. Certainly from a global perspective in terms of transcription, the US is probably the most mature and sophisticated marketplace, so it makes complete sense that NHS trusts should be looking at the US experience.

Nuance offers eScription as 'software as a service'. What advantages does this offer the NHS over the on-site, up-front-payment model?

As it is an on-demand software-as-a-service model, it means the trust pays for the entire service on a very simple, all-inclusive 'pence per line' basis. There are no on-site server or infrastructure costs, no significant IT resource or management costs and no maintenance or support costs thereafter. So the service is very much an operational cost rather than a capital cost, which we believe would suit many trusts in the current belt-tightening and budget-squeezing environment that we live in.

What is the 'Million Dollar Club'? Can you explain what it is and give some examples of its members and their achievements?

The million dollar club is an independent group of hospital organisations in the US that have all achieved million dollar savings as a consequence of implementing the eScripton service. In 2010, 22 healthcare organisations were recognised for this achievement. I can give some examples of some of the savings involved: the Beth Israel Deaconess Medical Centre in Boston has achieved savings of US\$8 million utilising eScripton; Mount Carmel Health System has achieved over \$10 million worth of savings; Brigham and Women's Hospital \$13 million; and Aurora Healthcare has actually achieved over \$14 million savings. In total across all the Million Dollar Club organisations they have collectively saved in excess of \$130m through the deployment of eScripton. As a club, they share their experiences of eScripton and best practices to further develop and improve upon the savings they have already made.

Just as a point of interest, eScripton has achieved a Best in Klas award. Klas is an organisation that uses customer feedback to annually present a number of transcription awards. eScripton has won the primary award for eight years on the trot and all these awards

are based on customer feedback, so in terms of its reputation for service and in terms of its ability to deliver on its promises for turnaround times and savings, it really is a top-of-the-tree solution.

Is there anything different about the US healthcare system that would mean there are more savings to be made because of the way they operate hospitals?

Not really. The extent of the savings to the NHS would to a degree depend on the extent that they adopt the US best-practice techniques in transcription. So in order to deliver optimal savings an NHS trust should look towards migrating to more of a transcription pool type approach, which can be real or virtual. At the least they would look at providing protected typing or editing time to enable a more concentrated approach to clinical letter output. So essentially the same savings are available to NHS trusts. To give you an idea of the savings that are potentially available to NHS trusts we have done our own research. We have our own experience in the US but there is some independent research as well. That came to the conclusion that NHS trusts could save from £400,000 per annum up to £2.5 million of saving per annum over and above of the cost of the service itself. For a medium sized trust, with turnover of £250-400m, it could achieve savings in the region of £1m per annum.

About Nuance Healthcare

Nuance Healthcare, a division of Nuance Communications, gives doctors access to voice recognition technology anywhere, any time, on any device. Nuance Healthcare empowers healthcare provider organisations and individual doctors to accurately capture and transform the patient story into meaningful, actionable information in 22 languages. Today, over 10,000 care giver organisations and 450,000 users worldwide trust Nuance voice recognition technology to deliver higher quality care, improve financial performance and enhance compliance efforts. Discover how Nuance Healthcare's wide range of voice recognition solutions and services can increase clinician satisfaction and EHR adoption at www.nuance.co.uk/healthcare

For more information on the Nuance Healthcare solutions and services:
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What sort of time frame could a trust start to achieve significant savings?

You would certainly see significant savings in the first 12 months. After two years the system would be fully bedded in and roll-out would have occurred across the trust at that point. You would see the savings optimised at around the 2-3 year point. It is dependent on the speed at which the trust itself rolls the system out across the whole trust. The good news about eScripton is that the savings are proportional to the volume: the greater the volume the bigger the savings, so as the trust embraces the solution on wider basis the amount of savings increases.