

Case Study

“OUTSOURCING SUCCESS STORIES”

“Oncology Transcription Redefined”

I am James. You can call it coincidence; but I had just finished watching a program on the Terry Fox Run, when I got a call from **iSource Inc** wanting me to report to duty immediately to serve as a consultant in their **Oncology Reports Transcripts** department. A huge project was on the anvil for them and they required someone with holistic knowledge of the entire **Oncology Transcription** Workflow to be present at the project site in Baltimore, Maryland throughout the transition period. The fact that I had just finished an **Oncology EMR** implementation had added to my credentials

XY Cancer Center Profile:

I was given a dossier to study, which contained a lot of information about the Cancer Center. The one sure thing I gleaned immediately from it was the fact that the Center was facing a huge problem in its transcription division due to resource crunch and backlog buildup. Many of the oncologists were unhappy with the status quo of **Oncology Medical Reports** and threatened to quit unless the Hospital Management sorted out the issues immediately. The Cancer Center consisted of several autonomous branches spread all over downtown Baltimore and was the melting pot of some of the best minds in **Hematology/Oncology and Clinical Oncology**

The Pain Areas:

The Cancer Center already operated its own in-house transcription team besides three outsourced companies to tackle its transcription needs across its 6 centers; the 70 or so oncologists served as consultants for all of its centers. It was not always like this, the XY Cancer Center had a modest beginning. Begun as a single unit, funded by a charitable organization; it primarily served as a Center for **Clinical Oncology** which also doubled up as a research center in cutting edge **Cancer** remedies; but soon thereafter it embarked on an acquisition spree of other nearby hospitals; both to enlarge its patient base and also to address the dearth of talent being witnessed in **Cancer** Research; but one thing the management did not bargain for was the huge difficulty in the streamlining of the **Oncology Transcription** process across the board. Provincial rivalries led to the oncologists of a particular center to utilize their own set of transcriptionists (either in-house or outsourced) and their own archiving methods; such that when they visited another sister center to take care of the patients there; they refused to use that Center's indigenous transcription team; but instead waited till they reached their own centers so that they could dictate. This of course caused a lot of confusion to the front office personnel of each of the centers; who had to coordinate with the other centers via phone about the transcription status of a particular patient, seen by a consultant from a center other than its own. Now that it had become a corporate hospital; there was a huge pressure on the management to streamline its transcription and billing processes and finally their bookkeeping so that the investors were convinced that their money is being well spent. Also the efficiency of each of the oncologists needed to be monitored, since they were paid fixed salaries. They needed not just a medical transcription company, but a consulting firm who doubled up a transcription company.



How and Why iSource?



iSource's strong presence on the World Wide Web made it easy for the XY Cancer Center to reach out to it for help. iSource's utilization of operational centers in back office havens like India and the Philippines also made it very competitive in terms of cost and provide a 24 x 7 technical support to its clients.

iSource's Modus Operandi:

The day I landed at Washington Thurgood Marshall Airport; I was whisked away to attend a conference on **Developments in Clinical Oncology** in the Mount Vernon neighborhood. After the conference I was ushered into a conference room; where I got to meet the hospital management and the investors. They went straight to the point; they wanted an **Oncology EMR** solution that homogenized the transcription process across the centers; and they wanted us to do that without hurting the egos of the oncologists. Besides that they required some transcription support for a center or two. I reassured them it could be done and left the hotel.



For the next 1 week; I was shuttling between the various centers with a checklist; trying to meet as many of the oncologists as possible; interacting with the admin staff; the in-house medical records team; the medical billing team; the IT department of each of the centers; trying to gauge the outsourced transcription requirement of each of the centers and also coming up with an IT solution that truly integrated the patient records of each of the centers into one huge database. I found out that the oncologists at centers 3 and 4 found the Cancer Center's existing EMR, let us call it as Theta, cumbersome and refused to migrate to it. Moreover the Theta EMR existed as disparate units at the various centers and there was no central database connecting all the units.

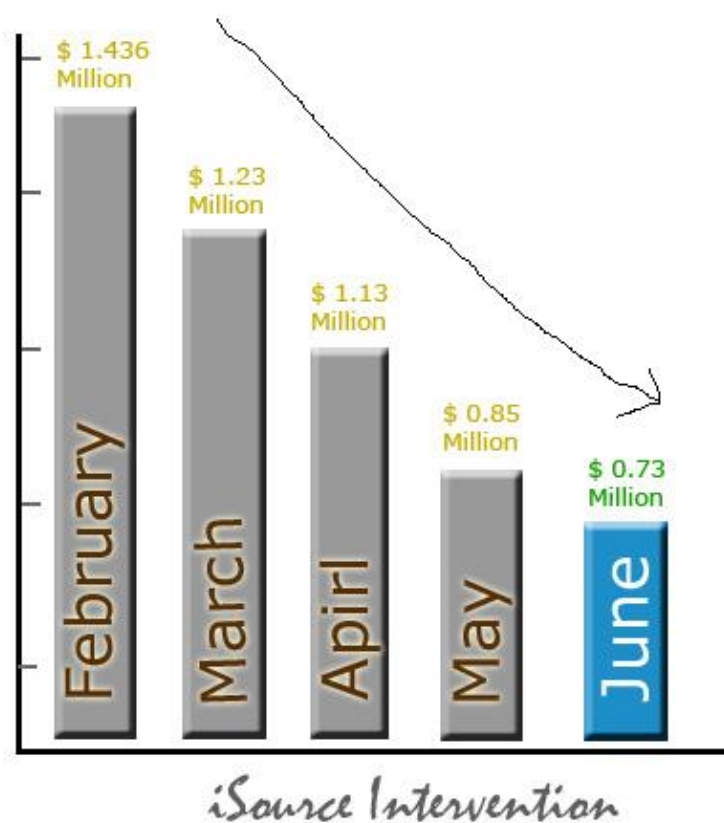
iSource Solution Proposal:

After 10 days I finally came up with a possible solution after consulting with headquarters in California and Offshoring Centers in India and the Philippines. The salient features of it were:

1. Integration of the disparate Theta EMR's into one consolidated unit via HL7.
2. Utilization of an **Online Oncology Reports** dictation capturing and archiving system, let us call it Beta (developed by iSource), for centers **3 and 4**, which was so user friendly neither the oncologists nor the transcription team at those centers could refuse it.
3. Integration of Beta with Theta via HL7 interface, so that the management has a tab on the total patient volume in all of the centers.
4. Setting up Dictaphones for all the centers and doing away with the telecom system, so that the dictations fell directly into the integrated Theta EMR; and the transcriptionists directly logged into Theta to complete the transcription process and have it ready for the doctors to sign electronically.
5. The Dictaphones could be used only at the center of its origin; if an oncologist were to visit another center; they were reduced to using the internal telecom system of the center; or sometimes they refused to use them as in the case of the oncologists of centers 3 and 4. For this I and my team came up with a novel solution. I had iSource's software center develop a software called JavaMed which configured each of the oncologist's iPhone (which they all used) such that when visiting another center, they just dictated into it; and the dictations got captured and sent via the 3G and WiFi network to Beta and Theta respectively to be transcribed by the respective transcriptionists.
6. Finally; Centers 2 and 6 had outsourced transcription teams which were volatile and committed gross errors such as the following in their transcription sometimes:

Burkitt's lymphoma keyed as *Burkett's lymphoma*
Adjuvant therapy keyed as *Adjacent therapy*
In situ cancer keyed as *Inside cancerd*
Palliative treatment keyed as *Polyarthritis treatment*
Antineoplastic agents keyed as *Antineulastic agents*
HER2/neu keyed as *Here to new*
 etc.

Transcription And EMR Overheads



I did away with these transcription teams and had iSource's own dedicated **Oncology Transcription** team churn out accurate oncology transcripts.

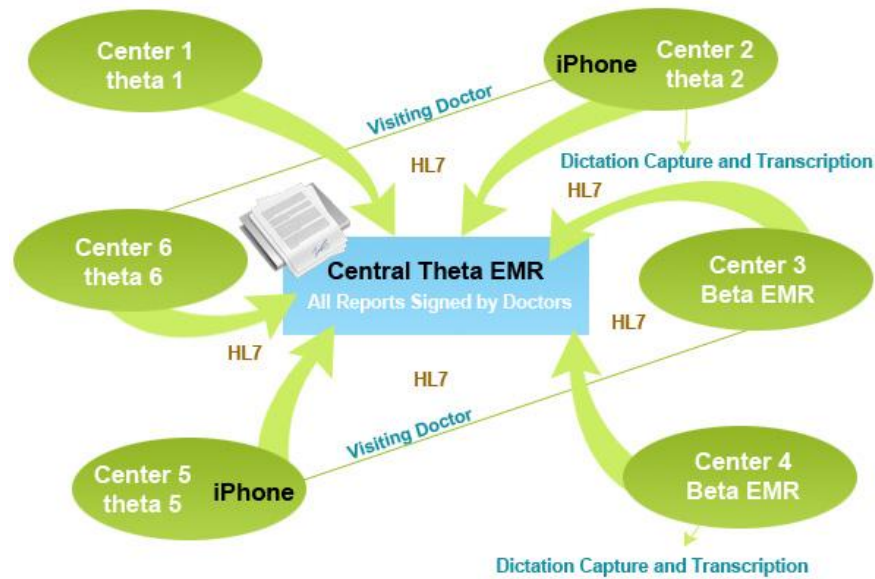
Fine Tuning and Ongoing Support

Fine Tune

The above transition took place over a period of a month and although initially the Oncologists at Centers 3 and 4 were hesitant to use Beta, they finally gave in. Also, besides transcribing almost all the reports for Centers 2 and 6; iSource's dedicated team of **Oncology Transcriptionists** provided overflow; weekend, holiday, and stat support for all of the other centers. And when XY Cancer Center later on brought another hospital under their wings; iSource helped them in transferring all of the new hospital's patient records into the Theta system.

Cost Savings:

Although transcription overheads was the least of their concerns; it did get reduced by as much as 50% in a span of 5 months. More importantly they were able to ensure a quicker AR cycle; which affected their bottom line positively.



Client Feedback:

The Chief Financial Officer of the XY Cancer Center contacted me after 4 months and expressed his gratitude for what iSource had achieved where many previously had failed. He said this was not your run-of-the-mill project, we had already tried four other consulting firms and were unsatisfied with the results; choosing iSource was like the last throw of the dice before we decided to go to Accenture, borrowing some more money from our investors. Luckily for us you clicked and transcription overheads have reduced by as much as 50%, and it will be our pleasure in recommending iSource to anyone in need of such services.

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Final Credits:



As someone who was always eager to contribute to the healthcare industry in some small measure, the above experience left me immensely satisfied; and I would like to thank iSource for giving me this opportunity. The feeling is that of having participated in Terry Fox's Dream Marathon without even putting on my sneakers.



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