Dear Editor,

We read with interest the recent paper by Cabilan and Eley(1). The authors broadly review the scribe literature and how it might relate to Australasia and are supportive of the concept. We agree that there is a fundamental and growing issue with the utilisation of EPs for a large amount of data entry. Scribes are one potential solution to this but there are major differences between the US and Australasian workforce and funding environments that make scribe utilisation questionable and requiring of more research.

We should actively pursue efforts to improve physician productivity given that much of the time, the highest trained and paid employee in the ED is currently spending 44% of their time on basic clerical data tasks(2). How we should do this in a safe, cost-effective way is less clear. There is little original research published on scribe utilisation despite the concept's rapid take-up.

The economics of the scribe role in Australia is important to enable informed decisions. We conducted two studies at Cabrini ED, a not-for-profit facility in Melbourne(3). The first showed a 30% overall productivity gain observing 3 physicians and one American scribe for 6 weeks. The second showed a 13% improvement observing 6 physicians and one American scribe for 6 months. These were small non-randomised studies. There was significant inter-physician variability in gains.

We are currently conducting work into Australian scribes. We have established a wage at Cabrini of clerical level 1 (\$18.38 per hour + on-costs + shift loadings). At this wage, the breakeven point for productivity gains for FACEMs before including training and management costs is between 10-18%. This depends on the baseline physician productivity and the time of the shift. Faster physicians require smaller gains to economically support scribes, senior registrars break-even at 38% gains. USA scribe economics cannot be applied to Australia, scribes are paid at \$10-\$15/hour with no benefits in the USA and there is increased billing for more comprehensive documentation. Our billing remained the same per patient in our second study. Public utilisation of scribes would be around role substitution and increasing EP productivity to meet increasing growth in attendances without growth in costs, whilst maintaining levels of staff and patient satisfaction and safety.

We are investigating the economics of training scribes locally. This will create higher breakeven requirements for the FACEMs and will require recruited scribes to work for us for a reasonable length of time to recoup training costs. Program management costs also need to be calculated.

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Who should be recruited to work as scribes remains undetermined – there is no original research to evaluate this. How to train scribes in Australia is being established and tested, there are various methods available to choose from. There would be high costs incurred if training was required in the USA. There is no current pool of trained, experienced scribes seeking work in Australia to recruit.

There are varied reasons for a department to consider a scribe program, eg assisting night staff to manage patient load without increasing medical staff levels, meeting specific time-based targets, better data entry to optimise funding potential, limiting medical cost growth whilst allowing for increasing presentation numbers. All would require different scribe deployment and management.

Additionally, the qualitative experience of the patients, staff and scribes needs investigation as well as data quality analysis and safety.

Nonetheless, despite all the caveats above, we feel that the process of investigation in public and private settings is warranted and we look forward to publishing our ongoing research in this area. We thank the authors of the paper for raising the issue amongst the ED community.

1. Cabilan CJ, Eley RM. Review article: Potential of medical scribes to allay the burden of documentation and enhance efficiency in Australian emergency departments. *Emergency medicine Australasia : EMA*. 2015.
2. Hill RG, Jr., Sears LM, Melanson SW. 4000 clicks: a productivity analysis of electronic medical records in a community hospital ED. *The American journal of emergency medicine*. 2013;31(11):1591-4.
3. Walker K, Ben-Meir M, O'Mullane P, Phillips D, Staples M. Scribes in an Australian private emergency department: A description of physician productivity. *Emergency medicine Australasia : EMA*. 2014;26(6):543-8.

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