



THE MISDIRECTED DEBATE OVER SPEECH-RECOGNITION ACCURACY

Across the healthcare marketplace, many technology providers are asserting higher levels of accuracy for their speech-recognition systems than those of competitors, presumably leading to greater efficiencies and improved care. These claims surrounding technical accuracy, however, are largely misdirected.

The truth is that no single level of accuracy serves as a standard of measurement today because vendors define and measure accuracy differently. Simply stated, there is no universally agreed upon way to measure accuracy rates so comparisons of percentage numbers and the like are essentially meaningless. Some physicians expect 100 percent perfection in the transformation of their dictation to electronic documentation—and anything less is blamed on a bug in the software. Others recognize that no system is faultless but are frustrated with their inability to improve their results with speech-recognition software. Difficulties arise in even the best systems because of the failure to account for differences in speaking style, background noise and other factors. Physicians can obtain similar levels of accuracy with any system, but to improve their productivity and effectiveness, they must be trained to use this technology tool appropriately.

The most common barrier to accuracy with speech-recognition software is that organizations buy the technology and give it to all their physicians but, first, fail to teach them how to use it and, second, fail to monitor how well they are progressing with it or offer coaching on techniques that can resolve issues that physicians are experiencing.

Too often, medical practitioners see speech recognition as a tool that will solve all their current documentation problems. As with any tool, however, speech recognition has limitations. It is designed to be used with certain parts of the physician's workflow, while other tasks still are best managed with a keyboard and mouse. Difficulties arise when doctors attempt to employ speech recognition for every step and procedure in their documentation.

For example, attempting to document a blood pressure figure by voice might require several attempts before it is translated correctly, depending on the physician's skill with the equipment, whereas with a keyboard the figure could be entered easily by hand the first time. People using speech recognition do not automatically know when it should be used to its best advantage; they need training, and that training must be different for each physician.

Medical practitioners are at different levels in their technology skills and their relationship to dictation for documentation. The provider of speech-recognition technology must have the background, capabilities and flexibility to meet physician training needs at every level to help practitioners get the most from today's integration of speech recognition with electronic health records.

Learning When to Use Speech

What does this training comprise? At one level, physicians need to learn how to speak to the system, how to hold the microphone and other such technical steps. Equally important, however, physicians should learn how and when to use the technology. Typically, for instance, it is more effective to use a mouse and keyboard for choosing from a list of medications and doses, and it likely is easier to use a keyboard when checking off parts of the body that have been examined. In these cases, voice may not add any degree of benefit.

Speech is used most effectively when the physician's thought processes need to be documented. In relating the patient's history, describing past illnesses, offering a diagnosis, noting potential treatment side effects to anticipate, describing a recommended plan for the patient, all these activities require thought and the physician's special expertise. Speech-recognition software can help the physician communicate these narratives very effectively.

Typically, physicians are asked to click through a series of templates and check boxes when it comes to EMR-based clinical documentation. Simply using checkboxes, however, a physician would not be able to offer any clue as to whether a patient is improving or getting worse, nor why alternative diagnoses were excluded. Narrative clarifies these points of attention. By capturing more narrative in the workflow, caregivers can provide more efficient and more meaningful documentation.

The M*Modal Advantage

M*Modal has differentiated itself from other providers by recognizing that technology is only 50 percent of the factors required for success with speech recognition. It must be supplemented by services and support. M*Modal offers a specialized team that works with individual physicians, learning their specific workflows and recommending the best applications of speech-recognition technology. These team members remain in close contact with the physician, returning regularly to provide their expertise for resolving issues that may arise and for advancing the physician's skills with the system.

M*Modal also monitors the usage of its Fluency speech-recognition products to evaluate which features a physician is using most, how often the features are activated and how successfully they are applied. Scorecards are created so that M*Modal adoption specialists can help physicians discover the features they should be using for greater effectiveness and overcome any struggles with particular functions.

Overall, M*Modal excels at not only speech-recognition technology but also monitoring, technology tracking and human observation, resulting in better adoption rates for its products than the rates experienced by competing providers. While accuracy may be equivalent for all speech-recognition systems today, adoption is not. M*Modal is distinguished by its attention to both people and technology to drive higher rates of adoption and thereby a more effective documentation system within the medical facility.

To find out more,
visit mmodal.com or
contact us at **866-542-7253**.

