



# 2010 Tech Survey: Physicians Speak Out on Voice Recognition

By Keith L. Martin | August 6, 2010

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*Note: This is the first in a series of blog entries delving into the results of our 2010 Physicians Practice Technology Survey. Full results are now available at [www.physicianspractice.com/technology-survey](http://www.physicianspractice.com/technology-survey).*

Perhaps the issue of physicians using voice recognition software can best be portrayed by the location of the microphones of Dr. J. Scott Litton, Jr., and Dr. Simeon Schwartz.

Litton, a solo family medicine practitioner based in Virginia, wears his Bluetooth microphone constantly, ready to dictate into his EHR at the click of a button using voice recognition software and a tablet PC. Dr. Schwartz, an oncologist and president/CEO of Purchase, N.Y.-based Westmed Medical Group, can, on most days, locate his microphone under the desk in his office, an afterthought for a physician who finds no value in voice recognition at all and would rather communicate with his physician assistant.

## **NOT A POPULAR OPTION**

According to our 2010 Physicians Practice Technology Survey, more of you are like Dr. Schwartz than Dr. Litton. Our results indicate that 78 percent of you are not using voice recognition software while 22 percent are following Dr. Litton's lead in incorporating it into your daily practice.

Bruce Kleaveland, a Seattle-based health IT consultant, says he interprets the nearly 8 in 10 physicians not using voice recognition as generally tech-savvy, but choosing direct entry through an EHR template as a faster alternative to voice recognition.

“Also, generally, doctors are going to feel more comfortable using direct entry in front of a patient than they would be using voice recognition,” Kleaveland says. “I don't think it is so much that they don't want patients to hear it as much as it is if you are entering it directly [into an EHR], you have a little more discretion about the manner in which the data is entered.”

Kleaveland adds that there is also the element of knowing direct entry will work versus voice where there may be a need to correct the entry and when time management is crucial for getting through a busy day of appointments, direct entry may be preferred.

### **FINDING HIS VOICE**

At Litton Family Medicine in Pennington Gap, Va., Litton greets patients adorned with the microphone and a tablet PC firmly in his grasp. Notes are entered directly into his EHR via the tablet and dictation is not done in front of the patient, Litton says, but rather after a visit as he walks down the hall to add some quick voice files to the patient's record.

"It helps me to save time and be more efficient," he says. "I'd advocate for [voice recognition] use. If you have an EHR, then that indicates [the physicians] are somewhat technologically savvy and they have embraced the change in our practice landscape in that computers and technology are very much going to be a big part of our day-to-day workings."

Litton opened his practice after completing his post-grad medical education in family medicine in 2003, and integrated a voice recognition program online two years later. Besides getting his voice recognition program to account for a slight Southern accent, Litton says it took him very little time to train on the system and get up and running.

Of those survey respondents who said they were using voice recognition software, 56 percent said it took more than one day of training and 44 percent said it took one day or less. As for whether the software eliminated transcription costs, 52 percent said the technology generated some savings and 48 percent said they have stopped using a transcriptionist altogether.

### **NO 'DRAMATIC CHANGE' SEEN AHEAD**

Like Litton, many physicians using voice recognition software are doing so as part of an EHR. But while that may be the case, Kleaveland says as EHR use will likely grow – thanks in part to federal incentives – he wouldn't rush to predict microphones accompanying stethoscopes as standard physician attire.

"[Voice recognition use] may bump up a little bit or down a little bit, but I don't see a dramatic change," he says. "Part of the reason is that voice is a technology in of itself that needs to be mastered and managed. It is not a panacea. With EHR meaningful use, part of the objective is for doctors to capture data in more discreet fashions, which really lends itself to more of the point and click, checklist type of items."

Of the 165 doctors working at New York's Westmed Medical Group in primary care and 26 specialties,

only six or seven use voice recognition software, according to Schwartz, who has practiced medicine for more than three decades. Westmed has used its EHR for nearly eight years.

Schwartz says his personal reasons for not using voice recognition have to do with two simple factors: the medical narrative and work flow.

First, he does not see the value in recording all of a patient's explanation of symptoms, personal information, etc. Those aspects of the patient visit deserve full attention, but not full recording in a record, he says. So if most of his visits as an oncologist do not involve putting that information in the record, why use voice recognition over his own written determination of the next course of action?

"Think about the differences between the spoken word and the written word," Schwartz says. "You consider the nuance of what you are writing. When you speak, you don't consider that nuance, so I would rather have three or four well-formed, well-typed sentences ...reflecting my anxiety and uncertainty about the diagnosis. The more the physician has clarity of thought, the easier it is to have a note that does not contain excess and is it therefore more likely to impart much more useful information."

### **TECH WORKS, BUT ONLY FOR SOME**

As for work flow, Schwartz simply cannot imagine outfitting every exam room with a microphone or computer terminal, but does concede it can work for some specialties. At Westmed, it works best for the radiologist, who sits at a single workstation "with a lot of horsepower," according to Schwartz, dictating 100 reports a day where the nature of the report has some variation, but a lot of standardization, he adds.

"Voice recognition clearly works," Schwartz says. "The more effort the physician puts into training it, the more effort the physician puts into standardizing their comments, the more the physician trains their voice to use it effectively, the more sedentary the physician is, the less varied the work they do, the more likely that it will be a home run for them....You can't beat that, but that's not what medicine is. I'm an oncologist and that is certainly not what an oncologist does."

Schwartz is upfront about not being a big fan of EHRs either – they have become "disgusting," he says in their permitting the cutting and pasting of other people's notes into charts, and physicians "view them grudgingly," he says.

All that aside, he agrees with our survey data when it comes to voice recognition software as favorable by some physicians and not a tool in the tool belt of others.

"I think for a small segment of physicians who are very motivated, who have certain styles of efficiency, this technology is excellent, but it will not become dominant," he says.

Are you more Dr. Litton or Dr. Schwartz? Weigh in below with your thoughts.