

Medical Practices Don't Want to Be Pushed to the Cloud

Security/privacy concerns and administrative burdens plague cloud-based medical speech recognition

uance value-added resellers (VARs) across the United States are being inundated by calls from medical professionals who are frantic to get as many copies of Dragon Medical Practice Edition (DMPE) as they can get their hands on.

At least it seems that way.

DMPE is the desktop version of Nuance Communications' medical speech recognition software. The company stopped supporting it in 2018, instead pushing users to Dragon Medical One (DMO), its cloud-based subscription product.

While Nuance may prefer its customers use DMO, it doesn't mean that's the product these people want to use.

The medical providers looking to purchase DMPE are not big hospitals or practices with multiple providers; they're small businesses. Maybe one spouse sees the patients and the other runs the front office. They are not interested in the cloud-based version. They don't have it. They don't want it. They're probably never going to buy it.

Interest in DMPE is so great, Nuance recently informed its resellers that they are prohibited from selling any DMPE software they still have in stock; VARS who legally purchased software for the sole purpose of selling it are now expected to dump their stock and eat the loss, in spite of robust demand.

Drawbacks to the cloud-based DMO have caused many would-be medical dictation users to abandon the idea of using speech altogether. While DMO users can dictate to their desktop if they find themselves without internet connectivity, the dictation must be uploaded to the cloud for processing, meaning one's dictation cannot be completed without an internet connection. With DMPE, since everything is on the local computer, connectivity doesn't play into the picture.

Although Nuance states DMO is compliant with the Health Insurance Portability and Accountability Act (HIPAA), privacy and security issues remain. Reading Nuance's end user license agreement (EULA), one finds that Nuance's resellers are not protected by the HIPAA addendum regarding protected health information (PHI) and that the medical professional is responsible for entering into a separate agreement with the reseller as it deems necessary to comply with HIPAA.

Further, under the EULA the dictator must allow Nuance to use his or her dictation data for purposes unrelated to the doctor-patient relationship, and the dictator is solely responsible for obtaining all necessary consents to allow Nuance to use this data. Additionally, Nuance may disclose this data to third parties.

The medical practitioner is required to enter into a separate agreement with the reseller regarding HIPAA? And he is solely responsible for obtaining necessary consent? Like from the patient? Indeed. Sounds like implementation just got more expensive and more complex, just what these would-be dictators are seeking to avoid.

Medical professionals don't necessarily seem to be aware of or concerned about the security/privacy liability to which they may be exposing themselves. The fact that they should probably disclose to patients that their PHI is being transmitted to a third party to be transcribed *and* to be used by that third party for its own purposes unrelated to the patient's care most likely isn't on their radar. What is on their radar, you ask?

Money.

The most recent version of DMPE retailed for \$1,599. DMO? Ninety-nine dollars a month for a one-year subscription plus a \$525 setup fee. And, of course, the legal fees for the contracts, and the potential exodus of patients who don't want their PHI being mined.

But there is a bigger issue Nuance might be missing.

A 2019 national survey regarding physician satisfaction with health plans found that physician burnout symptoms increased 9 percent between 2011 and 2014 (while remaining stable in other fields), with a key source of frustration related to challenges with payers. And a 2017 study found that physicians spent more hours on electronic health records than face-to-face with patients.

So while Nuance touts DMO as being an ideal tool to maximize billing revenue from insurers, many medical professionals no longer accept insurance due to administrative and financial burdens. This enables them to focus on patient care without being concerned about complying with the onerous coding and other requirements mandated by insurers, making DMO even less attractive.

It speaks volumes that these small businesses would rather use software that was discontinued more than four years ago than "upgrade" to DMO.

Nuance made a business decision in cutting off access to desktop software for medical providers. Turns out it's another example of leaving the little guy behind.

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