clinical staff members accompany each patient through a larger portion of the visit cycle to provide care services in addition to documentation during the clinician encounter. Each of these models has been associated with positive findings in the literature.

Despite these positive findings, we agree that the number of studies of either scribing model is small and rife with limitations. We support the call for additional, methodologically rigorous, and sufficiently powered research on the use of medical scribes in the primary care setting. In the meantime, practices interested in exploring their own scribing models can use several online resources, including the StepsForward module developed by Christine Sinsky, MD, and the American Medical Association (https://www.stepsforward.org/modules/team-documentation) and an evaluation toolkit available from our website (http://cepc.ucsf.edu/team-documentation-scribing).

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The above letter was referred to the author of the article in question, who offers the following reply.

Response: Re: The Use of Medical Scribes in Health Care Settings: A Systematic Review and Future Directions

To the Editor: We thank Ms. Dubé[1] for her comments. While we agree that many professionals (and sometimes learners) may assist clinicians with documenting the clinical encounter, we contend that duties performed by medical scribes are categorically distinct and do not include the provision of patient care.[2] While we anticipate variability in the specific tasks performed by scribes—based on the health care setting, the medical specialty, a given scribe's training and/or licensure, and so on—patient care services such as those in the first 2 studies described by Ms Dubé are beyond that performed by scribes and therefore outside the scope of our review.

Ms. Dubé also referenced 2 studies not included in the peer-reviewed literature. While far from perfect, the purpose of peer review is to ensure that research meets a basic standard of rigor and quality. This said, we agree that findings reported within the non-peer-reviewed literature may help to move the science forward, and we welcome a corresponding review that summarizes this evidence.

The 2-part heuristic described by Ms Dubé is very interesting and invites the possibility that the scribe model may be appropriate for some settings, whereas another model combining documentation of the clinical encounter *and* the provision of patient care services may be better in other settings. We wholeheartedly support research investigating the efficacy of different models and welcome inquiry along these lines. As noted in our conclusion, we need more research to understand whether and how scribes help to improve (or hinder) the provision of care. Ms Dubé's thoughtful criticism of our review only underscores the need for more research on this topic, with the goal being improved health care productivity, quality, and outcomes.

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