

Pilot Project: Reducing Unnecessary Physician Administrative Burden

Physician Administrative Burden Survey – Key Findings

Background:

For years, physicians across the country and around the world have raised unnecessary administrative burden as an issue impacting patients, patient care, professional practice and the effectiveness of the health care system overall. Physicians in Nova Scotia are no exception. Yet, despite raising the issue, seemingly larger and more urgent issues in all jurisdictions have continually overshadowed physician concerns with “red tape”. This is a familiar story. Nova Scotia embarked on no fewer than three initiatives to reduce red tape for business between 2000 and 2015. While all had some measure of success, the creation of the **Office of Regulatory Affairs and Service Effectiveness** provided the infrastructure required for effective and sustained action over time and with measurable results.

One of the key learnings of the Office in its work reducing red tape for business was the importance of quantifying the impact of regulatory or administrative burden. Measuring has been critical to understanding and communicating its significance. Putting a number on the cumulative impact of undue regulatory burden has helped transcend the narrative that red tape is merely an inconvenience that can be addressed by fixing a form or two.

The Office incorporated this knowledge in its workplan and collaborated with key stakeholders, including **Doctors Nova Scotia**, on a survey to quantify physician administrative burden and the impact of this burden. Nearly 500 Nova Scotia physicians answered the call.

The survey findings make concrete the size and scope of physician administrative work, the portion viewed by physicians as unnecessary and its impact on job satisfaction, productivity and patient care. The findings also highlight the complexity of the health care system, including the various bodies and institutions that interact with physicians, and how this complexity contributes to the issue. Above all, the findings underscore the significant opportunity to improve the physician and patient experience by making a series of small changes.

Key Survey Findings:

- 1. Nova Scotia physicians recognize and accept administrative work as a necessary part of practicing medicine and spend a significant amount of time doing this work.**
 - On average, a Nova Scotia physician spends the equivalent of more than one full day per week (**10.6 hours**) on administrative tasks; collectively, this translates to **1.36 million administrative hours** annually.
 - While this is a province-wide issue, the amount of time physicians spend on administrative work slightly differs across Health Zones.
 - One of the top drivers of administrative time is completing forms; doctor’s notes were also highlighted and are viewed by physicians as having little value.
- 2. Physicians report 38% (or 518,000 hours per year) of their total administrative work is unnecessary.**
 - **24%** is work that could be done by another health care role, freeing up **327,000 physician hours annually** or the equivalent of approximately **1.1 million patient visits**.

- **14%** could be eliminated entirely, freeing up **191,000 physician hours annually** or the equivalent of approximately 637,000 patient visits.
- The top contributors to unnecessary burden are medical forms, doctor's notes, business operations, billing, including shadow billing, licensing and privileging.
- The health system itself, including the complexity of the governing and oversight bodies, is also a contributor to physician administrative burden.

3. Unnecessary administrative burden takes a real toll on physicians, their patients and on the health care system overall.

- The majority of physicians say time spent on administrative tasks has increased over the past two years and is work done in the evening or on the weekend for which they are not compensated.
- Unnecessary administrative burden limits enjoyment of work, is a source of frustration, reduces productivity, impacts work/life balance, contributes to burnout, limits the number of new patients that physicians can take on as well as time spent with existing patients.

4. Reducing unnecessary physician administrative burden presents a real, meaningful and practical opportunity to positively impact physicians, their patients and the health care system overall.

- Physicians report they would use freed up time to achieve a better work/life balance, spend more time with existing patients, improve the quality of care, spend more time on professional/practice development, and take on additional patients.

5. Nova Scotia is well-positioned to do this work now: though not without challenges, the pandemic has led to some positive changes that can be leveraged.

- While physicians support many of the changes put in place during the pandemic, they also report adapting to some changes revealed gaps in technology infrastructure, which resulted in a temporary increase in physician administrative burden.
- Despite transition issues, changes such as the use of telehealth, ceasing the practice of employers requiring doctor's notes for short-term illness and swifter response/ability to mobilize by health care administrators are positive changes that have reduced administrative burden; this momentum should be seized.