

Physician Administrative Burden Survey – Final Report

Office of Regulatory Affairs and Service Effectiveness
September 2020



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Executive Summary

For years, physicians across the country and, indeed 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, none were sustained. It wasn't until the creation of the Office of Regulatory Affairs and Service Effectiveness in 2015 – an independent, stand-alone office with a mandate to lead cross-governmental efforts to measure, assess and reduce unnecessary regulatory burden – that material improvements were made.

The Office has had demonstrable and quantifiable success in reducing unnecessary regulatory burden – or red tape – on business. Its work was affirmed and its approach to burden reduction approved by Nova Scotia's Auditor General in 2019. That same year, with its track record and experience, the Office was asked to partner with the Department of Health and Wellness to lead a pilot project to identify and implement concrete actions to reduce unnecessary physician administrative burden to make it easier for physicians to do what they do best – care for their patients.

Throughout summer and fall 2019, the Office met with dozens of physicians who detailed the toll of unnecessary administrative burden. In addition to articulating the issue and its impact, the physicians provided many ideas to reduce this burden. These thoughtful and candid discussions informed a draft workplan for the pilot project.

One of the key learnings of the Office in its work reducing red tape for business was the importance of quantifying the impact of administrative burden. Measuring regulatory burden 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. This innovative partnership and approach marks a few firsts: it is the first time an organization like the Office, which is not centred in health administration, has been called upon to help tackle the issue; it is also the first time that metrics have been employed to make concrete a problem that has been, at least up to now, somewhat abstract.

Nearly 500 Nova Scotia physicians answered the call. Each estimated how much time they spend on administrative work, including on specific tasks, and how much of this time they considered unnecessary. They detailed the sources of this burden and its impact. They also reflected on lessons learned from the pandemic and the different approaches to health care it has demanded. That so many chose to participate during an unprecedented health care crisis is a testament to the importance of and their commitment to this work.

The survey findings make concrete the size and scope of physician administrative work, along with the portion they view as unnecessary and its real 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 and exacerbates the problem. Above all, the findings underscore the significant opportunity to improve the physician and patient experience by making a series of small changes.

The findings also bring into focus how well-positioned we are to do this work now. Responding to the pandemic has fast-tracked some changes that have reduced physician administrative burden and which have been embraced by physicians. This momentum can and should be built on.

Now, more than ever, Nova Scotia's health system needs to function as optimally as it possibly can. Reducing unnecessary work for physicians – who are at the core of our system - is one important element to making that happen.

Key findings

- 1. Nova Scotia physicians recognize 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, Nova Scotia physicians spend **1.36 million** hours annually on administrative work.
 - Time spent on administrative tasks is an issue across the province; each Health Zone faces their own unique challenges.
 - One of the top drivers of administrative time is completing forms; doctor's notes are 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 profession, 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, shadow billing, business operations, 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.
 - It limits enjoyment of work, is a source of frustration, reduces productivity, impacts work/life balance, contributes to burnout, limits the number of new patients 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. We are 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 and issues with remuneration, 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.

Key Finding #1

Nova Scotia physicians recognize administrative work as a necessary part of practicing medicine and spend a significant amount of time doing this work.

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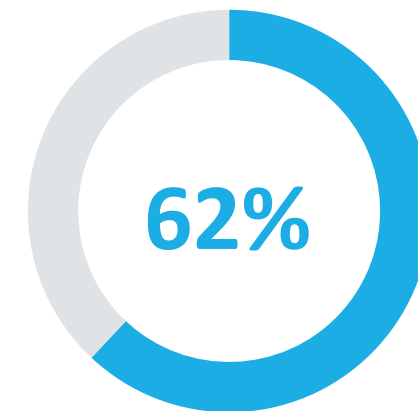
Every Nova Scotia physician spends more than the equivalent of one day per week - or an estimated **10.6 hours per week** – on administrative tasks. This is over and above the time spent on administration associated with a traditional patient visit (e.g. consultations, patient documentation).

Cumulatively, this translates to Nova Scotia physicians spending **1.36 million hours per year** on administrative tasks. This is the equivalent of **625 physicians** (out of 2,624) or **24%** of all Nova Scotia physicians working solely on administrative tasks on any given day.

This includes processes, procedures and activities which physicians are required to complete that affect, directly or indirectly, the provision of medical care services. Examples include the completion of paperwork or forms, completing doctor’s notes for employers, the processes related to certification, licensing, privileging, billing and MSI audits, practice or group management, including scheduling, administrative meetings, etc. Physicians report spending collectively nearly **1 million hours per year** filling out forms. For example, physicians spend more than **100,000 hours per year** completing doctor’s notes, viewed by physicians as having little value.

While physicians in all parts of the province spend time on administrative tasks, there are differences in the amount of time by Health Zone. Physicians in the Western Zone report spending the most time (11.8 hours per week) ; physicians in the Eastern Zone report spending the least time (9.5 hours per week).

Nova Scotia physicians recognize administrative work as a necessary part of practicing medicine. In fact, they indicate **62%** of the time they spend on administrative tasks is necessary. This translates to approximately **850,000 hours per year** on necessary administrative tasks across the province.



of time spent on administrative tasks is necessary

“Much of the paperwork is needed - it just should be better thought out.” – Physician survey respondent

Key Finding #2

Physicians report 38% (or 518,000 hours per year) of their total administrative work is unnecessary.

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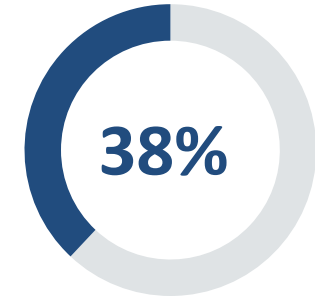
There is a significant portion of the administrative work physicians are performing that does not necessitate clinical skills or expertise. In fact, **38%** of total time spent on administrative tasks is deemed by physicians to be unnecessary and should be delegated to another profession or eliminated entirely, if possible.

Physicians estimated that approximately **24%** of total administrative work could be completed by another role or function (i.e. does not require their level of clinical training or expertise). Overall, this means physicians are spending **327,000 hours per year** on administrative work that could be appropriately completed by another role.

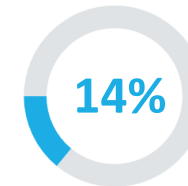
The remaining **14%** of total administrative time adds no value to the system and should not be completed by any role. By eliminating unnecessary tasks entirely, such as no longer requiring doctor's notes for short term illness, physicians could free up **191,000 hours per year** to reallocate to other activities.

The top contributors to unnecessary burden are medical forms, doctor's notes, shadow billing, business operations, billing, licensing and privileging. A majority of physicians (65%) also outline the complexity of the health system itself, including the number and mandates of the various bodies they deal with, as a contributing factor to unnecessary burden.

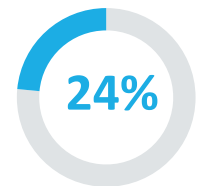
If physicians were able to recoup the **518,000 hours per year** spent on unnecessary administrative tasks, over **1.73 million** additional visits with new or existing patients could be booked annually.



of time spent on administrative tasks is unnecessary



of time spent on administrative tasks is unnecessary and should be eliminated entirely, if possible



of time spent on administrative tasks is clerical in nature or is better suited to another professional

“Unnecessary physician admin burden is not simply something that could be delegated to someone else. I feel a lot of it is just unnecessary work. Period.” – Physician survey respondent

Key Finding #3

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

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Over the past 12 – 24 months the majority of physicians felt that their overall time spent on administrative tasks had increased. Despite the increased burden, most physicians are not compensated for this administrative work that is often completed outside of clinic hours – during evenings or weekends. With this, the time physicians are spending on unnecessary administrative burden is undeniably having an adverse effect on overall job satisfaction, contributing to burnout, and ultimately impacting the quality of care for patients. More than **50% of physicians strongly agreed** with each of the following statements:

Unnecessary administrative burden:

- *Limits how much I enjoy my work*
- *Reduces my productivity*
- *Negatively impacts my work/life balance*
- *Limits the time I can spend with existing patients*
- *Increases my level of burnout*

Highlighting the impact of unnecessary burden



Over the course of a year, the average Nova Scotia physician will spend the equivalent of one full week (**40 hours**) doing nothing but doctor's notes.



In any given day, the equivalent of **59 physicians** across the province are doing nothing but managing their practice and/or administrative work relating to billing.

“A new model for health care delivery is needed. Unfortunately, family medicine in particular has become a repository for forms to fill, sick notes, preauthorization, daily documentation burdened with detail...simply endless documentation that is no longer in balance with patient safety and appropriate documentation but now a litigious reflex that distracts from patient care and contributes significantly to physical burnout and job dissatisfaction.” – Physician survey respondent

Key Finding #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.

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

Administrative burden takes time away from what doctors do best – care for patients. However, it also limits their ability to innovate, collaborate, and focus on their own personal and/or professional development.

Physicians have thought deeply about how they would use this freed up time - nearly **80% of physicians** would simply take some of this time to themselves, thus achieving a better work/life balance; **half of physicians** would dedicate time to practice and/or professional development opportunities, or spend more time with their existing patients; and **one third of physicians** indicated a willingness to **add new patients** to their rosters. An improved experience for practicing physicians could make Nova Scotia a more appealing destination for new or experienced physicians while enhancing patient access and overall quality of care.

Verbatim: How physicians would spend freed-up time if administrative burden was reduced

“Create programs such as group medical visits, expanding scope of practice to include programs such as medical abortions and MAID, supporting collaborative care.”

“Lots of ideas about workplace culture, recruitment, community development I would love to have time to get to.”

“Work on health system improvement.”

“Become less stressed.”

“Spend more time doing chart review of complicated cases. Organize my plan to provide the patient with better quality medical care.”

“Increase medical teaching/education activities, increase advocacy efforts.”

Key Finding #5

We are well-positioned to do this work now: the pandemic has led to some positive changes that can be leveraged.

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

COVID-19 will likely have an enduring impact on the way in which health care is delivered in Nova Scotia and other jurisdictions around the world. Physicians are optimistic about the future and feel many beneficial changes to the way medicine was practiced through the pandemic should be considered for more permanent adoption.

While physicians expressed support for these changes, particularly the positive impact on patient access to care, some also reported a temporary increase in burden was an effect. For example, the swift move to telehealth revealed gaps in technology infrastructure and issues with remuneration, as well as impacted work/ life balance.

Despite these transition issues, an overwhelming majority of physicians report that **virtual fee codes and billing guidelines** introduced during the pandemic are a promising first step towards further enabling the adoption of synchronous virtual care. Continuing to enhance this care modality will have long-term positive impacts on enhanced patient access and lend themselves to reduced administrative work. The **swift decision-making by health care administrators and government** over the past six months was also praised – a demonstrated ability for the health care system to quickly mobilize will not be forgotten amongst the physician population. Several policy changes to administrative activities such as eliminating the paper-based triplicate prescribing requirements and **ceasing the practice of employers requesting doctor's notes for their employees** were both well-received by physicians through the pandemic as well.

The Office's goal of reducing net burden has been well-received amongst the physician population, and there is a sense of cautious optimism as we move forward out of the initial shock of the pandemic. The size of the opportunity is immense, and the time is now to create meaningful change in the lives of patients and physicians alike.

"[The pandemic] has allowed us to think outside the box in providing patient care. It has fostered closer relationships with other healthcare providers and created stronger teams. It has helped me decrease ordering unnecessary tests and investigations. Patients have found the phone calls/telehealth to be positive as well (decrease unnecessary travel, ability to stay at home, decrease exposure etc.)" - Physician survey respondent

Appendix A: Project Background and Overview

Background

Based on a successful track record of reducing unnecessary burden on businesses through practical solutions, the Office of Regulatory Affairs and Service Effectiveness (RSE) was asked by the Minister of Health and Wellness to reduce administrative burden and improve the work environment for Nova Scotia’s physicians.

Context

Working in partnership with the Department of Health and Wellness and Doctors Nova Scotia (DNS), RSE had been engaging physicians and identifying short term, practical ideas for improvement as well as systemic issues that result in unnecessary administrative burden.

In March, the pandemic placed an initial pause on much of the ongoing work as physicians responded to the crisis. As we began to move out of the first wave of COVID-19 and settle into our ‘new normal’, RSE recognized the significant opportunity to engage physicians on their experiences during the COVID-19 pandemic as well, particularly as it related to administrative burden.

To better understand how the differing areas of administrative burden consume the time of physicians and to understand what key lessons learned we can extract from the pandemic, RSE, with support from Deloitte and input from key stakeholders, designed and administered a survey to physicians.

Project Approach

- 1 Based on the discussions with 50+ physicians, along with the input of DNS and the Department of Health & Wellness, the Physician Administrative Burden Survey was designed, programmed and finalized.
- 2 With permission from DNS, the survey was distributed to the DNS physician membership base.
- 3 The survey results were analyzed, hours spent on necessary and unnecessary administrative tasks quantified and segmented according to the demographics included in the survey design.
- 4 A report summarizing the key findings, an analysis of various crosstabs and the approach was finalized.

About the survey

Working in concert with RSE, Deloitte drafted and finalized a survey with the input of Doctors Nova Scotia, and the Department of Health and Wellness.

- Following the survey design phase, an online survey tool was created using the *Qualtrics* surveying platform.
- The survey was issued by DNS to all Nova Scotia physicians.
- The survey was left in the field for two weeks.
- The survey was broken into four subsections (practice information, physician administrative tasks, unnecessary administrative burden, health system, and lessons learned from the pandemic).
- The survey was comprised of 30 questions in a variety of formats, including open-ended text fields, such that both quantitative and qualitative data points were gathered.
- Two versions of the survey were disseminated and distributed equally amongst respondents (i.e., while majority of questions were consistent across surveys, select questions were broken out into two distinct versions)
- Both responses and partial responses were collected for analysis.

Defining physician administrative burden

Physicians were provided with the following prompt defining physician administrative tasks and unnecessary physician administrative burden to guide their responses throughout the survey.

Physician administrative tasks throughout the survey includes processes, procedures and requirements which physicians are required to complete that affect, directly or indirectly, the provision of medical care services.

- It **WOULD** include the completion of paperwork or forms, completing doctor's notes for employers, the processes related to certification, licensing, privileging, billing and MSI audits, practice or group management, including scheduling, administrative meetings, etc.
- It **WOULD NOT** include the meeting with the patient, including consultations or the interpretation of a test or examination of a specimen and its documentation.

Unnecessary physician administrative burden throughout the survey includes administrative tasks that are:

- overly complex, long, duplicative or repetitive,
- irritating, frustrating or make little sense, and
- work that could be completed by another role or function (i.e. work that is clerical in nature or that another professional is better suited to complete).

Response rates

While 503 physicians accessed the survey, 454 responses were usable data.

Response rates

Classification	Description	Included in summary results	Count of survey responses	Survey responses as a % of total
Complete	Respondent answered all questions and submitted the survey	✓	361	72%
Partially complete	Respondent completed a portion or majority of the survey, but either did not submit in entirety or omitted survey sections	✓	93	18%
Incomplete	Respondent initiated the survey, but responses were omitted due to poor quality and/or incompleteness (e.g., did not complete the practice information section)	✗	33	7%
Completed but not relevant	Respondent initiated the survey, but responses were omitted as they indicated there was not a clinical aspect to their medical practice	✗	16	3%
Total			503	100%

Appendix B: Physician Administrative Tasks

Time spent on administrative tasks

On average, physicians indicated they spend at least 9.6 hours a week on medical forms and doctor's notes; we have conservatively estimated one additional hour per week is spent on administrative tasks not asked about in the survey.

All physicians

8.8

hours per week spent on
medical forms

48

minutes per week spent
on doctor's notes

1

hour per week spent on
other administrative tasks
(e.g., MSI audits, billing,
practice operations, etc.)

10.6

hours per week spent on physician
administrative tasks

1,364,752

cumulative hours per year, all Nova Scotia physicians spend on administrative
tasks

Approach

Time spent on total administrative tasks per week is calculated as the time physicians spend on medical forms and the total time physicians spend on doctor's notes per week. These were areas specifically asked about in the survey.

As there is administrative burden beyond these specific areas (i.e. MSI audits, billing, licensing/privileging, practice operations, etc.), one additional hour per week was conservatively estimated to reflect time spent on these other administrative tasks.

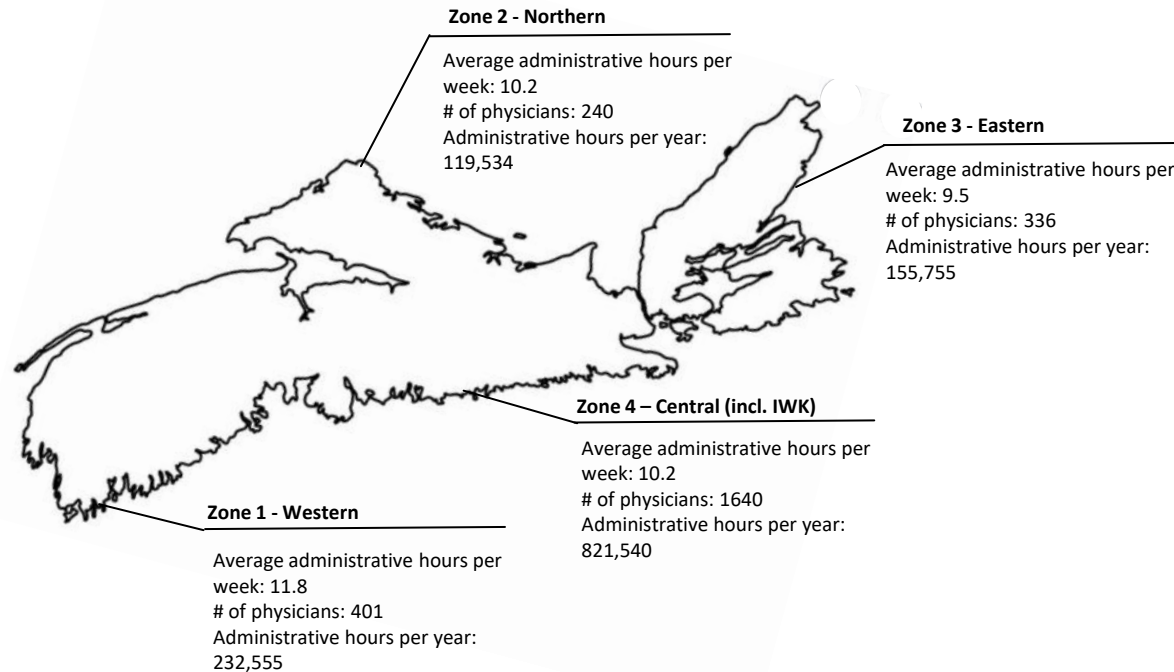
This estimate does not include the patient encounter, including consultations or the interpretation of a test or examination of a specimen and its documentation.

To understand the cumulative impact administrative tasks has on all Nova Scotia physicians, we extrapolated the average time spent per week across the total number of physicians (2624) and assumed 49 working weeks per year.

Time spent on administrative tasks

Time spent on administration touches physicians is all corners of the province – with each health zone facing their own unique challenges driving varying levels of burden.

By health zone



- Time spent on administration touches physicians is all corners of the province – with each health zone facing their own unique challenges driving varying levels of burden.

By top drivers of administrative time

Top pre-identified forms by time	Hours/week	Hours/year
Tests/Requisition forms (excluding Pap Test, Maternal Serum Screening)	1.74	223,254
Third Party Insurance forms	1.66	213,099
Referral forms (excluding Continuing Care)	1.52	195,732
Forms to help patients access Disability programs and services	1.12	144,005
Pharmacare Exception forms	0.90	115,386
Doctor's notes	0.81	103,745

- Filling out medical forms/requisitions/doctor's notes is the key administrative task that consumes physicians' time.
- The Office asked physicians to estimate their time spent each week (prior to COVID-19) on a series of forms, with the top forms across all physicians (identified in the table to the right) representing almost **1 million hours per year**.
- Many of the forms physicians are spending time to complete may not necessitate clinical input at all.

Additional breakdown of time spent on administrative tasks are included in subsequent slides.

Average hours per week spent on medical forms (excl. doctor's notes)

By health zone

	All physicians	Zone 1 – Western	Zone 2 - Northern	Zone 3 - Eastern	Zone 4 - Central (excluding the IWK)	IWK Health Centre
Maternal Serum Screening form	0.26	0.23	0.25	0.22	0.28	0.36
The “Blue Form” – Employment Support and Income Assistance application	0.48	0.75	0.35	0.21	0.49	0.18
Pap Test Form	0.48	0.43	0.43	0.62	0.47	0.50
Continuing Care Referral form	0.65	0.92	0.44	0.44	0.67	0.17
Pharmacare Exception forms	0.90	1.46	0.84	0.70	0.77	0.39
Forms to help patients access Disability programs and services	1.12	1.44	1.11	0.96	1.06	1.00
Other referral forms	1.52	1.50	2.00	1.13	1.66	0.00
Third Party Insurance forms	1.66	1.84	1.55	1.86	1.58	1.38
Other Tests/Requisition forms	1.74	2.46	1.75	1.00	1.77	1.15
Total hours per week	8.81	11.02	8.71	7.14	8.74	5.11

- Physicians in Zone 1 spend significantly more time completing medical forms than physicians based in other zones.
- Physicians based at the IWK spend the least amount of time on medical forms.

Average hours per week spent on medical forms (excl. doctor's notes)

By clinical specialty

	All physicians	Office-based family physicians	Non-surgical specialties	Surgical Specialties
Maternal Serum Screening form	0.26	0.41	0.00	0.00
The "Blue Form" – Employment Support and Income Assistance application	0.48	0.65	0.06	0.23
Pap Test Form	0.48	0.67	0.00	0.00
Continuing Care Referral form	0.65	0.76	0.64	0.65
Pharmacare Exception forms	0.90	1.03	1.12	0.50
Forms to help patients access Disability programs and services	1.12	1.33	0.73	1.31
Other referral forms	1.52	1.57	1.58	1.50
Third Party Insurance forms	1.66	1.96	0.76	1.50
Other Tests/Requisition forms	1.74	1.77	1.52	2.36
Total hours per week	8.81	10.14	6.40	8.04

- Office-based family physicians spend more time on the majority of the selected medical forms included in the survey than non-surgical and surgical specialties.

Other notable forms

Physicians were also asked to specify additional forms that they spent time on throughout the course of a week.

Other test/requisition forms

“CPP applications”

“Pulmonary function tests, hearing and speech forms, h pylori stool testing, h pylori urea breath test”

“Tax Disability Credit form”

“Canada Tax”

“Capacity forms, school forms for medications, immunization forms for people going to school/university/college”

“Disabled parking forms”

“radiology, specific nerve study requisitions”

“Additional imaging, follow-up lab test requisitions”

“DI and Lab forms e.g. ordering NTproBNP”

“Lab and diagnostic imaging reqs”

“Veterans affairs”

“Letters patients need for work, immunization forms for school applications”

“Special programs (e.g. Nova Scotia Insulin Pump Program)”

“Forms for referred out tests (molecular, dry weight metals)”

Other referral forms

“Referrals to other specialists”

“Death certificates”

“Redirecting declined referral”

“Requests for health information (from health records, non central zone)”

“Consults, liaise with family doctors and other health care professionals outside the health centre”

“biologic medication forms, providing team leadership, referrals, MRI”

“referrals to specialists e.g. orthopaedic forms ~0.25 h”

“Driving assessment, Report to DMV, OT referrals, SW referrals, referrals for other consultations - Seniors mental health, Neuropsychology. First Link through ASNS for persons with dementia”

“Referral letters, FATC referrals, ODU referral”

“Long term care medical assessment forms”

“Pulmonary function test, mental health”

“Referrals for physio, community mental health”

Responses above represent a sample of responses from physician survey respondents – additional free text responses are included in the raw data.

Time spent completing doctor's notes per week

By practice area

28

All physicians

8.4

doctor's notes, on average, written per week by physician

5.8

minutes, on average, to complete one doctor's note

48

minutes per week, on average, each physician spends writing doctor's notes

103,745

cumulative hours per year, all Nova Scotia physicians spend writing doctor's notes

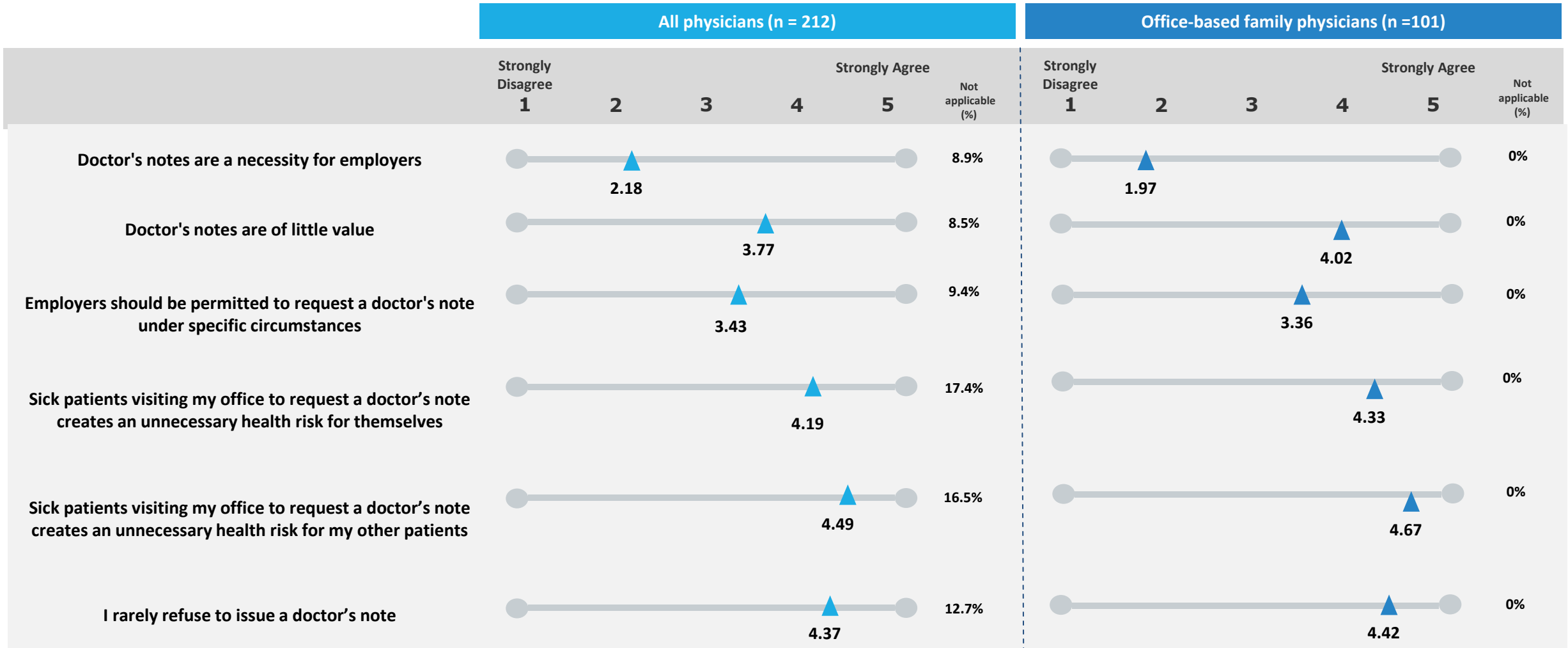
By practice area

	Average doctor's notes per week	Average time per doctor's note (minutes)	Average time spent on doctor's notes per week (minutes)
Community Office	11.22	5.76	64.6
Hospital	3.66	6.24	22.8
Other Non-hospital	5.75	4.63	26.6

- Physicians based in community office settings write significantly more doctor's notes than physicians based in hospital, or other non-hospital (e.g., long-term care facilities, etc.) based settings.

Perspectives on doctor's notes

Despite rarely refusing to issue a doctor's note, most physicians believe they create unnecessary health risks for the individuals and for other patients.

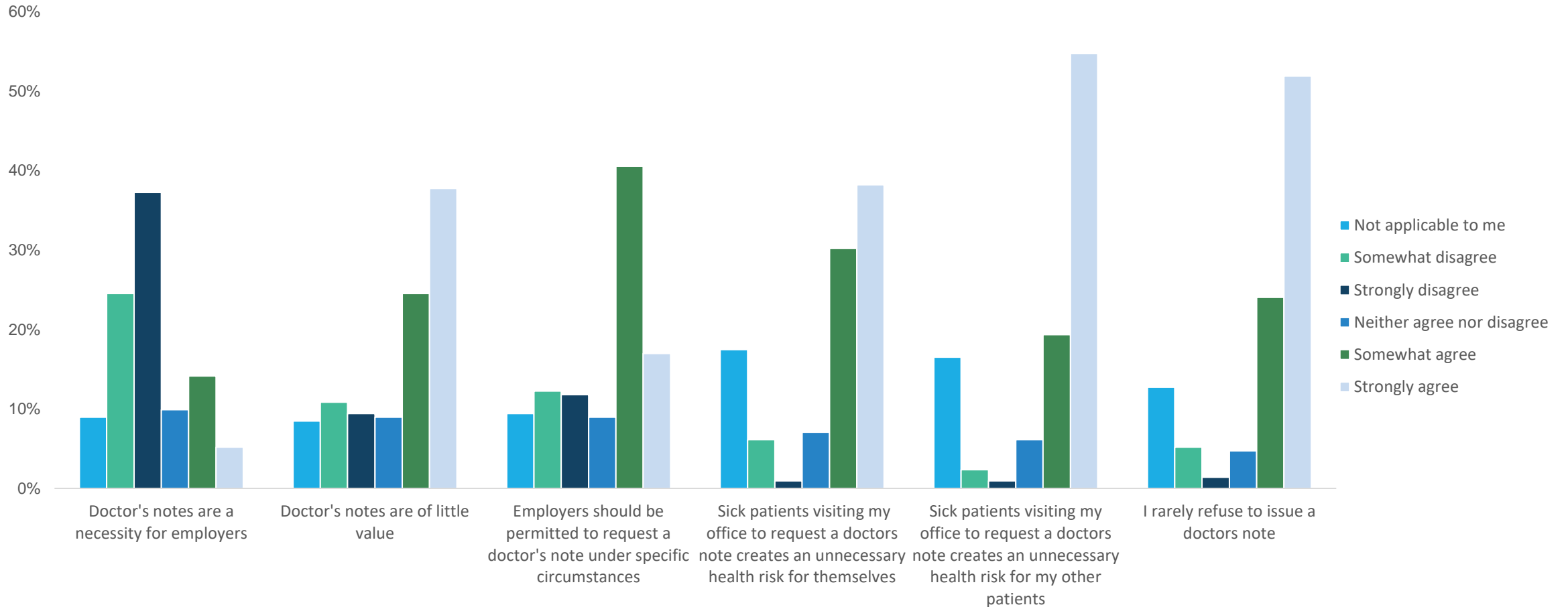


Responses to Likert questions were weighted from 0 – 5 to create visuals for this line of questioning

Perspectives on doctor's notes

Despite rarely refusing to issue a doctor's note, most physicians believe they create unnecessary health risks for the individuals and for other patients.

All physicians



Doctor's notes

Additional opinions on the impact of doctor's notes to the system were expressed, and align with the perspectives presented on the previous slide. Their responses are grouped by key themes below:

Doctor's notes shift responsibility from the employer to physicians,

"There is no value in involving doctors in enforcing workplace policies. It interferes with patient-physician relationship, wastes everybody's time and is of no utility. I basically holds the physician responsible for an unrelated employee-employer."

"If employers don't believe their employees, which is really what doctor's notes are about, it is their responsibility to check up on them. If they think their employees are lying, they can pay for spot check phone calls or drop ins or virtual check ins."

"I feel doctors should not have to be responsible for policing whether an employee is sick."

decrease access for other patients and put patients at risk,

"It is not the time that it takes to write the note that is onerous. It is the fact that it is unnecessary and takes an appointment away from another person."

"There are very few situations where it is appropriate for a patient to receive a doctors note, it is very concerning to me when a sick patient who would otherwise rest at home and recover comes to my office for the sole purpose of obtaining a note for their employer, putting me, my staff and other patients at risk."

"It is not only the time to write the note, but to document it in the file, ensure accurate dating etc., includes more tasks for my office staff & wastes appointment times on people who may not otherwise feel they need to be seen."

and ultimately, cost the health system needlessly.

"The burden to the health care system is enormous not only in the above mentioned issues but also creating unneeded visits and huge costs to the system."

"Having someone come to the ED simply to get a note for their employer is an insanely expensive and unnecessary expense for the system: \$1000 for a note to be off work, often for someone who is sick and should not be in the ED spreading their virus. The employers who require this of their employees should be required to pay for it, not the general public."

Despite this, the necessity of doctor's notes is viewed as largely situational depending on the nature of the request.

"Depends on what the doctor's note is for. If the note is for short-term sick leave for minor illnesses, then I strongly agree that sick notes are a terrible waste of time and do harm to patient and public health. For more long-term issues like work-limitation because of chronic or slow-to-recover diseases, then it seems reasonable to ask for a physician note."

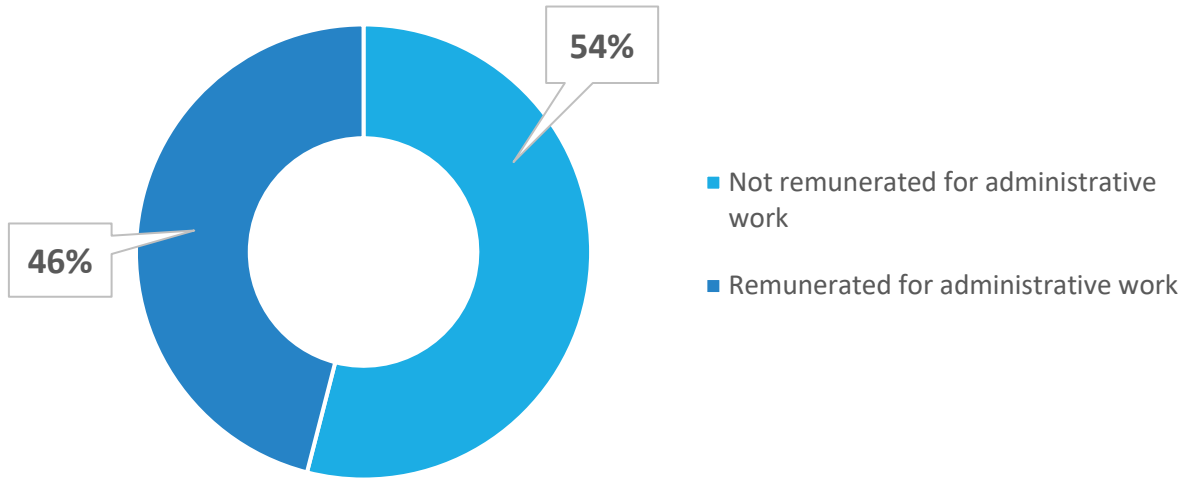
"It depends on what type of doctor's note; I certainly refuse to give notes for acute infections. I give notes for needing extended time off or restricted duties."

Remuneration for physician administrative tasks

The majority of physicians indicated they primarily complete their administrative work outside of clinic time – during the evenings or weekends and are not remunerated for this work.

All physicians

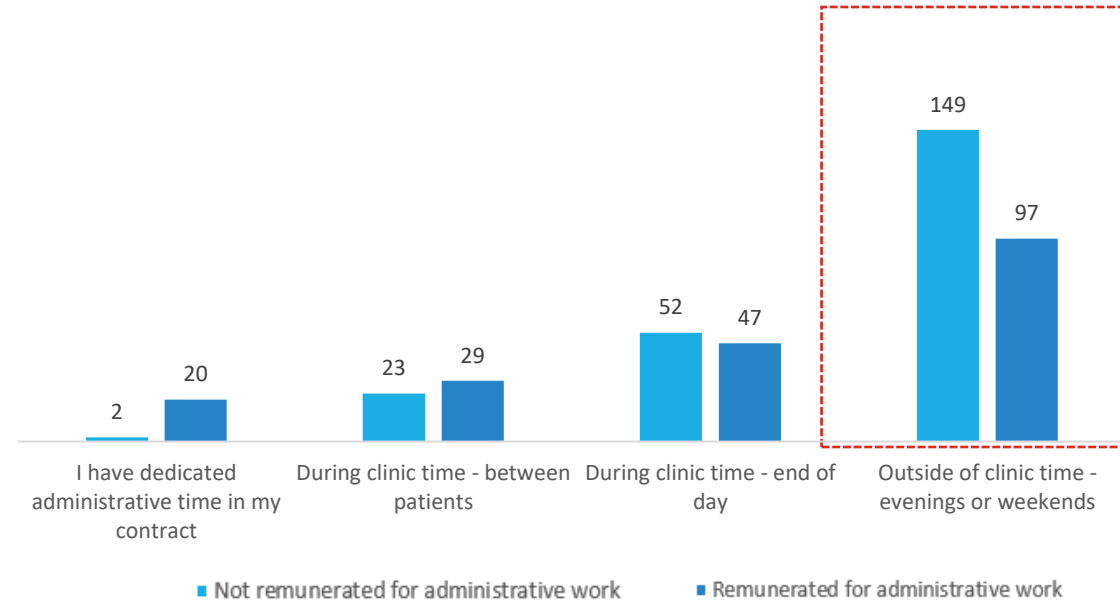
Remuneration for administrative tasks



54%

of physicians are not remunerated for any portion of their time spent on administrative tasks

When do physicians primarily complete their administrative tasks?



67%

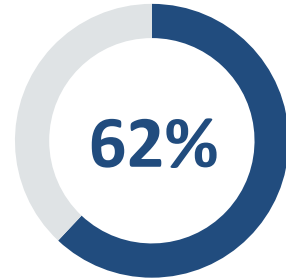
of physicians who *are not* remunerated for any portion of their time spent on administrative tasks do this work on evenings and weekends

Appendix C: Unnecessary Physician Administrative Burden

Quantifying time spent on necessary and unnecessary administrative burden

Physicians across all practice settings report 62% of their time spent on administrative tasks to be necessary, with 24% of hours able to be delegated to another individual and 14% to be eliminated entirely.

All physicians

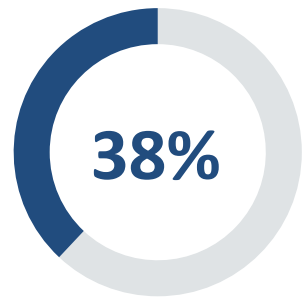


of time spent on administrative tasks is necessary

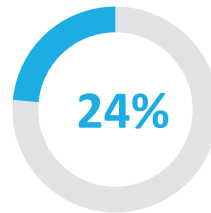


846,146

cumulative hours per year



of time spent on administrative tasks is unnecessary

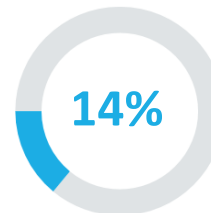


of time spent on administrative tasks is clerical in nature or is better suited to another professional



327,540

cumulative hours per year



of time spent on administrative tasks is unnecessary and should be eliminated entirely, if possible



191,065

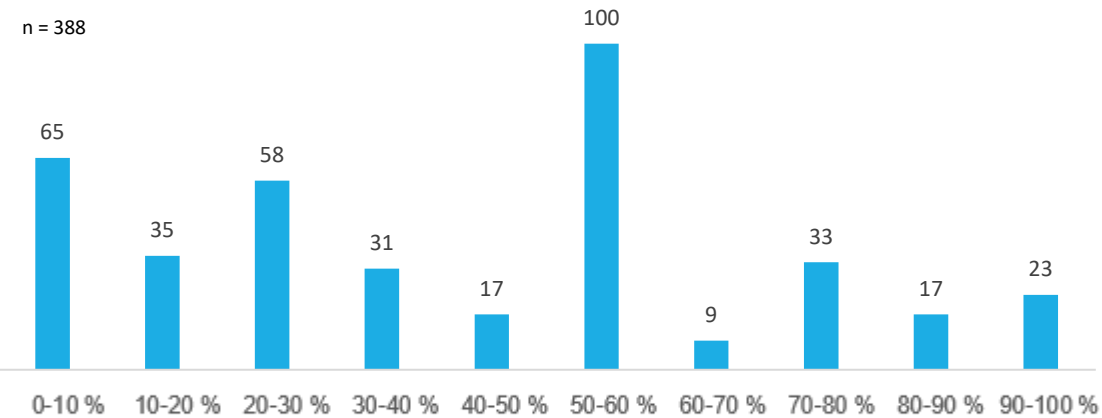
cumulative hours per year

Quantifying unnecessary administrative burden

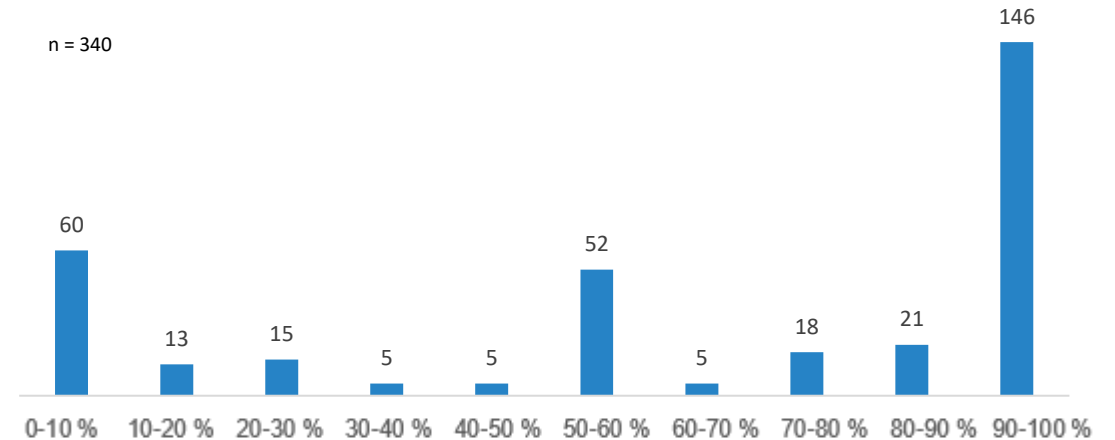
Physicians across all practice settings report 38% of their time spent on administrative tasks to be unnecessary, with 24% of the administrative tasks that could be delegated to another individual.

All physicians

Number of respondents by ranges of % of administrative hours described as unnecessary per week



Number of respondents by ranges of % of unnecessary hours that could be appropriately completed by someone else per week



- The majority of respondents indicated that approximately half of their administrative work is unnecessary.
- A large group of physicians also indicated that nearly none of their administrative time is unnecessary.

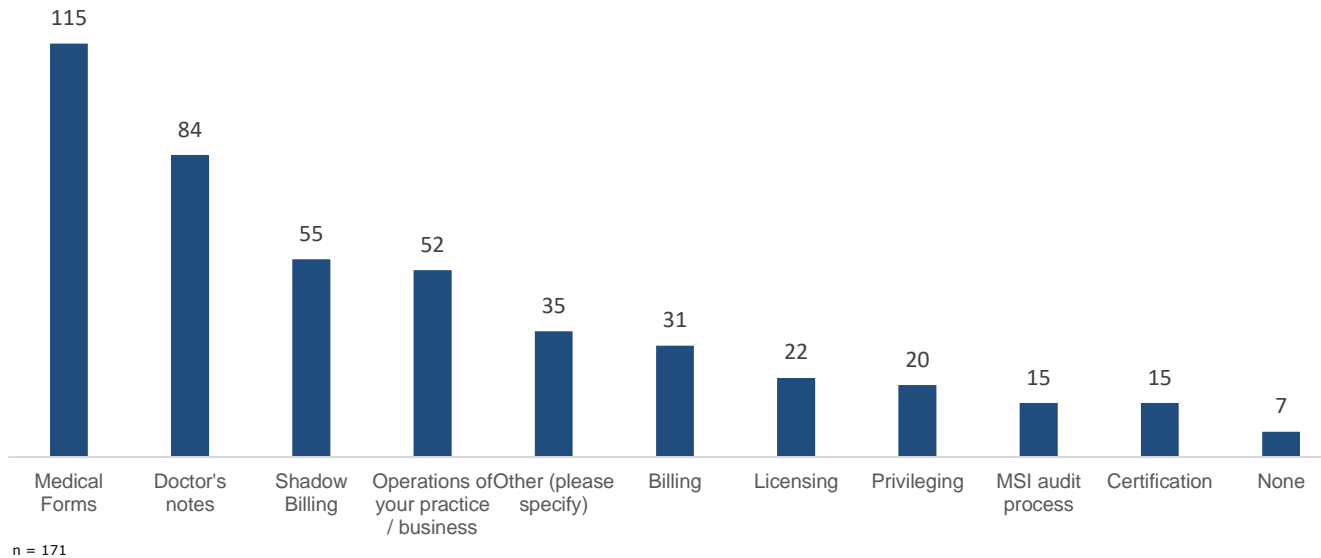
- A strong majority of physicians indicate that nearly all of their unnecessary administrative tasks could be completed by another role or function.

Top contributors to unnecessary administrative burden

Physicians most frequently identified medical forms as one of the top contributors to their total undue administrative burden.

All physicians

Top contributors to unnecessary administrative burden



- 115 (67%) of respondents selected medical forms as one of their top contributors to total unnecessary burden.
- Approximately half of respondents selected doctor's notes as a top contributor to total unnecessary burden.
- The operations of running a practice/business and shadow billing were closely matched as the third most burdensome contributor to administrative tasks.

While not all physicians noted MSI as a top contributor, however, physicians that did stated that the most burdensome aspects of the MSI auditing process were...

an implied guilt through the tone of communications...

"Tone of communication, and the authority they wield. We are doctors not criminals."

"...the assumption of being guilty until proved otherwise."

"The presumption that physicians are guilty of some type of fraud when billing codes routinely do not reflect the tasks performed and are purposefully ambiguous in the wording used to describe them in the schedule of benefits. New physicians have no way of knowing what's an appropriate use of many of the listed fee codes."

and the requirements for supporting documentation.

"Finding the documentation in the hospital's electronic medical record. It was incomplete but health records could not find the documents or account for why they had not been scanned."

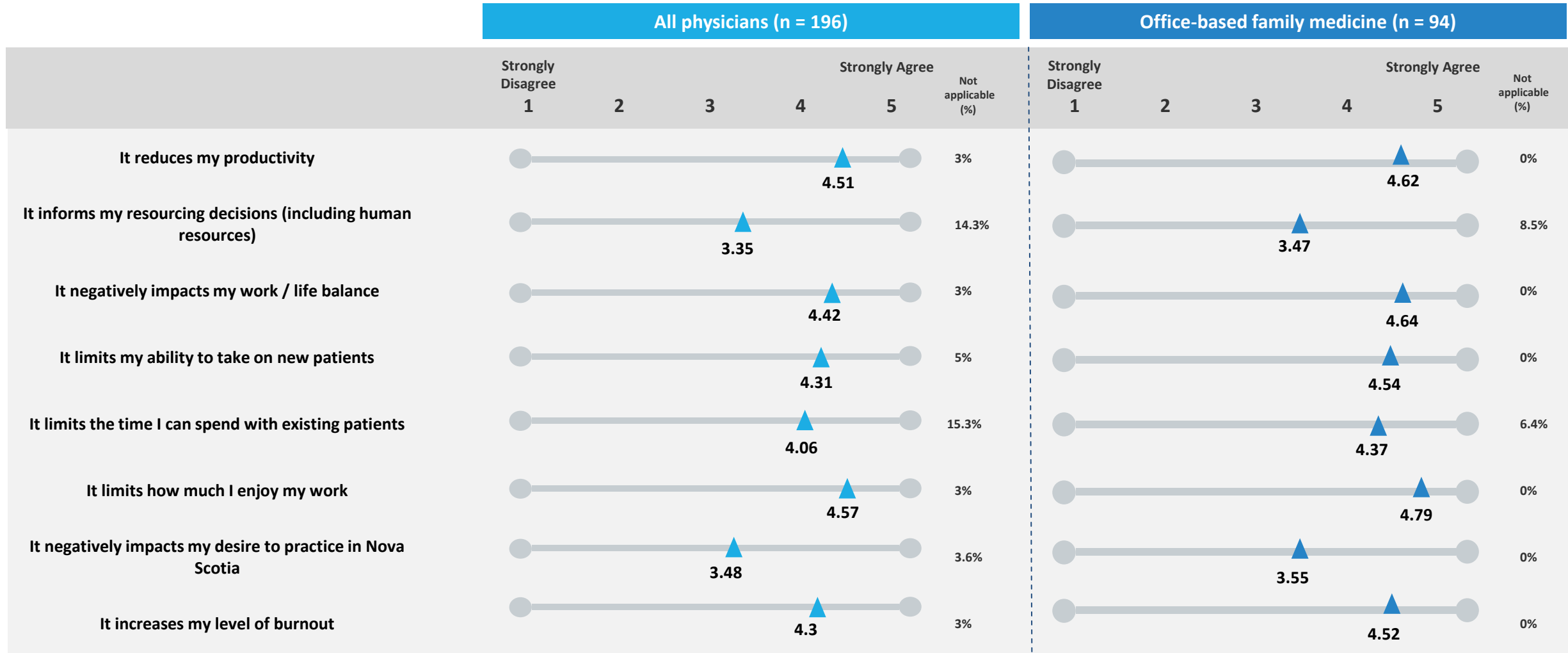
"Tracking down supporting materials in hospital medical records that should be readily available to the auditor."

"...demands for access to office during peaks hours."

Responses above represent a sample of responses from physician survey respondents – additional free text responses are included in the raw data.

Impacts of unnecessary administrative burden

There is general alignment across physician groups on their perspectives of unnecessary administrative burden.

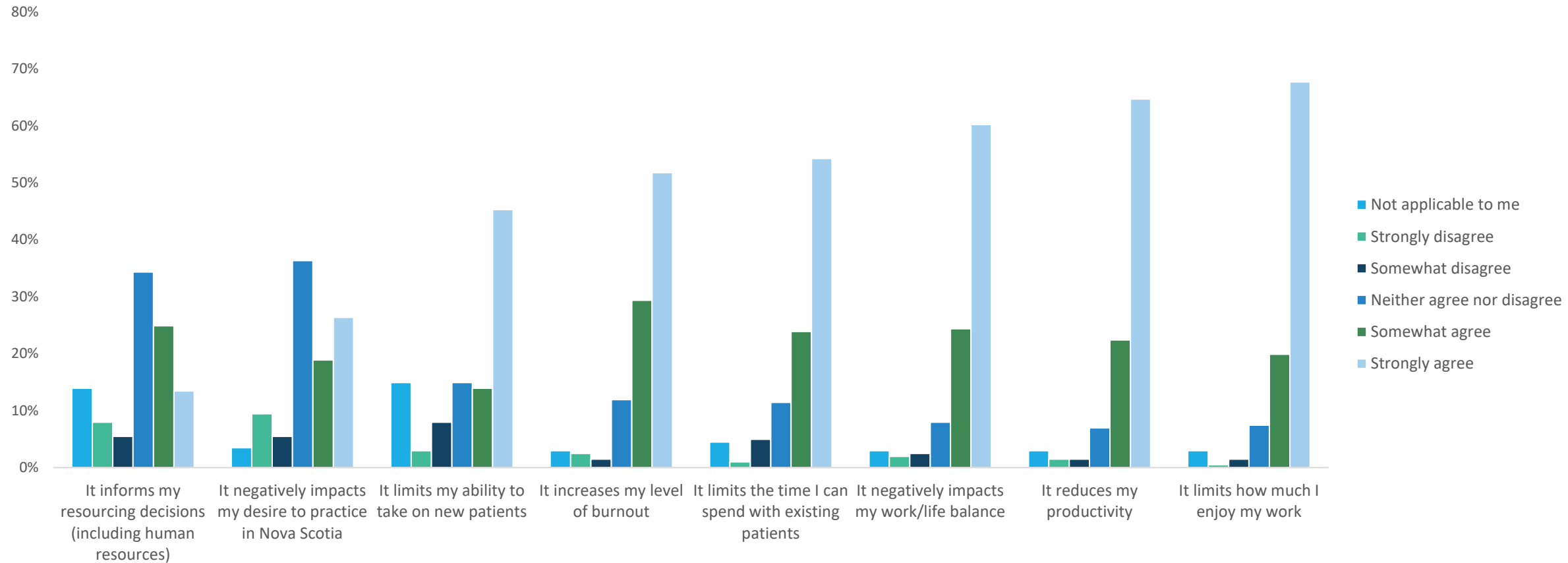


Responses to Likert questions were weighted from 0 – 5 to create visuals for this line of questioning

Impact of unnecessary administrative burden

There is general alignment across physician groups on their perspectives of unnecessary administrative burden.

All physicians



Where freed up time would be spent if unnecessary burden was reduced

A significant majority of physicians indicated they would achieve a better work/life balance if their undue burden was reduced.

All physicians

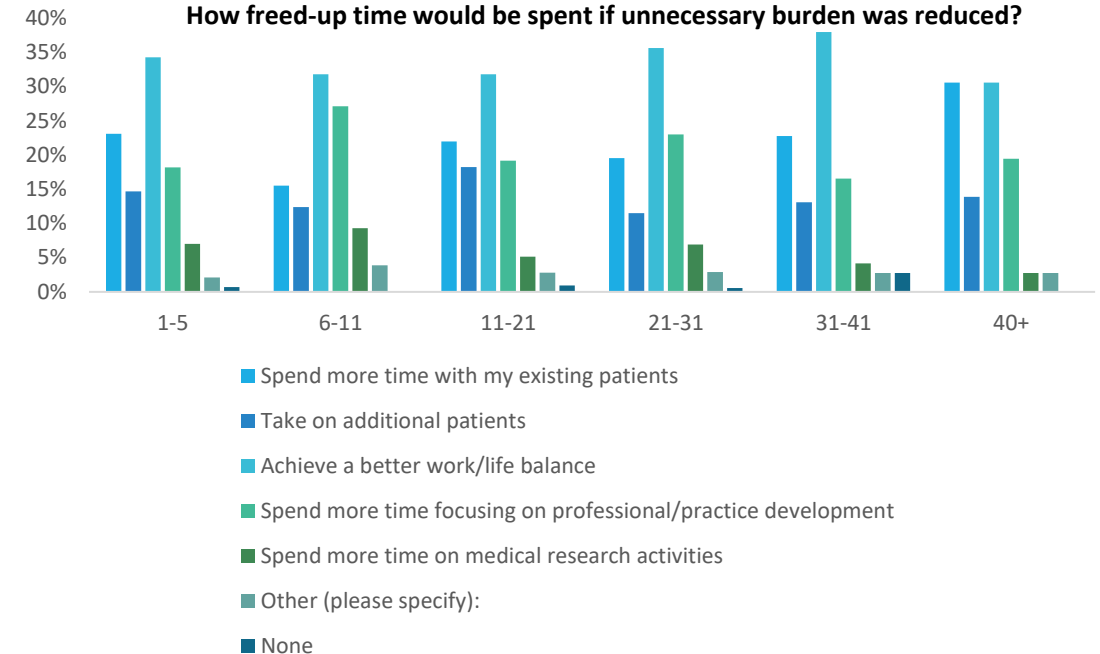
How freed-up time would be spent if unnecessary burden was reduced?



- The majority of physicians (78%) would use some of their freed up time to achieve a better work/life balance.
- Half of all physicians would also focus that time on existing patients and/or professional and practice development.
- A third of all physicians would elect to take on additional patients with their freed up time.

By years practicing

How freed-up time would be spent if unnecessary burden was reduced?



- On average, physicians practicing between 6-11 years show a higher propensity to spend more time focusing on professional/practice development if they had less undue burden.
- Overall, physicians in all stages of their careers would most like to achieve a better work/life balance if they had less undue burden.

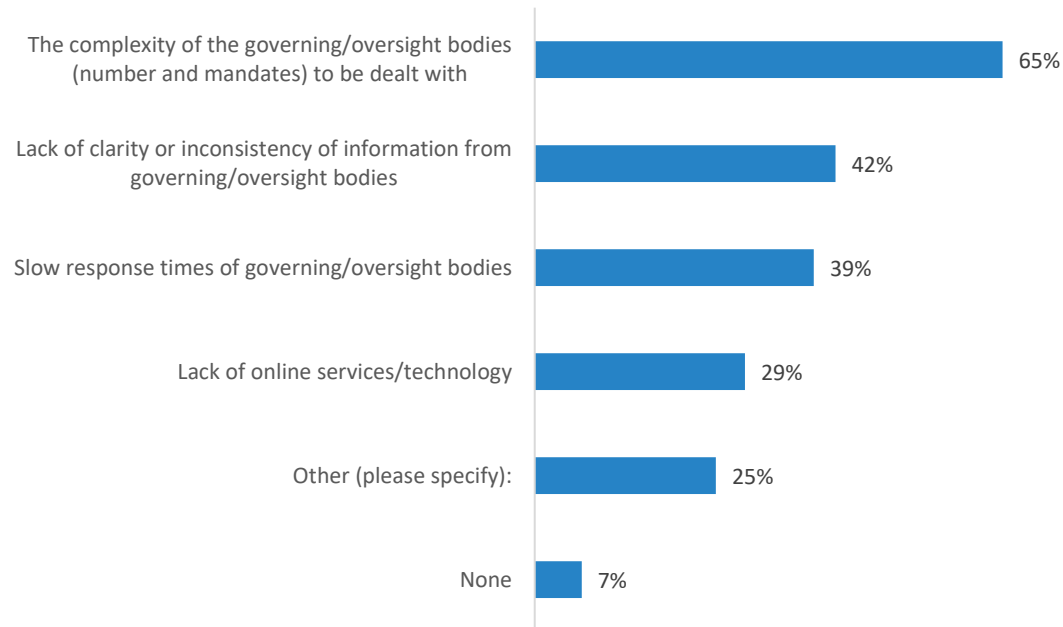
Appendix D: Health System Challenges

Health system challenges as contributors to unnecessary burden

When asked which key systemic challenges are the top contributors to unnecessary burden, the majority of physicians indicated the complexity of the governing/oversights bodies to be dealt with.

All physicians

Health system contributors to unnecessary administrative burden



- The majority of physicians (65%) indicated the complexity of governing/oversight bodies (number and mandates) to be dealt with as one of their top system contributors to unnecessary burden.
- The sequencing of contributors to undue burden remained fairly consistent across physician demographic groups.

Other health system challenges highlighted by physicians included...

Utilizing the current EMR...

"The new EMR is time consuming and unwieldy"

"Poor EMR system planning that increases time spent reviewing results & ensuring follow up, the systems seem mostly designed around the admin tasks, not to make workflow faster for the MD"

"The new MedAccess EMR"

"Lack of a single provincial electronic record that is user friendly and contains all functions that a physician needs to do their job."

"Electronic medical records poor design and implementation, lack of support"

and lack of support for administrative/IT functions.

"Constantly changing policies and protocols as well as administrative staff and software. The need to keep changing passwords. Too many user IDs and passwords. Unnecessary clicks to get through a program.."

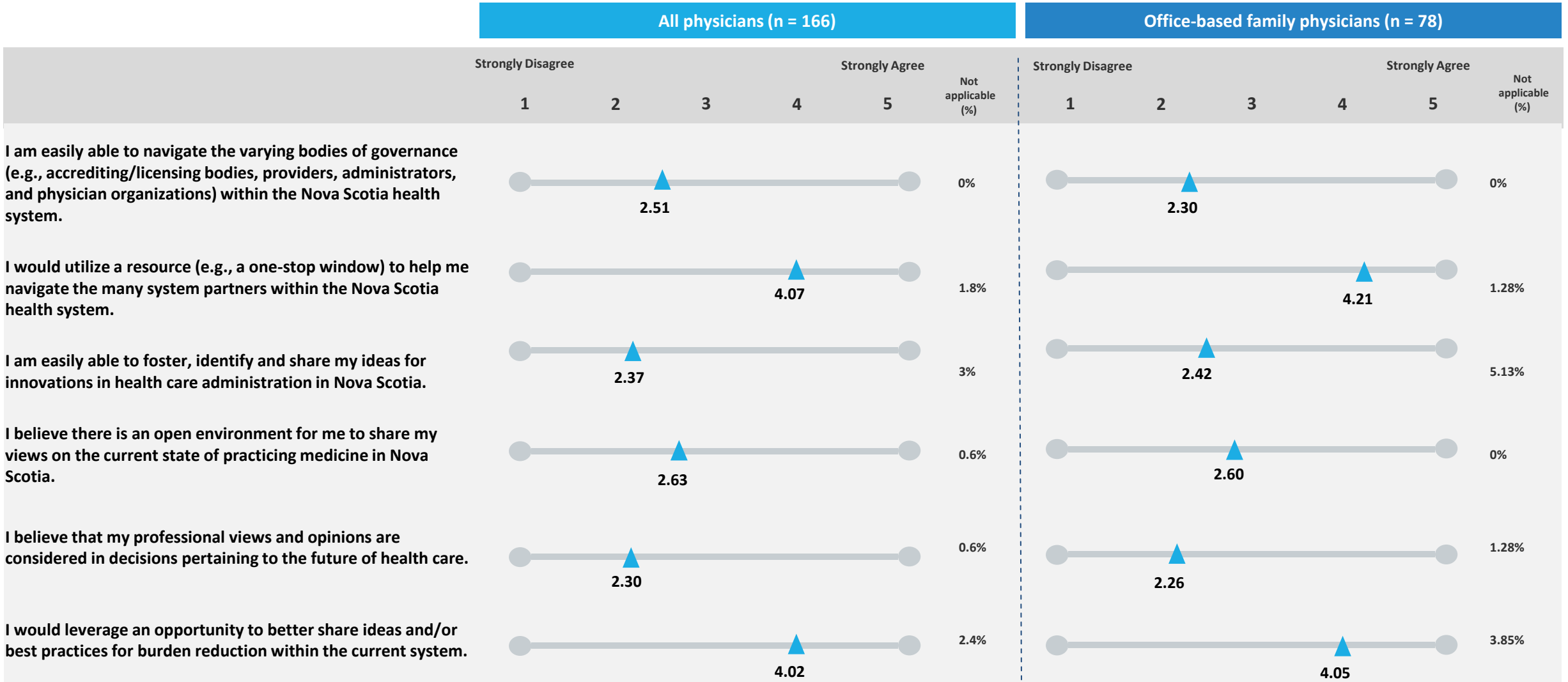
"Poor IT services (accessing tests, discharge summaries)"

"Poor decision making from managers of the staff who gives admin support to physicians"

Responses above represent a sample of responses from physician survey respondents, grouped by key theme – additional free text responses are included in the raw data.

Perspectives on the Nova Scotia health system

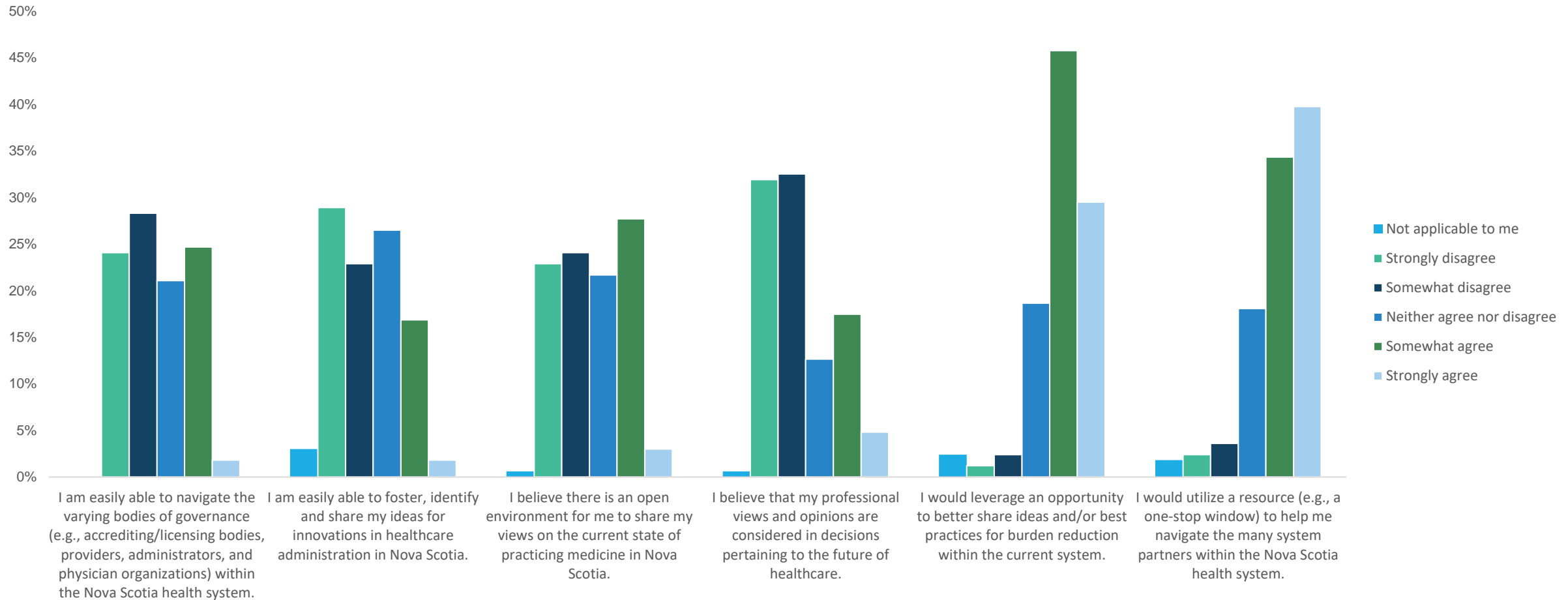
Physician perspectives regarding the complexity of governing bodies was further evidenced in their sentiments to the statements below:



Perspectives on the Nova Scotia health system

Physician perspectives regarding the complexity of governing bodies was further evidenced in their sentiments to the statements below:

All physicians



Additional perspectives practicing within the Nova Scotia health system

The layers of siloed bureaucracy in the system are difficult to navigate and have stymied the ability to innovate.

The "new" DHAs have made the administrative burden higher and less leadership-enabled. It leaves me trying to navigate and impossible system and not know who to talk to. There is no time to think about innovation as I am just trying to keep my head above water with dealing with patients.

"As a GP who moved from UK, it's staggering how much of unnecessary admin work I am expected to do, the bewildering array for various professional bodies, rejection of referrals with no explanation it seems a very confusing chaotic system with no where to turn or ask for help."

"Most ideas I have given had to go through administrators that have no real life experience in family medicine (specialists, retired over 10 years) or clinical practice of any kind (pharm representatives, career politicians). They cause more hoops, meetings and blockades than normal."

"Avenue for open dialogue between individual physicians and the Department of Health without relying solely on Doctors NS as my representative."

Improving technology infrastructure and eliminating archaic paper-based processes was a pervasive theme highlighted by physicians.

"My biggest complaint is redundancy in paperwork and inefficient and outdated software systems in the hospital. We need a real EMR - not One content and Clinical Portal on top of the paperwork that needs to be completed and scanned in."

"...we have archaic IT infrastructure and too many different systems we are to access to get important patient information. There needs to be one stop shopping with a good software system to help to decrease time accessing patient information, assist with filling in forms, ordering tests and promotes patient safety (ie true electronic order entry)."

"It is very important to switch to non-paper based practices in the whole province, that would include hospital, clinics, offices ... etc. Integrating ordering and reporting that connects inpatient and outpatient are essential to enhance healthcare services and also reduce time spent on admin tasks."

Responses above represent a sample of responses from physician survey respondents, grouped by key theme – additional free text responses are included in the raw data.

Involving physicians in decision-making processes, and continuing to solicit physicians perspectives on systemic issues was also seen as a significant means of improving the status quo.

"No one has ever specifically asked me...I've been a family physician here for 27 years. No government agency, health agency or association has ever specifically asked ME about my thoughts on the health care system in this province."

"Need an adjudicated, online, forum for respectful but frank feedback, opinions and ideas for improvement, at DNS, DHW and COPSNS. Feedback is work. Most of us don't have much time. If we want to get feedback we need to facilitate the process."

"A true effort at involving physicians in decisions. NSHA & DHW remain too admin heavy and non-collaborative."

"More quick and easy surveys that are discussed in an open forum."

"Be at the table...when decisions are made in health, physician input should be there from the beginning and throughout to provide the grass roots context. Many decisions are made by those that are not docs and think that they can represent docs. Some health providers may know some but not all and assumptions can be misleading and create consequences that are not desired and add to burden. Specialist representation is better than family practice It needs to improve and a Facility is not the Community."

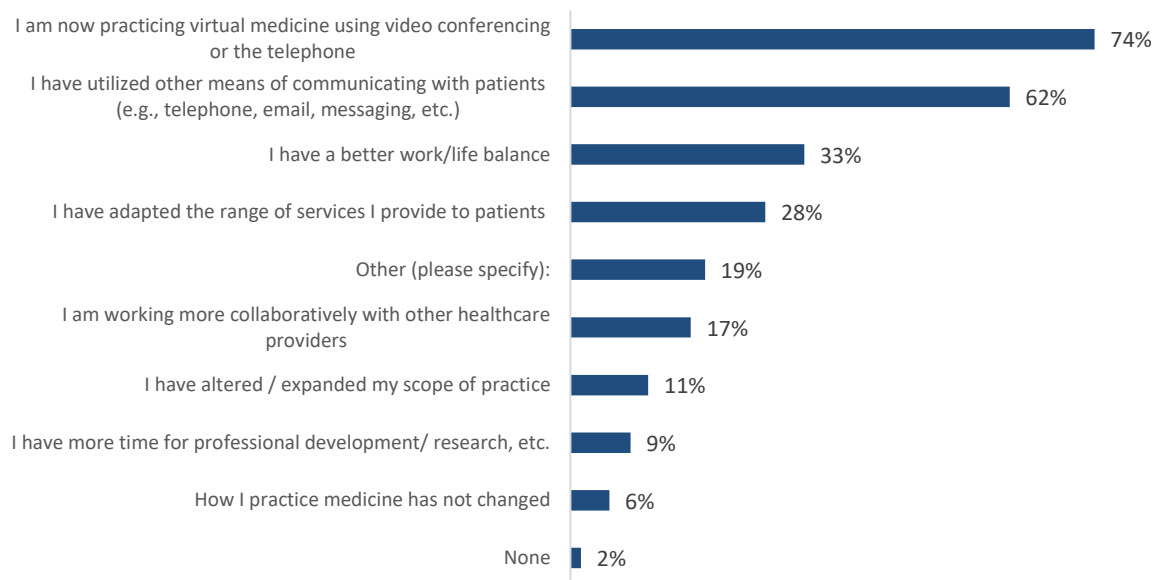
Appendix E: Lessons learned through the initial wave of the pandemic (March – July)

The impact of COVID-19 on the way physicians practice medicine

When asked how the COVID-19 pandemic has altered the way they practice, respondents highlighted the prevalence of synchronous and asynchronous virtual care from March to July.

All physicians

Impact of COVID-19 on the way physicians practice medicine



- 86.5 % of respondents indicated they had used some type of virtual medicine over the past few months – either telephone, video conference, messaging, etc.
- Some physicians have adapted to the range of services they are providing along with the adopting of virtual models of care.
- Work/life balance has seemingly been a divisive issue for respondents, based on qualitative feedback.

Other ways the pandemic has altered the way physicians practice medicine in Nova Scotia included...

Positive impacts to patient access...

“Get through my day 1 hour faster by telephone. I can decide within a few minutes if I need to see someone. they can come in right away. My wait times have been eliminated. my patients are happy...for the first time in a number of years I feel more in control and feel I am providing prompt access.”

“More home visits, improved access, more focused interactions”

“Because of efficiency I have taken in new patients”

...while others felt an increase in administrative tasks resulted in decreased work/life balance.

“I have a worse work/life balance and the administrative chaos has multiplied”

“There was more committee work often not remunerated and often in evenings and at weekends. Work life balance became worse.”

“I am working MORE (various projects, patient advocacy, protocols), have less work-life balance, approaching burnout”

“I spend hours reading email, attending webinars and meetings. Really negatively impacting my work life balance. Spend twice as much time seeing the same patients due to sanitation etc.”

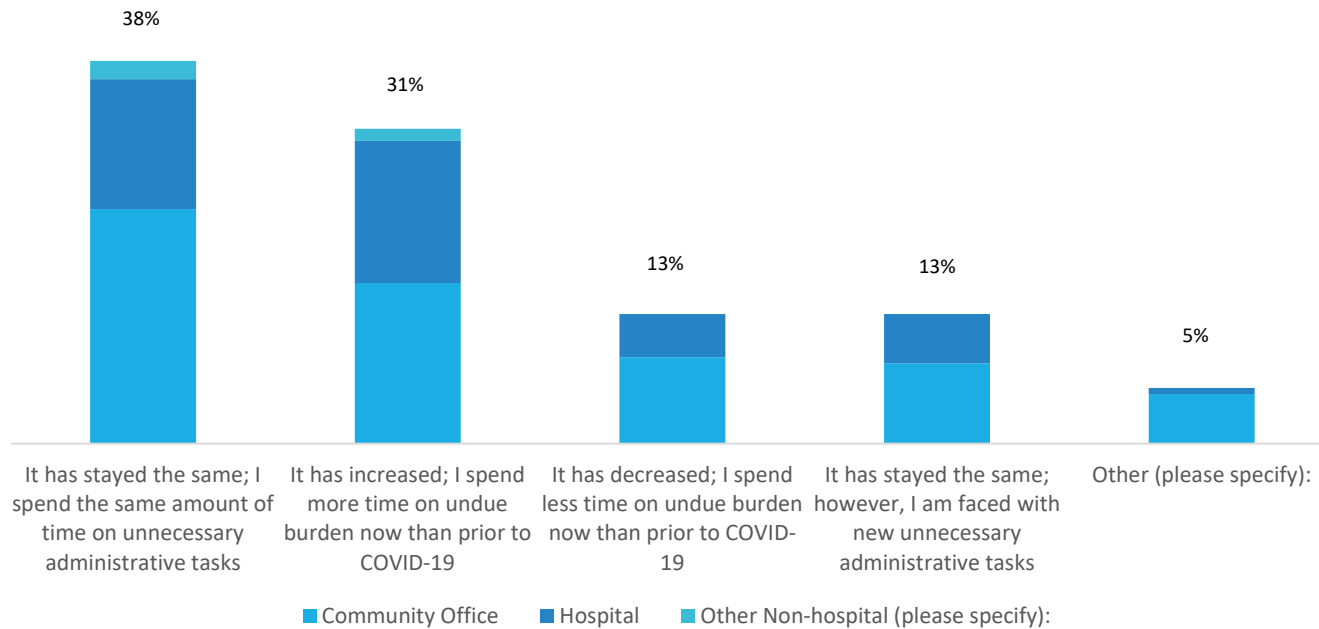
Responses above represent a sample of responses from physician survey respondents, grouped by key theme – additional free text responses are included in the raw data.

The impact of COVID-19 on time spent on administrative tasks

When asked how time spent on unnecessary administrative burden had changed over the past several months, some physicians felt it had increased, while others indicated it had stayed largely the same.

All physicians

Impact of COVID-19 on time spent completing administrative tasks



Other commentary to the time spent on unnecessary administrative burden during COVID-19 included...

An initial decrease in time spent on burden, but is returning to normal as we move out of the first wave.

“Initially, my patient load in the ER was dramatically reduced, with an associated decrease in paperwork”

“[Decreased] due to lower demand from patients due to everyone self isolating”

“Limited space in clinic means limited physicians practicing at one time to maintain social distancing.”

- While the majority of physicians agreed burden had either increased or stayed the same during the pandemic, there was not a general consensus amongst all physicians to the impact COVID-19 had on their administrative work.

Responses above represent a sample of key highlights – additional free text responses are included in the raw data.

Beneficial changes through the pandemic

Respondents identified numerous beneficial changes to the way that physicians deliver health care in Nova Scotia. Their responses are grouped into key themes below.

48

The adoption of virtual care was well received by patients, and has improved access by reducing no-shows.

“Virtual care has been a good addition, leading to almost 100% show rate of patients, no lost time for transportation.”

“Virtual care enables me to service more patients in a timely manner. It provided society with a better understanding on what is essential or urgent. There was an abuse of the system prior to this.”

“Patients absolutely love being able to do telephone consultations via phone. It keeps them safe, eliminates travel challenges, etc. It is also surprisingly excellent for patients with anxiety and other mental health disorders for whom in office visits are very stressful.”

“Telemedicine is the biggest advantage and access. Virtually no no-shows and more flexibility for patients, better more appropriate care and closer communication. This needs to stay and be well remunerated to encourage physicians to adopt this practice permanently.”

Virtual care has also streamlined efficiencies for physicians, and improved their work life balance.

“I found practicing virtual care very helpful for my patient and also for my work/life balance”

“...I can also improve efficiency by typing more while on the phone than I can in person.”

“Virtual care is surprisingly much more efficient and effective for some types of patient consultations”

Responses above represent a sample of responses from physician survey respondents, grouped by key theme – additional free text responses are included in the raw data.

The increased collaboration in the health system, and swift response by system stakeholders was viewed as very beneficial.

“Health authority suddenly implemented decisions in days-weeks not years- apparent mindset changed from blocking to facilitating”

“Many of the ad hoc COVID committees ended up being VERY productive and had significant multidisciplinary input. Need to maintain this momentum moving forward and to maintain preparedness for the second wave.”

As were some of the temporary systemic changes implemented over the past few months (e.g., virtual care fee codes, and e-prescribing).

“...Being able to bill for non face to face work without the very restrictive rules used before changes everything. It is revealing how antiquated the rules are”.

“Telephone visits that are remunerated the same as in person office visits so physicians can deliver care by phone for appropriate patients”

“Allowing physicians to call in prescriptions for “monitored substances drugs”

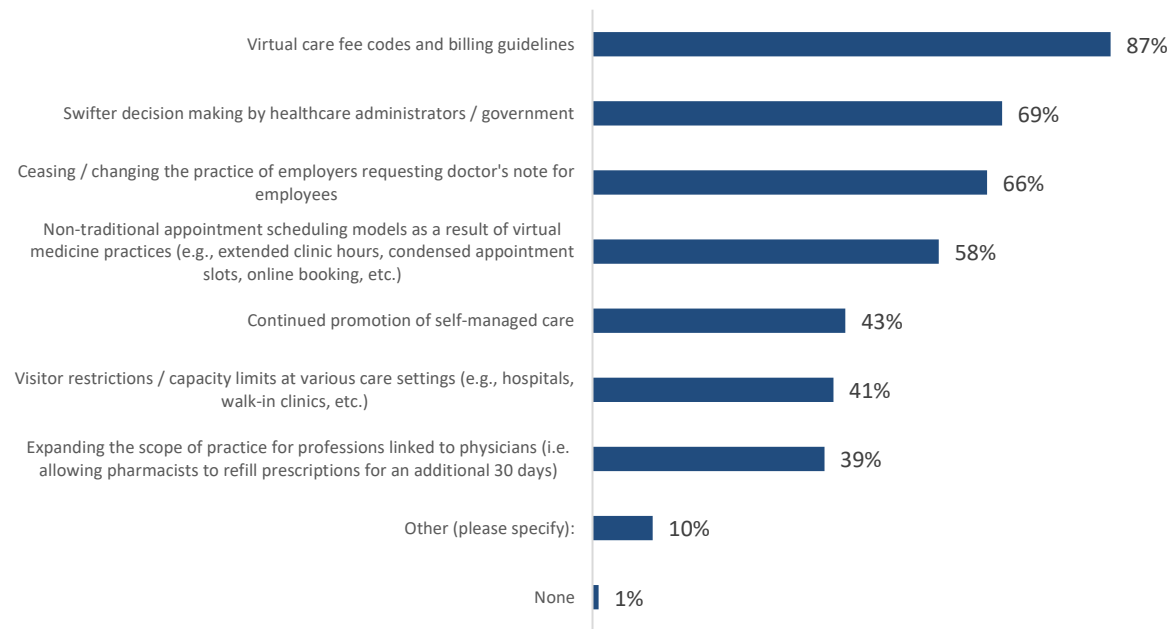
“The ability to fax triplicate (restricted) prescriptions to the pharmacy directly from the EMR. It is difficult to arrange DIS outside of the hospital setting (and it still requires a second documentation in the EMR). Writing a triplicate prescription that then needs to be scanned into the EMR is antiquated.”

Permanent adoption

When asked which of the health system changes over the past few months should be considered for permanent adoption, physicians overwhelmingly selected payment models enabling more virtual care.

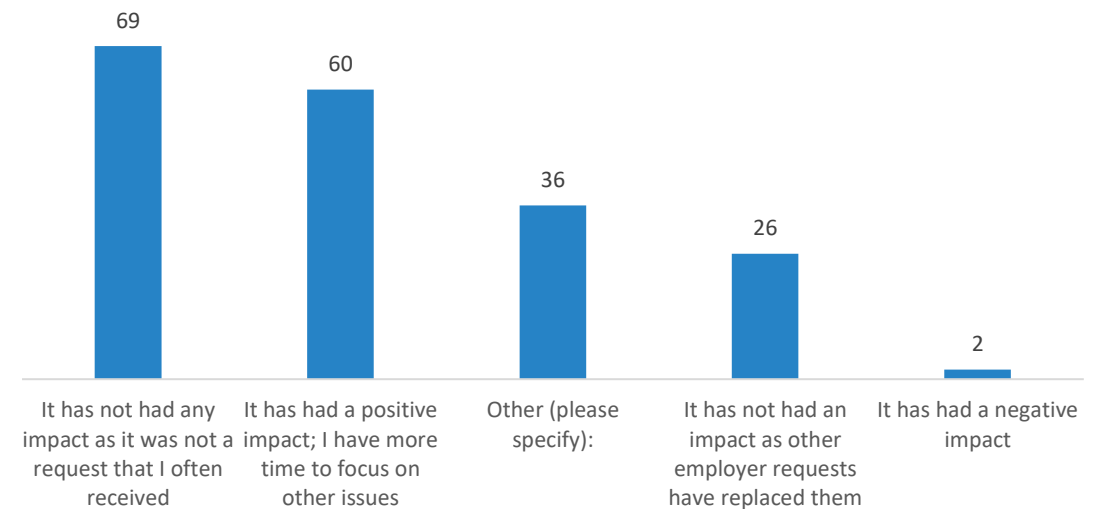
All physicians

Changes through initial response to COVID-19 to be considered for more permanent adoption



- 87% of respondents indicated virtual care fee codes and billing guidelines should be considered for more permanent adoption.
- The majority of physicians (>50%) also indicated that swifter decision making, doctor's notes policies, and non-traditional scheduling models should continue as we move forward into a new era in the health system.

Impact of ceasing doctor's notes during the pandemic



- The majority of respondents indicated it had a positive impact or there was no impact from ceasing this practice.
- However, nearly all of the respondents who select *Other* indicated that although doctor's notes were not meant to be written it did not stop employers or patients for requesting them: "It has had no impact since most employers ignored the rule and continue to demand sick notes."

Systemic challenges through the pandemic

Respondents also identified many challenges revealed by the COVID-19 pandemic to the way that health care is delivered in Nova Scotia. Their responses are grouped into key themes below.

50

There are significant gaps in technology infrastructure, and administrative supports that enables virtual care delivery across the province...

"The downside: little administrative support (the physician becomes their own admin assistant), increased complexity of documentation, and the constant technological/network problems"

"Extremely poor IT resources and tech support at institutional & provincial levels."

"Virtual care has great benefits but requires a good infrastructure support, particularly with IT for records and collaboration with a multidisciplinary team."

"Yes - there is not enough support for setting up/booking virtual appointments. This fell on me to arrange a lot of the time. There is a lot of back and forth email to organize."

At this stage in its development And implementation, virtual care Takes more rather than less time. Much of this is administrative in terms of researching, implementing and learning how to use new systems and helping patients to learn how to use it.

...there was a further reckoning of the innate challenges with some of the current remuneration models.

"Move away from a - size fits all model heavily influenced by traditional FFS doctors"

"...FFS physicians less productive; in order to offer every patient good comprehensive care, consideration to offering all family physicians a salary should be considered"

"I believe that the funding model by the provincial government effectively disincentive Frontline work. Funding for inpatient units were delayed over non-essential Services. There was no sick leave offered for Frontline Physicians who needed to take sick leave due to COVID."

Responses above represent a sample of responses from physician survey respondents, grouped by key theme – additional free text responses are included in the raw data.

The level of preparedness on an already strained system was apparent...

"Healthcare delivery in Nova Scotia prior to the pandemic was a stymied attempt at creating a medical industrial complex with the goal of disease management. It had to be put on hold to accommodate for a pandemic for which there was little preparedness. I think that the best that could have been done was done and I suspect that we will ultimately go back to business as usual until the next pandemic wreaks havoc on an unprepared system again."

...and there are concerns of wait lists being further exasperated and the capacity for elective procedures moving forward.

"Further highlighted the poor planning and resource allocation in N.S.- constantly running over or at capacity, with patients suffering as a result. The ability to recuperate from the lost OR time for elective patients is severely lacking. I think the setbacks suffered during COVID will take years to recover from in orthopedics."

"Imaging and treatment for an already overburdened system has been made worse by this pandemic. I worry that the delays in imaging and specialist appointments for already unreasonably long wait lists will lead to worse patient outcomes and health experiences."

"Significant exacerbation of wait times for specialists and diagnostic imaging -as if they weren't absolutely awful before the pandemic!"

"...The situation is now worse...actually hopeless."

Additional lessons learned through the pandemic

Physicians reiterated many of the key takeaways from the highlighted through the survey – a few of the pervasive themes from this responses are captured below.

51

The burden of paperwork seems to be ever-increasing

“Chart requests from life insurance companies are always an enormous burden. It is a huge drain on my admin support and it's always very unpredictable. Sick notes are really only the tip of the iceberg of the occupational medicine administrative burden. LTD forms, CPP, CRA disability tax forms- all of these are much more time consuming and onerous. I realize it is part of the job, but it seems that the requests for these are ever increasing.”

“Physician notes are one problem. 2 page forms that need to be filled out are a bigger problem. NSHA occupational health is the worst offender.”

Administrative work has significant ties to job satisfaction – physician leaders who stepped up during the pandemic are worried about burning out during a second wave.

“Unfortunately, family medicine in particular has become a repository for forms to fill, sick notes, preauthorization, daily documentation burdened with detail...simply endless documentation that is no longer in balance with patient safely and appropriate documentation but now a litigious reflex that distracts from patient care and contributes significantly to physical burnout and job satisfaction.”

“Community family doctors who are engaging in a heavy burden of policy work, research or COVID-related projects need to be remunerated. Academic positions for family medicine are limited. We need to fund leaders in community practice who are doing this work. We are burning out.”

“There is an extraordinary amount of work being done by physician leaders without administrative support or remuneration. I am concerned that those of us who gave hundreds of hours toward pandemic planning we will not step up to that extent again in another wave given that it was unrecognized and unsupported and led to significant burnout in the small physician leadership population.”

“The unnecessary admin burden on physicians has been progressively increasing over the years and is a major stressor and contributor to burnout and job dissatisfaction”

Responses above represent a sample of responses from physician survey respondents, grouped by key theme – additional free text responses are included in the raw data.

Practice supports are essential to better manage administrative burden.

“Our work increasingly required computer use even before the pandemic eg introduction of electronic charts. Yet there has been no corresponding increase in resources (additional computer workstations at the hospital, ensuring the computers are not slow, after hours ward clerk support to print paperwork). I find it frustrating that this expectation is in place (to use technology) but additional resources not provided. Additional workload gets pushed onto docs and nurses (eg to print forms, etc)”

“Having the support of an administrative assistant would have freed up much clinical time, which could have been used for patient care, and would have greatly increased efficiency.”

“MDs need better supports for utilization of EMR system (or a more user friendly system) for staff and themselves. More up front training and increased availability of in- office support/ training for office staff.”

Clearer articulation of policies and procedures may alleviate some of the undue burden as well.

“Effectively communicating changes to processes is important to reduce unnecessary administrative burden (using old forms etc).”

“Putting all NSHA information/policies in one place is great as a central repository AND it highlights how many policies/protocols exist at any one time and how unrealistic it is to expect front line physicians to keep track of updates/new protocols without excellent systematic communication and organization.”

“As someone that has to travel frequently out of province, the administrative burden of seeking policy clarification, managing anxiety of delegates, and revising travel plans has added a profound amount of planning time and added uncertainty to my life that precipitated signs of depression and anxiety as well as vastly decreasing my desire to migrate my family to the province.”

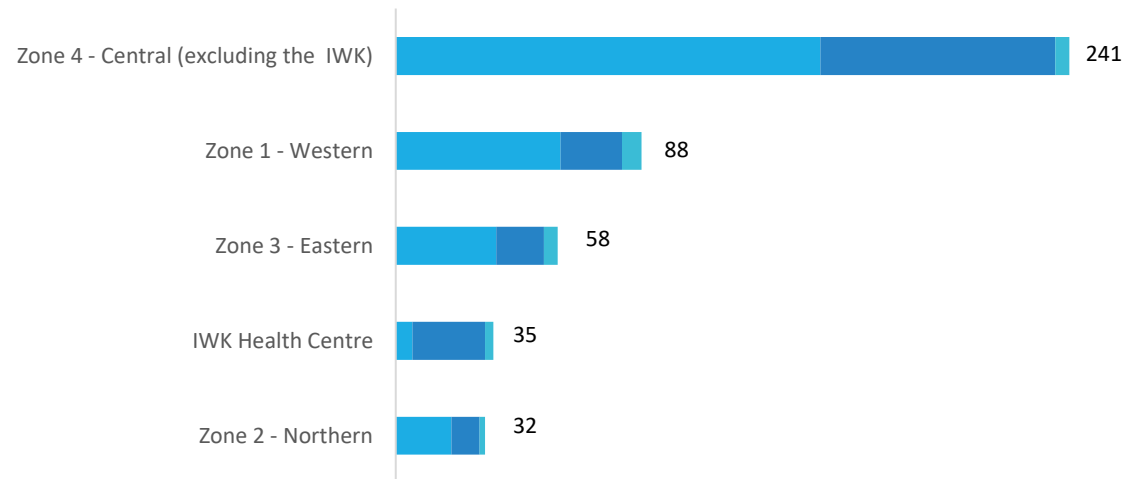
Appendix F: Profile of Respondents

Profile of respondents

By practice area, health zone and clinical specialty

By practice area and health zone

Number respondents by zone, further broken down by practice area

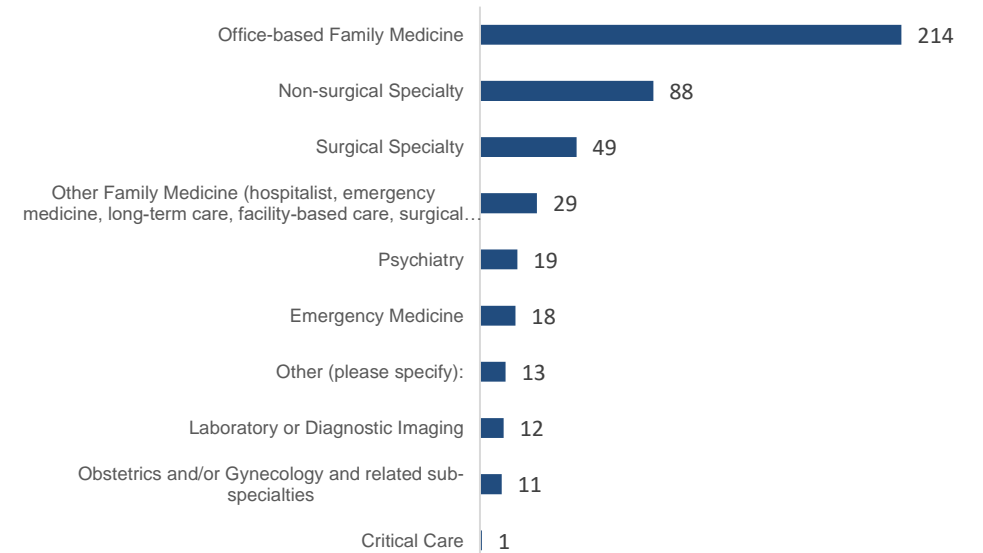


	Zone 2 - Northern	IWK Health Centre	Zone 3 - Eastern	Zone 1 - Western	Zone 4 - Central (excluding the IWK)
Community Office	20	6	36	59	152
Hospital	10	26	17	22	84
Other Non-hospital (please specify):	2	3	5	7	5

- 60% of the respondents across all zones work in a Community Office practice setting.
- The majority of respondents (53%) practice in Zone 4 – Central (excluding the IWK) and 33% of all respondents practice in a Community Office setting in this zone.
- There were 97 respondents who indicated they work in more than one health zone (not shown in graph above).

By clinical specialty

Number of respondents by clinical specialty

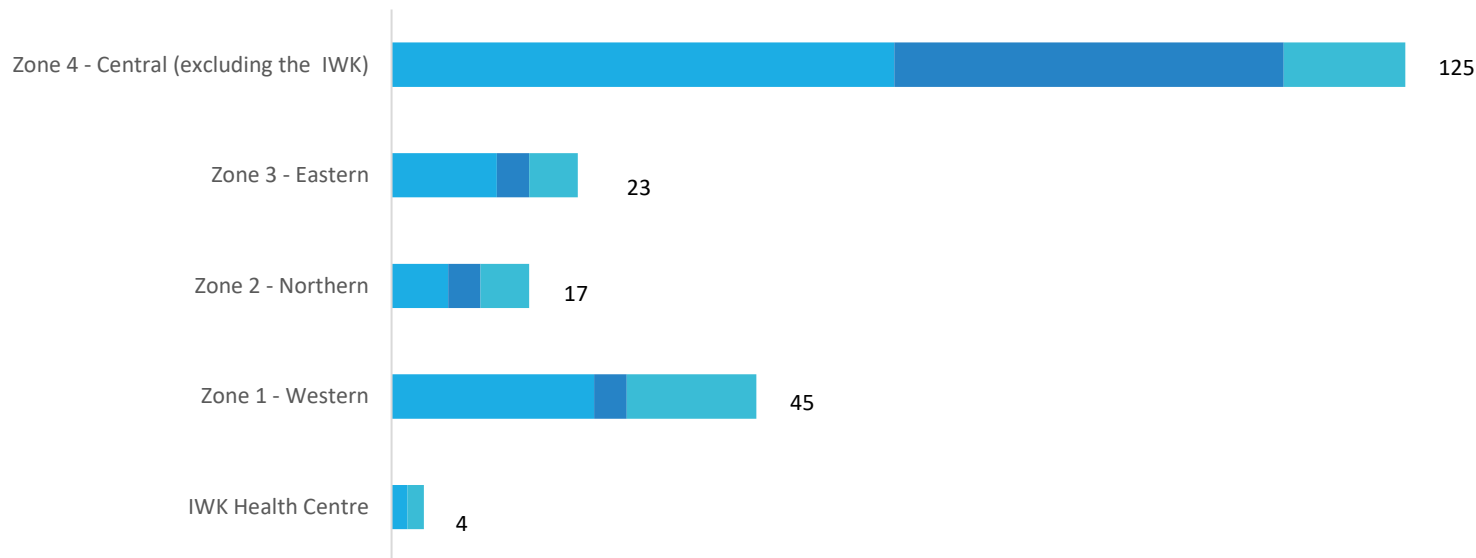


- Almost half of the respondents (47%) indicated they are Office-based family physicians when asked where they complete >50% of their clinical duties.
- Many of the respondents who selected *Other*, indicated they worked in Pediatrics or Addiction Medicine. Respondents who indicated they worked in Anesthesia were re-categorized to Non-surgical specialty.

Profile of respondents

Office-based family physician practice type by health zone and practice type

Office-based family physicians



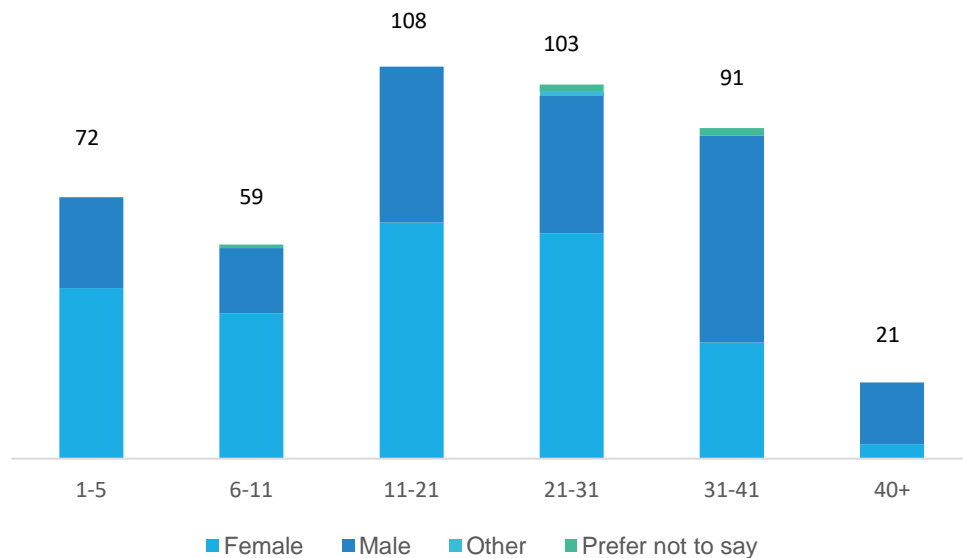
	IWK Health Centre	Zone 1 - Western	Zone 2 - Northern	Zone 3 - Eastern	Zone 4 - Central (excluding the IWK)	Total
■ Collaborative care practice, with physicians and allied health professionals	2	25	7	13	62	109
■ Group physician practice	0	4	4	4	48	60
■ Solo practice	2	16	6	6	15	45

- Office-based family physicians represented the majority of respondents who completed the survey.
- The majority of these physicians are based in the Central Zone and practice in interdisciplinary and group physician practice models.

Profile of respondents

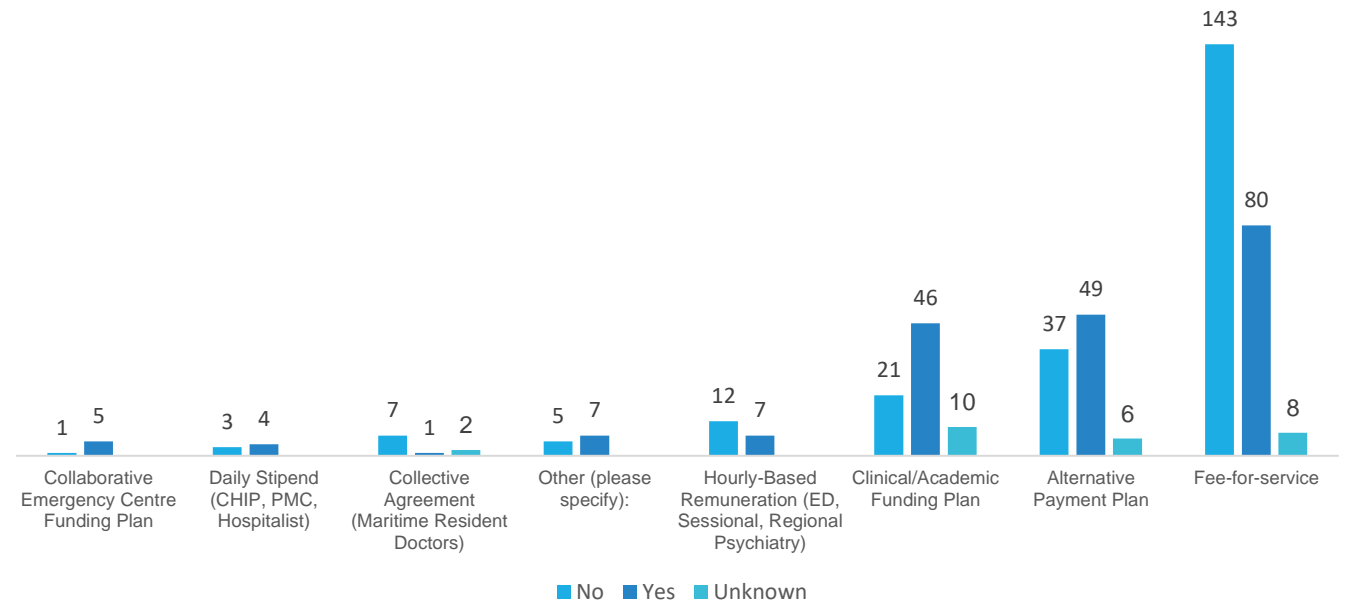
By gender and years experience, and payment model

By gender and years practicing



- Female physicians were more prevalent across most years in practice ranges, and represented 55% of the total respondent base.
- The majority of respondents have been practicing between 11-31 years, with an average of 20.4 years in practice across all respondents.
- About of third (29%) of respondents have been practicing 10 years or less.

Remunerated for administrative work by payment model



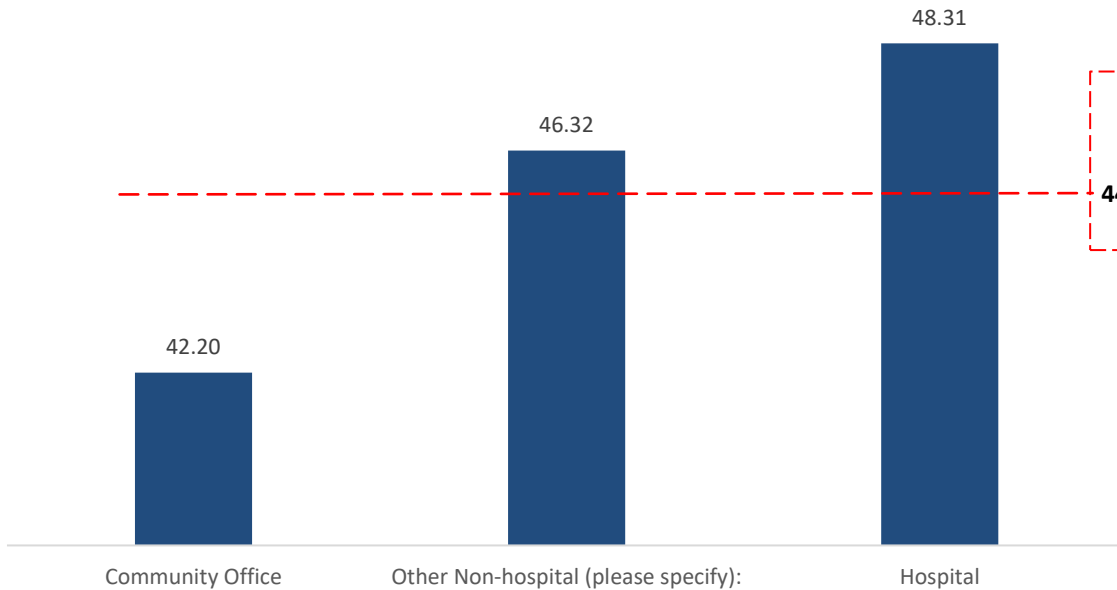
- 51% of respondents are Fee-for-service physicians - Alternative Payment Plan represents 20% of responses and Clinical/Academic Funding Plan represents 17% of responses.
- The majority (62%) of Fee-for-service physicians are not remunerated for any portion of their administrative work, however other common payment models (e.g., Alternative Payment Plan) seem to be have a much closer divide.
- Only 12 respondents indicated they were in the process of completing their residency – 10 of which are currently working under the Collective Agreement (Maritime Resident Doctors) payment model.

Profile of respondents

Hours spent on clinical duties per week by practice area, and years of practice

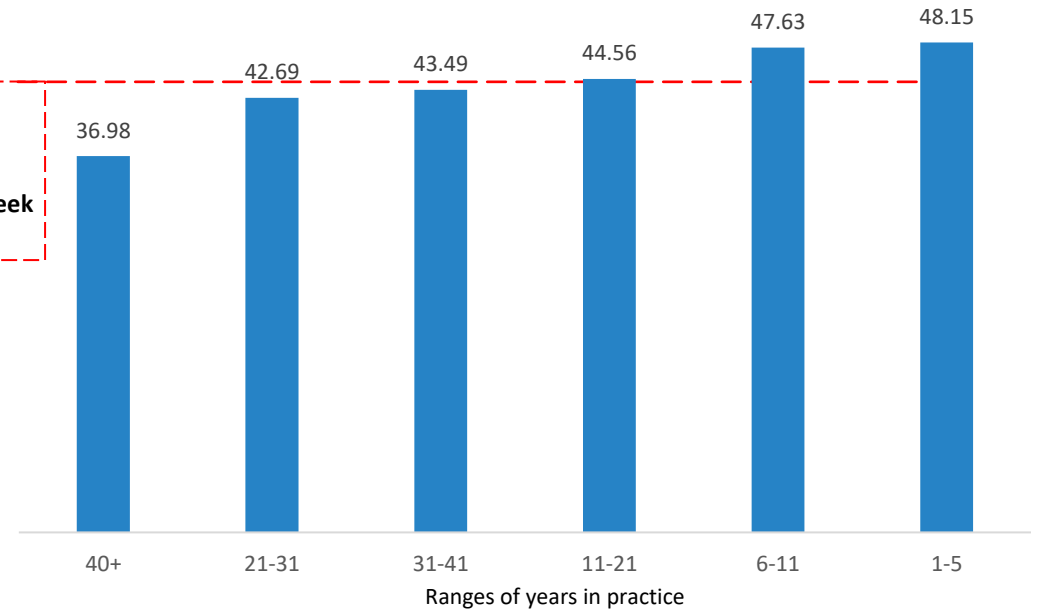
By practice area

Hours spent on clinical duties by practice area



By years practicing

Hours spent on clinical duties by years in practice



Average across all respondents:
44.5 clinical hours per week

- On average, respondents work 44.5 hours per week to fulfill their clinical responsibilities.
- Physicians in non-community office settings tend to work less hours per week than the hospital-based counterparts at 42.2 hours per week.
- Physicians with between 1-5 years in practice tend to work more than physicians with more years in practice.