

Title: American Medical Women’s Association Position Statement on Reducing Unnecessary Administrative Burdens in Clinical Care

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Position Statement: The American Medical Women’s Association (AMWA) calls for strategic implementations by healthcare systems, payors, regulatory bodies, health information technology vendors, and other stakeholders to aggressively reduce administrative burdens on all clinicians thereby minimizing barriers to the sustainability of medical practice and to reduce negative impacts on patients.

Background: Clinicians in most areas struggle with excessive administrative tasks. These tasks are especially harmful to fields like primary care, which is so crucial to the healthcare system and where there are less professionals entering the field.¹ Other populations likewise struggle from the burdens of administrative tasks:

- (1) **Patients:** We must address how patients are being adversely affected by these administrative burdens. One study found that one in three patients that reported performing administrative tasks had delayed or foregone care as a result of that administrative task.² This finding is comparable to estimates of cost-related barriers to patient care.³ Physicians are considering leaving medicine due to burnout, which also affects patients’ ability to receive care.⁴
- (2) **Primary Care Physicians:** To elaborate further, primary care physicians, or PCPs, have specific challenges with administrative burdens. Only one-third of U.S. physicians are in fields delivering primary care (family medicine, internal medicine, and pediatrics).⁵ One national survey found that 40 percent of PCPs would select a career other than internal medicine, and 40 percent discouraged medical students from entering their field.⁶ One study concluded that “[f]or every hour physicians provide direct clinical face time to patients, nearly 2 additional hours is spent on EHR and desk work within the clinic day.”⁷ Then, clinicians often go home and do more desk work during personal time. From 2010 to 2020, female physicians made up the majority of family physicians followed by a slightly lower share of female physicians in primary care.⁸ Considering there is an increase in women physicians in primary care settings, it is crucial that challenges in primary care be addressed swiftly to prevent further barriers to women practicing medicine.
- (3) **Medical Students:** Future physicians are commonly attracted to higher-paying specialties to aid in paying off the substantial and growing educational debt that most now accrue.⁹ Although medical school curricula have increased exposure to ambulatory, primary, and preventive care, most clinical rotations struggle to even place students in the first place.¹⁰ Fewer medical students are entering primary care because of the perceptions of extra paperwork, extra knowledge requirements, and lower income potential.¹¹ This contributes to the continued crisis in supplying PCPs.

- (4) **Hospitalists and Subspecialists:** Hospitalists provide general medical care in multiple hospital systems making them acutely aware of excessive administrative work.¹² Inpatient admissions and outpatient observation care carry significant administrative rules that must be followed, and these take resources away from the patients. The administrative burdens in various subspecialties come in different forms, however there are areas of overlap. For example, for non-procedural subspecialties such as rheumatology, they may result from medication refill-related process inefficiencies and complexities, whereas for more procedural subspecialties they may result from [onerous prior authorization requirements](#).^{13, 14}
- (5) **Female Physicians:** “Female physicians spend more time with their patients, are more likely to receive EHR inbox messages from staff and patients, more likely to engage their patients in discussions of their social and psychologic context, and deal more often with feelings and emotions.”^{15, 16} When female physicians spend more time with their patients and more time in documenting health records in off-hours, it is costing them earnings when compared to their male counterparts.¹⁷ One study found these female physicians earned 11 percent less in revenue annually due to providing more direct patient care.¹⁸ Female physicians should not be financially penalized from providing more comprehensive care. This may further dissuade women from being in primary care positions and other areas of practice.

Recommendations: More research must be done to identify the demographics of the patients most harmed by administrative burdens in their healthcare. We must urgently remove needless inefficiencies and work redundancies that are contributing to clinician burnout. This will allow regulatory bodies, health information technology vendors, employers, payors, and systems to remove barriers to care created by these tasks. AMWA calls for research in these areas..

AMWA believes advances in creative strategies will reduce documentation in off-hours and administrative burdens during working hours. This will require an interdisciplinary approach for maximum improvement. One pilot study found the introduction of nonclinical staff to schedule discharge appointments reduced administrative burdens and was preferred by both patients and clinicians.¹⁹ Medical scribes have also proven to reduce off-hours EHR documentation and significantly improved productivity and job satisfaction.²⁰ This could also potentially reduce physician burnout in primary care settings as well. These are just some examples of innovations in efficiency. Not only will such recommendations reduce administrative burdens, but they will further equalize pay between female and male physicians.

By removing excessive administrative tasks from clinical care, clinicians can do what they do best: treat their patients.

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