

Administrative Hassle Hacks: Strategies to Curb Physician Stress

John McCormack

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The American Medical Association estimates that physician burnout [costs the country](#) \$4.6 billion annually, and that doesn't include the cost for nurses and other clinicians. Additionally, physicians note too many bureaucratic tasks as a [main contributor](#) to their daily stress.

Such revelations have prompted many in the healthcare industry to focus on clinician burnout, including a panel at the recent American Telemedicine Association annual conference in Boston, Massachusetts.

Not surprisingly, the discussion quickly turned to the COVID-19 pandemic, commonly cited as an event that has exacerbated existing clinician burnout and caused what has become known as the "great resignation."

Peter Yellowlees, MBBS, MD, professor of psychiatry and chief wellness officer at the University of California, Davis, said his health system has experienced a lot of their nursing staff resigning or moving to other employment, particularly from intensive care units and the emergency department.

"We actually haven't had too many physicians go, but I have a funny feeling we're going to see that over the next year or so because I think a lot of people have just put their head down during the pandemic and they've worked themselves hard," he said. "They're now sort of putting their heads up above the wall," and could realize that they want a change.

In his role as the wellness officer at the academic medical center, Yellowlees is proactively addressing burnout among the organization's 14,000 employees. For example, during the pandemic, he developed a peer responder program. Under this initiative, 600 staff members received training in "psychological first aid," essentially utilizing staff to become therapists for peers.

For example, if a clinician is struggling emotionally while dealing with a patient who has had significant trauma, a peer responder could talk with the clinician, helping them to better deal with the situation.

Marlene McDermott, senior director, therapy services at Array Behavioral Care, a national telepsychiatry provider with offices in New Jersey and Illinois, noted that her organization also addresses burnout by creating opportunities for peer-to-peer support.

"We've got hundreds of clinicians and we'll take 10 to 15 of them, put them in small treatment teams and they have a live chat, a one-off virtual meeting with each other to vent and to ask clinical questions. It's all clinicians, there's no administrative staff in there," McDermott said. The clinicians have found value in these meetings, as they can share their concerns as well as "silly images or quotes, just to keep things light at times. That's made a big difference."

Retraining, Technology Can Help Curb Administrative Burdens

In addition to providing peer support, both Yellowlees and McDermott are addressing the significant administrative burden that plagues physicians.

This burden is especially onerous for physicians in the United States, according to a [study](#) that compared the number of keystrokes required to produce clinical notes among physicians in several countries.

"What [the study] discovered was that the American notes were three to five times longer than the notes of the Australian or UK physicians. I've worked in all three countries and I can promise you there's no difference in the quality of the doctors across those places," Yellowlees said.

To address this issue, Yellowlees is training physicians to reduce the length of their clinical documentation.



Dr Peter Yellowlees

"I am trying to retrain physicians who for many years have been trained to be defensive in their documentation — to write absurd amounts just to justify billing," Yellowlees said. "We are trying to go back in some respects to the way that we used to write notes 20 years ago...so much shorter. This is a huge retraining exercise but it's an exercise that is essential."

McDermott is also tackling the administrative burden at her organization.

"We are trying to make the workflow as efficient as possible, doing some asynchronous work where consumers are completing information before a session...so clinicians are essentially reconciling information instead of gathering all nonpertinent information. They can just work at the top of the license and not be burdened by some of the questions that don't directly affect treatment," McDermott noted.

Encouraging and training physicians in concurrent documentation can also help reduce administrative burden.

"Being proficient at remaining in session and documenting as much as you can during a session can help. So that at the end, you're pressing the button, closing the encounter and you've finished documenting," McDermott said. "It's definitely possible to do that without losing the connection with the patient."

To accomplish this, physicians need to leverage touch-typing — the practice of typing without looking at the keyboard. Fortunately, telehealth makes this mode of documentation easily achievable. Consider the following: during an online session, clinicians can place the patient's picture "right underneath the camera and make it small. And then you type with the note floating behind it. So you're actually staring at the note and the person all at the same time," McDermott said.

The continued uptake of telehealth in general could also reduce stress for physicians, added Yellowlees.

"One of the interesting things about that is just how much time we save the physicians because it actually takes quite a lot of time to room patients," Yellowlees concluded. "We are now doing about 20% of all our outpatient visits in all disciplines by video. We were higher than that midway through COVID. I'm hoping we'll go back to being higher than that."

John McCormack is a Riverside, Illinois–based freelance writer covering healthcare information technology, policy, and clinical care issues.

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