How MAs help slash physician documentation time by 71%

MAY 14, 2021

Sara Berg
Senior News Writer

While EHRs can be beneficial, the chief complaint for many physicians is that it interrupts their time with their patients. This disruption can contribute to physician burnout. But there is a solution that can help reduce physician burnout while improving practice efficiency and providing better care: implementing team documentation.

At Intermountain Healthcare—a Utah-based nonprofit health system comprised of 25 hospitals, 225 clinics and a medical group with more than 2,600 employed physicians as well as a health insurance company called SelectHealth—dermatologists work with medical assistants (MAs) who provide pre-visit and in-room support to improve the efficiency of care and accuracy of documentation. The program is now being implemented by nearly all dermatologists at Intermountain.

Each dermatologist works with one MA per exam room while in clinic. For Intermountain dermatologist Cort D. McCaughey, MD, that means three MAs and three exam rooms. Since implementing this program, Dr. McCaughey has cut his total documentation time from 3.5 hours per day to about one hour—a 71% decrease. He has even found that his dictation is more accurate.

“Now while I am in the room, I spend nearly the entire visit face to face with the patient,” said Dr. McCaughey. “Having the MA record the appointment in real time has virtually eliminated errors in recording the site and laterality of the biopsy, as this no longer is dependent on my remembering later whether the biopsy was on the right or left side.”

Additionally, with the help of MAs, Dr. McCaughey has increased his patient volume by over 10 patients per day. Here is how MAs can help.

Perform pre-visit with patient

To begin, the MA will pull the patient’s medical history into the note during the pre-visit. They will also

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update the social and family histories and select the specific initial note template based on the patient’s chief complaint.

For example, if the patient is visiting Dr. McCaughey for hair-loss evaluation, the MA will pull up the initial hair-loss template. This acts as a guide for relevant questions about the duration and location of the hair loss, any associated pruritus or scalp tenderness, the use of medications and the patient’s hair care practices.

The templates allow each MA to ask appropriate questions without having to possess deep knowledge of the condition. Dr. McCaughey has built about 40 templates to guide MAs as they room the patient.

**Provide in-room support**

After performing the pre-visit, the MA will present the patient to the physician. From there the MA and physician will return to the room together. As a diagnosis is made, the MA will pull up the template for that specific diagnosis.

For example, if Dr. McCaughey identifies that the patient’s hair loss is related to lichen planopilaris, the MA will pull up the template, which is pre-populated with the physical exam typical of this condition, medications that are commonly prescribed and standard discussion the physician has with patients about this condition as well as the appropriate ICD-10 code and CPT billing code. This allows the MA to draft the documentation without manually typing the technical nomenclature or lengthy descriptions of the physical exam.

At the end of the patient visit, the physician will spend about 60 to 90 seconds customizing the documentation for that specific encounter.

Doctors must “be willing to invest the upfront time in developing the templates that MAs can use because it will result in dramatic improvements in overall efficiency and satisfaction,” said Dr. McCaughey.

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