Train “encounter specialists” to help alleviate doctor burdens

MAR 24, 2022

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Think of an encounter specialist as a certified medical assistant on steroids—they can help reduce physician burnout, close the value-based care gap, and increase team efficiency and satisfaction.

Elisabeth Stambaugh, MD, an ob-gyn and chief medical officer at Atrium Health Wake Forest Baptist in Winston-Salem, North Carolina, has firsthand experience and shared her experiences during a recent AMA STEPS Forward™ podcast, “Training Medical Assistants as ‘Encounter Specialists.’”

As part of Wake Forest Health Network, which is the private practice arm of Wake Forest Baptist with 110 sites across central North Carolina, Dr. Stambaugh adopted a program that includes two encounter specialists for every one physician. One encounter specialist stays with the patient through the whole visit, acting as the scribe while the doctor is talking with and examining the patient. At the end of the visit, they remain with the patient to explain what the physician was discussing and provide handouts.

Meanwhile, a second encounter specialist is working on rooming and preparing the next patient.

“I’m such a huge believer in this model and I would love to see it everywhere,” Dr. Stambaugh said during the podcast. You can also read an AMA STEPS Forward success story profiling the effort.

Less time spent on documentation

The encounter specialist program was created by one of the health system’s very busy primary care practices as a way to spend less time on documentation and free up time to see more patients. And by seeing two extra patients a day—something only possible with the extra help—the cost of an extra medical assistant is absorbed by increased physician productivity.

“If this works well, you are going to be seeing more patients a day, but it shouldn’t feel that way,” Dr. 
Stambaugh said. “If anything, it should feel like you are seeing fewer.”

With a focus on teamwork, the program requires physicians to give up a little bit of control when it comes to documentation, which sometimes isn’t easy for physicians, Dr. Stambaugh said. But the result has been less “pajama time” for physicians and a closing of the value-based care gaps.

Dr. Stambaugh shared the story of a physician who became so burnt out she was ready to leave the organization. Her coding and documentation weren’t always consistent, and her practice asked her to give the 2:1 encounter-specialist model a try before she left.

“The success was unbelievable. … in a couple of weeks, she was saying ‘I’m home by six o’clock and I have no charts to do,’” Dr. Stambaugh said.

She also was now passing her compliance audits.

On top of that, she was so much less burnt out, she decided to stay in practice and even opened an extra half day a week to see patients.

Read more about how encounter specialists can boost doctors’ well-being.

How to get started

Dr. Stambaugh had a few pearls of wisdom for physicians who want to incorporate encounter specialists into their practice. They are:

- Pick the right teams to pilot the model. People need to have buy-in into the pilot program and not just want two medical assistants.
- Recognize physicians need to give up a level of control with their note taking. Encounter specialists can use templates and physicians can help develop the template, but physicians do still need to let go of some of the control.
- Use standard training processes.

Committed to making physician burnout a thing of the past, the AMA has studied, and is currently addressing, issues causing and fueling physician burnout—including time constraints, technology and regulations—to better understand and reduce the challenges physicians face.

The AMA STEPS Forward open-access toolkits offer innovative strategies that allow physicians and their staff to thrive in the new health care environment. These courses can help you prevent physician burnout, improve practice efficiency and create the organizational foundation for joy in medicine.