Physicians often spend their days doing the wrong work for their patients. Under the prevalent care-delivery model, physicians are required to do both “solution shop” work—solving unstructured problems and building trust with patients—and “production line” work. The latter involves process-oriented activities such as completing preventive screening questions, renewing prescriptions and entering orders. This places a heavy burden on physicians, contributing to burnout.

Finding balance between both models is key, says a perspective piece published in *The New England Journal of Medicine*. The article, “The Solution Shop and the Production Line—The Case for a Frameshift for Physician Practices,” is co-written by Christine A. Sinsky, MD, vice president of professional satisfaction at the AMA, and Jeffrey Panzer, MD, MPH, vice president of care transformation at Heartland Health Centers in Chicago.

“Solution shops are built to diagnose and solve complex problems, and they rely on the highest levels of expertise within the work unit. Production lines, on the other hand, are built to carry out standardized, predictable work and can be staffed by other skilled team members,” the article says. “By strategically directing production-line work away from the workers with the most clinical expertise, we can preserve physicians’ skills for the nuanced work of problem solving, medical decision making and relationship building.”

That is why Drs. Sinsky and Panzer believe a framework shift is needed to conceptualize what is valuable work in health care, who should do that work, and how.

**Offer both models in the same space**

Some stakeholders have suggested that much of the production-line work should be taken out of the physician’s practice and located elsewhere to reduce the burden. But that can lead to unforeseen inefficiencies for health systems and inconveniences for the patient.
“When the production line and the solution shop are structurally and physically separated, the work of handoffs can overwhelm professionals in the chain and contribute to information drop-off and errors,” says the article. “By contrast, a system in which solution-shop and production-line work can be provided coherently by the same team within the same physical space reduces the friction that could otherwise impede communication, learning and knowledge sharing among the people serving the patient.

“It also allows seamless transitions from production line to solution shop as patient care requires,” the article adds.

Far too many American physicians experience burnout. That’s why reducing physician burnout is a core element of the AMA Recovery Plan for America’s Physicians and why the AMA develops resources that prioritize well-being and highlight workflow changes so physicians can focus on what matters—patient care.

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, create the organizational foundation for joy in medicine and improve practice efficiency.

**Match the workers’ skills to the work**

“Strategic delegation of production-line work to other team members helps preserve the physician’s finite cognitive bandwidth for solution-shop work,” says the article, noting that “the higher the skill level, the more complex the work that can be done.”

For example, a virtual or in-person documentation assistant can help with only a fraction of the production-line work. Meanwhile, the medical assistant or community health worker can do more while a registered nurse can do yet even more.

“Two streams of work within physician practices—solution shop and production line—must coexist, be strategically designed to match the skills of the worker to the work, and be supported by institutional and regulatory policies, workflows, staffing models and technology,” the article says. “This division of labor and its tight integration will add efficiency and effectiveness, unleash much of the bound capacity and provide an opportunity for the currently underperforming $4 trillion U.S. health care system to deliver higher value.”