Tech can supplement team-based care when staff is in short supply

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Using team-based documentation helps reduce physicians’ administrative burdens while boosting the satisfaction of patients whose doctors look them in the eye rather than peck at a keyboard. But now practices are struggling to find enough people to fill their teams.

To address this, one physician expert urges practices to always be innovating and looking for ways to implement technology solutions and to explore ways that nonclinical staff—and even patients—can pitch in.

“Team documentation is basically using somebody else other than the physician or the APC [advanced practice clinician] to help with the documentation and completing the task,” said AMA member James Jerzak, MD, a family physician with Bellin Health in Green Bay, Wisconsin.

Dr. Jerzak championed Bellin’s adoption of physician-led team-based care and team-based documentation in 2014 and it was an overwhelming success as measured by quadruple aim metrics, such as: improvement in key quality measures, a higher score on the likelihood-to-recommend experience-of-care measure, reduced per-member, per-month costs, and a 92% job-satisfaction rate with physicians and staff.

“Team documentation, as you can imagine, when it works, it really helps the physician and the APC, in terms of burnout, and it spreads the duties of this this documentation throughout the staff,” Dr. Jerzak said during “Team Documentation: Improve Efficiency of EHR Documentation,” an AMA webinar.

The webinar and the accompanying AMA STEPS Forward® Team Documentation Toolkit are part of the free AMA Private Practice Simple Solutions rapid-learning cycles designed to help physicians seeking to flourish in private practice. The webinars include message boards that offer opportunities for participants to interact with and submit questions to the webinar presenters.

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Reducing physician burnout is a critical component of the AMA Recovery Plan for America’s Physicians.

Far too many American physicians experience burnout. That's why the AMA develops resources that prioritize well-being and highlight workflow changes so physicians can focus on what matters—patient care.

Team-based documentation works

Prior to the COVID-19 pandemic, “you talk about the quadruple aim, it was really going on all cylinders,” Dr. Jerzak said. “We were making it work with the financial outcomes—even with the increased staff, the patient satisfaction was through the roof, per-member per-month costs were going down and the quality measures were improved.”

The model involved using medical assistants (MAs), licensed practical nurses (LPNs) and registered nurses (RNs) assisting the physician in completing tasks involved in documenting a patient visit in order to help improve documentation efficiency, reduce redundancy, provide better care to patients and reduce physician burnout.

“We would have the medical assistant or LPN come in the exam room with us and do real-time documentation,” Dr. Jerzak said, adding that staff also help with order entry, scheduling appointments and closing gaps in care.

Staffing shortages, however, have put the success of the program at risk and new ways of completing tasks have to be found.

“We just don't have many applicants anymore,” Dr. Jerzak said. “We're not sure where everybody went, but they're not coming to our practice. So almost every team we have is short staffed now.”

Negative effects of staffing shortages include:

- Often not enough staff to be in the exam room during patient visits.
- Losing the ability to perform in-room documentation support.
- Time issues for staff with multiple duties and shortage of staff.
- Disruption of team-based care principles and workflows.
“It’s all been stressed now, with the time responsibilities and time demand on the staff,” Dr. Jerzak said. “So, it’s going back the old ‘doctor-does-it-all’ mentality that we were getting away from with team-based care.”

Embracing an old nemesis

He believes these shortages will be longstanding and, to address them, physicians will have to think differently. This includes embracing an old nemesis and source of many physicians’ distress: the electronic health record.

“We sort of have a love-hate relationship with the EHR because the demands were really high from all the documentation duties,” Dr. Jerzak said. “But there are ways to make the EHR work and it actually becomes your friend, if you can really stick with it—believe it or not.”

Specifically, Dr. Jerzak recommends:

- Using EHR templates.
- Maximizing use of smart phrases and other shortcuts to ease documentation burdens.
- Standardizing notes among a practice’s physicians to assist those helping to document.
- Deploying the patient portal to complete pre-visit planning and surveys.
- Using care-gap reports to identify quality-measure needs.

Employing telemanagers and other telehealth tools are other ways Dr. Jerzak recommended for using technology to ease burdens on front-line staff.

Nonclinical staff, such as community health workers and medical students, can do care-gap closure or room patients—though they have to be prepared to do so.

“Don’t forget that, if you’re using people to help you with documentation, you have to develop the training protocol,” Dr. Jerzak warned.

The goal behind all of these is to free physicians and nonphysician clinicians from administrative tasks so they can complete value-added work.

Learn about the AMA Private Practice Physicians Section, which works to preserve the freedom, independence and integrity of private practice.