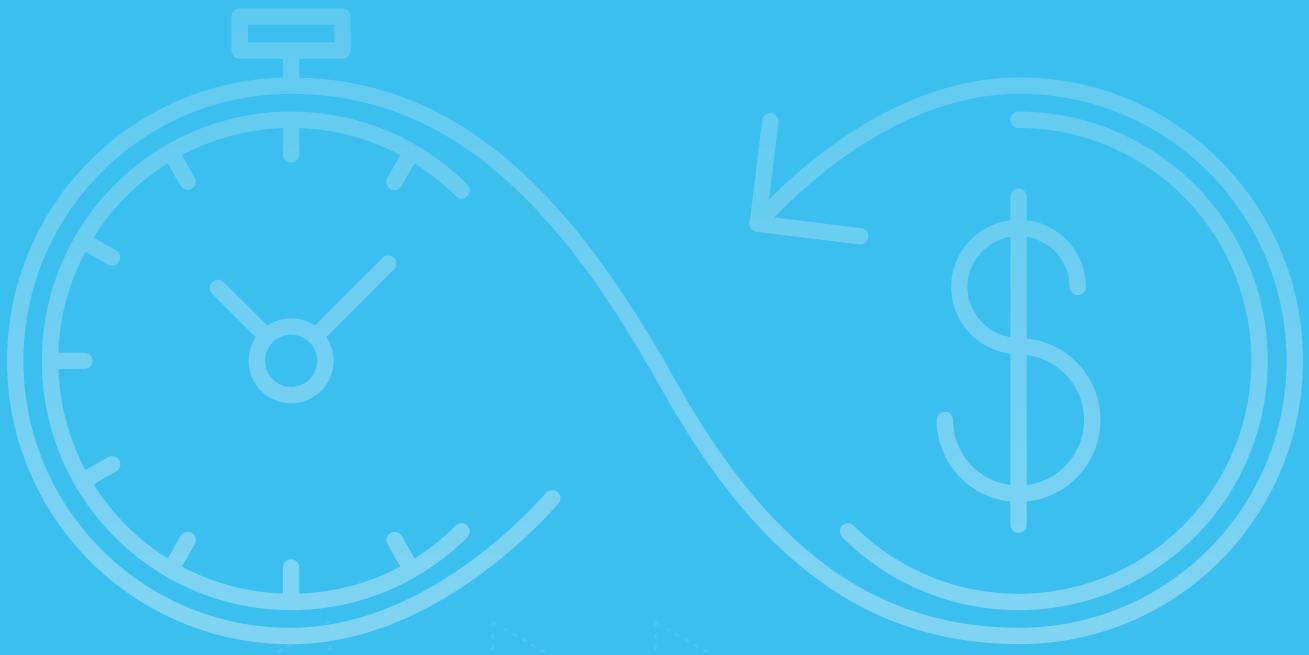
AMA | STEPSforward™

# Saving Time Playbook



from the AMA STEPS Forward™ Playbook Series

## About the AMA STEPS Forward™ Playbook series

This Playbook is part of the AMA STEPS Forward™ interactive practice transformation program. Each Playbook in the series highlights key messages and links to free online toolkits, videos, podcasts, and practical tools to start creating change today. The objective of the Playbook series is to offer you a high-level overview of an area that you can choose to dive deeper into at your own pace.

## About the AMA STEPS Forward™ practice innovation strategies

The AMA STEPS Forward™ program offers practice innovation strategies that allow physicians and their teams to thrive in the evolving health care environment by working smarter, not harder. Physicians looking to refocus their practice can turn to AMA STEPS Forward™ for proven, physician-developed strategies for confronting common challenges in busy medical settings and devoting more time to caring for patients. This collection offers more than 70 online toolkits and other resources that help physicians and medical teams make transformative changes to their practices, including in the areas of managing stress, preventing burnout, and improving practice workflow.

As part of AMA STEPS Forward™, the Innovation Academy expands on the program to give participants the flexibility to customize their practice transformation journey. The Innovation Academy offers a spectrum of opportunities to learn from peers and experts, including webinars, telementoring, virtual panel discussions, bootcamps, and immersion programs.

Learn more at www.stepsforward.org.

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AMA STEPS Forward™ also acknowledges the following additional authors of the toolkits referenced in the Saving Time Playbook for their contributions: Melinda Ashton, MD (Getting Rid of Stupid Stuff); Kevin Hopkins, MD (Patient Portal Optimization); James Jerzak, MD (EHR In-Basket Restructuring for Improved Efficiency); Margaret Lozovatsky, MD (Patient Portal Optimization); James Rice, MD, MHA (Patient Portal Optimization).

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# Introduction

> *While burnout manifests in individuals, it originates in systems.*
>
> —Christine Sinsky, MD

# The Burnout Problem Is Organizational, Not Personal

Physician burnout is an epidemic in the US health care system, with 44% of physicians reporting signs of burnout such as emotional exhaustion and depersonalization at least once per week.[1] The significant time spent on non-patient-facing tasks in the clinician's workday contributes heavily to burnout.

*Saving time for physicians and other team members is crucial*—but this cannot be accomplished by simply telling physicians to become more efficient during patient visits or when writing notes. Physicians are already trained to be efficient and practice good time management skills. Therefore, timesaving efforts need to come from the top down: from the level of practice or organizational leaders who can affect large-scale change.

## Who is this Playbook for?

This Saving Time Playbook is for:

- Practicing physicians who are aspiring change agents
- Medical directors
- Practice managers
- Nurse managers
- Operations leaders
- C-suite executives

Anyone interested in process improvement, timesaving workflows, efficiency of practice, and physician well-being can benefit from the content outlined and linked to within this Playbook.

**This Playbook contains highlights from 9 AMA STEPS Forward™ toolkits.**

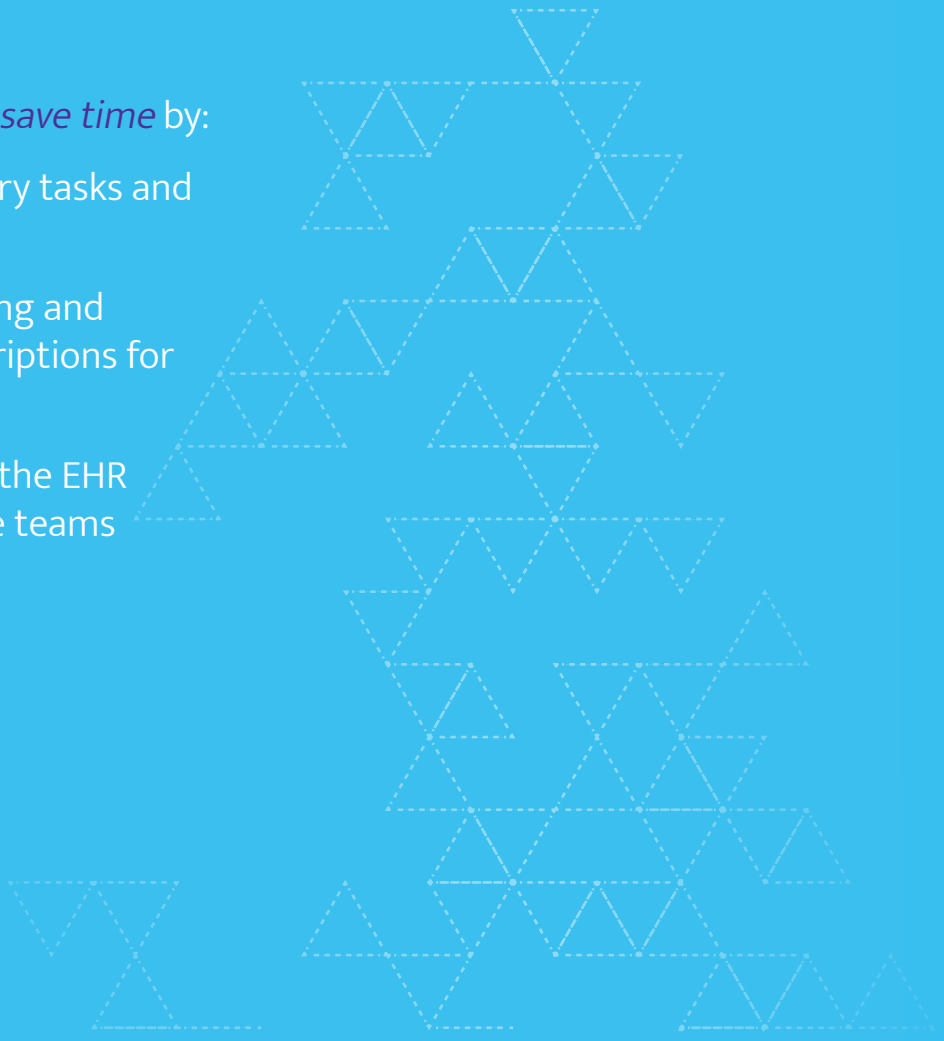
[1] Shanafelt TD, West CP, Sinsky C, et al. Changes in burnout and satisfaction with work-life integration in physicians and the general US working population between 2011 and 2017. *Mayo Clin Proc.* 2019;94(9):1681–1694. doi:10.1016/j.mayocp.2018.10.023

# Part 1: Stop Doing Unnecessary Work

Unnecessary tasks have introduced a heavy burden into the daily workload of physicians and other clinicians, and contribute to physician burnout. Electronic health record (EHR) systems and associated tasks, in particular, have created significantly more work for physicians.

This section will help you *save time* by:

- Eliminating unnecessary tasks and duplicative work
- Streamlining prescribing and management of prescriptions for chronic illnesses
- Optimizing aspects of the EHR for physicians and care teams



# Getting Rid of Stupid Stuff

Physicians themselves are often in the best position to recognize the "stupid stuff" in their day-to-day but may not feel empowered to speak up unless asked. A simple program throughout your practice to solicit suggestions for change can be a powerful timesaving tool.

A deimplementation checklist is a great place to start. For further guidance, the Getting Rid of Stupid Stuff toolkit offers details on creating a comprehensive Getting Rid of Stupid Stuff (GROSS) program for your practice or organization.[2]

Key STEPS are:

1. Appoint a high-level champion to lead the GROSS initiative
2. Engage appropriate departments to support the cause (Table 1)
3. Engage teams and clinicians in gathering information
4. Triage suggestions for appropriate next steps (Figure 1)
5. Celebrate success

## Dig Deeper:

Getting Rid of Stupid Stuff toolkit

While some of this unnecessary work may require investigation, time, and resources to eliminate, many things end up being "pebble in shoe" fixes that are easy to accomplish with dramatic effects, such as:

- Changing the automatic logout time for the EHR from 5 minutes to 15 minutes
- Turning off automatic inbox notifications for copied test results ordered by another physician
- Turning off automatic inbox notifications for test order and scheduling confirmations
- Allowing prescriptions for non-controlled substances to be electronically sent in without reentering the EHR password each time

A successful GROSS program does not need to be complicated. The essential elements include a visible leadership commitment, concrete examples to work from, and an IT and governance structure to evaluate the feasibility of requests and implement effective changes. Early and regular communication about the program and its successes will help to generate interest and increase confidence in the program.

[2] Ashton M. Getting rid of stupid stuff. *N Engl J Med.* 2018;379(19):1789-1791. doi:10.1056/NEJMp1809698

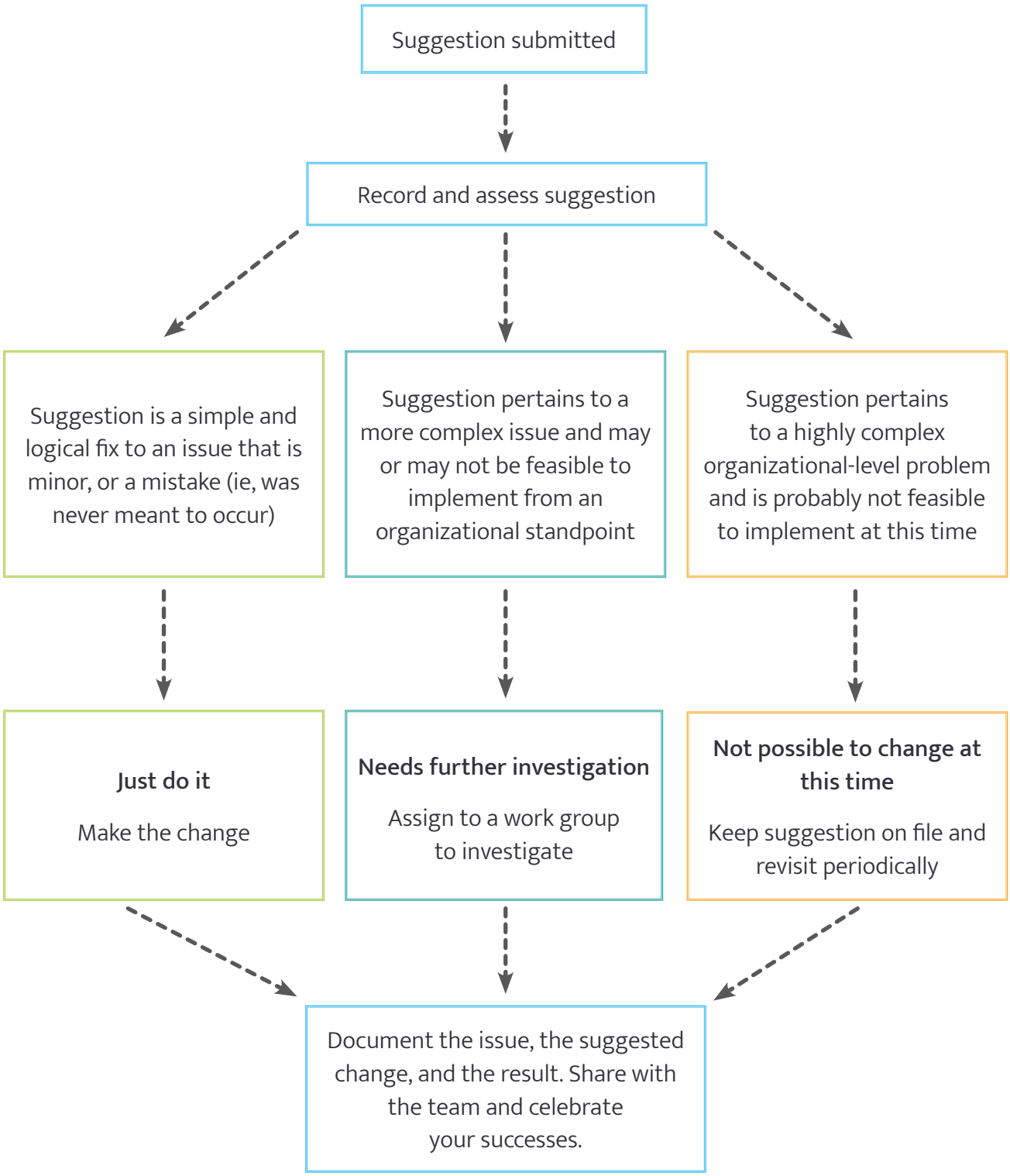
## Table 1. Key Players in a GROSS Initiative

| Department | Role | "Stupid Stuff" That Can Be Addressed |
|---|---|---|
| Information Technology (IT) | Design, build, and maintain or improve the EHR | EHR inefficiencies |
| Risk Management | Advocate for liability reduction | Processes implemented to mitigate risk that may be well-intentioned but not useful |
| Legal | Oversee compliance and risk management activity | Processes implemented to mitigate risk that may be well-intentioned but not useful |
| Compliance | Interpret regulatory requirements | Misunderstandings about regulatory requirements |
| Quality | Provide expertise on process improvement and understanding regulatory requirements | Misunderstandings about regulatory requirements |
| Health Information Management (HIM) | Provide information on documentation, coding requirements, and coding | Overinterpretation of requirements (especially HIPAA rules) |
| Revenue cycle | Provide information on payer requirements | Misunderstandings about requirements for accurate billing |
| Mandatory education | Provide mandatory physician (and other clinician) training | Irrelevant training requirements |
| Nursing leadership | Represent nurses and provide expertise on nursing workflow | Documentation requirements that are variably determined by managers, rather than standardized; documentation of nurse activities, rather than patient care provided |
| Physician executive leadership | Represent physicians and provide expertise on physician workflow | Medical executive committee requirements that create extra work |
| Specific depart-mental leadership* | Provide expertise on specialty-specific workflow | Specialty-specific requirements that create extra work (often thought to be necessary for that specialty, but may not actually be) |
| Laboratory services | Provide expertise on appropriate lab ordering practices | Unnecessary clicks to accomplish appropriate ordering |

*eg, radiology, ER, hospitalist, OB/GYN, pediatrics, surgery, pharmacy

## Figure 1. Getting Rid of "Stupid Stuff" Decision Tree

Triage suggestions to determine appropriate next steps



## AMA Pearls

### Getting Rid of Stupid Stuff

- Start getting rid of stupid stuff with the help of a deimplementation checklist.
- Record and revisit "unsolvable" problems periodically.

# Annual Prescription Renewal and Medication Management

Managing the care of patients who take multiple medications creates a conundrum for the already overburdened clinician: during a brief visit, how do you fill or refill medications efficiently, reconcile all medications, and ensure that patients are taking them as prescribed?

## Adopt annual prescription renewals for medications for chronic illnesses

The Annual Prescription Renewal toolkit is devoted to synchronizing all prescription renewals at the same visit once per year. You could save up to ***5 hours a week*** by writing prescriptions for medications that treat chronic conditions so that all patients receive a 90-day supply filled 4 times a year.[3] The shorthand for this is "90 x 4." Choose one visit, such as the annual wellness visit, to renew all medications, even if there are still a few refills left on some of the older prescriptions.

This may seem intuitive, but you'd be surprised to find that many practices don't have standard processes for synchronizing and standardizing recurring patient prescriptions and lab orders. Eliminating frequent prescription renewals is the first step to improving how you and your team manage medications for your patients.

## How much time and money per year will an annual prescription renewal process save my practice?

Consider a hypothetical scenario of an internal medicine practice that has not implemented an annual prescription renewal process. This practice has 1,000 patients with chronic illness with an average of 5 medications per patient. Every year, each patient makes an average of 2 calls per prescription. Each call lasts about 2 minutes. These factors result in more than 300 hours or 8 weeks of physician and staff time spent on prescription renewals per year.

The Annual Prescription Renewal Time and Cost Savings Calculator (Figure 4) generates the estimated amount of time saved per year and the estimated annual savings that could be gained by implementing an annual prescription renewal process. See the "Calculators" section of this playbook for more information.

### Dig Deeper:

Annual Prescription Renewals toolkit

Medication Management toolkit

[3] Sinksy TA, Sinsky CA. A streamlined approach to prescription management. *Fam Pract Manag*. 2012;19(6):11–13. https://www.aafp.org/fpm/2012/1100/p11.html

## Adapt how your practice manages medications

Building on the Annual Prescription Renewal toolkit, the Medication Management toolkit details the steps you can take to help optimize processes for managing existing medications.

Key STEPS are:

1. Adopt annual synchronized prescription renewals and standing orders to prescribe efficiently
2. Create an accurate list by reconciling medications
3. Carefully review the medication list to identify opportunities to deescalate therapy
4. Determine if the patient is adhering to their medications
5. Streamline the prescription drug prior authorization process
6. Leverage your electronic health record (EHR) to confirm refill data and save time
7. Coordinate with your pharmacy colleagues to sustain your efforts

### AMA Pearls

#### Medication Management

- 90×4 is one of the easiest, most impactful ways to change how you manage medications.
- Incorporate medication reconciliation into existing workflows.
- When you see your patient is not at goal, investigate medication nonadherence.
- Develop standing orders for refills that require lab evaluation (eg, thyroid stimulating hormone [TSH], HbA1c, or International Normalized Ratio [INR] for patients on warfarin).

# EHR In-basket Management

Many aspects of the EHR are burdensome for physicians and care teams. A recent study found that physicians spend almost half of their day on the EHR and desk work. Even during the patient visit, physicians spend 37% of the time in the room on these tasks.[4] In addition, physicians are spending long hours before and after clinic to complete this "between visit" clerical work. For some physicians, this can add up to an extra 1 to 2 hours of work every day.[4]

## Manage and declutter your in-basket

A key time sink for physicians in the EHR is the physician EHR "in-basket." The in-basket became the default destination for most forms of communication within the office. As the physician's patient panel grows, so does the volume of the in-basket, creating a burden that can be difficult to manage during the day effectively.

The reality is that the majority of in-basket messages do not need to be routed to the physician. In some practices, other team members handle all in-basket messages. The nurses or medical assistants research any messages that require the physician's input and review them verbally with the physician. This way, a stack of messages can be managed in a matter of minutes, saving 30 to 60 minutes of physician time per day.

The EHR In-basket Restructuring for Improved Efficiency toolkit will help you keep unnecessary messages from being routed to your in-basket in the first place, guide you through establishing a centralized team in-basket, and suggest ways to empower team members to contribute in a meaningful way to in-basket management.

### Dig Deeper:

EHR In-basket Restructuring for Improved Efficiency toolkit

[4] Sinsky C, Colligan L, Ling L, et al. Allocation of physician time in ambulatory practice: a time and motion study in 4 specialties. *Ann Intern Med.* 2016;165(11):753-760. doi:10.7326/M16-0961

Key STEPS are:

1. Engage IT to prepare for restructuring your in-basket
2. Identify the types of messages that could be routed to other team members
3. Work with IT to restructure your EHR to direct messages to the right team members and declutter your in-basket
4. Create a team pool and team pool in-basket to help redistribute and streamline work
5. Empower team members to contribute by utilizing principles of team-based care
6. Develop workflows for common in-basket tasks

## Optimize the patient portal

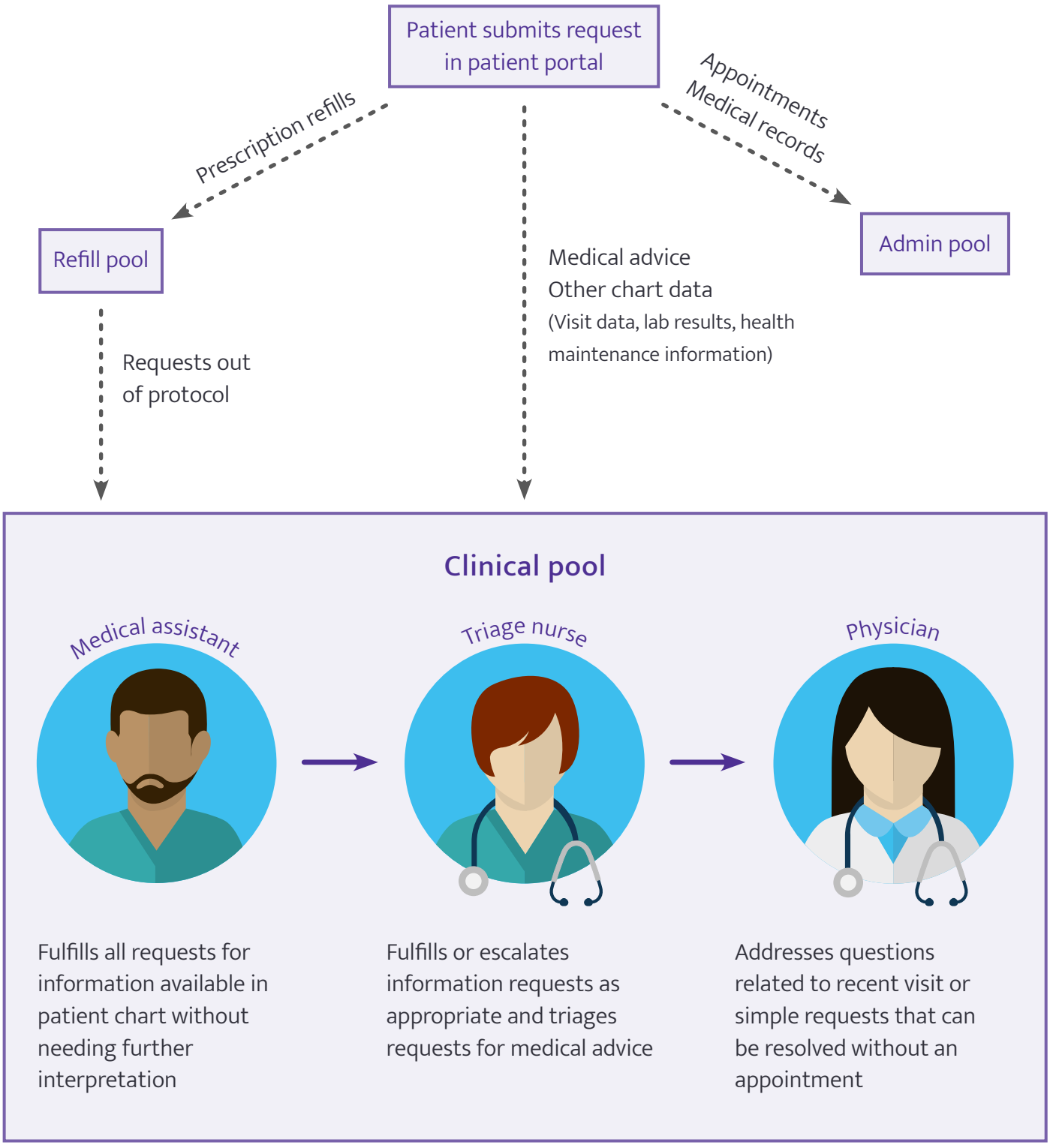
For those EHRs that include an electronic patient portal, messages originating from patients via the portal make up a large proportion of in-basket tasks. Many physicians feel frustrated that these portals seem to only serve patients while burdening the care team. However, when used effectively, patient portals can also reduce workload for both physicians and the care team by transferring routine administrative tasks from the care team to the patient (eg, medication reconciliation).

The Patient Portal Optimization toolkit provides further detail on effectively managing the patient portal component of the EHR in-basket. Among other things, it describes how using an established workflow improves how the care team uses the patient portal to respond to messages (Figure 2).

### Dig Deeper:

Patient Portal Optimization toolkit

## Figure 2. Suggested Workflow for Handling Patient Portal Messages



## AMA Pearls

### In-basket Management

- Test new approaches early and often. Being hands-on as soon as possible will benefit you. You'll quickly recognize when an approach to routing messages is working—and when it isn't.
- Instead of setting aside time, encourage team members to use any free moments to check the in-basket.
- Longer appointments may give team members who aren't part of the visit a 10- to 15-minute window to check the in-basket throughout the day.
- Consider the "delete, delegate, defer, or do" strategy. Use the strategy to get to "done" and eliminate multiple in-basket touches and therefore wasted time.

# Part 2: Incorporate Practice Fundamentals

Standardize and streamline practice fundamentals, or core workflows, for all parts of the patient care process to save time during and between visits. This involves workflows before the visit (pre-visit planning, pre-visit laboratory testing), during the visit (expanded rooming and discharge protocols, team documentation), and after the visit. These workflows can mean the difference between a clinic where a physician and the team are floundering and frustrated and a clinic that runs smoothly with the capacity to handle any unanticipated issues that arise.

This section will help you *save time* by:

- Using the current visit to prepare for the next
- Working as a team to increase efficiency of rooming and discharge
- Documenting the visit as a team

2

# Pre-Visit Planning and Pre-Visit Laboratory Testing

Preparing for the next visit while the patient is in the exam room makes planning future visits a more efficient and transparent process for patients and clinicians.

The Pre-Visit Planning toolkit describes steps for implementing a comprehensive workflow, including scheduling patients for future appointments at the conclusion of each visit, arranging for pre-visit labs, gathering the necessary information for upcoming visits, and spending a few minutes to huddle and hand off patients (Table 2).

The Pre-Visit Laboratory Testing toolkit hones in on pre-ordering laboratory tests before the patient's next visit, delegating order entry, and empowering team members to act appropriately when lab results are returned to the in-basket.

## How much time and money will pre-visit laboratory testing save my practice?

Consider a hypothetical scenario of an internal medicine practice that has not implemented pre-visit laboratory testing. This practice has 1,000 patients with medical conditions or prescription medications that call for regular laboratory testing. Every day, physicians and staff spend at least half an hour each reviewing results after a patient's visit has concluded and reaching out to patients to help coordinate follow-up care. These factors result in more than 200 hours of physician and staff time spent on post-visit laboratory tasks per year.

The Pre-Visit Laboratory Testing Time and Cost Savings Calculator (Figure 5) generates the estimated amount of time saved per day and the estimated annual savings that could be gained by implementing pre-visit laboratory testing. See the "Calculators" section of this playbook for more information.

### Dig Deeper:

Pre-Visit Planning toolkit
Pre-Visit Laboratory Testing toolkit

Table 2. Implementation of Pre-Visit Planning

| During the Current Visit | Look Back | Plan Forward |
|---|---|---|
| 1. Re-appoint the patient at the conclusion of the visit | 4. Perform visit preparations | 8. Hold a pre-clinic care team huddle |
| 2. Use a visit planner checklist to arrange the next appointment(s) | 5. Use a visit prep checklist to identify gaps in care | 9. Use a pre-appointment questionnaire |
| 3. Arrange for laboratory tests to be completed before the next visit | 6. Send patients appointment reminders | 10. Hand off patients to the physician |
| | 7. Consider a pre-visit phone call or email | |

## AMA Pearls

### Pre-Visit Planning

- Empower care team members to close potential care gaps before the physician sees the patient.
- Take a long view: Schedule several future planned care appointments at once.
- Use a visit planner or open-access scheduling system, which tracks the appropriate time intervals for appointments and associated labs in a reminder system.

# Expanded Rooming & Discharge Protocols

Physicians alone cannot do all the work needed for most office visits. Expanded rooming and discharge protocols are standard work routines that enable other team members to take on additional responsibilities.

The Expanded Rooming and Discharge Protocols toolkit explains how team members (nurses, medical assistants, and other clinical support staff) can use their skills to create a smooth and efficient visit for the patient (Table 3).

Conducting expanded activities during patient rooming will enable the physician to spend more time directly interacting with the patient and their care partners, rather than focusing on these elements of the visit. The augmented patient discharge process will ensure that patients understand and remember their discharge instructions, potentially leading to improved treatment adherence.

**Dig Deeper:**

Expanded Rooming and Discharge toolkit

Table 3. Tasks Nurses or Medical Assistants Complete Under Expanded Protocols

| During Rooming | During Discharge |
|---|---|
| • Identify the reason for the visit and help the patient set the visit agenda<br>• Perform medication reconciliation<br>• Screen for conditions based on protocols<br>• Update past medical, family, and social history<br>• Provide immunizations based on standing orders<br>• Arrange for preventive services based on standing orders<br>• Assemble medical equipment, if needed, before the physician enters the exam room | • Print and review an updated medication list and visit summary<br>• Reiterate to patients the medical instructions prescribed by the physician<br>• Coordinate the next steps of care |

## AMA Pearls

### Expanded Rooming and Discharge Protocols

- Avoid being caught off guard by unexpected patient agenda items. Ask patients to describe their objectives for the visit beforehand.
- For patients with long "lists," ask them, "What are the 3 issues that are most important to you today?"

# Team Documentation

Team documentation, also referred to as "scribing," is a process where other team members assist during a patient visit to document visit notes, enter orders and referrals, and prepare prescriptions (Figure 3). This process improves patient-centered care as the physician is less focused on EHR documentation and can have a more meaningful interaction with the patient. A medical assistant, nurse, pre-medical, pre-physical therapy or pre-pharmacy student, former transcriptionist, or a dedicated scribe can perform team documentation. The training and skill level of the team member will determine the scope of responsibility.

The Team Documentation toolkit describes this process in greater detail.

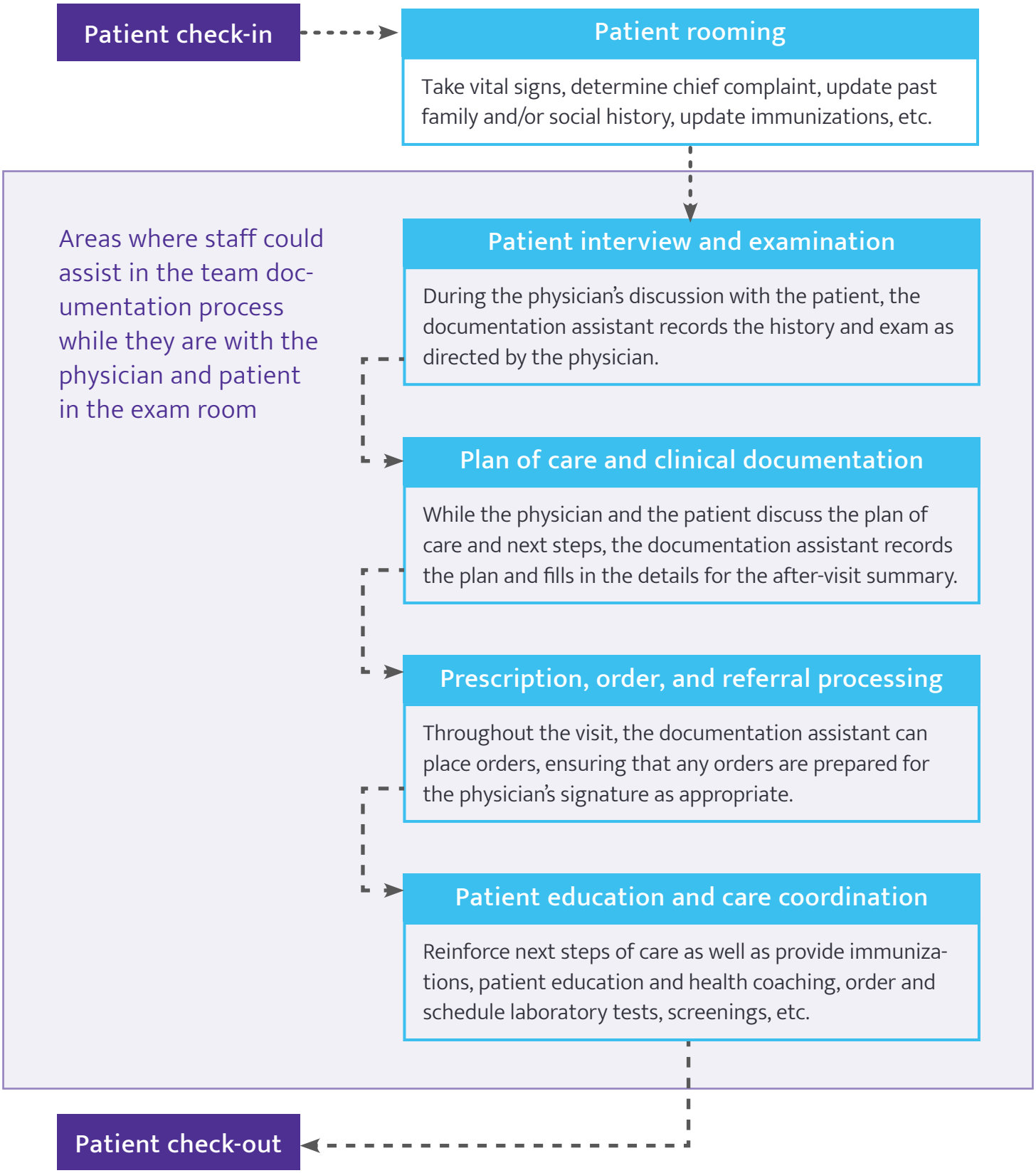
Sometimes, physicians express concern that another person in the room interferes with the patient–physician relationship. However, most physicians who have transitioned to team documentation find that the extra person actually improves the patient–physician relationship by allowing them to focus on the patient rather than be distracted by the EHR.

Another major concern is the additional cost of a scribe. However, practices that have adopted this model have shown cost savings overall, with physicians being able to see additional patients when their time spent on documentation is freed up.

**Dig Deeper:**

Team Documentation toolkit

Figure 3. Sample Team Documentation Workflow



# Part 3: Make the Case to Leadership

It has been said time and again: saving time saves money. With the support of organization leadership, the timesaving measures described in this Playbook have the potential to:

- Reduce the number of physicians who decrease their clinical effort to part time, which may result in increased burnout for their colleagues
- Improve overall patient volume and access, thereby increasing patient satisfaction and quality of care
- Increase team engagement using team-based care approaches, which translates into improved team morale, better continuity of care, higher performance on quality metrics, and decreased turnover for staff members
- Improve organizational culture, which may lead to easier recruitment of new physicians and team staff members when needed
- Reduce physician turnover within the organization (replacing a physician who leaves can cost 2 to 3 times their salary)

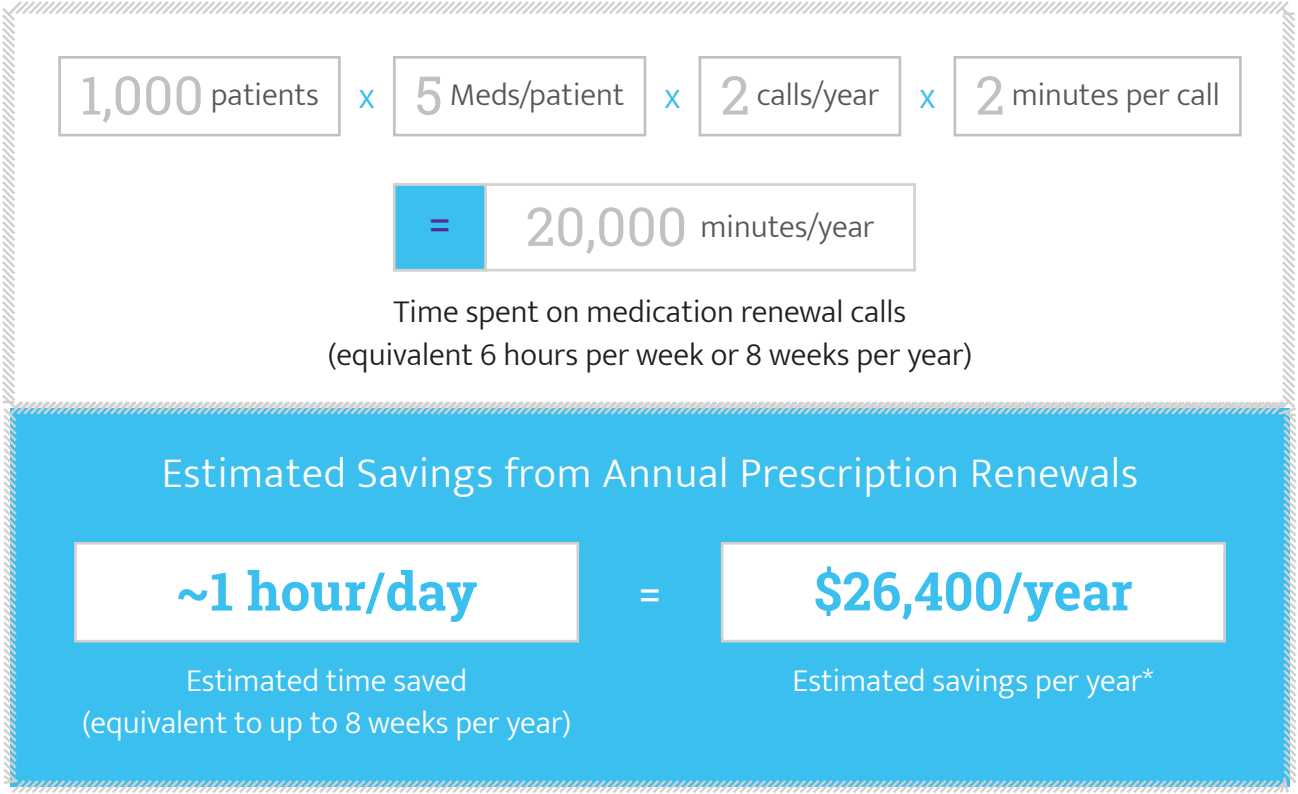
This section will help you *save time* by:

- Identifying key messages to convey to organizational leaders to help them understand the value of physicians' time
- Providing simple calculators to make your case

# Calculators to Make the Case to Leadership

Sample calculators from the AMA STEPS Forward™ toolkits provide excellent starting points for communicating the financial benefits of saving time to organizational leadership. In addition to estimating the time and money saved (Figures 4 and 5), calculators can also estimate the cost of burnout and physician turnover to the organization and cost savings from implementing burnout interventions (Figure 6). Click anywhere on each figure to access the interactive online calculator and toolkit.

Figure 4. Calculate savings from annual prescription renewals




*Based on $120/hour average cost of physician and clinical team member time, and 220 clinic days/year.

Figure 5. Calculate savings from pre-visit laboratory testing*

| $3 | $1 | 220 |
|---|---|---|
| Dollars per minute of physician time | Dollars per minute of staff time | Clinic days per year |

Estimated Savings from Previsit Labs

**1 hour/day**

Time saved per day
(equivalent to 27 days per year)

**$26,400/year**

Money saved per year
with previsit labs

*Based on equal task involvement between physician and team member.

## Figure 6. The cost of physician burnout for your organization*

| | |
|---|---|
| 500 | 44% |
| Number of physicians in your organization | Rate of physician burnout in your organization |
| $500,000 | 7% |
| Cost of turnover in your organization per physician | Current physician turnover rate (all causes) in your organization |

### Impact of Physician Burnout in Your Organization

| | |
|---|---|
| **11** | **$5,347,222** |
| Number of physicians in your organization turning over due to burnout per year | Estimated cost of physician turnover per year due to physician burnout |

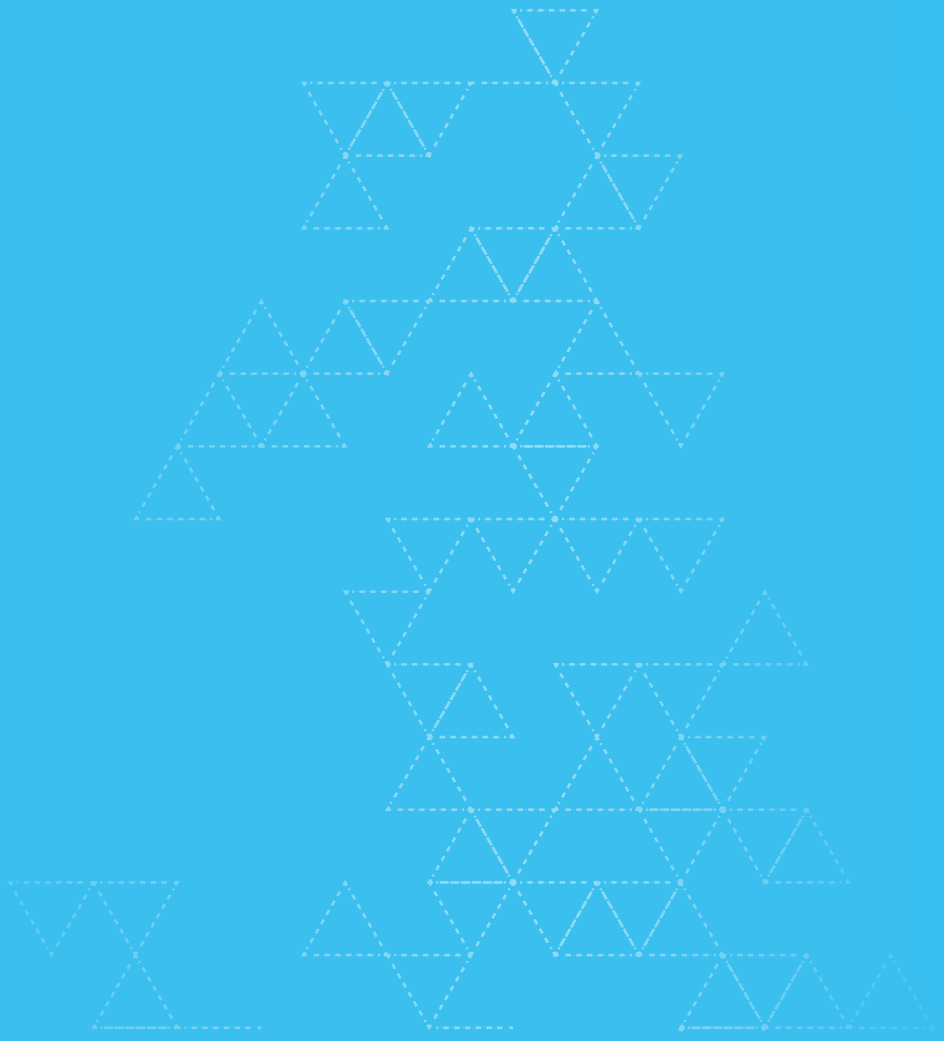
| | |
|---|---|
| $1,000,000 | 20% |
| Cost of interventions per year | Projected reduction in burnout |

### Estimated Savings from Burnout Intervention

| | | |
|---|---|---|
| **4.86%** | **$1,069,444** | **6.94%** |
| Turnover with burnout interventions | Estimated savings due to reduced burnout | Return on investment (ROI), per year |

*For details regarding calculator formulas, please see Figure 2 of the source article from *JAMA Internal Medicine*. Other costs of burnout, in terms of medical errors, malpractice liability, patient satisfaction, productivity and organizational reputation, are not included. See more at Shanafelt T, Goh J, Sinsky C. The Business Case for Investing in Physician Well-being. *JAMA Intern Med.*2017;177(12):1826–1832. doi:10.1001/jamainternmed.2017.4340

# Resources and Further Information



# Practical Tools

The selected practical tools listed here are to get you started on several of the new or adapted processes outlined in this Playbook right away. The individual toolkits on the AMA STEPS Forward™ website include these and additional resources. Click on the following links for immediate access to the listed resources.

## Getting Rid of Stupid Stuff

- Deimplementation checklist

## Annual Prescription Renewal

- Synchronized prescription renewal checklist

## Medication Management

- Questions to help uncover medication nonadherence

## Pre-Visit Planning

- Pre-appointment questionnaire

## Pre-Visit Laboratory Testing

- Visit planner checklist

## Expanded Rooming and Discharge Protocols

- Pre-registration checklist
- Rooming checklist
- Discharge checklist

## Key References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2. Shanafelt T, Goh J, Sinsky C. The business case for investing in physician well-being. *JAMA Intern Med*. 2017;177(12):1826-1832. doi:10.1001/jamainternmed.2017.4340
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# Learn More About Practice Innovation

Take the next steps on the journey with the AMA STEPS Forward™ Practice Innovation resources and assets.

Use the 5-pronged approach (Act, Recognize, Measure, Convene, Research) as your guide. Employ the evidence-based, field-tested, and targeted solutions described below to optimize practice efficiencies, reduce burnout, and improve professional well-being.

## Act

- View the comprehensive portfolio of AMA STEPS Forward™ resources at STEPSForward.org, including:
  - Toolkits
  - Playbooks
  - Videos
  - Webinars
  - Podcasts
  - Calculators
- Email STEPSForward@ama-assn.org to connect with a physician coach to support practice intervention efforts (include "Request for physician coaching" in the email subject line)

## Recognize

- Participate in the Individual Recognition Program and find new ways to engage with your team
- Use the Joy in Medicine™ Health System Recognition Program as a roadmap to support your organization's strategic efforts

## Measure

- Take our practice assessment to identify and prioritize your workflow intervention efforts
- Encourage your organization to measure professional well-being on an annual basis

## Convene

- Join us at the AMA Practice Innovation Academy for timely and relevant webinars and more
- Attend upcoming conferences, summits, and events as they are announced

## Research

- Stay abreast of meaningful research to guide your professional well-being strategies and interventions

Learn more at www.stepsforward.org.

## About the AMA Professional Satisfaction and Practice Sustainability Group

The AMA Professional Satisfaction and Practice Sustainability group has been tasked with developing and promoting innovative strategies that create sustainable practices. Leveraging findings from the 2013 AMA/RAND Health study, "Factors affecting physician professional satisfaction and their implications for patient care, health systems and health policy," and other research sources, the group developed a series of practice transformation strategies. Each has the potential to reduce or eliminate inefficiency in broader office-based physician practices and improve health outcomes, increase operational productivity, and reduce health care costs.

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