



THE PAIN OF PAPERWORK COMES IN MANY FORMS...

Doctors buckling under the weight
of administration work

BY LOUISE LEGER

**EXHAUSTING.” “NEVER-ENDING.”
“UGH!” “OMNIPRESENT BURDEN.”
“NECESSARY EVIL.” “DEMORALIZING.”**

It will come as no surprise to Canadian doctors that these words are ones their fellow physicians use to describe the paperwork they are required to do, day-in, day-out, week after week, month after month. . . .

In the *Medical Post* annual physician survey, almost 20% of respondents said they spent 14 to 20 hours per week on paperwork, and 30% spent nine to 13 hours. Approximately 12% reported they spent somewhere between 21 and 31 hours or more. Asked how much of their time doing paperwork is outside of regular clinical hours, 35% said 20% of their time, and almost 20% said 40%. Meanwhile, about 60% of physicians who responded said they either agreed or strongly agreed that “Charting is a significant source of stress for me.” (See more results on page 53.)

For many doctors, this “most-hated” chore is relegated to evenings and weekends, what some call “pajama time.”

Dr. John Crosby, a family physician from Cambridge, Ont., has developed a system for keeping on top of paperwork and spends some of his time counseling other doctors on handling it and avoiding burnout. He talks to many physicians who spend so much time on paperwork that it affects their patients, their relationships and their health. One doctor who sought his advice was doing paperwork every evening while watching Netflix until 1 a.m., and then getting about four hours of sleep before her day began again.

She’s certainly not alone.

Dr. Eric Cadesky, a Vancouver family physician, points to paperwork as one of the leading causes of burnout in B.C. and feels the weight of it himself. “Despite the promise of the paperless office, the failure of integrating EMRs and increased regulatory rules have worsened doctors’ administrative burden,” he said.

Doctors are bombarded with administrative tasks that take them away from patient care: “pharmacy refill requests, insurance documents, illegal sick notes, cumbersome referral forms and special authority forms, to name a few,” he said.

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Dr. Cadesky noted that most doctors in B.C. spend a third of their time on EMRs. “Medicine is hard and challenging, but it’s what we love and what we signed up for. These administrative tasks are inefficient, wasteful and demoralizing.”

Seasoned physicians, like Dr. Crosby, remember when the paperwork was not as daunting. But several factors have contributed to the steady rise in administrative work. Among them are increased demands and requests for more information from insurance companies/employers who challenge and discourage claims; federal forms, like the Disability Tax Credit Form, which has ballooned from two pages in 1997 to 16 pages today; the increased need for documentation for patient records and legal claims; and the aging population, which leads to many more referrals and prescriptions.

“When I started, we just had a little recipe card and you just wrote a few words about the patient,” said Dr. Crosby. “There might be off-work sick notes here and there. Now with computerization, demands of government, insurance companies and disability plans. . . . I’m the only doctor in the world who loves paperwork, but even I’m starting to go off it.”

He calls today’s demands on doctors “the perfect paper storm with doctors caught in the vortex.” The work can be boring and it’s easy to get distracted and procrastinate, so that the pile of work becomes more overwhelming. And worse, he said, “then they feel guilty about it.”

Dr. Michelle Moss is a family

physician in Calgary with a special interest in contraception who also works as a thoracic surgical assistant at Foothills Medical Centre.

It’s not all bad, she said. “I actually enjoy documenting my patient visits, though it is time-consuming . . . (but also there are) lab and imaging requisitions to be filled out, consultation referral letters to be written, and consultation reports to read, consultation reports to write . . . just writing out this list makes me tired,” said Dr. Moss, in an email interview.

Especially in multi-doctor clinics, it is important that physicians take detailed notes for the next doctor. Dr. Moss pointed out that when a patient returns after a short time, even the next day, the new doctor seeing the patient will rely on the notes of the previous doctor—as long as they have done their notes in a timely fashion. “Patients get angry about this, ‘Why are you asking me this, I saw Dr. X yesterday, it’s all there in the notes!’ Actually, it’s not in the notes, it’s in their head!” said Dr. Moss. “Judges get even angrier, because if you didn’t write it down, you didn’t do it!”

Dr. Heather Johnson, president of Doctors Nova Scotia and a family physician in Bridgewater, N.S., calls paperwork a “necessary evil.”

She sees one key contributor as the aging population and the need for more referrals to specialists—something that is not going to change any time soon.

“There are more health issues, more tests required, more joint replacements and cataracts and internal medicine requests,” she said. “This falls mostly on primary care.”

Dr. Johnson said many physicians

want to see more patients and feel they should, but in turn, caring for more patients then generates more paperwork, creating a vicious circle of no-win time management challenges—and a lack of work-life balance.

“It’s a problem when people take a day off but they are not recharging, they are catching up on paperwork,” she said. “We believe this is why people walk away from family care.”

However, in Nova Scotia, Dr. Johnson sees a glimmer of hope. “The light at the end of the tunnel is a pinprick, but at least we’re in the tunnel.”

That “tunnel” is an initiative born in 2019, when the N.S. government agreed to start working with Doctors Nova Scotia to revamp administrative processes, with input from physicians.

A survey of 500 physicians conducted then found that physicians in Nova Scotia (who number about 3,600) collectively spend over 500,000 hours per year—the equivalent of 1.5 million patient visits—on unnecessary paperwork.

The first big step of the initiative came when the Office of Regulatory Affairs and Service Effectiveness (ORASE) changed the requirements for the dreaded

Department of Community Services employment support and income assistance program—the “blue form.”

The form historically required many pages of medical information, some of which was not pertinent to the program, said Dr. Johnson. Physicians also had to fill out a new form every year for every patient in the program, even if the patient’s health and situation were unchanged.

Now, physicians are only required to update the reconfigured form when patient health changes.

“It’s a tiny piece, but it has to start somewhere, and we’re hoping this (initiative) can be applied to health authorities and federal forms,” said Dr. Johnson.

The ORASE has also set Canada’s first burden-reduction target of 50,000 hours, the equivalent of 150,000 patient visits, for unnecessary physician administrative work, to be achieved by 2024. Another target for improvement, said Dr. Johnson, is the paperwork required for new physician licences.

Meanwhile, as part of their plan to reduce burnout, the Ontario Medical Association and OntarioMD are also working to streamline and reduce

required documentation and admin work.

“There are regulatory frameworks for ensuring patient records are kept up-to-date, but there is a trade-off,” said Ontario Medical Association president and Toronto psychiatrist Dr. Adam Kassam.

“The more you document, the more you have to fill out forms or fill out fields on an EMR, the less time you have actually spent with patients,” he said. “So what we have to figure out as a profession, and also as a system, is: what is that right balance? How can we support, so that instead of being data entry specialists, we can continue to be doctors?”

Other provinces and medical organizations are also addressing the issue, with Doctors of BC, for example, having committed to reviewing the cumulative effect of the burdens on doctors, acknowledging in a recent policy statement: “Spending hours of ‘pajama time’ completing work (often administrative) at home on evenings or weekends makes work-life balance impossible for many. For others, completing work during clinical hours often requires they limit time spent on direct patient care. In addition

DON'T GET THEM STARTED: CANADA'S WORST FORMS

When it comes to paperwork, these are the baddest of the bad – at least according to a selection of weary docs

‘Special’ referral forms

“An angel loses her wings every time a doctor receives a note saying, ‘Thank you for your referral. It has all the information we need, but you must now copy it all onto our special form before we will see your patient.’”—*Dr. Eric Cadesky, a family physician in Vancouver*

Unjustified claims

“The form I find most challenging are those

unjustified disability/benefit forms. I tell the patient that if I write what I really think, they won’t get the benefit; so I don’t want them to pay me and be disappointed. I also tell them if I write what I don’t believe, I might lose my license, and they, along with all my other patients, will have to find a new doctor.”—*Dr. Carlos Yu, a family physician in Ajax, Ont.*

Disability tax credit forms

“The worst, hardest, longest and most inefficient forms are those that come from insurance companies and/or the government to be filled out on behalf of the patient for tax credits or disability insurance or credits . . . and worse even if they have to be filled in every month for ‘updates’ in chronic

injury and/or disease.”

—*Dr. Michelle Moss, a family physician in Calgary*

Disability tax credit forms (part 2)

“The worst forms are the ones that you have to do twice! You fill out a form to the best of your ability, and then that is not enough and they send another form for ‘clarification.’

Most of the time, I send the same form as the first time, with my clarification pointing out that I had already answered their question the first time. As such, I am certain that they just send them back to delay the process. Disability credit forms have become almost routine to be sent back for such clarification; and I only fill them out in the first place if the patient satisfies

their criteria, so, uggghhh.”

—*Dr. Alan Kaplan, a family physician in Thornhill, Ont.*

Disability tax credit forms (part 3)

“Personally, my most hated form is the disability tax credit form. People show up around tax time because their accountant told them to fill this out to get a tax rebate. But diet-controlled diabetes is not eligible and you know this, but sometimes you still have to fill out the form—when you know they’re not going to get it.”—*Dr. Heather Johnson, a family physician in Bridgewater, N.S.*

Ontario’s WSIB forms

“WSIB (Workplace Safety and Insurance Board) forms. You have to use their ridiculous

to excessive workloads, demands become burdens when much of the work physicians are trying to complete makes inefficient use of their time and expertise, appears to contribute little if anything to quality patient care, is under- or unpaid, or is not transparently grounded in current evidence.

Dr. Alan Kaplan is a family physician in Thornhill, Ont., who focuses on respiratory illness and pain management. What he truly hates, he said, “is paperwork for paperwork’s sake—for example, the form that has to be done for the insurance company to legitimize what everyone already knows.”

He said that because he does a lot of treatments that are expensive (e.g., Botox for pain and biologics for asthma), he expects some push back (in the form of qualifying forms) from insurance companies.

“I know that once these treatments are started, the patient will have such amazing benefits, that I consider it worthwhile,” said Dr. Kaplan. “I have trouble saying that I enjoy them, but I do get gratification from patients having care that changes their lives positively. So while irritating, it is necessary and potentially gratifying.”

“An angel loses her wings every time a doctor receives a note saying, ‘Thank you for your referral. It has all the information we need, but you must now copy it all onto our special form before we will see your patient.’”

Dr. Moss remembers when there were no EMRs and says it actually takes longer now than when there were paper charts. “I do find myself sometimes getting frustrated when I have a lot of charting to do after seeing a day full of patients. I have moved to trying to document right after each patient. . . . The one thing I always do is make sure I complete all the day’s charting before starting at work tomorrow. I never leave a chart undone before I go to sleep that night.”

Even Dr. Carlos Yu, who works at having a positive, accepting attitude and

practises gratitude, admits filling out forms gives him no pleasure. The Ajax, Ont., family physician copes by making sure he charges enough, not filling out insurance or legal forms until payment is made or guaranteed, and where possible, filling out forms with the patient present or on the phone.

“I sometimes call myself a ‘formologist’ and smile,” he said. “Laughter and smiling tend to ground me to the present moment and voilà the work is done!” Still, he says, “It always takes longer than you think.” **MP**

website where nothing fits on the same screen so you have to scroll across the screen to fill all the mandatory fields. All the presets are set for other areas, like Angola. Even the provinces section includes every province in the world so you have to scroll through thousands of entries to get to Ontario. And you can’t just type “O” to get Ontario because there are so many other O jurisdictions.

“They ask you what the injury is more than once. To start a form you have to click ‘start new form’; then search all the existing forms for an old form (even though you’ve told them you need a new form) then you have to make a new form and then search all the old forms again. It’s almost like it was designed by a bureaucracy

that exists to prevent claims from being filed.

“Also, some private workplace forms are totally bereft of thought. Like the ones that ask you if your patient is free of communicable disease. In a COVID era? When people can get COVID at any second of any day? Or the ones that ask if they have their immunizations without specifying which ones. Do they care if their worker is immunized against hepatitis B? Tuberculosis? Japanese encephalitis? What is the reason for even asking in the first place if they don’t know what they are asking for?”—*Dr. Chris Sun, a family physician in Thornhill, Ont.*

ODSP, MoCA and MMSE . . .
“Time-consuming forms: The

driver’s licence physical can be frustrating after doing it and the patient is not willing to pay for the form as it’s not covered by OHIP but is needed for having a truck or motorcycle licence. The Ontario Disability Support Program (ODSP) form, MoCA and MMSE (cognitive test) forms, too. I usually ask the nurse or social worker to help with completing the ODSP form and the nurse to complete the MOCA/MMSE forms.

“The other area that causes a lot of admin work is when you accept a new patient and they bring a 100-plus page record from their previous family doctor, some of it is in handwritten notes, and there’s an expectation for you to review the entire package (hard to do when you have 1,000-plus

patients). Usually, I tell new patients to send a 10-page summary of their past history.”

—*Dr. Stephanie Zhou, family physician and addictions physician, Toronto*

Insurance forms

“Every insurance company wants to challenge off-work disability claims. There are too many lawyers, so many take on insurance companies then push doctors to fill in forms for claims. Everyone has their own little form that they want you to fill out, they’re all different and there’s no uniformity. Insurance companies are trying to get the patient back to work, so they ask a million questions and they beat up the doctor.”—*Dr. John Crosby, a family physician in Cambridge, Ont.*