Admin Burden Working Group: Improving Physician Wellness by Reducing Physician Admin Burden

Recommendations report

November 2023
Executive summary

Background

One of the first initiatives being pursued by the Canadian Medical Association (CMA) as part of its Impact 2040 strategy is to explore the reduction of physician admin burden to improve physician wellness. This is also in keeping with one of CMA’s levers to “champion the profession” by advancing the interests of physicians nationally while optimizing patient care. The impetus for reducing physician admin burden is to address the myriad negative impacts this increasing burden has on physicians, the health system, patients and society. The goal is to ensure that the time and effort physicians spend on administrative work will be proportionate to the value realized by patients and the health system.

To tackle this challenge, the CMA formed the Admin Burden Working Group (ABWG), which included CMA board directors, to advise the CMA on the current state of admin burden, the desired future state and the actions its Admin Burden Priority Strategic Initiative (PSI) team could take to help achieve this future state. The members of the ABWG, listed below, are acknowledged with gratitude for their time and thoughtfulness in contributing to this important work.

<table>
<thead>
<tr>
<th>ABWG MEMBERSHIP</th>
<th>ROLE AND ORGANIZATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Kathleen Ross (chair)</td>
<td>President, Canadian Medical Association</td>
</tr>
<tr>
<td>Dr. Chandi Chandrasena</td>
<td>Chief Medical Officer, OntarioMD, and member, Ontario Medical Association Forms Committee</td>
</tr>
<tr>
<td>Dr. Alison Clarke</td>
<td>Former president, Alberta Medical Association</td>
</tr>
<tr>
<td>Dr. Michel Desrosiers</td>
<td>Director of Professional Affairs, Fédération des médecins omnipraticiens du Québec</td>
</tr>
<tr>
<td>Dr. Clare Kozroski</td>
<td>Member, Board of Directors, Canadian Medical Association</td>
</tr>
<tr>
<td>Katie Mallam</td>
<td>Director, Policy &amp; Physician Wellness Initiatives, Doctors Nova Scotia</td>
</tr>
<tr>
<td>Dr. Alexander Poole</td>
<td>Member, Board of Directors, Canadian Medical Association</td>
</tr>
</tbody>
</table>

The ABWG also conducted 23 key informant interviews with 74 health system partners and players including individuals representing clinician associations, insurance workers, individual physicians and others across Canada. The full list of interviewees is available in Appendix A.
Purpose of report

This report is designed to:

- articulate the pressing need for admin burden to be addressed, including important contextual information such as the definition of admin burden, its impacts and its root causes; and
- provide a detailed description of the ABWG’s recommendations, which outline the main solution areas in which the CMA should focus its efforts to tackle physician admin burden.

This report builds on an extended analysis of admin burden, which can be found in the Analysis Report dated Sept. 5, 2023. Relevant background information and context are presented below and where required throughout the report.

The burning platform: Current state

Defining admin burden

Physician admin burden can be characterized by (1) excessive volume of administrative tasks, (2) redundancies and inefficiencies in the health system, (3) low-value tasks that yield minimal benefit for the patient or the health system and (4) admin tasks for which physicians do not receive appropriate compensation. The impacts of physician admin burden are felt by physicians, the health system and patients.

An administrative task shifts from being part of a physician’s workload to being a burden when the task demands a disproportionate amount of effort relative to the value it generates for patients and the health system.

Why address admin burden?

Admin burden exacts a large toll on physicians, impacting their professional and personal lives. The negative effects of admin burden also pervade the entire health system, manifesting as physician moral injury, poor physician wellness and retention, and limited access to care for patients. Admin burden has clear impacts on health care in Canada, as outlined below:
Physicians

- 50% of doctors in Canada intend to reduce their clinical hours over the next two years.
- Physicians are experiencing burnout earlier in their career because of a recent increase in admin workload and burden.\(^a\)
- Admin burden drains the joy out of medicine, leaving physicians numb to a profession that once ignited passion and provided purpose.\(^b\)

Health system

- Admin burden puts pressure on other health care providers.
- Admin burden creates a backlog of care and is expensive for the health system.\(^c,d\)

Patients and society

- While this is not all attributable to admin burden, a shortage of family doctors has also left six million Canadians without a family physician.
- Patients do not have appointments as frequently as desired or needed.
- Patients lose an aspect of interpersonal connection in health care.
- Patients experience longer wait times to access care, and many do not have attachment to primary care at all.\(^e\)

Root causes of physician admin burden

The ABWG identified five major root causes of physician admin burden that stem from the design of the health care system, its evolution, and the pressures it has faced historically and continues to face today. Understanding physician admin burden from a root cause perspective is crucial to describing the complexity, intractability and multifaceted nature of physician admin burden and helps determine which areas of opportunity would provide the highest value to the CMA in its efforts to address this issue.

<table>
<thead>
<tr>
<th>ROOT CAUSE CATEGORY</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care system</td>
<td>Working with disparate system partners, each with their own objectives, metrics and processes, increases physicians’ administrative workload.</td>
</tr>
<tr>
<td>Health care workforce</td>
<td>An aging population, compressed workforce and lack of specialized administrative support can cause admin burden.</td>
</tr>
<tr>
<td>Technology</td>
<td>Improperly developed and implemented technological infrastructure, processes and policies can contribute to administrative workload.</td>
</tr>
</tbody>
</table>

\(^a\) ABWG workshop 2
\(^b\) ABWG workshop 2
\(^c\) Key informant interview
\(^d\) ABWG workshop 3
\(^e\) Key informant interview
<table>
<thead>
<tr>
<th>ROOT CAUSE CATEGORY</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient expectations</td>
<td>Uninformed expectations of the health system can lead patients to access physicians for unnecessary tasks and increase admin burden.</td>
</tr>
<tr>
<td>Human factors</td>
<td>A physician’s individual preferences, competencies and available supports can variably contribute to admin burden.</td>
</tr>
</tbody>
</table>

**The vision**

Predicting the future state of admin workload requires a detailed understanding of the current state, including the challenges, root causes and impacts of admin burden. Using this foundation, the ABWG envisioned a future state where systems and processes have been transformed to better address admin burden and support improvements in physician wellness and patient care. The key elements required to achieve this desired future involve changes to technology development and implementation, system design and health care culture.

The following vision statement articulates a high-level path forward for the CMA in addressing admin burden; it is ingrained in each recommendation developed by the ABWG.

**A FUTURE WITHOUT PHYSICIAN ADMIN BURDEN**

*We believe in a future where exceptional patient care is delivered by a vibrant physician workforce. To achieve this future, it is pivotal that the administrative burden currently faced by our physicians be meaningfully addressed at all levels and in all settings of the health care system. In this future, the time and effort physicians spend on administrative work will be proportionate to the value realized by patients and the health system.*

*Eliminating administrative burden will enable physicians to focus on necessary and meaningful work, positively impact physician wellness, alleviate moral distress and promote professional fulfillment. This vision will realize a health system that provides remarkable patient care and empowers physicians to rediscover the joy in practising medicine.*

*Through co-designing with health system partners, government agencies, patients and private organizations at all levels, we will reshape the health care system into one where both patient care and physician wellness thrive.*
Recommendations for action

The recommendations presented in this report are the result of the ABWG’s discussion and collaboration, intended for action by the CMA’s Admin Burden PSI team. Ultimately, the ABWG prioritized six initiatives for the CMA to lead with, organized into two foundational activities and four strategic recommendations. These activities were submitted to the CMA board and approved in October 2023.

<table>
<thead>
<tr>
<th>Foundational Activities</th>
<th>Strategic Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Build the Case for Admin Burden</td>
<td>Champion Interoperability Through Legislation: Legislation is passed to mandate health data and information technology interoperability.</td>
</tr>
<tr>
<td>Develop Guidelines for Physician Engagement</td>
<td>Eliminate Sick Notes Once and For All: Unnecessary sick notes and their requirement to be completed by physicians are eliminated.</td>
</tr>
<tr>
<td></td>
<td>Address Federal and National Forms: Existing federal and national forms have been critically examined to eliminate or simplify and reduce physician involvement where not needed. Leading practices for the design and deployment of new forms are developed.</td>
</tr>
<tr>
<td></td>
<td>Build a Position on AI and Admin Burden: An understanding has been developed of safe and effective usage of AI and its prerequisites, including data governance, privacy, and security considerations as it relates to admin burden.</td>
</tr>
</tbody>
</table>

Conclusion

While admin burden is a complex and deep-rooted challenge in the health care system, it is not impossible to tackle, and doing so would provide significant value to physicians, patients and the health system. The CMA, its partners and other health system players will need to collaborate in innovative ways to successfully address admin burden and empower physicians, patients and the health system to thrive.

The CMA’s Admin Burden PSI team will use the guidance from the ABWG on the components of, and considerations for, each recommendation to mobilize an action plan to tackle admin burden. This report outlines short-term actions that demand immediate attention for tangible improvements, but the pursuit of long-term goals to achieve lasting change in the administrative aspects of health care is equally important. As this work now continues with the Admin Burden PSI team, the opportunity for transformation is real — to chart a path for change that benefits physicians, patients and the health care system.
# Table of contents

Background.......................................................................................................................................................... 7
The burning platform: Current state ........................................................................................................... 10
The vision....................................................................................................................................................... 17
ABWG recommendations............................................................................................................................. 18
Appendix A: Key informants......................................................................................................................... 29
Appendix B: References............................................................................................................................... 31
Background

In 2021, the Canadian Medical Association (CMA) launched Impact 2040, an ambitious 20-year strategy that aims to bring bold change to the future of health, the health system and the health workforce in Canada. The strategy aims to achieve a sustainable, accessible and patient-partnered health system, a society where everyone has equal opportunity to be healthy and a medical culture that embraces health equity while advancing the physical and mental well-being of its workforce.

As part of Impact 2040, an important priority strategic initiative (PSI) that the CMA has committed to is tackling physician admin burden. The impetus for reducing physician admin burden is to address the impact of burdensome administrative tasks on patient care, physician work–life balance, burnout and career dissatisfaction across Canada. Given the CMA’s mandate to champion the medical profession, the CMA is positioned to tackle admin burden and advance the interests of Canada’s physicians while maximizing professional fulfillment and optimizing patient care. To begin this work, the CMA mobilized the Admin Burden Working Group (the ABWG) to inform the development of a national action plan to lead system change across the country to reduce physician admin burden.

The ABWG is chaired by the president of the CMA and comprised of two members of the CMA Board of Directors and four representatives from provincial and territorial medical associations (PTMAs) with expertise in admin burden. Each ABWG member brings a diverse perspective and unique experiences from across the health care system to tackle the challenge of solving physician admin burden.

<table>
<thead>
<tr>
<th>ABWG MEMBERSHIP</th>
<th>ROLE AND ORGANIZATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Kathleen Ross (chair)</td>
<td>President, Canadian Medical Association</td>
</tr>
<tr>
<td>Dr. Chandi Chandrasena</td>
<td>Chief Medical Officer, OntarioMD, and member, Ontario Medical Association Forms Committee</td>
</tr>
<tr>
<td>Dr. Alison Clarke</td>
<td>Former president, Alberta Medical Association</td>
</tr>
<tr>
<td>Dr. Michel Desrosiers</td>
<td>Director of Professional Affairs, Fédération des médecins omnipraticiens du Québec</td>
</tr>
<tr>
<td>Dr. Clare Kozroski</td>
<td>Member, Board of Directors, Canadian Medical Association</td>
</tr>
<tr>
<td>Katie Mallam</td>
<td>Director, Policy &amp; Physician Wellness Initiatives, Doctors Nova Scotia</td>
</tr>
<tr>
<td>Dr. Alexander Poole</td>
<td>Member, Board of Directors, Canadian Medical Association</td>
</tr>
</tbody>
</table>
Purpose of this report

This report follows on the heels of the interim Analysis Report issued by the ABWG, which was written in July 2023, at the midpoint of this work. This new report brings forward key insights from the Analysis Report including the issues and challenges associated with physician admin burden and the ABWG’s vision to address it, and it details the ABWG’s recommendations to guide the CMA in tackling admin burden. This report is designed to:

• articulate the pressing need for admin burden to be addressed, including important contextual information such as the definition of admin burden, its impacts and its root causes; and
• provide a detailed description of the ABWG’s recommendations, which outline the main solution areas in which the CMA should focus its efforts to tackle physician admin burden.

Ultimately, the ABWG prioritized six initiatives for the CMA to lead with, organized into two foundational activities and four strategic recommendations. These activities were submitted to the CMA board and approved in October 2023.

Work undertaken

The work of the ABWG took place over seven months, from May 2023 to November 2023. Six workshops were held to define, discuss, prioritize and select solution areas in which the CMA should focus to address physician admin burden. In addition, 23 interviews were conducted with 74 interviewees (Appendix A), which provided informative perspectives from health system players and CMA partners including individuals and associations representing physicians, nurses, administrative workers, insurance workers and others across Canada. Early in this work, an environmental scan was conducted to collate research on academic and practical aspects of physician admin burden. The ABWG used the collective outputs from these activities to develop informed recommendations to impactfully address admin burden in line with the role and capabilities of the CMA.

ABWG workshops

The ABWG explored and discussed physician admin burden in six workshops:

Workshops 1–3: Kickoff, future state and solution areas, May–July 2023
In these three initial workshops, the ABWG worked to understand admin burden, develop alignment on an ideal future of physician administrative workload and explore areas of action. The outputs from these workshops were captured in the Analysis Report and are referenced in this report where appropriate.

• In workshop 1, the ABWG explored and defined the concept of admin burden including its manifestations, impacts and causes.
• In workshop 2, the ABWG envisioned and developed alignment in principle on a future health care system that has effectively addressed physician admin burden and outlined the necessary prerequisites to achieve this.
In workshop 3, the ABWG introduced potential solutions to address physician admin burden aligned with the ABWG’s vision for a future without admin burden.

**Workshop 4: Prioritizing solution areas, September 2023**
In workshop 4, the ABWG developed alignment on the types of actions required by the CMA to achieve success in nine potential solution areas. The ABWG then prioritized and scored each of the proposed solutions by impact and effort to focus on the solution areas with the greatest potential to produce value for patients and the health system.

**Workshop 5: Developing recommendations, September 2023**
In workshop 5, the ABWG crafted detailed solution canvases with objectives, key activities, potential partners and goals for each solution area with high potential to produce value for patients and the health system. The ABWG then used these canvases to formulate recommendations for the CMA. These recommendations were presented to and approved by the CMA board on Oct. 20, 2023.

**Workshop 6: Discussing impact statements, November 2023**
In workshop 6, the ABWG discussed the impact the CMA should hope to achieve by implementing the recommendations. This discussion provided a starting point for how to measure success, prioritize milestones and begin formulating impact statements. The ABWG closed this final working session by providing the CMA with feedback on the overall working group engagement process and sharing lessons learned.
The burning platform: Current state

Defining admin burden

Physician admin burden is often articulated as a feeling physicians hold in relation to their administrative workload and their choice of profession — at times difficult to describe, but immediately recognized whenever encountered. It occurs when a physician’s administrative workload conflicts with their clinical workflow, or when the workload is not appropriately manageable because of complexities, inefficiencies and redundancies in processes and policies that the health system and health system partners create and use to interact with each other. This challenge of administrative burden plagues the health system, impacts health system partners, impedes the well-being of physicians and interferes with patient care.

In defining physician admin burden, it is important to first make the distinction between physician admin workload and admin burden.

Physician administrative workload refers to the clerical tasks associated with the provision of health care that often go unrecognized. Physician administrative workload shifts from being workload to burden when the administrative tasks demand a disproportionate amount of effort relative to the value they generate for patients and the health system. The burden associated with administrative tasks can prevent physicians from providing high-quality care to patients and/or negatively impacts their well-being, leading to chronic stress, burnout and career dissatisfaction.

There are four key components of admin burden:

- excessive volume of administrative tasks
- redundancies and inefficiencies in the health care system
- the assignment of low-value tasks to physicians
- tasks that are not appropriately compensated

While physicians have always endured a certain level of admin burden, the admin burden faced by physicians has increased substantially in the past few years. The COVID-19 pandemic acted as a catalyst for this change, magnifying the existing cracks in the health system and contributing to the health human resource crisis, which continues to burden the health system today. While this is only one of the causes of admin burden, the outcome is clear: physicians are spending more time on admin work and less time with patients, and they have less time for themselves.

---

1 Key informant interviews
Why address admin burden?

Physician admin burden exacts a large toll on physicians, impacting their professional and personal lives. Although physicians bear the brunt of this burden, its negative effects are pervasive, extending through and beyond the health system. It manifests in physician moral injury, poor physician wellness and retention, and limited patient access to care. Admin burden is a particularly challenging issue to address because its complex and intractable root causes are deeply connected to the design of the health care system and its evolution in response to the pressures it has faced historically and faces today. While distinct, the interconnected and ubiquitous effects of physician admin burden highlight the urgency of this issue and underscore the need to resolve it. The following section explores the impacts of physician admin burden on the health system and beyond.

Admin burden impacts physicians

The impacts of physician admin burden on physicians are best illustrated by the reality that over 50% of doctors in Canada intend to reduce their clinical hours over the next two years, and many plan on leaving the profession altogether. Some physicians who left the profession cite workload, burnout and a lack of support as their primary reasons for exiting.

Admin burden erodes physician wellness and is one of several factors that drive physician burnout and moral distress when clerical work prevents them from being able to provide care to patients and/or take care of their own health. Physicians are also experiencing burnout earlier in their career because of a recent increase in admin workload and admin burden. In addition to negatively impacting physician wellness, admin burden also drives broader career dissatisfaction and impedes professional fulfillment. Admin burden drains the joy out of medicine, leaving physicians numb to a profession that once ignited passion and provided purpose.

Admin burden impacts the health system

The admin burden felt by physicians flows to other health care providers, as components of a physician’s workload often tumble down to other providers (e.g., nurses). This, in combination with the existing workforce crisis and exponential increase in physician workload over the past few years, puts immense pressure on the health system, creates a backlog of care and is expensive for the health system. Admin burden disrupts the workflow of other health care providers, creates more inefficiencies in the health system and ultimately puts a greater burden on the shoulders of physicians as the most responsible provider for their patients.

---

* Key informant interview
* ABWG workshop 2
* ABWG workshop 2
* Key informant interview
* ABWG workshop 3
* Key informant interview
**Physician admin burden impacts patients and society**

A shortage of family doctors has also left six million Canadians without a family physician. While this shortage is not entirely attributable to physician admin burden, the two issues are closely intertwined. Fewer physicians in the workforce are left to care for an increasingly large, aging and complex population. This results in the remaining clinics and physicians needing to provide care to larger panels of patients with complex needs who had long-standing histories with their previous providers. The effects of admin burden on patients’ access to care and the quality of care they receive are clear. Patients do not have appointments as frequently as desired or needed, lose an aspect of interpersonal connection in health care and experience longer wait times to access care, and too many of them are not attached to primary care at all.

**The root causes of admin burden**

The ABWG identified five major root causes of physician admin burden. These root causes stem from the design of the health care system, its evolution and the pressures it has faced historically and faces today. Understanding physician admin burden from a root cause perspective is crucial to describing the complexity, intractability and multifaceted nature of physician admin burden and helps determine the highest value areas of opportunity for the CMA to address it.

**System challenges**

System challenges are the processes, protocols or policies created by the health system or health system partners (e.g., regulators, payers, vendors, employers, other health care providers) that contribute to physician administrative workload and create admin burden for physicians. This can include credentialing, billing, authorizing purchases and referring patients to specialists.

Ultimately, the root of this challenge is a lack of effective co-design with physicians in the creation of processes, policies or technologies that directly affect them. For example, technology vendors, insurers and hospitals do not always meaningfully include physicians in discussions to design infrastructure that will impact physicians’ workflow. Physicians are assigned administrative tasks that any partner within or beyond the health system chooses to task them with, without any coordination between the parties making requests. Compounding this issue is the reality that these parties can add to physicians’ workload with little to no pushback from physicians because physicians are obliged to support their patients’ health, even if this requires excessive administrative work. In addition, there is no formal ongoing measurement to demonstrate the impact of these administrative tasks on the health system and physicians, making it harder to reason with the systems or organizations who generate these tasks.

---

1 Key informant interview
2 Key informant interview
3 Key informant interview
4 Key informant interview
5 Key informant interview
6 Key informant interview
7 ABWG workshop 3
Technology challenges

Technology challenges refer to the codification, design and implementation of technology tools to support physician practices that have contributed to physician admin burden. While the health system has been a laggard in adopting much of this technology, it has both benefited from these advancements and created admin burden. For example, technology has increased the accessibility of physicians and created the expectation of instantaneous communication between patient and provider. This can seem, at first glance, paradoxical — technological solutions meant to save time have in fact increased the admin burden on physicians. But the reality is that with greater access to information, physicians have been burdened with greater requirements to enter and process information.

The root of this challenge is associated with the design of tools and infrastructure that lack interoperability, require duplicative action, are inefficient and are not able to fully capture the nuances of clinical workflows. This is partly due to technology system designers and architects having a limited line of sight into the realities of clinical workflows and building systems to emulate physician workflows that they do not always understand fully. This is compounded by the fact that physicians are not often co-designers, consultants or voices in infrastructure design for their own workflows.

Workforce challenges

Workforce challenges also contribute to physician admin burden. The root of these challenges is Canada’s aging population and the resulting pressure on the workforce. Reductions in the overall numbers of health care workers per capita reduce capacity within the health care system to manage administrative tasks; this pressure is then compounded by the fact that an aging population requires more complex patient care. Ultimately, these factors exacerbate the existing health human resource crisis that has been brought to the forefront during the COVID-19 pandemic, where health care workers experienced burnout in record numbers and, in some cases, left their professions, leading to organizational turnover and a lack of available resources to draw on.

A lack of specialized knowledge to manage administrative items further contributes to admin burden. In many physician settings, administrative support from individuals such as administrative assistants and billing specialists isn’t available, or these individuals are already overloaded. While this lack of support may impact physicians differently given the variety of service delivery models in Canada, it remains a challenge worth addressing. In addition, physicians are not trained to efficiently complete administrative work. Medical students already face a demanding schedule and challenging curriculum, leaving few opportunities for them to receive sufficient training on the administrative or practice management role of a physician.

---

1 Key informant interview
2 Key informant interview
3 Rate of doctor burnout in Canada has doubled since before pandemic: survey | Global News
Patient expectations

Patient expectations have evolved over the past few years, largely in line with advancements in technology. Patients now, at times, anticipate and expect quick access to information, seamless communication of test results, acknowledgment of their self-diagnoses and immediate resolution of their concerns. This heightened set of expectations can place additional demands on physicians and the health care system, which historically has presented physicians as gatekeepers to supports and services required by patients. Exacerbating this challenge is the reality that patients are (1) not provided the agency to manage their own health journey in the health system and (2) not always well-informed on how the health system and relevant partners operate (e.g., how information is shared — or not — across providers). For instance, the processes physicians must follow to provide diagnoses for disability tax credits, sick notes and private sector requirements are often more complex and cumbersome than patients expect.

It is natural and obvious for patients, as users of the health care system, to have expectations of the care they receive. These expectations are not unreasonable in a perfect system; however, in a health care system in crisis, existing admin burdens and external pressures only serve to further burden physicians. The system’s ability to meet these expectations becomes strained, resulting in potential gaps between what patients desire and what physicians can realistically deliver. For instance, owing to structural factors, fee-for-service physicians are not compensated by the system or by insurance companies for completing forms on their patients’ behalf. This can result in a system where patients who require social assistance must pay physicians an out-of-pocket fee to complete their form. Alternatively, physicians may not charge for this service, which impacts their earnings directly. This situation is morally distressing for physicians and can negatively impact the physician–patient relationship.

Human factor

A physician’s individual preferences and competencies, or the human factor, can influence the admin burden faced by the physician and others. There is significant variation in the ways in which physicians practise, use technology and adapt to changes in workflows depending on their area of specialization, training, experience and jurisdiction. In addition, funding for technology differs by the ways physicians practise; for instance, community physicians are often responsible for paying for electronic medical records (EMRs) out of their own pocket. Moreover, a physician’s (lack of) digital literacy or administrative support further impacts administrative workload and workflow and can exacerbate or alleviate admin burden.

Compounding this root cause is a lack of change management to support physicians when the health system, legislation or external parties impose changes to physician workflows, often in the form of additional requirements. In fact, education and change management are often the first supports to be neglected, especially when the system is faced with financial constraints. The exclusion of these important tools that support physicians in adapting their workflow contributes to the resulting admin burden.

---

1 ABWG workshop 1
2 Key informant interview
3 Key informant interview
burden. For example, while short-term productivity loss is inevitable with the introduction of new technologies, with effective change management, primary care physicians can recover from this loss of productivity within three months.¹ Without change management, recovery is unlikely.

Exacerbating influences

In addition to the root causes discussed above, key informant interviews and workshops uncovered a set of truisms about the Canadian health care system that make it especially vulnerable to admin burden.

The expanding role of physicians

Physicians, as the most responsible provider in patient care, are often the first to be tasked with additional work from both the health care system and third parties, with inadequate mechanisms to drive standardization, efficiency and limitations on requests.² This can result in several small requests being made of physicians, with each requestor working in isolation and no central body responsible for establishing guidelines or standards on how physicians are to be engaged.

A risk-averse health care system

Patient safety is a core focus of the health care system because of the high-stakes nature of the work performed by health care workers.³ This has unintentionally led to cumbersome processes and protocols in the name of quality improvement and data collection. For instance, physicians are required to catalogue differential diagnoses in addition to their diagnosis in many circumstances that don’t require it. Physicians are also required to enter detailed notes into EMRs that don’t always provide additional value to patients.

An exception-based approach to benefits not covered by medicare

The current approach to accessing health benefits, such as tax disability or insurance reimbursement, is designed to detect and thwart the small percentage of individuals who attempt to exploit the system, sometimes at the cost of servicing the majority of the population who do not engage in these practices.⁴ As a result, physicians are engaged multiple times, often in the capacity of a gatekeeper and hurdle that patients must pass to access the care they need.

¹ Key informant interview
² Key informant interview
³ Key informant interview with the Canadian Nurses Association
⁴ Key informant interview with Dr. Andrew Bond
Current efforts to address admin burden

The CMA recognizes the urgency of addressing admin burden, as it impacts not only physicians but also the health care system as a whole. To date, a number of organizations in Canada have started to act on admin burden. Notable examples are several PTMAs operating in their provinces and territories. Current areas of focus include:

- standardizing administrative forms;
- establishing clear policies to reduce the number of unnecessary sick notes;
- streamlining complex referral processes;
- collaboratively co-designing technology with physicians;
- increasing administrative support and scribe services; and
- standardizing intraprofessional workflows.

For instance, initiatives in British Columbia have centralized patient referrals through the Pathways program, while Doctors of Manitoba has presented their point of view on admin burden in the province with the aim to reduce unnecessary administrative work.6,7 Nova Scotia has introduced legislation to prohibit requests for sick notes for short absences for provincially regulated employers, and the College of Family Physicians of Canada has shared their recommendation to fund the elimination of unnecessary forms and piloting of medical scribe projects.8,9

The CMA, MD Financial Management and Scotiabank have also introduced the Health Care Unburdened Grant program to provide up to $10 million in grant funding to organizations working to reduce physician admin burden by streamlining or reducing documentation, improving efficiencies in processes and practices, and reimagining resourcing and teaming in health care.

While promising initiatives are underway at the regional level, there remains a need for a comprehensive national approach to tackle admin burden, and the CMA is well positioned to drive this effort forward. This report is intended to provide clarity on the CMA’s role in supporting, uplifting, scaling and providing complementary action to ongoing efforts by key partners.

Final thoughts on the current state of admin burden in Canada

Physician admin burden is an issue rooted in systemic challenges related to the way health care in Canada is organized and delivered. It is clear that admin burden is a challenge worth addressing because of its significant negative impact on physicians, patients and the health care system at large. It is also clear that there is no single simple solution that can solve admin burden overnight; rather, it is much more likely that tackling admin burden will require contemplating and grappling with the culture of health care in Canada, including things like the role of physicians in health care delivery, the necessary inputs for thoughtful design and implementation of health care technologies for use by clinicians, and the involvement of non-traditional partners in advancing meaningful solutions.
The vision

Drawing on the challenges faced by physicians, patients and the health system, the ABWG developed a vision for the future of physician admin burden, including its transformation into simply physician administrative workload. The ABWG believes that this vision can serve as a “North Star” for the CMA in its efforts to address admin burden.

The ABWG’s vision for addressing admin burden

The ABWG’s vision for addressing admin burden is grounded in four key principles. These principles are related to the root causes and impacts of admin burden and aim to transform the admin burden pain points faced by physicians, patients and the health system into points of strength.

In short, the future of admin burden is a future where:

- technology is effective and efficient;
- physicians rediscover the joy of medicine;
- there is minimal redundancy; and
- the health system is accountable, compassionate and communicative.

The vision statement developed by the ABWG aims to capture these elements and clearly articulate the aspirations of the ABWG in tackling admin burden.

The ABWG’s vision: A future without physician admin burden

We believe in a future where exceptional patient care is delivered by a vibrant physician workforce. To achieve this future, it is pivotal that the administrative burden currently faced by our physicians be meaningfully addressed at all levels and in all settings of the health care system. In this future, the time and effort physicians spend on administrative work will be proportionate to the value realized by patients and the health system.

Eliminating administrative burden will enable physicians to focus on necessary and meaningful work, positively impact physician wellness, alleviate moral distress and promote professional fulfillment. This vision will realize a health system that provides excellent patient care and empowers physicians to rediscover the joy in practising medicine.

Through co-designing with health system partners, government agencies, patients and private organizations at all levels, we will reshape the health care system into one where both patient care and physician wellness thrive.
ABWG recommendations

The recommendations in this section are designed to address the root causes of admin burden and promote a more efficient, physician-friendly and patient-centred health care system. The following diagram summarizes the recommendations put forth by the ABWG for the CMA to address admin burden.

<table>
<thead>
<tr>
<th>Foundational Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Build the Case for Admin Burden</td>
</tr>
<tr>
<td>Develop Guidelines for Physician Engagement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategic Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Champion Interoperability Through Legislation: Legislation is passed to mandate health data and information technology interoperability.</td>
</tr>
<tr>
<td>Eliminate Sick Notes Once and For All: Unnecessary sick notes and their requirement to be completed by physicians are eliminated.</td>
</tr>
<tr>
<td>Address Federal and National Forms: Existing federal and national forms have been critically examined to eliminate or simplify and reduce physician involvement where not needed. Leading practices for the design and deployment of new forms are developed.</td>
</tr>
<tr>
<td>Build a Position on AI and Admin Burden: An understanding has been developed of safe and effective usage of AI and its prerequisites, including data governance, privacy, and security considerations as it relates to admin burden.</td>
</tr>
</tbody>
</table>

The recommendations have been structured into two sections: the first section includes a pair of foundational activities that the ABWG recommends be implemented more quickly to set the stage for the upcoming recommendations. The second is comprised of strategic recommendations that require greater effort but are expected to have a substantial and transformational impact on admin burden. These recommendations have the potential to alleviate the weight of administrative tasks and allow physicians to focus more on their personal wellness and providing quality care. These recommendations also underscore the urgency and importance of their implementation for improving the Canadian health care system.
Foundational activities

**Definition**

Foundational activities are actions that the CMA should take to quickly build momentum, trust and alignment by collating evidence and guidelines that will inform future work. These foundational activities are intended to pave the way for a smooth and effective implementation of parallel and subsequent work for the more transformational strategic recommendations. Given that the ABWG’s vision for physician admin burden is grounded in the alignment of health system partners and co-design principles, these foundational activities are intentionally designed to provide the tools to engage with the necessary players and partners effectively.

**FOUNDATIONAL ACTIVITIES OVERVIEW**

<table>
<thead>
<tr>
<th>Foundational activities</th>
<th>Brief description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Build the case for admin burden</td>
<td>Perform a thorough assessment of admin burden, including quantifying the impacts and costs, to ultimately build awareness and momentum, and foster collaboration among partners at the national level.</td>
</tr>
<tr>
<td>Develop guidelines for physician engagement</td>
<td>Advocate for involving physicians in a substantial and continuous way from the initiation of projects and for developing clear guidelines for their meaningful engagement, ensuring that physicians play a central role in collaborative efforts.</td>
</tr>
</tbody>
</table>
# Build the case for admin burden

## Context

Admin burden is a complex issue with multiple components, as previously discussed in this report. To create support for action on admin burden, the CMA can leverage the work of key players, including PTMAs, federal and provincial/territorial governments and groups like the Canadian Federation of Independent Business (CFIB), to build a case highlighting the national costs and impacts of admin burden and the urgent need for strong collaboration to address it nationally. This would rally support from partners, private enterprises and the public for actions that can streamline administrative processes, ultimately enhancing the efficiency of the Canadian health care system and ensuring the well-being of health care providers and patients.

## Objectives

### Raise awareness:
By providing and collating information and data, this activity is designed to sensitize partners to the challenges posed by admin burden. It would also ensure that partners have a clear understanding of what physician admin burden entails and its potential repercussions for physicians, other clinical staff, administrative staff, patients and the finances of health care organizations.

### Recognize its importance:
Going beyond mere awareness, this activity is designed to foster a deeper understanding of the importance of addressing admin burden and to instill in everyone a sense of urgency, emphasizing that reducing admin burden is not a minor issue but rather a critical factor in improving health care operations and physician wellness in Canada.

### Increase collaborative efforts:
This activity is intended to encourage a movement from individual grassroots efforts by physician advocacy organizations to collective and unified action. It is designed to unite various partners in a shared commitment to work together, recognizing that solving admin burden challenges requires a joint effort that transcends organizational and jurisdictional boundaries.

### Secure increased funding and resourcing:
This activity is intended to garner support for increasing financial and resource allocations to address admin burden and to ensure that partners recognize the financial commitment required to effectively reduce admin burden and take concrete steps to allocate the necessary resources for this endeavour.

## Key elements

### Quantify the impacts of admin burden:
The ABWG recommends that the CMA analyze the real-world effects of admin burden, including wasted time and resources, reduced job satisfaction and the potential impacts on service quality and productivity. The CMA should leverage and build on the existing work of the CFIB and Doctors Nova Scotia as well as the work of other PTMAs to quantify the impact of admin burden nationally.

### Quantify the costs of admin burden:
The ABWG recommends that the CMA examine the financial and system implications of administrative tasks, including direct costs like paperwork and personnel and indirect costs like missed opportunities and delayed decision-making. Combining these elements, the CMA could form a persuasive case for addressing admin burden nationally.

## Additional considerations

### Building on existing work:
Partners such as the CFIB and several PTMAs have already started to quantify the impacts of admin burden in their jurisdictions as part of developing a goal to reduce admin burden. The CMA should leverage this existing work and its national reach to articulate the case for reducing admin burden in ways that matter to health system partners and players.
Develop guidelines for physician engagement

**Context**

By developing guidelines for physician engagement, the CMA will address a critical issue in health care: the need for comprehensive and ongoing involvement of physicians in projects and changes that impact the practice of medicine in Canada. In essence, this activity aims to change the paradigm of physician engagement in Canada’s health care system away from the underutilization and delayed involvement of physician expertise in decision-making processes, which can lead to a gap between decision-makers and those directly responsible for patient care. This can have negative repercussions for the daily practice of medicine and can contribute to an uncontrollable admin burden when admin work is assigned to physicians without their involvement or consent. The CMA can address this challenge by advocating for clear guidelines that outline when and how to best integrate physicians into projects and changes that impact them, ensuring they have a central and ongoing role in shaping the future of health care.

### Objectives

**Promote physician involvement:** The ABWG recommends that the CMA actively champion and support the engagement of physicians proactively to ensure they are integral participants in project decision-making, knowledge-sharing and problem-solving processes.

**Foster collaboration:** The ABWG recommends that the CMA promote a culture of collaboration, where the insights and expertise of physicians are actively sought, appropriately remunerated and highly valued from the design to the implementation of a decision, process or solution.

### Key elements

**Advocate for substantial physician involvement from project initiation and throughout the process:** The CMA should advocate for the continuous and active participation of physicians in decisions that impact their work. It would be important for the CMA to prioritize strategies that ensure efficient use of physicians’ time while recognizing the value of their expertise. Equally, the CMA should provide guidance for compensation and incentives that ensure physicians’ meaningful involvement from project inception to completion.

**Develop physician engagement guidelines:** The CMA should also develop comprehensive guidelines for physician engagement, defining their possible role(s) and responsibilities and the criteria for meaningful involvement.

### Additional considerations

**Establishing a task force:** To kickstart this endeavour, the CMA would need to mobilize and convene a cross-functional task force involving key partners, including physicians. This task force could spearhead a comprehensive needs assessment and, subsequently, the collaborative drafting of guidelines.

**Conducting a needs assessment:** A thorough needs assessment should be conducted to identify specific areas where physician involvement can add value.

**Implementing a feedback mechanism:** In the long term, the CMA should consider implementing a feedback mechanism to allow physicians and industry partners to provide valuable input on the guidelines, ensuring their continued alignment with the dynamic needs of the health care landscape.
**Strategic recommendations**

**Definition**

Strategic recommendations, in contrast to foundational activities, are long-term and transformational areas of action for the CMA. These recommendations are meant to enable the CMA to have a lasting and profound impact on reducing physician admin burden. They represent a focused effort for the CMA’s PSI team to bring about transformative change in admin burden, ultimately improving the well-being of physicians and the quality of patient care. Included in these recommendations are potential next steps that have been informed by the overall discussions of the ABWG related to these solutions.

### STRATEGIC RECOMMENDATIONS OVERVIEW

<table>
<thead>
<tr>
<th>Strategic recommendations</th>
<th>Brief description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Champion interoperability through legislation</td>
<td>Promote the passage of legislation that mandates interoperability of health data and information technology, leading to a more interconnected health care system.</td>
</tr>
<tr>
<td>Eliminate sick notes once and for all</td>
<td>Eliminate unnecessary sick notes and the requirement for a physician to complete them, streamlining health care procedures.</td>
</tr>
<tr>
<td>Address federal and national forms</td>
<td>Examine and simplify existing government forms, reducing the role of physicians where unnecessary, and establish best practices for creating new forms.</td>
</tr>
<tr>
<td>Build a position on AI and admin burden</td>
<td>Develop a clear and concise position for the ethical, responsible and effective use of AI in health care, with a specific focus on minimizing administrative burden and safeguarding patient data.</td>
</tr>
</tbody>
</table>
Champion interoperability through legislation

Context
At the root of technology challenges faced by physicians in Canada is the lack of seamless communication and compatibility between different health care data and information technology systems. This interoperability challenge means that valuable patient information is often siloed, requiring manual processes to extract, process and utilize it, hindering efficient health care delivery and leading to admin burden and potentially serious impacts on patient care and safety. The CMA can address this issue by driving forward legislation to create a standardized framework that mandates interoperability by design in the current and next generation of technology tools that will be used in Canada. Such legislation could serve as a catalyst for streamlining and harmonizing data-sharing processes across the country.

Desired outcome
This recommendation directly addresses one of the root causes of admin burden in health care — technology. Applying this recommendation can enhance physician well-being by reducing the time spent on unnecessary administrative tasks such as referral follow-ups, rereading patient charts and searching for patient information. Patient care and safety are enhanced by quicker and more accurate access to medical information. Interoperability also promotes the patient experience in the health care system through enhanced data exchange and portability, allowing a patient’s data to follow them across health care providers and ensuring that crucial information is readily available when needed. Finally, implementation of this recommendation would improve collaboration and coordination among health care professionals and processes by reducing systematic technology barriers to collaboration. In essence, this strategic recommendation is a fundamental step in addressing the challenge of admin burden by promoting a more interconnected and streamlined health care system.

Objective
Legislation is passed to mandate health data and information technology interoperability.

Advocate for a pan-Canadian interoperability standard: One of the critical components of this recommendation is advocacy for a pan-Canadian interoperability standard. To achieve this, close collaboration with provinces, territories and federal partners is paramount. By working in tandem with these partners, the CMA can develop a unified and consistent approach to interoperability. This would ensure that health care data can flow seamlessly from one jurisdiction to another, regardless of geographic or care setting boundaries, ultimately benefiting patients and health care providers nationwide and aligning with the Canada Health Act’s principles.

Advocate for legislation: Advocating for interoperability legislation at both the federal and provincial levels is a fundamental aspect of this recommendation. This legislative approach entails collaborative efforts to incorporate interoperability requirements into health care contracts, ensuring consistency and compatibility on a national scale. The involvement of provincial governments is crucial in aligning health care entities with established standards.
Working with PTMAs: The CMA can prioritize strengthening relationships with provincial bodies by fostering open communication and collaboration. It would also be important for the CMA to convene partners and facilitate collaboration, probably by establishing a task force for interoperability, with representatives from the CMA and provincial entities.

Managing privacy and security: To navigate complexities related to patient data privacy and ownership, the CMA can engage with experts in data security and privacy to develop robust protocols and standards. Additionally, the CMA can foster trust by raising awareness among health care workers and the public about the benefits and safeguards of interoperability.

Leveraging a policy window: The CMA recognizes that advocating for legislation requires political will and appropriate timing. Given the CMA’s experience with and proximity to key government partners, it is uniquely positioned to drive this advocacy effort intelligently. The CMA’s strategic approach involves timing its actions in harmony with impending legislative initiatives. By doing so, the CMA can effectively synchronize its efforts with the evolving health care policy landscape, ensuring that interoperability requirements integrate into emerging legislation.

In summary

As this recommendation is put into action, it’s crucial to emphasize collaborative efforts among provinces, territories, partners and government officials — in line with the vision of the ABWG. The success of these initiatives relies on collaboration and adaptability in response to emerging health care technologies and privacy considerations. Sustained commitment over the long term is also essential, including ongoing standard refinement, legislative support and the flexibility to adapt. Ultimately, implementation of this recommendation could ensure that patient care and professional coordination are enabled by data exchange in the health care system.

Eliminate sick notes once and for all

Context

One of the current elements of the relationship between the health care system and employers is the role of physicians in confirming the validity of employee sick days through sick notes. Many employers require employees to obtain sick notes from physicians to confirm their illness, which physicians see as an unnecessary admin burden. Physicians rely on patient recall of their illness to sign forms and are not always compensated for filling out sick notes. This can ultimately lead to moral distress and tensions in patient–physician relationships. Unnecessary sick notes can contribute to health care inefficiencies by impeding access to care (i.e., appointments) for patients who need it.
**Desired outcome**

By advocating for the elimination of sick notes completed by physicians, the health system, patients and physicians could realize several benefits. Physicians could reclaim their time for their own well-being and patient care. Patients could experience improved access to care through decreased wait times for appointments. The health system could see an optimized usage of physician time and capacity. Just as importantly, physicians could perceive that more of their time was being spent on medically necessary care, leading to greater professional fulfillment.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Unnecessary sick notes and their requirement to be completed by physicians are eliminated.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key elements</strong></td>
<td><strong>Unnecessary sick notes and their requirement to be completed by physicians are eliminated.</strong></td>
</tr>
<tr>
<td><strong>Formulate a position:</strong> The CMA should formulate a robust and evidence-based position advocating for the elimination of physician-generated sick notes. This position should emphasize the potential cost savings and enhancements in health care system efficiency and the potential to alleviate physicians’ emotional burden associated with producing sick notes. It should be grounded in research and best practices to make a compelling case for the initiative.</td>
<td></td>
</tr>
<tr>
<td><strong>Launch advocacy campaign:</strong> The CMA should initiate a comprehensive advocacy campaign to garner support for the elimination of sick notes. This campaign should engage key partners, policy-makers, employers and the public across Canada. Bringing this to life requires a well-defined strategy, including targeted messaging, educational outreach and a call to action to create widespread awareness and support.</td>
<td></td>
</tr>
<tr>
<td><strong>Magnify PTMAs’ efforts:</strong> The CMA should collaborate with PTMAs and other relevant health care organizations to consolidate and amplify efforts in the mission to eliminate sick notes. This could include leveraging their combined expertise and ongoing initiatives through regular communication, coordination of advocacy efforts and a shared commitment to achieving the objectives.</td>
<td></td>
</tr>
<tr>
<td><strong>Additional considerations</strong></td>
<td><strong>Establishing scope:</strong> It would be important to define what constitutes &quot;unnecessary&quot; sick notes and ensure alignment on that definition across Canada.</td>
</tr>
<tr>
<td><strong>Working with key partners:</strong> The CMA should proactively align its objectives with those of the organizations that play a role in defining physicians’ scope of activities (e.g., regulatory colleges and the College of Family Physicians of Canada). Ensuring harmony between these organizations is crucial to avoid conflicts and promote a streamlined approach to eliminating unnecessary sick notes.</td>
<td></td>
</tr>
</tbody>
</table>

**In summary**

By advocating for the removal of sick notes, the CMA would take meaningful steps to address physician admin burden — both perceived and quantifiable. Given the clear challenges with sick notes voiced by physicians, eliminating unnecessary sick notes will promote professional fulfillment for physicians and empower them to rediscover the joy in practising medicine. Collaboration among provinces and territories, health care professionals and the public is essential to achieve these objectives effectively. Ultimately, implementation of this recommendation could streamline health care delivery, prioritize patient care and optimize resource allocation in the health care system.
Address federal and national forms

**Context**
Admin burden in the health care system is exacerbated by the number and variety of federal and national forms. These forms, whether paper based or digital, have accumulated and evolved over the years. They often fall to family physicians to complete as part as gatekeepers to the health care system and some social benefits. They are sometimes poorly designed and redundant, and many of them unnecessarily and mistakenly require physician attestation and completion. These forms are a source of frustration for health care professionals and patients alike because of their lack of clear instructions and often cumbersome associated processes. The CMA can address this issue by critically evaluating existing federal and national forms, working with form owners to eliminate or simplify forms and reducing physician involvement whenever possible and reasonable.

**Desired outcome**
This recommendation aims to ensure that forms and documentation do not impede the delivery of care by physicians. By developing leading practices for form design and deployment, the medical community can minimize the admin burden that detracts from patient care and affects physician wellness.

**Objective**
Existing federal and national forms are critically examined to eliminate, simplify and reduce physician involvement where not needed. Leading practices for the design and deployment of new forms are developed.

**Key elements**
- **Critically evaluate existing federal and national forms:** The CMA should conduct a comprehensive review of current federal and national forms, both paper based and digital, to identify inefficiencies, redundancies and obsolete forms that need to be removed, so that physician involvement in forms can be reduced where possible.
- **Develop leading practices:** The CMA should leverage existing efforts at the provincial and territorial levels and the expertise of the medical community to develop leading practices for form design and deployment. These leading practices can serve as a guide for creating forms that are more user friendly and efficient.
- **Support ongoing monitoring and optimization:** To ensure the long-term success of this recommendation, the CMA should support ongoing monitoring and optimization of medical forms. This involves continuously evaluating and refining forms in the future to adapt to changing health care needs and technologies.

**Additional considerations**
- **Working alongside provincial partners:** Addressing national and federal forms is both complicated and simplified by ongoing efforts in provinces and territories to do the same for local forms. The CMA should ensure that leading practices align with ongoing efforts and are flexible to accommodate any legislative requirements at the provincial and territorial level. The key for the CMA’s success in this initiative is to avoid duplicating the ongoing work of PTMAs while providing clear guidance for all.
In summary
By critically evaluating and simplifying existing forms and developing leading practices for form design and deployment, the CMA can support the health care system to streamline administrative processes, alleviate physician workloads and provide more efficient and effective health care services. Similar to the sick notes recommendation, this recommendation is important because of the impact it will have on physicians’ time and their ability to focus on meaningful patient care. This initiative would also demonstrate national leadership in a way that directly benefits front-line workers and their patients. A reduced admin burden would make comprehensive family medicine more appealing to medical trainees, potentially increasing the number of and capacity of family physicians and freeing up time for them to devote to their personal wellness and to patient care.

Build a position on AI and admin burden

Context
In addition to the challenges addressed in the previous recommendations, health care in Canada is beginning to face another critical challenge — the rise of AI and the lack of preemptive regulations surrounding its use in health care. The increasing use of AI in health care holds significant promise but also introduces concerns about data governance, privacy and security. Without a clear understanding of safe and effective AI usage and prerequisites, the potential benefits could be overshadowed by a fragmented and risky approach to AI in health care. The purpose of this recommendation is to advance the CMA’s understanding of the relationship between admin burden and AI and its ability to act quickly on this issue by developing a position on the ethical, responsible and effective implementation of AI in health care. This approach aims to support the adoption of optimized AI solution while safeguarding patient data and outcomes.

Desired outcome
The desired outcome of this recommendation is simple: by building a position on the safe and effective use of AI in health care, the CMA can support physicians to harness the full potential of AI tools while minimizing their unintended impacts on admin burden. Such a position is essential to ensure that AI tools are harnessed to enhance health care delivery rather than adding to the administrative workload.

Objective
An understanding is developed of safe and effective usage of AI and its prerequisites, including data governance, privacy and security considerations, as it relates to admin burden.

Key elements
Develop an AI position: Develop a clear and concise position for the ethical, responsible and effective use of AI in health care, with a specific focus on minimizing administrative burden and safeguarding patient data.
Additional considerations

**Gaining physician support:** Among physicians less proficient in technology, it would be important to provide effective change management support, clearly address privacy and contractual intricacies to safeguard patient data and manage expectations by distinguishing between the actual capabilities of AI and potentially overinflated expectations. The CMA would need to balance its mandate to support the physician profession broadly while contemplating how to empower physicians in their practices to effectively leverage AI.

**In summary**

While AI holds great promise for improving patient care, it also poses challenges in terms of administrative complexity, data governance, privacy and security. Establishing clear guidelines for responsible AI use will enable health care practitioners to harness the potential of AI to enhance patient care while minimizing admin burden. There is a real opportunity for the CMA to take a proactive stance on AI and emerging digital solutions. This position would help the health care system to avoid the complexities and challenges it is facing today with other technology-related issues, such as interoperability and data standards. The short-, medium- and long-term next steps presented here are intended to enable the CMA to take a proactive approach in addressing the potential admin burden resulting from AI and ensuring that AI becomes a valuable asset not only for reducing admin burden but also for enhancing health care more broadly.

**Conclusion**

This report underscores the importance of addressing admin burden in health care and sets out the key initiatives for the CMA to address admin burden. While admin burden is a complex and deep-rooted challenge, it is not impossible to tackle, and doing so would provide significant value to physicians, patients and the health system. The CMA, its partners and other health system players will need to work together closely, and probably in new and innovative ways, to mold the health care system into one that empowers both patients and physicians to thrive. The CMA will need to draw on its roles and capabilities, while supporting its partners and other health system actors, so that success can be achieved collectively.

The transition from the development of recommendations by the ABWG to their implementation by the Admin Burden PSI team represents a significant milestone — translating the recommendations into tangible actions. Immediate organizational and governance-related next steps primarily involve the establishment of the PSI team as well as the initiation of work on the priorities highlighted in this report.

This report details short-term actions that demand immediate attention for tangible improvements. However, it is equally important to pursue long-term goals to achieve lasting change in the administrative aspects of health care. The ABWG understands that the CMA’s commitment extends beyond the immediate actions, and additional efforts may be required to effect substantial, enduring change. As this work now continues with the Admin Burden PSI team, the opportunity for transformation is real — to chart a path for change that benefits physicians, patients and the health care system at large.

In advancing the ABWG’s recommendations, the CMA will aim to pursue meaningful action that breaks down the intractable problem of admin burden and significantly improves the lives of physicians and enhances the overall health care experience in Canada.
### Appendix A: Key Informants

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>ORGANIZATION</th>
<th>INTERVIEWEE(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provincial or territorial medical association</td>
<td>Doctors of British Columbia</td>
<td>Anthony Knight</td>
</tr>
<tr>
<td></td>
<td>New Brunswick Medical Society</td>
<td>Lisa LePage, Emma Boulay, Tim Ross</td>
</tr>
<tr>
<td></td>
<td>Medical Society of Prince Edward Island</td>
<td>Karen Pyra</td>
</tr>
<tr>
<td></td>
<td>Newfoundland and Labrador Medical Association</td>
<td>Robert Thompson, Dr. Gerard Farrell, Jean Cook</td>
</tr>
<tr>
<td></td>
<td>Ontario Forms Committee</td>
<td>Dr. Scott Elliot, Dr. Marilyn Crabtree, Dr. Jane Purvis, Dr. Debbie Dyke</td>
</tr>
<tr>
<td></td>
<td>Doctors Manitoba</td>
<td>Keir Johnson, Paul Pierlot</td>
</tr>
<tr>
<td>Federal body</td>
<td>Healthcare Excellence Canada</td>
<td>Jennifer Zelmer, Colleen Ferris</td>
</tr>
<tr>
<td></td>
<td>Health Canada</td>
<td>Susan Weston, Michelle Owen</td>
</tr>
<tr>
<td>Accreditation college</td>
<td>Royal College of Physicians and Surgeons of Canada</td>
<td>Dr. Glen Bandiera, Dr. Guylaine Lefebvre</td>
</tr>
<tr>
<td></td>
<td>College of Family Physicians of Canada</td>
<td>Arlen Keen, Artem Safarov, Dr. Michael Allan, Dr. David Poon</td>
</tr>
<tr>
<td>Regulatory college</td>
<td>College of Physicians and Surgeons of Nova Scotia</td>
<td>Dr. Gus Grant, Dr. Keri McAdoo</td>
</tr>
<tr>
<td>Expert</td>
<td>Sigma Health Tech</td>
<td>Dr. Duncan Rozario</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>--------------------------------------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Inner City Health Associates</td>
<td>Dr. Andrew Bond</td>
<td></td>
</tr>
<tr>
<td>Pathways BC</td>
<td>Dr. Tracy Monk</td>
<td>Dr. Karin Kausky</td>
</tr>
<tr>
<td>Centre for Addiction and Mental Health</td>
<td>Dr. Tania Tajirian</td>
<td>Brian Lo</td>
</tr>
<tr>
<td>Resident</td>
<td>University of Manitoba</td>
<td>Dr. Esther Kim</td>
</tr>
<tr>
<td>Patient</td>
<td>CMA Patient Voice</td>
<td>Eddy Szczerbinski</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Elke Hutton</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jake Farr</td>
</tr>
<tr>
<td>Insurance</td>
<td>Canadian Life and Health Insurance Association</td>
<td>Christine Hildebrand</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sheila Burns</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Joan Weir</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mike Aiken</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cori Lawson-Roberts</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ken Bownam</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Giulia Falbo Ahmadi</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Neda Nasseri</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Margret Wurzer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Shannon DeLeonardo</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Alison Mundl</td>
</tr>
<tr>
<td>Allied health associations</td>
<td>Medical Group Management Association of Canada</td>
<td>Kristen Penick</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Marc Desjardins</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Carol Petryschuk</td>
</tr>
<tr>
<td>Canadian Nurses Association</td>
<td>Tim Guest</td>
<td></td>
</tr>
<tr>
<td>Health authority</td>
<td>First Nations Health Authority</td>
<td>Dr. Kelsey Louie</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dr. Terri Aldred</td>
</tr>
<tr>
<td>ABWG member</td>
<td>Dr. Chandi Chandrasena</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr. Alison Clarke</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr. Michel Desrosiers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr. Clare Kozroski</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Katie Mallam</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr. Alexander Poole</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr. Kathleen Ross</td>
<td></td>
</tr>
</tbody>
</table>
Appendix B: References


2. Jones AM. 6M Canadians don’t have a family doctor, a third of them have been looking for over a year: report. *CTV News* 2022 Sept 8. Available: https://www.ctvnews.ca/canada/6m-canadians-don't-have-a-family-doctor-a-third-of-them-have-been-looking-for-over-a-year-report-1.6059581 (accessed 2023 July 31).


