

ADDRESSING PHYSICIAN BURDENS



What are burdens and why do they matter?

Doctors are increasingly faced with tasks or demands that do not contribute to or limit their ability to provide quality patient care. These include tasks that are duplicative, unnecessary, not clearly evidence-based, or when the volume of demands is so great they cannot be reasonably accomplished. While these tasks may seem like a minor annoyance, they accumulate over time from many sources to become overwhelming and burdensome. Literature shows that when doctors feel overwhelmed by these types of tasks, it can negatively impact quality and access of care, physician well-being, and health system sustainability.

How can we address burdens?

Doctors of BC has developed the Burdens Solutions Tool, which outlines a series of steps to find the best solution to eliminate, or reduce the impact of, these types of tasks. Rather than trying to pose a solution to every potential burdensome task, this tool provides a framework to think through different solutions in a logical manner. It can be used to examine existing demands, or before a new task is introduced, to prevent new burdens from emerging. Doctors of BC is committed to embedding this tool in all of our work. We are also calling on the Ministry of Health and other groups that create burdens on doctors to implement the tool in their decision-making processes.

BURDENS SOLUTIONS TOOL



Engage Physicians

How is the tool used?

Consider if and how each of the five steps could be applied to a task. While there may be a single simple solution in some cases, other tasks may require multiple solutions. Some burdens may be resolved with one small change (i.e., reducing the number of questions on a form so it only asks for clinically relevant information). More complex burdens may require multiple solutions (i.e., automating a process and ensuring it is funded appropriately). To the extent that is possible, doctors should always be engaged when identifying solutions to ensure they reflect their clinical needs.

Step 1: Eliminate — Ask if the demand supports access and quality of care. If it does not, try to eliminate the demand. If the demand cannot be eliminated, consider other demands that could be eliminated.

Step 2: Simplify — Ask if and how the demand can be simplified to be as efficient as possible, so that it only focuses on clinically relevant information. Consider various ways to simplify demands, including technological solutions, reducing the number of questions or steps, etc.

Step 3: Collaborate — Ask if and how the demand could be better managed through improved collaboration and harnessing the expertise of existing team members (both clinical and administrative).

Step 4: Resource — Ask if there are sufficient resources, including compensation, staff, or time to complete the demand. If the demand is necessary to support access and quality of care, and cannot be effectively managed through simplifying or collaborating, ensure resourcing is increased to support the demand.

Step 5: Communicate — Regardless of which solution(s) are applied, always consider when and how new or changing demands are communicated, to prevent physicians from becoming overwhelmed with too many changes happening at the same time.

For more information on how to reduce burdens and support quality and access to care, see Doctors of BC's policy paper [Creating Space for Doctors to be Doctors: A Cumulative Impact Lens on Physician Demands](#).