A THOUSAND PAPERCUTS

Understanding and addressing changing administrative workload in primary care

HEALTH SYSTEMS
RESEARCH LAB

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PROJECT OVERVIEW

Primary care in Canada is under strain. Patients have trouble accessing needed care while primary care clinicians report stress and overwork, including growing administrative workload. While challenges associated with administrative workload in primary care have been recognized, little research has been conducted.

Within the limited published research, 'solutions' discussed in one study (such as technology or task-shifting) may be described as 'drivers' of administrative workload in another (Storseth, 2025).

Our research focuses on administrative work in primary care and includes clinical, administrative, policy, and service-planning experts to better understand challenges and identify practical solutions.

The objectives of the research project are to:

- Determine how the volume of services requiring primary care coordination has changed over time in Canada (quantitative),
- Understand experiences of administrative workload among clinicians and staff in Nova Scotia and New Brunswick (qualitative), and
- Co-identify priority issues and co-develop practical solutions to make primary care administrative work more efficient in Nova Scotia (expert conversations).

We used three main methods to fulfill the objectives:

1. Quantitative analysis of Electronic Medical Record (EMR) data from Canadian Primary Care Sentinel Surveillance Network (CPCSSN) data.

- We tracked how the volume of outpatient services requiring primary care coordination and oversight (i.e., laboratory tests, referrals to other specialists, and prescriptions) changed between 2011 and 2021.

2. Qualitative interviews with clinicians and staff.

- We conducted 36 interviews in Nova Scotia and New Brunswick with:
  - 11 family physicians,
  - 11 nurse practitioners, and
  - 14 administrative staff.
- We explored the research questions:
  - What are current experiences of administrative workload, and what areas are of particular concern including work related to patient care and clinic administration? What suggestions do members of primary care teams offer to address concerns about administrative workload?
  - In the absence of a clear definition of administrative burden in primary care, how can administrative burden be conceptualized? How do professional responsibilities intersect with administrative processes to cultivate experiences of 'burden' in primary care?

3. Expert conversations with people in clinical, administrative, policy, and service planning roles.

- We brought together experts to participate in four 60-minute virtual conversations about two topics, informed by quantitative and qualitative findings:
  - Technology in practice, and
  - Training, resources, and support for administrative staff.
- Conversations were held on Zoom in October 2024 with experts in Nova Scotia (21 total). The objective was to co-identify priority issues and co-develop practical response strategies to make administrative work more efficient.
- We asked the questions:
  - Which areas of concern are addressable in the short, medium, and long term?
  - What actions would be needed, who is in a position to act, and what resources would be involved?
- All conversations were guided by topic-specific discussion questions (see discussion questions on the next page).
- After the conversations, we synthesized notes from all sessions to identify common themes, compared findings with research findings, and shared summaries and outstanding questions back to all participating experts.

"I will say like this year was a very difficult year.
I've had multiple times this year where I was like, I'm done.
And it's all due to [lack of] administrative support."
Nurse Practitioner, New Brunswick

DISCUSSION QUESTIONS

Technology in practice conversation questions:

- What opportunities are there to more efficiently support information management in primary care?
- How do we ensure that strategies to improve the flow of information within the health system meet the needs of primary care clinicians and administrative staff?
- What opportunities are there to build capacity for training and integration of new technologies into primary care practice?

Training, resources, and support for administrative staff conversation questions:

- What opportunities are there to advance training, including formal programs and on-the-job training?
- Are there good examples of standard operating procedures or administrative tools we could learn from?
- What steps can be taken to retain skilled staff in primary care and improve their job satisfaction?

DEFINITIONS

The term administrative burden is often discussed but rarely defined (Storseth, 2025).

Administrative burden has been associated with "unnecessary administrative tasks" (CMA, 2024), but this does not recognize necessary administrative tasks that maintain core primary care functions, such as continuity and coordination of patient care.

ADMINISTRATIVE BURDEN
The experience of administrative work as a source of difficulty, hardship, or worry.

ADMINISTRATIVE WORK
Activities required for the operation of primary care, including indirect patient care (charting, forms, referrals) and running a practice or clinic.

Administrative work in primary care is often completed by women (Neuwelt, Kearns, & Browne, 2015). Supportive work done by women is often not valued or recognized, or is made invisible (Murtola & Vallelly, 2023). When describing specific activities and tasks, it is important to recognize that work is work, even if it can be at times frustrating or inefficient.

This research focuses on the experiences of primary care clinicians and staff, but **patients and caregivers** also experience administrative burden. In fact, "administrative burden" was first used to describe the time and stress involved in finding information and navigating systems as patients or members of the public (Herd & Moynihan, 2018).

The related concept of **administrative violence** describes how legal or administrative processes can contribute to inequitable or coercive outcomes (Spade, 2015; Jacobs, 2024). This project does not help to understand patient or caregiver experiences of administrative burden or administrative violence, but this is an important topic for further research.

ADMINISTRATIVE WORK INCREASING OVER TIME

Data from EMRs across Canada suggest that administrative workload has grown between 2011 and 2021.

- Annual counts of laboratory tests, referrals, and prescriptions increased over time whether we look at the level of individual physician, days worked, patient, or patient visit (Figure 1).
- When controlling for physician characteristics (e.g., age, sex or gender) we still see significant increases in rates of laboratory tests (57%) and referrals (29%) (Figure 2) per visit. Findings clearly show that more work is happening for each patient visit with a family physician.

Figure 1. Change in laboratory tests, referrals, prescriptions, and visits over time, 2011-2021

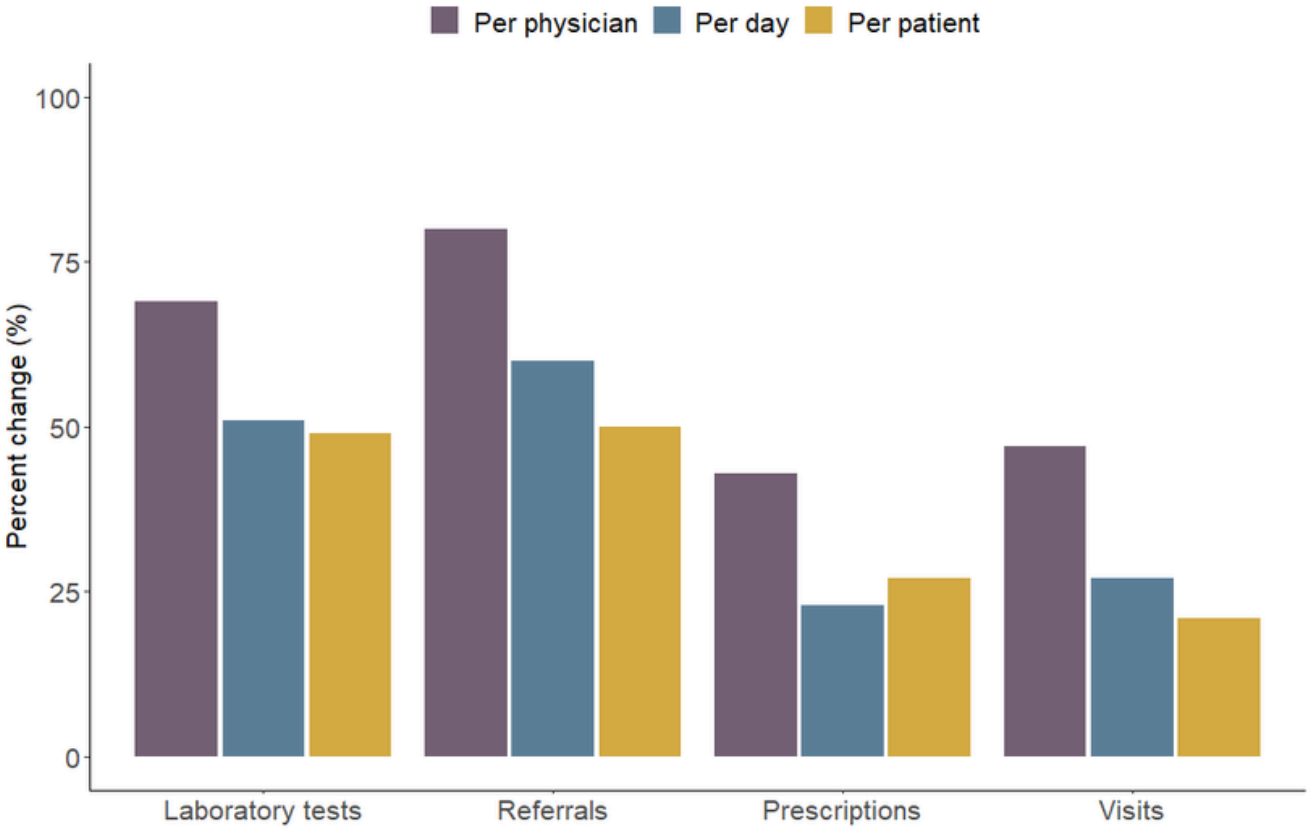
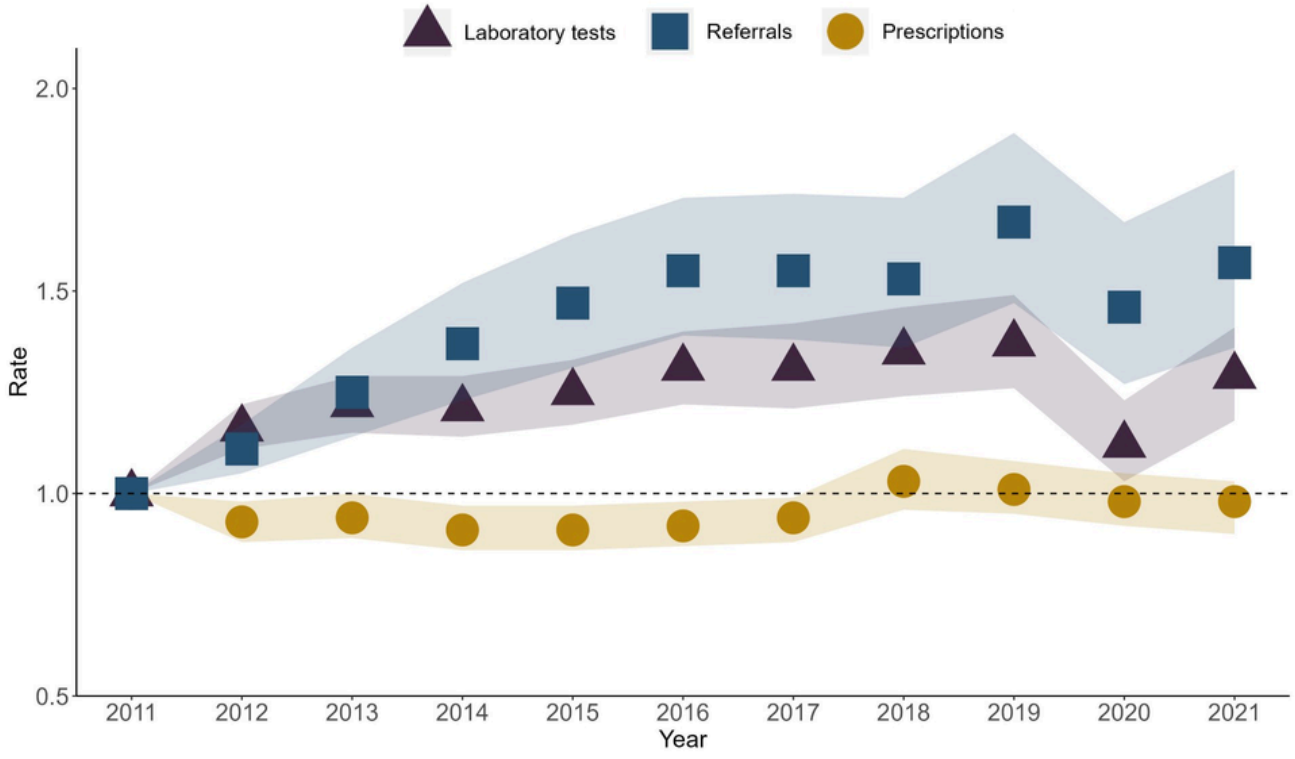


Figure 2. Incident rate ratio and confidence interval (95%) for laboratory tests, referrals, and prescriptions per visit, 2011-2021



INFORMATION MANAGEMENT, STEWARDSHIP, AND RESPONSIBILITIES

Qualitative interviews helped us understand the types of administrative work being done, how they are experienced as burdensome, and what the impacts are.

Administrative work often involved **information management**, including the responsibility for ensuring information is accurately transferred from one place to another (e.g., filling out referral forms for patients). Information management was loaded with additional responsibilities:

- **Information stewardship** includes the responsibility for ensuring confidentiality, data security, and continuity of patient information (e.g., securely transferring patient records, ensuring provider receipt of patient referrals).
- **Clinical responsibility** includes the responsibility for clinical judgement in the management of patient information (e.g., interpreting results).
- **Moral responsibility** includes the responsibility to meet patient needs and accountability for the outcomes of administrative processes (e.g., advocacy for supports needed by patients).

"I find in family practice ... the buck kind of stops with us. If a specialist doesn't want to see somebody, they can just simply say, "We decline". Or they simply say, "Well, here's my consult, now you deal with it all. Here's our medications we want you to order. This is what we want you to do. This is what we want you to follow up." And if something is beyond us, we really don't have a choice because we don't have anywhere to send anybody"

Nurse Practitioner, Nova Scotia

WRONG TOOLS AND BANDAID SOLUTIONS

Participants reported that increasing volume and complexity of administrative tasks is contributing to stress and burnout. Learning from the experiences and suggestions providers have can support improvements with administrative work processes and experiences.

Providers are doing administrative work without the right tools (e.g., outdated technology, cumbersome forms) and without clear operational processes or appropriate human resources.

- Lack of interconnectivity and limited tools for follow-up and coordination.
- EMRs not optimized to meet needs.
- Lengthy forms.
- Lack of documentation outlining processes.

Interprofessional tensions exist and make internal teamwork and external collaborations more difficult. Furthermore, team members are lost over time due to issues.

- Lack of role clarity (e.g., misunderstanding of nursing scope of practice, issues with medical office assistant training and description).
- Limited control over team composition in some settings.
- Challenges with retention of administrative staff.

Band-Aid solutions are ineffectively used to solve complex problems, resulting in persistent issues.

- Technologies are implemented without proper end-user consultation with primary care or ongoing support.
- Task shifting moves burden, leaving those taking on the task still unsupported.
- Not all team members are included in discussions, meaning solutions that address root causes can be overlooked.

COMPREHENSIVE SOLUTIONS

Interviews and expert conversations made clear that there is no single strategy to address administrative workload, but multiple solutions can play a role in making administrative work more efficient and reducing the experience of administrative burden, including streamlined information exchange, technology tailored to practice, and support for administrative staff.

Simplify and streamline information exchange across health and external systems

- Remove duplicate work created by co-existing paper and electronic processes.
- Develop system-level infrastructure to easily share and access patient information (e.g., centralized referral systems, efficient access to test results, a single patient record and other efforts to support health record interoperability).
- Reconsider the role of primary care in determining eligibility of resources (e.g., disability tax credit, insurance, sick notes, drug exception/special authorization requests).
    - Within this, simplify and streamline processes.
    - The Nova Scotia Office of Regulatory Affairs and Service Effectiveness is doing ongoing work aimed at reducing physician red tape. Many of these initiatives address streamlined information exchange (Nova Scotia, 2025).

Tailor technology to primary care contexts

- Technology-based tools and improvements for efficient information management:
  - Early and ongoing primary care consultation (including during procurement, planning, development, and implementation).
  - Optimize EMR for primary care workflow (including data entry and retrieval) and integrate with other platforms and tools.
  - Ensure team members can securely access data needed to do their job.
  - Support record-keeping (e.g., AI scribes) and information transfer (e.g., form auto-completion).
- Capacity to implement and learn new tools:
  - Train technology experts in primary care context so they can offer more tailored support.
  - Recognize unique clinical contexts, needs, and relationships.
  - Provide time to implement technology and learn how to optimize.
  - Provide clear, accessible, and ongoing technology support for primary care users.

"I don't think anybody who does my job would ever choose the EMR that they have chosen. It doesn't play nice with other programs. There is no streamlining. There's no integration. There's no expandability or adaptability"
Family Physician, New Brunswick

Support administrative staff

- Training
  - Expand administrative training specific to primary care (e.g., optimized EMR use (including standardized data entry and data extraction), familiarity with other provincial data systems, preparation for triaging and scheduling in primary care setting, front-line patient management, knowledge of new technologies).
  - Include information about clinic processes and clinician preferences in onboarding and offer on the job training time.
- Tools
  - Tailor administrative policies and procedures to individual clinics.
  - Enable access to technologies that make clinic administration more efficient (e.g., scheduling tools).
- Retention
  - Offer administrative staff regular feedback and mechanisms to raise concerns and contribute to solutions.
  - Include administrative staff in team meetings.
  - Provide fair pay and benefits to administrative staff.
  - Plan opportunities for career development for administrative staff.

"I made quite a few mistakes at the beginning because I didn't know what the proper procedure was. And it felt like there wasn't a lot of dedicated training." Medical Office Administrator, *Nova Scotia*

CONCLUSIONS

Administrative work in primary care is critical to continuity and coordination of care, and therefore to system efficiency more broadly. Investment into and consideration of comprehensive strategies rather than Band Aid solutions can build capacity for more efficient administrative work including streamlined information exchange, better technology in practice, and support for administrative staff while considering the interconnectivity and complexity of primary care processes and systems.

"I would say in the last two years, the crisis is hitting a critical point"
Family Physician, New Brunswick

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RESOURCES

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PAPERCUTS IN PRIMARY CARE

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