

PRELIMINARY REPORT

Task shifting of medical office works: A preliminary questionnaire survey for generalists

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Abstract

To reduce physician burden, task shifting of clerical work from physicians to medical assistants is being promoted; however, it depends on hospitals. A questionnaire survey was conducted among 40 general physicians at Okayama University Hospital in December 2022 to investigate physicians' preferences toward task shifting. Compared to other tasks, most physicians thought that ordering examinations (14, 47%), replying to referral letters (19, 63%), and prescriptions (21, 70%) and medical record entries (22, 73%) should not be task shifted. Physicians' controversial opinions on task shifting maybe the reason behind the slow progress in task shifting.

KEYWORDS

burnout, clerical work, medical assistant, overwork, task shift

1 | INTRODUCTION

As medical records become increasingly electronic, the burden on physicians performing medical administrative tasks escalates. Physicians are reportedly spending more overtime hours on medical documentation than ever before, especially with regards to medical fee billing.¹ Moreover, performing medical administrative work as overtime is known to pose a high risk of physician burnout.² Therefore, to provide sustainable medical care, it is important to reduce physicians' burden of clerical work.

To solve the pressing issue of overwork among physicians in Japan, there is a need to consider tasks that can be shifted from physicians to others that will reduce clerical work and overall working hours. Using a medical scribe in clinical settings as a paraprofessional who performs medical clerical work will lead to a reduction in physicians' workload and ultimately improve patient care.^{3,4} The Japanese government is also promoting task shifting in medical clerical work, for example, by changing the additional fee for medical assistants in the 2022 revision of medical service reimbursement.⁵

Although medical clerical tasks that can be performed by medical assistants (usually called "medical clerks") in Japan are designated by law, the actual situation of task shifting seems to vary among hospitals. To promote task shifting among physicians within the scope of the law, it is necessary to discuss the appropriate content of such tasks to avoid complaints or concerns. However, to the best of our knowledge, no studies have been conducted on task-shifting medical clerical work, particularly in Japan. Therefore, we conducted a questionnaire survey to preliminarily investigate physicians' recognition of and preference toward task shifting. Since physicians belonging to the department of general medicine are thought to have the most comprehensive perspectives on medical cares in various clinical settings in Japan, this pilot study focused on them.

2 | METHOD

In December 2022, an online survey was conducted among all 40 physicians in the Department of General Medicine, Okayama

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University Hospital, Japan. The questionnaire comprised questions about the respondents' sex, years since graduation, whether or not they were engaged in outpatient clinic or inpatient ward care, tasks that they thought should or could be task shifted from physicians to other professions, and those that should not be task-shifted. The questions and choices were generated based on the researchers' discussions, and multiple answers were allowed for the questionee. Responses to the questionnaire were voluntary and approval for the tabulation and publication of the results was obtained from the Ethics Committee of Okayama University Hospital (No. 2302-016).

3 | RESULTS

Thirty physicians (response rate: 75%) answered the questionnaire, including 20 males, 9 females, and 1 who did not reveal their gender. The median number of years since graduation was 12.5 years (interquartile range: 8–20). Fifteen physicians were mainly engaged in ward work and 22 physicians were regularly involved in outpatient care. Physicians' preferences for each task are summarized in Figure 1. Of the tasks listed as examples, 24 (80%) physicians reported that the calculation of guidance and management costs and the registration of disease names for examinations and prescriptions should be or are better task-shifted. In addition, other tasks, such as drafting medical certificates, preparing documents for renewal of the designation of incurable diseases, and scheduling appointments for the next visit were preferred to be task-shifted. However, the survey revealed that more physicians thought that ordering examinations (14, 47%), replying to referral letters (19, 63%) and prescriptions (21, 70%) and medical record entries (22, 73%) should not be task shifted.

4 | DISCUSSION

As medical care has become more complicated and the importance of medical safety has been increasingly highlighted in recent years, task shifting is of great value. Additionally, it is essential to reduce and prevent physicians' burnout in modern medical settings. In a previous qualitative study, semistructured interviews were conducted to classify tasks that could be "outsourced" from physicians to medical scribes.⁶ However, to the best of our knowledge, this pilot study is the first in Japan to investigate general physicians' preferences regarding the breakdown of these tasks. Although we assumed that physicians would prefer many clerical tasks to be assigned to others, however, they were uncomfortable with task shifting in all clerical works.

Thus, the reasons for the difficulties in shifting medical administrative jobs from physicians to medical assistants need to be discussed. First of all, overloading medical assistants beyond their capacity should be considered.^{6,7} According to the present study, physicians are not willing to allow task shifting in all medical clerical tasks. Because the questionnaire did not ask about the factors that led them to each answer, it is still unclear why general physicians consider that ordering prescriptions and examinations, writing medical records and reply letters to referral physicians are chores that they should continue to perform on their own. The advantages of shifting desk work from physicians to clerical specialists include ensuring appropriate billing of medical fees, which is fundamental for hospital revenue. In addition, support from medical assistants allows physicians to spend more time on direct patient care, thus improving physician satisfaction.³

However, this study has some limitations. This was a single-centered survey with a small number of general physicians and the

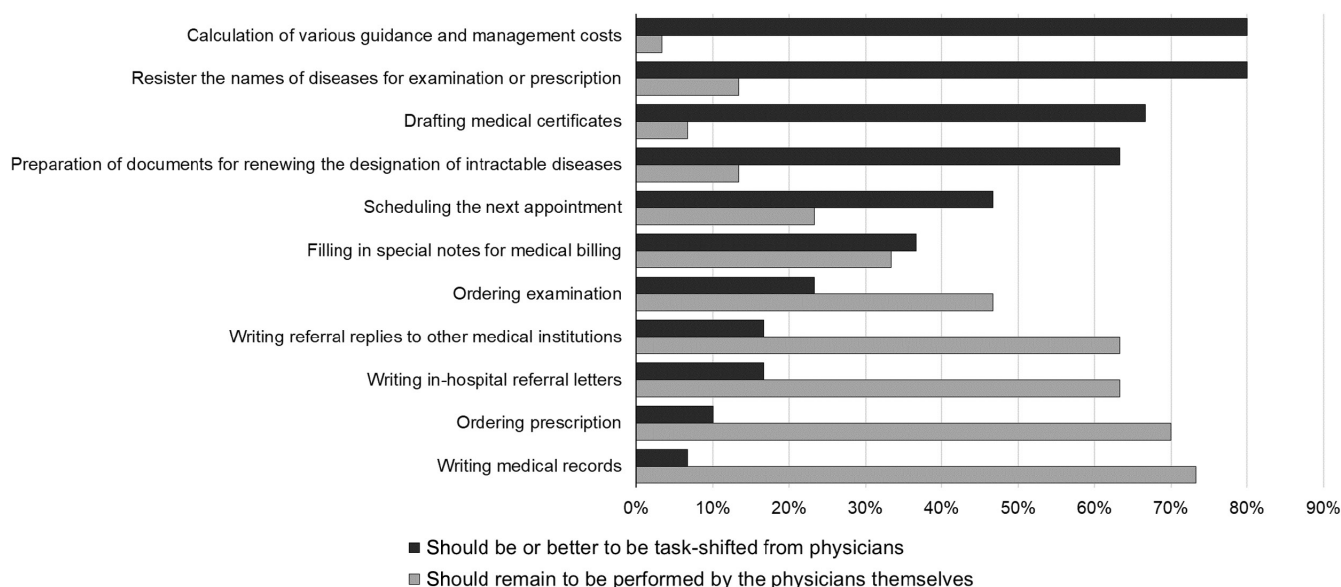


FIGURE 1 Physicians' preferences for task shifting of each clerical work. Tasks that they thought should or could be task shifted and should not be task shifted from physicians to other professions were questioned and multiplied by the provided list.

need for task shifting depends on the clinical situation in which they are located. Therefore, a multicentered study targeting physicians with various clinical backgrounds (age, gender, and specialty) and settings (public vs. private hospitals and urban vs. suburban hospitals) is warranted.

Despite these limitations, our preliminary results provide an opportunity to discuss the factors that contribute to the slow progress of task shifting in Japan. To promote task shifting, additional nationwide research that considers the real situation of current task shifting and physicians' preferences is encouraged.

ACKNOWLEDGMENTS

We thank Dr. Yoshito Nishimura (University of Hawaii) for his assistance in writing the manuscript.

CONFLICT OF INTEREST STATEMENT

The other authors have stated explicitly that there are no conflicts of interest in connection with this article.

ETHICAL STATEMENT

Responses to the questionnaire were voluntary and approval for the tabulation and publication of the results was obtained from the Ethics Committee of Okayama University Hospital (No. 2302-016).

CONSENT FOR PUBLICATION

Informed consent from the participants was not necessary due to the anonymization of data.

CLINICAL TRIAL REGISTRATION

Information regarding the present study was provided on the website of our department.

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How to cite this article: Otsuka Y, Hagiya H, Sunada N, Otsuka F. Task shifting of medical office works: A preliminary questionnaire survey for generalists. *J Gen Fam Med.* 2023;24:317–319. <https://doi.org/10.1002/jgf2.641>