



ReasonNotes

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Time Management Guide for Clinicians

Practical ways to win back time from documentation, inbox and admin work.

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SECTION 1: THE PROBLEM BY THE NUMBERS

The landmark Sinsky et al. time-and-motion study (Annals of Internal Medicine, 2016) observed 57 U.S. physicians across family medicine, internal medicine, cardiology, and orthopedics for 430 hours. The findings were stark:

DURING THE OFFICE DAY

- 27.0% of total time on direct clinical face time with patients
- 49.2% of total time on EHR and desk work
- For every 1 hour of direct patient care, physicians spend nearly 2 additional hours on EHR and desk work

WHILE IN THE EXAM ROOM WITH PATIENTS

- 52.9% of exam-room time on direct clinical face time
- 37.0% of exam-room time on EHR and desk work
- Physicians are documenting even while sitting with patients

AFTER HOURS

- 1 to 2 hours of additional work each night
- Devoted mostly to EHR tasks

Source: Sinsky C, et al. "Allocation of Physician Time in Ambulatory

Practice: A Time and Motion Study in 4 Specialties." Ann Intern Med. 2016;165(11):753-760.

A subsequent study (Annals of Internal Medicine, 2020) found physicians spend an average of 16 minutes and 14 seconds per patient encounter using the EHR, broken down as:

- 33% on chart review
- 24% on documentation
- 17% on ordering

- 26% on other EHR functions

Source: Overhage JM, McCallie D. "Physician Time Spent Using the Electronic Health Record During Outpatient Encounters." *Ann Intern Med.* 2020;172(3): 169-174.

KEY TAKEAWAY: The average physician's day is structured backwards. Nearly half of clinic time goes to screens, not patients. The strategies in this guide target that 49.2% of EHR/desk time with specific, measurable interventions.

SECTION 2: THE EHR TIME TRAP

An AMA analysis found that primary care visits average about 30 minutes, but physicians spend 36.2 minutes on EHR tasks per visit -- exceeding the visit itself. This 36.2 minutes breaks down as:

- Active documentation: ~4 minutes per encounter (24% of 16 min EHR time)
- Chart review: ~5.3 minutes per encounter (33% of 16 min EHR time)
- Ordering: ~2.8 minutes per encounter (17% of 16 min EHR time)
- Inbox management: 7.8 minutes per visit
- After-hours ("pajama time"): 6.2 minutes per visit

Family physicians specifically spend an average of 5.9 hours of an 11.4-hour workday in the electronic health record.

Source: Arndt BG, et al. "Tethered to the EHR: Primary Care Physician Workload Assessment Using EHR Event Log Data and Time-Motion Observations." *Ann Fam Med.* 2017;15(5):419-426.

DOCUMENTATION TIME BY ACTIVITY (daily totals):

- Authoring notes: 20 to 103 minutes per day
- Viewing notes: 7 to 56 minutes per day
- Total note-related work: up to 90 minutes per day

WHERE TO FOCUS YOUR OPTIMIZATION

1. Chart review (33% of EHR time) -- pre-visit planning can shift this
2. Inbox (7.8 min/visit) -- delegation and routing rules
3. Documentation (24%) -- templates, AI tools, team documentation
4. After-hours work -- closing notes same-day

SECTION 3: THE INBOX CRISIS

EHR inbox management has become one of the largest time burdens in clinical practice, and it has worsened significantly since the COVID-19 pandemic.

KEY DATA POINTS

- Over 20% of a physician's EHR time is spent managing the inbox
- Physicians receive an average of 243 in-basket messages per week:
 - 114 messages (47%) are system-generated

- 53 messages (22%) are from colleagues
- 30 messages (12%) are from patients
- 46 messages (19%) are other types
- Patient message volume increased 33-49% following the COVID-19 pandemic
- Physicians receiving above-average system-generated messages have:
 - 40% higher probability of burnout
 - 38% higher probability of intending to reduce clinical work

Source: Tai-Seale M, et al. "Physicians' Well-Being Linked To In-Basket Messages Generated By Algorithms in Electronic Health Records." Health Affairs. 2019;38(7):1073-1078.

LONGITUDINAL TREND (2019-2023)

A study of 141 academic primary care physicians over 4 years found that EHR workload per 8 hours of scheduled clinic appointments has increased, with inbox message volume rising steadily.

Source: Holmgren AJ, et al. "More Tethered to the EHR: EHR Workload Trends Among Academic Primary Care Physicians, 2019-2023." J Gen Intern Med. 2024.

GENDER DISPARITY

Women physicians spend significantly more time on EHR tasks, accounting for 65-71% of total time across most metrics including in-basket activities.

ACTIONABLE INBOX MANAGEMENT STRATEGIES

1. MESSAGE ROUTING RULES

Define routing standards by message type:

- Normal lab results --> auto-notify patient; no physician action
 - Abnormal lab results --> physician inbox same day
 - Critical results --> page/text with read-receipt, escalation at 30 min
 - Prescription refills (no changes) --> MA/nurse handles
 - Scheduling requests --> front desk handles
 - Insurance/billing questions --> admin staff handles
- RESULT: Practices implementing routing rules reduced physician inbox load by 16% and carbon copy messages by 65%.

2. QUICKACTIONS / ONE-CLICK RESPONSES

Set up one-click responses for common scenarios:

- Normal mammogram result + scheduling instructions for next screening
- Normal A1c with "continue current medications" message
- Refill approval for stable chronic medications
- Standard post-procedure follow-up instructions

3. BATCH PROCESSING (not continuous checking)

- Process inbox at 2 dedicated times per day (e.g., 8:00 AM and 3:00 PM)
- Allocate 30 minutes per batch session

- Do NOT check inbox between scheduled times
- Turn off inbox notifications during patient care blocks

SECTION 4: AFTER-HOURS "PAJAMA TIME"

"Pajama time" -- work done on the EHR outside normal hours (5:30 PM to 7:00 AM on weekdays and all weekend hours) -- is one of the strongest predictors of physician burnout.

THE DATA

- Family physicians spend nearly 90 minutes per day on EHR work after clinic hours
- 22.5% of physicians report spending more than 8 hours per week on the EHR outside normal work hours (up from 20.9% in 2023)
- Family medicine residents: 33.6% of upper-year residents report spending over 3 hours per night on ambulatory EHR work after hours
- Specialists: Average 22-31 minutes of pajama time daily
- Physicians with >4 scheduled clinic days/week spend an average of 2.8 hours on EHR per unscheduled day

Source: Adler-Milstein J, et al. "Pajama Time: Working After Work in the Electronic Health Record." J Am Med Inform Assoc. 2020.

BURNOUT CORRELATION

Residents reporting 3+ hours of pajama time per night showed lower medical knowledge scores, lower professional satisfaction, and higher burnout rates.

SEVEN STRATEGIES TO ELIMINATE PAJAMA TIME (adapted from AAFP):

1. CLOSE EVERY NOTE BEFORE LEAVING THE ROOM

Complete documentation during or immediately after each encounter. Even a rough note closed in real time is faster than reconstructing the visit at 9 PM.

2. USE MICRO-GAPS PRODUCTIVELY

Between patients (2-3 minutes while next room is prepared):

- Finish the prior note
- Complete one prescription refill
- Sign one result Do NOT use micro-gaps for email or non-clinical tasks.

3. STOP OVER-DOCUMENTING

Not every EHR checkbox needs to be checked. With 2021 E/M coding changes, documentation requirements for outpatient visits are based on medical decision-making or total time -- not the volume of the history and physical exam documentation. Write what supports your clinical reasoning and plan. Nothing more.

4. SCHEDULE DOCUMENTATION BLOCKS

Block 30 minutes at the end of each half-day session specifically for chart completion. Protect this time as rigorously as patient appointment slots.

5. FRONT-LOAD YOUR DAY

Schedule complex patients (new patients, multi-problem visits) in the first half of the day when cognitive energy is highest. Schedule straightforward follow-ups in the afternoon.

6. SET A HARD STOP

Pick a time (e.g., 6:00 PM) after which you do not open the EHR. Incomplete notes from today become the first task tomorrow morning, not tonight's homework.

7. PRE-VISIT PLANNING (detailed in Section 5) Shifting chart review and order preparation to before the visit reduces both visit time and after-hours catch-up.

Source: Sinsky CA. "Seven Habits for Reducing Work After Clinic." *Fam Pract Manag.* 2019;26(3):10-16.

SECTION 5: EVIDENCE-BASED WORKFLOW INTERVENTIONS

The following interventions have published data supporting their effectiveness.

INTERVENTION 1: PRE-VISIT PLANNING

WHAT IT IS

A medical assistant or nurse reviews the patient's chart before the visit (either the day before or the morning of) and prepares a structured checklist of needed actions.

PRE-VISIT CHECKLIST

- ☐ Review last visit note and outstanding issues
- ☐ Check overdue preventive care (immunizations, screenings)
- ☐ Verify pending lab/imaging results are available
- ☐ Pre-populate medication reconciliation
- ☐ Identify care gaps (e.g., A1c not checked in 6 months for diabetic)
- ☐ Stage anticipated orders (labs, referrals, imaging)
- ☐ Confirm insurance/authorization for planned procedures
- ☐ Flag patients needing interpreter services

IMPACT

Pre-visit planning shifts 5-10 minutes of physician chart review time per visit to a team member who can complete it in less time. For a 20-patient day, this saves the physician 100-200 minutes of chart review, with much of that time recovered from after-hours work.

Source: "Putting Pre-Visit Planning Into Practice." Fam Pract Manag. 2015; 22(6):34-38.

INTERVENTION 2: TEAM ROOMING PROTOCOL

WHAT IT IS

An expanded rooming process where the MA completes documentation tasks during the patient intake, so the physician enters a room with a partially completed note.

TEAM ROOMING WORKFLOW

1. MA greets patient, confirms identity and visit reason
2. MA updates medication list, allergy list, and surgical history
3. MA records vitals and enters them into the EHR
4. MA documents chief complaint and history of present illness (structured fields or smart phrases)
5. MA reviews and updates preventive care checklist
6. MA stages the visit note with pre-populated sections
7. Physician enters room with note 40-60% complete

In one model, the MA remains in the room during the physician encounter:

- MA documents the encounter in real time
- Physician focuses entirely on the patient
- MA enters orders as physician verbalizes them

Source: "Rethinking Workflow: Team Rooming for Greater Efficiency." Fam Pract Manag. 2018;25(1):15-20.

INTERVENTION 3: STRUCTURED DOCUMENTATION TEMPLATES

SMART PHRASES / DOT PHRASES

Pre-built text blocks that auto-populate with a keyboard shortcut.

HIGH-IMPACT TEMPLATES TO BUILD

- .DIABETES --> Standard diabetes follow-up note with A1c, foot exam, eye exam referral status, medication adjustments
- .HYPERTENSION --> BP trend, medication reconciliation, lifestyle counseling
- .WELLNESS --> Annual wellness visit with all preventive care elements
- .DEPRESSION --> PHQ-9 score, medication review, safety assessment
- .BACKPAIN --> Red flag screening, functional assessment, plan
- .NORMALPE --> Normal physical exam by system
- .REFILL --> Standard medication refill note
- .LABFU --> Lab follow-up note with result interpretation

TIME SAVINGS

Learning keyboard shortcuts and templates requires a few hours of practice, but documenting a patient rooming note in 45 seconds instead of 2 minutes saves over an hour during a typical clinic session with 50+ patients.

PRE-BUILT ORDER SETS

Condition-specific order sets (e.g., hypertension workup: BMP, lipid panel, EKG, urine microalbumin) that deploy with a single click instead of searching for and entering each order individually.

SECTION 6: TEAM-BASED DOCUMENTATION MODELS

THE EVIDENCE: JAMA Internal Medicine (2024)

The largest study to date on team-based documentation examined 18,265 physicians, of whom 1,024 adopted team-based documentation support. The results:

OVERALL ADOPTERS

- Visit volume increased by 6.0% (2.5 visits/week)
- Documentation time decreased by 9.1% (23.3 minutes/week) AFTER 20-WEEK LEARNING PERIOD (high-intensity adopters with >40% of note co-authored by team members):
- Visits per week increased by 10.8%
- Documentation time decreased by 16.2%

KEY FINDING

Only high-intensity adopters (>40% of note text authored by others) realized meaningful reductions in documentation time. Low-intensity adoption showed minimal benefit.

Source: Holmgren AJ, et al. "Physician EHR Time and Visit Volume Following Adoption of Team-Based Documentation Support." JAMA Intern Med. 2024.

MODEL 1: IN-PERSON MEDICAL SCRIBE

A nonclinical team member accompanies the physician during each patient visit and documents the encounter in real time.

DATA

- EHR scribes cut physician documentation time roughly in half (AMA)
- Physicians with higher baseline EHR time per appointment see the greatest reductions
- Specialty physicians benefit more than primary care on average
- Typical cost: \$15-25/hour for in-person scribes

ROI CALCULATION

If a scribe costs \$20/hour and frees the physician to see 2-3 additional patients per day (at \$75-150 per visit revenue), the scribe pays for itself within the first 2-3 hours of an 8-hour shift.

Source: "How a Virtual Scribe Program Improves Physicians' EHR Experience, Documentation Time, and Note Quality." NEJM Catalyst. 2022.

MODEL 2: VIRTUAL SCRIBE

A remote scribe listens to the encounter via audio/video and completes documentation from a remote location.

DATA (Brigham and Women's Hospital / Massachusetts General Hospital study):

- 144 physicians across specialties
- Study period: January 2020 to September 2022
- Greater reductions in EHR time correlated with:
 - Practicing in a medical specialty (vs. primary care)
 - Higher baseline EHR time per appointment
 - Greater percentage of note contributed by the scribe

MODEL 3: MA-AS-DOCUMENTATION-PARTNER

The AMA STEPS Forward Team Documentation model trains existing medical assistants to serve as documentation partners during visits. This avoids the cost of hiring dedicated scribes.

IMPLEMENTATION STEPS

1. Select high-performing MAs with strong EHR skills
2. Train on medical terminology relevant to the practice specialty
3. Create structured note templates the MA can populate
4. Start with simple visit types (follow-ups, refills)
5. Gradually expand to complex visits over 8-12 weeks
6. Physician reviews and co-signs all notes

The clerical documentation assistant model places one trained nonclinical team member per physician. The MA records the encounter and pending orders while nurses or physicians handle all clinical aspects.

Source: AMA STEPS Forward. "Team Documentation: Improve Efficiency of EHR Documentation." AMA Ed Hub.

SECTION 7: AI DOCUMENTATION TOOLS -- WHAT THE STUDIES SHOW

AI ambient documentation tools use microphones to listen to the clinical encounter and automatically generate a visit note. Here is what published, peer-reviewed studies have found.

STUDY 1: UCLA RANDOMIZED CLINICAL TRIAL (NEJM, 2025)

- 238 physicians across 14 specialties, 72,000 patient encounters
- Randomized to Nabla AI scribe, Nuance DAX, or usual care (control)

RESULTS

- Nabla users: note time decreased from 4 min 30 sec to 3 min 49 sec (41-second reduction per note, 9.5% greater reduction vs. control)
- DAX users: smaller decrease, did not reach statistical significance
- Burnout scores improved approximately 7% in both AI arms vs. control

Source: "A Randomized-Clinical Trial of Two Ambient AI Scribes." NEJM. 2025.

STUDY 2: PERMANENTE MEDICAL GROUP (NEJM Catalyst, 2025)

- 7,260 Permanente physicians
- 2,576,627 patient encounters
- AI scribes saved an estimated 15,791 hours of documentation time (equivalent to 1,794 eight-hour workdays)
- This translates to approximately 2.2 hours saved per physician across the study period, or roughly 6 minutes per day for active users

Source: "AI Scribes Save 15,000 Hours -- And Restore the Human Side of Medicine." AMA / NEJM Catalyst. 2025.

STUDY 3: NUANCE DAX COHORT STUDY (JAMIA, 2024)

- 45 users of Nuance DAX ambient intelligence tool
- Median time per note reduced by 0.57 minutes
- High DAX users saw ~7% decrease in documentation hours vs. control
- Statistical significance achieved, but per-patient savings modest

Source: Tierney AA, et al. "The Impact of Nuance DAX Ambient Listening AI Documentation: A Cohort Study." JAMIA. 2024.

STUDY 4: MULTI-SYSTEM BURNOUT STUDY (JAMA Network Open, 2025)

- 263 physicians and advanced practice practitioners across 6 health care systems
- After 30 days with an ambient AI scribe:
 - Burnout decreased from 51.9% to 38.8% (13.1 percentage point drop)
 - Significant improvements in cognitive task load
 - Reduced after-hours documentation time
 - Improved focused attention on patients
 - Improved urgent access to care

Source: "Use of Ambient AI Scribes to Reduce Administrative Burden and Professional Burnout." JAMA Network Open. 2025.

REALISTIC EXPECTATIONS FOR AI DOCUMENTATION TOOLS

Based on the published evidence:

WHAT AI TOOLS RELIABLY DO

- Save 30 seconds to 2 minutes per note
- Reduce after-hours documentation time
- Improve physician satisfaction and reduce burnout scores by 7-13%
- Allow physicians to maintain eye contact during visits
- Generate acceptable first drafts that require physician review

WHAT AI TOOLS DO NOT DO

- Eliminate documentation time entirely
- Replace the need for physician review of every note
- Work equally well across all specialties and visit types
- Guarantee coding accuracy (some studies flag upcoding risks)

BEST CANDIDATES FOR AI DOCUMENTATION

- High-volume practices (more notes = more cumulative savings)
- Physicians with above-average baseline documentation time
- Specialties with structured, predictable visit types
- Physicians already experiencing burnout symptoms

SECTION 8: SCHEDULING OPTIMIZATION

How you structure your schedule directly affects documentation burden, because schedule design determines whether you have micro-gaps for chart work or whether notes pile up until after hours.

MODIFIED WAVE SCHEDULING

Instead of booking patients every 15 or 20 minutes uniformly:

STRUCTURE

- Double-book the first slot of each hour (2 patients at :00)
- Single-book the :20 slot
- Leave the :40 slot open as a buffer/catch-up

WHY IT WORKS

- If the first patient is quick, you see them and start the note before the second patient is roomed
- If a patient is late, you are not sitting idle
- The :40 buffer prevents the cascade effect where one long visit pushes every subsequent visit later
- Built-in documentation time at the end of each hour

VISIT-TYPE CLUSTERING

MORNING BLOCK (8:00 AM - 12:00 PM)

- Schedule complex patients: new patients, multi-problem visits, procedures
- Rationale: cognitive energy is highest, documentation is most demanding for these visits

AFTERNOON BLOCK (1:00 PM - 5:00 PM)

- Schedule straightforward visits: follow-ups, medication checks, stable chronic disease
- Rationale: these generate shorter notes, reducing end-of-day documentation backlog

END-OF-DAY BLOCK (last 30 minutes):

- No patient appointments
- Protected time for: completing notes, inbox processing, signing results, callbacks

STRATEGIC SCHEDULING MATH

- Trimming 30 seconds from each 15-minute appointment allows you to see at least 1 additional patient per day
- For a physician seeing 20 patients/day at \$100 average revenue per visit, 1 additional patient/day = \$26,000 additional annual revenue
- A well-designed schedule template with built-in documentation time can eliminate 60-90 minutes of after-hours work per day

SECTION 9: A COMPLETE DAILY WORKFLOW FRAMEWORK

This framework synthesizes the evidence-based strategies above into a concrete daily structure.

Adapt times to your practice setting.

6:45 AM - 7:15 AM | PRE-CLINIC PREPARATION (30 min)

- ☐ Review MA-prepared pre-visit summaries for morning patients
- ☐ Sign any overnight lab results using batch processing
- ☐ Review and address urgent overnight inbox messages only
- ☐ Verify schedule for any add-ons or cancellations

7:15 AM - 7:30 AM | TEAM HUDDLE (15 min)

- ☐ Review today's schedule with MA/nurse team
- ☐ Identify complex patients requiring extra time
- ☐ Assign pre-visit tasks (lab staging, form completion)
- ☐ Confirm who is handling same-day inbox triage
- ☐ Discuss any workflow issues from yesterday

7:30 AM - 11:30 AM | MORNING CLINIC BLOCK (4 hours)

Complex patients scheduled here (new patients, multi-problem visits)

PER-PATIENT WORKFLOW

1. MA rooms patient, updates meds/allergies, documents chief complaint and HPI using structured template (5-7 min)
2. Physician enters room with note 40-60% complete
3. Physician focuses on patient interaction, exam, clinical reasoning
4. If using AI scribe: ambient tool records and drafts note
5. If using MA-as-scribe: MA documents in real time
6. If solo: physician uses smart phrases/templates to complete note
7. CLOSE THE NOTE BEFORE LEAVING THE ROOM (or within 2 minutes after) MICRO-GAP TASKS (2-3 min between patients):
 - Complete prior patient's note if not yet closed
 - Sign one pending result
 - Complete one refill request
 - Do NOT check email or inbox

11:30 AM - 12:00 PM | MIDDAY DOCUMENTATION BLOCK (30 min)

- ☐ Close any remaining morning notes

- ☐ Batch-process inbox (first of 2 daily sessions)
- ☐ Sign pending results
- ☐ Complete prior authorizations
- ☐ Return non-urgent patient calls

12:00 PM - 12:30 PM | BREAK (30 min, protected)

Do not work through lunch. Physician well-being directly affects afternoon productivity and error rates.

12:30 PM - 4:30 PM | AFTERNOON CLINIC BLOCK (4 hours)

Straightforward visits scheduled here (follow-ups, med checks)

Same per-patient workflow as morning. These visits generate shorter notes -- aim to close 100% of notes in real time during this block.

4:30 PM - 5:00 PM | END-OF-DAY COMPLETION BLOCK (30 min)

- ☐ Close ALL remaining notes from today (zero open notes policy)
- ☐ Batch-process inbox (second of 2 daily sessions)
- ☐ Sign all pending results
- ☐ Review tomorrow's schedule for pre-visit planning needs
- ☐ Communicate any urgent handoffs to covering provider

5:00 PM | HARD STOP

Close the EHR. Do not reopen until tomorrow morning. Any remaining tasks become tomorrow's first priority, not tonight's.

SECTION 10: IMPLEMENTATION ROADMAP

Do not attempt to implement everything at once. The following phased approach is based on change management principles used in successful practice transformations.

PHASE 1: WEEKS 1-2 | QUICK WINS (No cost, immediate impact)

- ☐ Implement the "close every note before leaving the room" rule

- ☐ Set up 2 daily inbox batch-processing times (stop continuous checking)
- ☐ Build 5 smart phrases for your most common visit types
- ☐ Establish a hard stop time for EHR work each evening
- ☐ Track your current pajama time (minutes/day) as a baseline EXPECTED IMPACT: 20-40 minutes saved per day

PHASE 2: WEEKS 3-6 | TEAM WORKFLOW CHANGES (Low cost, moderate effort)

- ☐ Implement daily 15-minute team huddle
- ☐ Train MAs on pre-visit planning checklist
- ☐ Expand MA rooming protocol (medication reconciliation, HPI intake)
- ☐ Create inbox routing rules (labs, refills, scheduling to staff)
- ☐ Build condition-specific order sets for top 10 diagnoses
- ☐ Redesign schedule template with documentation blocks EXPECTED IMPACT: 30-60 additional minutes saved per day

PHASE 3: WEEKS 7-12 | TEAM DOCUMENTATION (Moderate cost, high effort)

- ☐ Select and train MA documentation partners (start with 1-2 MAs)
- ☐ Begin with simple visit types (follow-ups, refills)
- ☐ Create structured note templates for MA co-authoring
- ☐ Gradually expand to complex visits over 4-6 weeks
- ☐ Target >40% of note co-authored by team (threshold for benefit)
- ☐ Track documentation time weekly to measure progress EXPECTED IMPACT: 16.2% reduction in documentation time (per JAMA Internal Medicine data), 10.8% increase in visit volume

PHASE 4: WEEKS 12+ | TECHNOLOGY ADOPTION (Higher cost, ongoing)

- ☐ Evaluate AI ambient documentation tools for your specialty/setting
- ☐ Run a 30-day pilot with willing physicians
- ☐ Measure: time per note, pajama time, burnout score, note quality
- ☐ If successful, expand to additional providers
- ☐ Continue monitoring for coding accuracy and documentation quality EXPECTED IMPACT: Additional 30 seconds to 2 minutes saved per note, 7-13% improvement in burnout scores

MEASUREMENT: TRACK THESE METRICS MONTHLY

1. Average time per note (minutes)
2. Total after-hours EHR time per week (hours)
3. Inbox messages handled per day (by physician vs. team)
4. Number of notes open at end of day (target: zero)
5. Patient visits per day
6. Self-reported burnout score (single-item Mini-Z burnout measure)
7. Patient satisfaction scores (to ensure quality is maintained)

SOURCES AND FURTHER READING

TIME ALLOCATION STUDIES

- Sinsky C, et al. "Allocation of Physician Time in Ambulatory Practice." Ann Intern Med. 2016;165(11):753-760.
- Overhage JM, McCallie D. "Physician Time Spent Using the EHR During Outpatient Encounters." Ann Intern Med. 2020;172(3):169-174.
- Arndt BG, et al. "Tethered to the EHR: Primary Care Physician Workload." Ann Fam Med. 2017;15(5):419-426.

INBOX AND BURNOUT

- Tai-Seale M, et al. "Physicians' Well-Being Linked to In-Basket Messages." Health Affairs. 2019;38(7):1073-1078.
- Holmgren AJ, et al. "More Tethered to the EHR: Workload Trends 2019-2023." J Gen Intern Med. 2024.
- Adler-Milstein J, et al. "Pajama Time: Working After Work in the EHR." J Am Med Inform Assoc. 2020.

TEAM DOCUMENTATION

- Holmgren AJ, et al. "Physician EHR Time and Visit Volume Following Adoption of Team-Based Documentation Support." JAMA Intern Med. 2024.
- AMA STEPS Forward. "Team Documentation: Improve Efficiency of EHR Documentation." AMA Ed Hub.

AI DOCUMENTATION TOOLS

- "A Randomized-Clinical Trial of Two Ambient AI Scribes." NEJM. 2025.
- "AI Scribes Save 15,000 Hours." NEJM Catalyst / AMA. 2025.
- Tierney AA, et al. "Impact of Nuance DAX Ambient Listening AI." JAMIA. 2024.
- "Use of Ambient AI Scribes to Reduce Administrative Burden." JAMA Network Open. 2025.

WORKFLOW OPTIMIZATION

- Sinsky CA. "Seven Habits for Reducing Work After Clinic." Fam Pract Manag. 2019;26(3):10-16.
- "Clinical Workflow Efficiencies to Alleviate Physician Burnout." Fam Pract Manag. 2023.

- "Rethinking Workflow: Team Rooming for Greater Efficiency." Fam Pract Manag. 2018;25(1):15-20.
- "Putting Pre-Visit Planning Into Practice." Fam Pract Manag. 2015;22(6): 34-38.

About Reason Notes

Reason Notes provides AI-powered clinical documentation that listens to your patient encounters and generates structured notes in real time. Our ambient AI scribe is designed to help you reclaim the hours lost to EHR documentation and refocus on what matters most: your patients.