



# Patients before Paperwork

Nova Scotia's approach to improving  
patient care by reducing physician red tape

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CANADIAN FEDERATION  
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# Patients before paperwork

## Nova Scotia's approach to improving patient care by reducing physician red tape

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### Executive Summary

Health ministries across Canada are facing many complex challenges. A chronic shortage of health professionals, an aging population, and capacity constraints all have put pressure on the health care system and the physicians who support it. Recent survey data<sup>1</sup> shows this is also a priority for small business owners, with 60% wanting governments to place a high priority on addressing challenges in the health care system (Figure 1). Governments will need to consider a broad range of innovative solutions to ensure doctors are able to provide timely care to patients. Nova Scotia leads the country with its efforts to implement one such solution: reducing physician red tape.

Physician advocacy groups have consistently identified red tape as an obstacle that detracts from patient care and contributes to physician fatigue and burnout. "Red tape" in this context refers to *unnecessary* paperwork or administrative tasks and includes work that doesn't require a physician's clinical expertise - and could therefore be completed by someone else - and work that is wholly unnecessary and could be eliminated. Red tape negatively impacts patient care by limiting both the time physicians can spend caring for existing patients and the number of new patients doctors can take on. **Put simply, red tape makes it harder for doctors to do what they do best: care for their patients.**

The Government of Nova Scotia has been a leader in working to address this problem. Nova Scotia's Office of Regulatory Affairs and Service Effectiveness, in partnership with Doctors Nova Scotia, recently led an innovative project to quantify physician administrative burden, better understand its impact, and identify ways to reduce it. The results<sup>2</sup> are compelling: each physician in Nova Scotia spends the equivalent of more than one full day per week<sup>3</sup> (10.6 hours) on administrative tasks, which amounts to 1.36 million hours annually equivalent to 1.73 million patients visits annually. The study identified the

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<sup>1</sup> CFIB *Your Voice* Survey. September 8-26, 2022. Final results. Canada n = 3,677.

<sup>2</sup> Nova Scotia Office of Regulatory Affairs and Service Effectiveness, *Physician Administrative Burden Survey - Final Report*. September 2020. [https://doctorsns.com/sites/default/files/2020-11/admin-burden-survey-results.pdf?\\_ga=2.265779338.421049101.1670431195-102944459.1669867174](https://doctorsns.com/sites/default/files/2020-11/admin-burden-survey-results.pdf?_ga=2.265779338.421049101.1670431195-102944459.1669867174)

<sup>3</sup> Assuming a typical 8-hour workday.

portion of administrative work that is unnecessary (38%), including work that could be completed by someone other than a physician (24%), and tasks that could likely be eliminated (14%).

In response to these findings, the Nova Scotia government has committed to reducing physician red tape by 10% - roughly 50,000 hours - by 2024. To accomplish this, Nova Scotia's Office of Regulatory Affairs and Service Effectiveness has worked with doctors to identify specific forms and processes that can be shortened, eliminated, or completed by someone other than a doctor, and is publicly reporting on its progress. The time that these initiatives will save is equal to 150,000 patient visits, demonstrating that even a relatively small reduction in red tape can have a significant impact. CFIB recognized Nova Scotia for its efforts in February 2022 with a CFIB Golden Scissors Award for demonstrating leadership in cutting red tape.

Using Nova Scotia's data as a benchmark, this report estimates the physician administrative burden across Canadian provinces and territories. We then calculate what this represents in total patient visits. These estimates are intended to illustrate the potential impact that reducing physician red tape could have in different jurisdictions.

**Our analysis finds that across Canada, physicians are spending 18.5 million hours each year on unnecessary administrative work - the equivalent of 55.6 million patient visits.** By setting a target to reduce physician red tape by 10%, governments across Canada could reduce physician fatigue and burnout, improve the quality of patient care, and save the equivalent of 5.5 million patient visits a year.

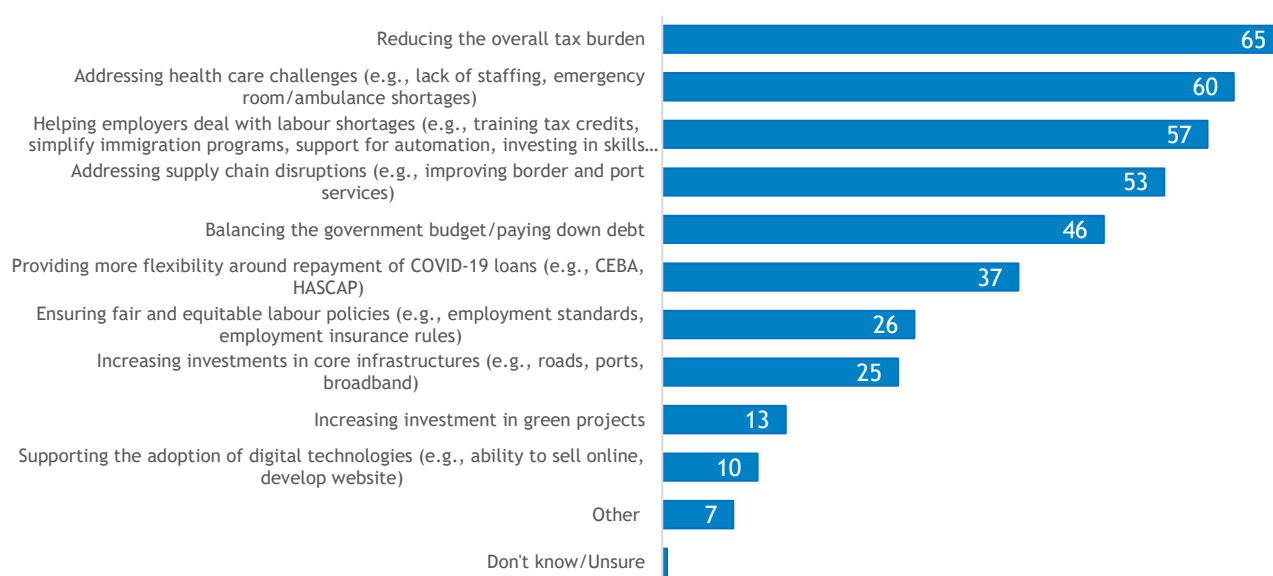
While by no means a panacea for the myriad challenges facing Canada's health care system, reducing physician red tape is a measurable, concrete action that governments can take. CFIB recommends that other provincial and territorial governments work with their respective medical associations to estimate the administrative burden and its impact in their jurisdictions, identify key red tape irritants to resolve, and set measurable targets to reduce physician red tape.

## Background

The COVID-19 pandemic put a spotlight on Canada’s health care system and its limitations. Many businesses were subject to closures and restrictions imposed to protect health care system capacity, with devastating impacts on their operations. And of course, as individual users of the health care system, small business owners care about the availability of health care services. They, and their employees, are directly impacted by challenges that limit the ability to access care - for example, physician shortages. In a recent survey, when asked what priorities they would most like governments to focus on, 60% of small business owners selected “addressing health care challenges,” making it their second-highest priority (Figure 1).

Figure 1

Heading into the fall, what would you most like governments to focus on? (% of response)



Source: CFIB. Your Voice survey. September 8-26, 2022. Final results. CAN n = 3,677.

The Angus Reid Institute recently found that half (50%) of Canadians either don’t have a family doctor or can’t get a timely appointment with the one they have<sup>4</sup>. Meanwhile, wait times for diagnostic tests and medical procedures are growing longer. According to the Fraser Institute, Canadians are waiting for an estimated 1.2 million procedures - and the median wait time between referral from a general practitioner to receiving treatment is 27.4 weeks in 2022, up from 25.6 weeks in 2021.<sup>5</sup> The data demonstrates the severity of the physician shortage in Canada and that demand for physician care clearly outstrips supply.

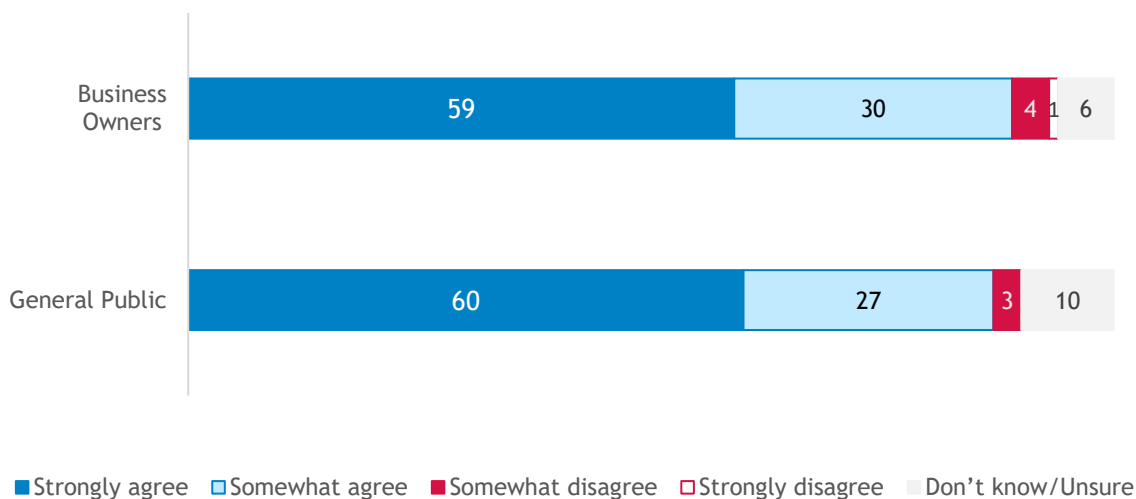
<sup>4</sup> Angus Reid Institute, *Spectrum of access to family doctor in Canada*. September 2022. <https://angusreid.org/canada-health-care-family-doctors-shortage/>

<sup>5</sup> Fraser Institute, *Waiting Your Turn: Wait Times for Health Care in Canada*. 2022. <https://www.fraserinstitute.org/sites/default/files/waiting-your-turn-2022.pdf>.

At the same time, small business owners - including doctors - understand the cost of red tape in time and lost productivity. It is perhaps not surprising that in a recent CFIB survey, 89% of respondents agreed with the statement: *Governments should reduce unnecessary paperwork for physicians so they can focus on patient visits* (Figure 2). Small business owners' opinions closely mirror those of the general public: 87% of respondents in a public opinion poll agree with the same statement (Figure 2).

Figure 2

Question: Governments should reduce unnecessary paperwork for doctors so they can focus on patient visits (% of response)



Source: 1) CFIB, Your Voice survey, November 10-28, 2022. Final results. CAN n = 3,030.

2) CFIB Red tape public opinion poll survey, November 18-21, 2022, Final results, n = 1,507.

## Nova Scotia: leading the way in reducing red tape for physicians

In 2019, Nova Scotia began a landmark project to measure the provincial physician administrative burden, identify its sources, and better understand its impact. Nova Scotia's Office of Regulatory Affairs and Service Effectiveness led this work in collaboration with Doctors Nova Scotia. Together, they conducted a comprehensive survey of more than 500 Nova Scotia physicians, along with dozens of interviews, and embarked on a pilot project that included some key initiatives to reduce red tape for physicians.

The survey results<sup>6</sup>, published in September 2020, revealed that Nova Scotia physicians each spent more than the equivalent of one day per week<sup>7</sup> (10.6 hours weekly) on administrative work. This work

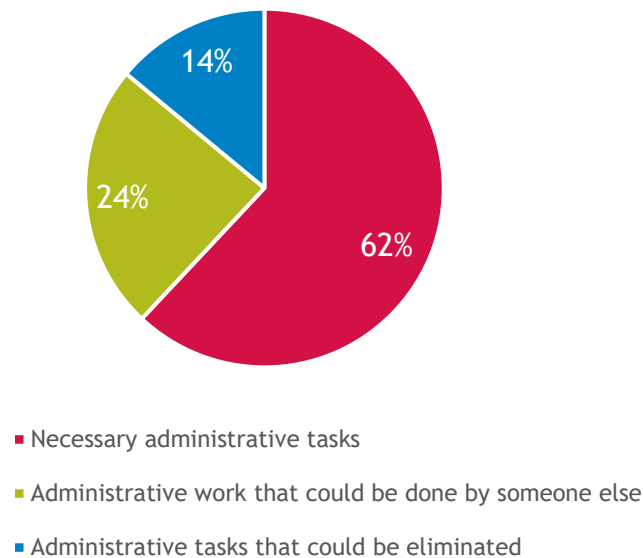
<sup>6</sup> Nova Scotia Office of Regulatory Affairs and Service Effectiveness, *Physician Administrative Burden Survey - Final Report*. September 2020. [https://doctorsns.com/sites/default/files/2020-11/admin-burden-survey-results.pdf?\\_ga=2.265779338.421049101.1670431195-102944459.1669867174](https://doctorsns.com/sites/default/files/2020-11/admin-burden-survey-results.pdf?_ga=2.265779338.421049101.1670431195-102944459.1669867174)

<sup>7</sup> Assumes a typical 8-hour workday.

includes tasks such as: completing paperwork, forms, and doctor’s notes; work related to certification, licensing, and privileging; billing and audits; managing their practice, scheduling, and attending administrative meetings. Cumulatively, this translates to Nova Scotia physicians spending 1.36 million hours per year on administrative work. Of this total, physicians in this study judged 62% of this work to be necessary and 38% to be unnecessary representing 518,000 hours (Figure 3). The unnecessary administrative work included tasks that could be completed by someone other than a physician (24%) and tasks that could likely be eliminated (14%) (Figure 3).

Figure 3

### Share of necessary and unnecessary administrative work, Nova Scotia



Source: Nova Scotia Office of Regulatory Affairs and Service Effectiveness. “Physician Administrative Burden Survey - Final Report.”

To quantify the impact of unnecessary administrative work on patient care, the Nova Scotia study calculated the total unnecessary administrative burden as an equivalent number of patient visits. The study concluded that if physicians in Nova Scotia were able to recoup the 518,000 hours per year spent on unnecessary administrative tasks, over 1.73 million additional visits with new or existing patients could be booked annually.

Equipped with this data, Nova Scotia’s Office of Regulatory Affairs and Service Effectiveness then set a target to reduce the unnecessary physician burden by 10% by 2024 - eliminating approximately 50,000 hours of administrative work, equivalent to roughly 150,000 patient visits. Since the completion of the

survey, the Office has established a workplan with 15 short-, medium-, and long-term deliverables to reduce the physician administrative burden, and has reported publicly on its progress.<sup>8</sup>

Provincial and territorial medical associations (PTMAs) have long advocated for reducing the physician administrative burden, and some jurisdictions have signalled their intent to work with PTMAs to reduce red tape in health care. In November 2022, following a Doctors Manitoba report identifying the administrative burden as a key contributor to physician burnout,<sup>9</sup> the Manitoba government announced it would establish a task force to tackle this issue.<sup>10</sup> In 2021, the Ontario Medical Association (OMA) published the findings of its Burnout Task Force, which included a recommendation to streamline and reduce administrative work.<sup>11</sup> In June 2022, the OMA reported that the provincial government had agreed to form a bilateral working group to address the systemic issues contributing to burnout<sup>12</sup>. In British Columbia, Doctors of BC has recently created a “Burden Solutions Tool,” an innovative framework for assessing physician demands and developing solutions, such as streamlining or eliminating unnecessary physician tasks.<sup>13</sup>

## Estimating the physician administrative burden in Canada

According to the Canadian Institute for Health Information (CIHI), there were 93,998 physicians in Canada in 2021 (Appendix B, Table 1), with the greatest concentrations in Ontario (34,860), Quebec (22,451), and British Columbia (13,540).<sup>14</sup>

Using 2021 data, we extrapolated the results for Nova Scotia to all other provinces and territories to estimate the physician administrative burden across Canada. The methodology assumes that working conditions and administrative tasks are relatively similar across jurisdictions. Of course, there are notable differences based on practice settings; for example, rural or remote communities compared to urban centres, or hospital settings compared to private practice. There are also differences based on physician governance models and different entities doctors interact with - for example, regulatory bodies, health authorities, workers’ compensation boards, and government departments. Finally, each province may have its own administrative requirements that differ from Nova Scotia’s. However, these differences would be better captured by detailed provincial/territorial analyses, and are beyond the scope of this report, which is intended to provide estimates<sup>15</sup>.

Using this methodology, we estimate that physicians in Canada cumulatively spend 48.8 million hours per year on administrative tasks. Of this total, 30.3 million hours could be considered necessary while 18.5 million hours are unnecessary (Figure 4). Using the Nova Scotia findings, we estimate that of the

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<sup>8</sup> Nova Scotia Office of Regulatory Affairs and Service Effectiveness, *Actions to reduce unnecessary administrative burden for Nova Scotia’s doctors*. November 2022. <https://beta.novascotia.ca/sites/default/files/documents/1-3190/actions-reduce-unnecessary-administrative-burden-nova-scotias-doctors-en.pdf>

<sup>9</sup> Doctors Manitoba, *Physicians in Manitoba*. October 2022. <https://doctorsmanitoba.ca/news/physicians-in-manitoba-2022>

<sup>10</sup> Government of Manitoba news release, November 10, 2022. <https://news.gov.mb.ca/news/index.html?item=56864&posted=2022-11-10>

<sup>11</sup> Ontario Medical Association, *Healing the Healers: System Level Solutions to Physician Burnout*. August 2021.

<https://www.oma.org/uploadedfiles/oma/media/pagetree/advocacy/health-policy-recommendations/burnout-paper.pdf>

<sup>12</sup> Ontario Medical Association, *Ontario Medical Review*. June 29, 2022. <https://www.oma.org/newsroom/ontario-medical-review/summer-2022/omas-journey-of-change/>

<sup>13</sup> Doctors of BC, *Creating Space for Doctors to be Doctors: A Cumulative Impact Lens on Physician Demands*. December 2022.

[https://www.doctorsofbc.ca/sites/default/files/cumulative\\_impact\\_lens\\_on\\_physician\\_demands\\_-\\_policy\\_paper\\_2022.pdf](https://www.doctorsofbc.ca/sites/default/files/cumulative_impact_lens_on_physician_demands_-_policy_paper_2022.pdf)

<sup>14</sup> Canadian Institute for Health Information, *Health Workforce in Canada, 2017 to 2021. Overview – Data Tables*. November 2022.

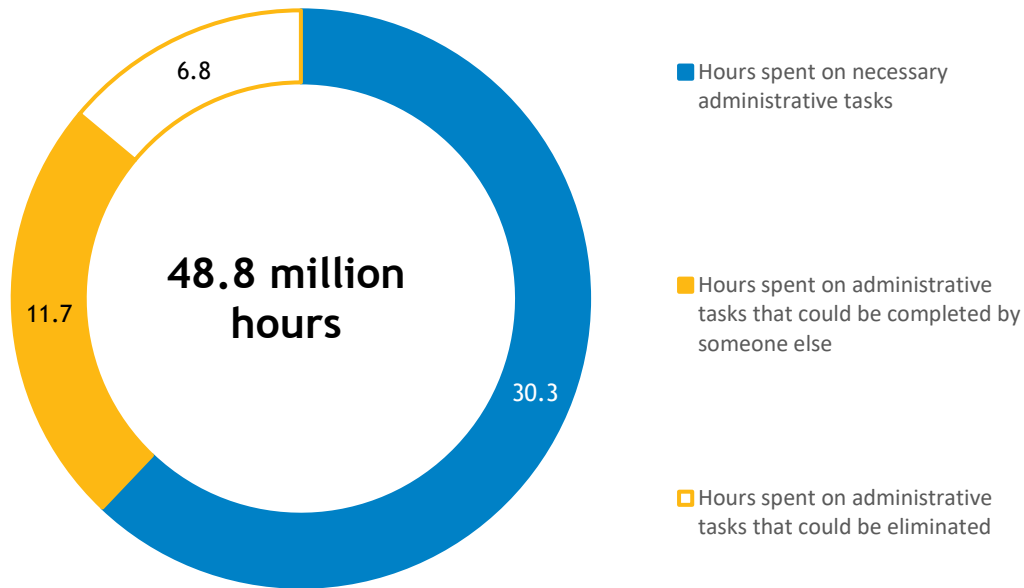
<https://www.cihi.ca/sites/default/files/document/health-workforce-canada-2017-2021-overview-data-tables-en.xlsx>

<sup>15</sup> CFIB recommends other provinces and territories undertake work similar to Nova Scotia to accurately measure the physician administrative burden in their own jurisdictions.

time spent on unnecessary administrative tasks, 11.7 million hours of administrative work could be done by another professional, while 6.8 million hours could simply be eliminated. For further details on the methodology used in this report, refer to Appendix A.

Figure 4

Estimated cumulative time doctors spend on administrative work, Canada (millions of hours)



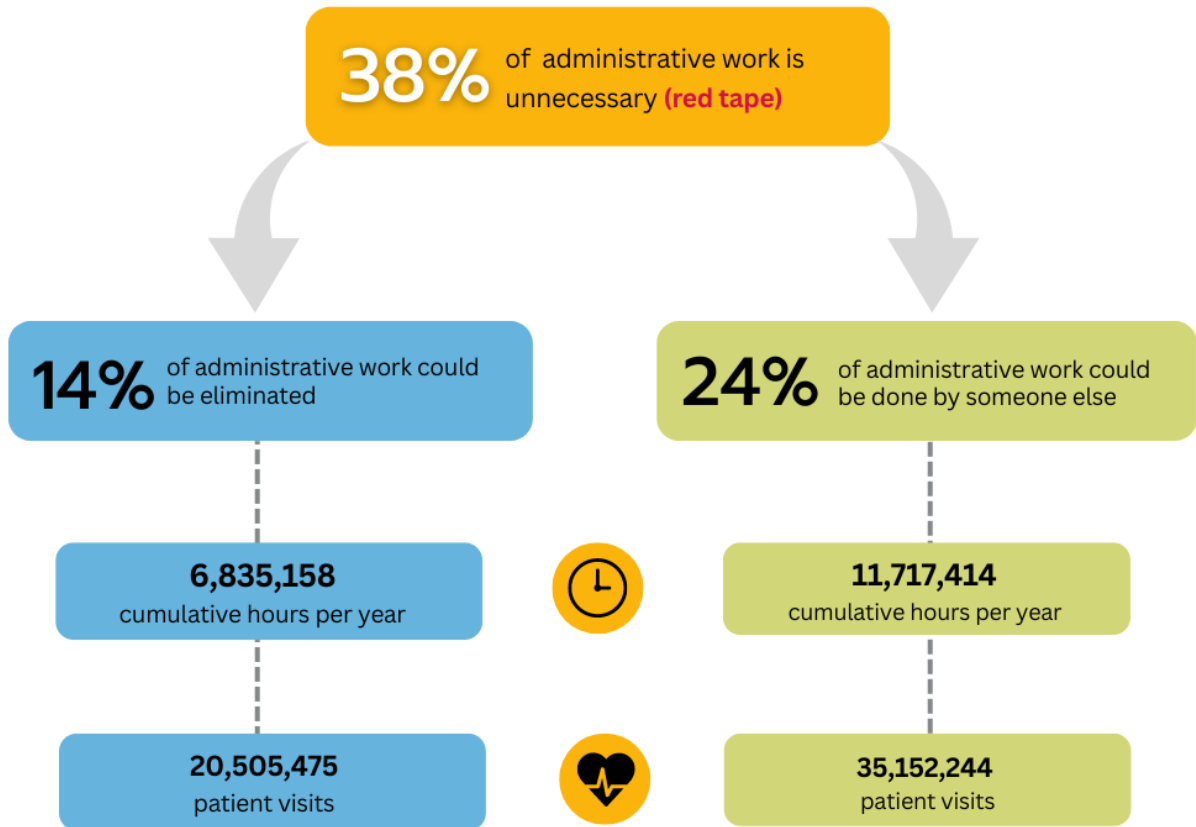
Source: CFIB estimates based on Nova Scotia findings

Figure 5 presents our overall estimates of the physician administrative burden in equivalent patient visits. Using Nova Scotia's findings for all other provinces and territories, we estimate that the time spent by physicians on administrative tasks that could be completed by someone else (11.7 million hours) is equivalent to 35.1 million patient visits. The estimated time spent on administrative tasks that could be eliminated (6.8 million hours) is equivalent to 20.5 million patient visits. Cumulatively, we estimate that the total time physicians spend on unnecessary administrative tasks is equivalent to 55.6 million patient visits annually.



Figure 5

Unnecessary administrative work and equivalent patient visits, Canada



If governments across Canada were to commit to reducing physician red tape by 10%, as Nova Scotia has done, they could free up nearly 1.9 million hours of physician time - the equivalent of more than 5.5 million patient visits. While it is unlikely that all of the time saved would be converted directly into patient-care hours, this moderate reduction in physician red tape would also help reduce physician fatigue and burnout, potentially improving physician retention and the overall patient experience.

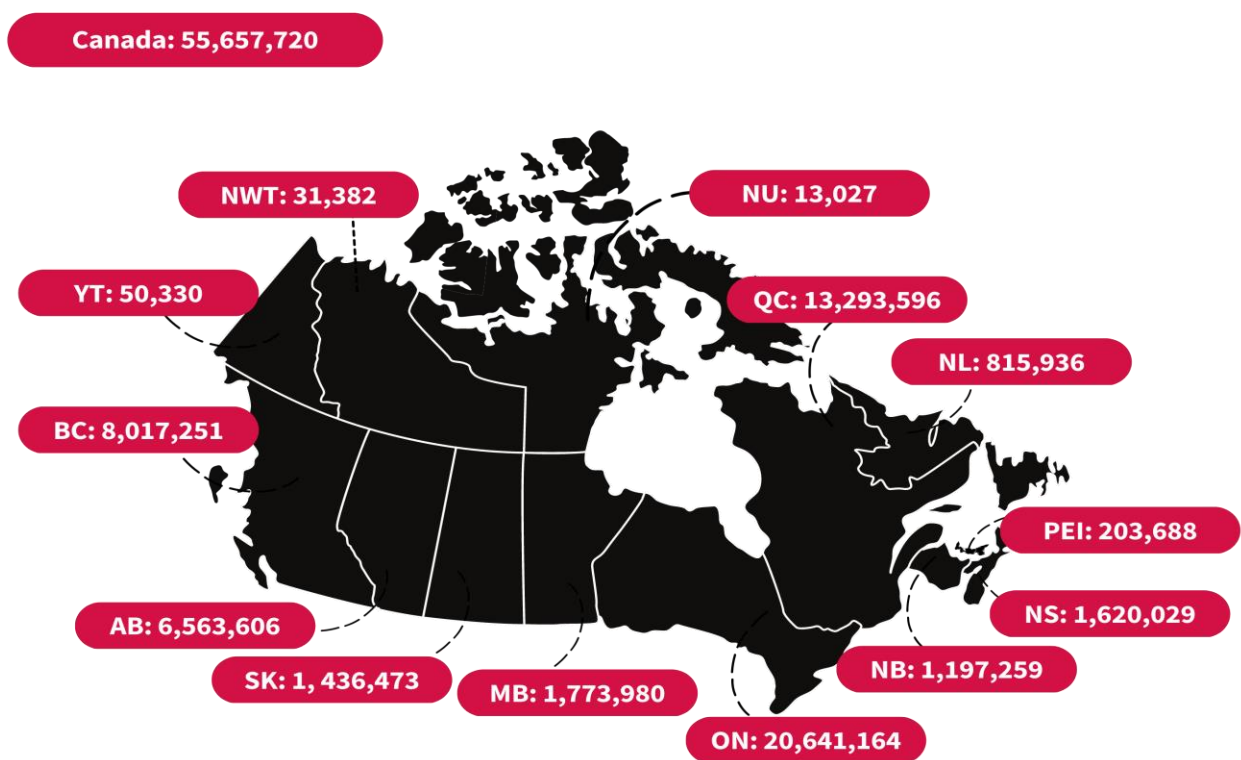


The total administrative burden can also be expressed as an equivalent number of physicians. If physicians were freed of this red tape burden, the time saved would be like adding 7,052 doctors to Canada’s health care system - a 7.5% increase over the current physician complement.<sup>16</sup> A provincial breakdown of this figure is included in Appendix B.

Figure 6 shows the total estimated equivalent patient visits in each province and territory. Table 1 in Appendix B shows the total estimated administrative burden in each province/territory and the equivalent number of patient visits. At a provincial level, the province of Ontario, with its large number of physicians, would benefit most from a significant reduction in physician red tape. In Ontario, the estimated physician administrative burden is equivalent to 20.6 million patient visits. This is followed by the province of Quebec (13.2 million visits) and British Columbia (8 million visits per year).

Figure 6

Total patient visits that could be scheduled if governments eliminated physician red tape (number of visits, by province/territory)<sup>17</sup>



<sup>16</sup> The Canadian Medical Association estimates physicians work an average of 53.7 hours per week ([https://www.cma.ca/sites/default/files/2022-08/NPHS\\_final\\_report\\_EN.pdf](https://www.cma.ca/sites/default/files/2022-08/NPHS_final_report_EN.pdf)). Assuming 49 work weeks per year, this means each physician works 2,631 hours per year. The total unnecessary administrative burden (18.5 million hours) divided by 2,631 hours worked per physician each year is the equivalent of 7,052 physicians working full time for a year.

<sup>17</sup> Estimated patient visits as depicted in this image are derived from extrapolating the results of Nova Scotia’s Physician Administrative Burden survey results to all other provinces and territories (see Appendix A, Methodology). “Red tape” includes both tasks that could be completed by someone other than a physician and tasks that could be eliminated.

## Reducing physician red tape

Once the red tape burden and its impact had been quantified, Nova Scotia set a target to reduce the administrative burden and identified actions it would take to meet the target. To have the biggest impact, Nova Scotia focused on reducing or streamlining duplicative or overly complex forms, improving out-of-date processes, and working to ensure doctors were not doing tasks that could be completed by other staff. Nova Scotia's Office of Regulatory Affairs and Service Effectiveness identified key red tape irritants (*specific* forms, policies, and processes) and worked with multiple partners, including Doctors Nova Scotia, the Department of Health and Wellness, the province's two health authorities, the Workers' Compensation Board, and numerous other government departments to develop solutions.<sup>18</sup>

For example, doctors in Nova Scotia identified medical assessment for the Employment Support and Income Assistance Program (sometimes called the "blue form") as a frequent red tape irritant. Doctors estimated that they spent 60,000 hours per year completing the form; the form was old and out of date, questions were redundant or unclear, and it had to be filled out frequently (often in its entirety, even when only small updates were necessary).

With the support of the Department of Community Services and input from physicians, the Office of Regulatory Affairs and Service Effectiveness worked to update, streamline and improve this form. Improvements included adding clarity to necessary questions and eliminating redundant questions, consolidating two forms into one, parsing the form so that case workers could select only the sections of the form that they require, and providing policy details in an appendix to explain the program and clarify common misperceptions.

In addition, as Nova Scotia went through this process, it came to light that the fee paid to physicians for completing the medical assessment had not changed in over 25 years. At the request of Doctors Nova Scotia, the Department of Community Services increased the fee to better reflect the time involved in completing the assessment.

Testing conducted by the Office and their partner department suggest that the new form is 10-30%<sup>19</sup> faster to complete, depending on the specific circumstances of the patient. As a matter of practice, the Office prefers to err on the conservative side when generating estimates, and so for the purposes of measuring this improvement initiative, they are assuming a 10% overall time savings, which translates to about 6,000 hours per year, the equivalent of roughly 18,000 patient visits.

Nova Scotia's Office of Regulatory Affairs and Service Effectiveness tracks and reports on its progress with these initiatives, with another progress report expected in 2023. On an ongoing basis, the Office reaches out to other entities (government departments, health authorities, etc.) to identify additional or emerging red tape irritants. CFIB recommends that provincial and territorial governments take

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<sup>18</sup> Nova Scotia Office of Regulatory Affairs and Service Effectiveness, *Actions to reduce unnecessary administrative burden for Nova Scotia's doctors*. November 2022. <https://beta.novascotia.ca/sites/default/files/documents/1-3190/actions-reduce-unnecessary-administrative-burden-nova-scotias-doctors-en.pdf>

<sup>19</sup> Work is still underway to validate these measurements with physicians directly.

similar action to identify key red tape irritants in their jurisdictions, implement solutions, and publicly report on progress.

## Recommendations

CFIB recommends that provincial and territorial governments:

1. **Measure the total physician administrative burden.** Governments should work with their provincial/territorial medical associations and consult with physicians to quantify the total physician administrative burden. The total administrative burden measured should specify how many hours are spent on both necessary and unnecessary administrative tasks. Of the unnecessary tasks, governments should identify both the portion of administrative work that could be completed by someone else, and the portion that is wholly unnecessary and could be eliminated.
2. **Identify the *impact* of the physician administrative burden.** For example, Nova Scotia's study (and this report) quantifies the impact of physician red tape in terms of patient visits, which clearly and concretely shows the effect of unnecessary administrative tasks. There is an impact on physician fatigue and burnout that should be examined.
3. **Identify the sources of physician administrative burden and top irritants to resolve.** Are there particular forms or processes that physicians frequently cite as unnecessary and/or burdensome? For example, eliminating or modifying a form that is filled out tens of thousands of times annually can have a significant cumulative impact.
4. **Set a reduction target (such as 10%)** and identify short, medium, and long-term actions to achieve the target. Publicly report on progress annually.
5. **Assign responsibility for physician red tape reduction to a specific entity with dedicated resources to begin the work.** Nova Scotia's success with these initiatives is in part due to the structure of the Office of Regulatory Affairs and Service Effectiveness as an entity that can work across government departments with a mandate to reduce red tape. For these initiatives to succeed, an individual or group must be empowered and resourced to do this work as a key priority.

## Appendix A: Methodology

To estimate the administrative burden experienced by physicians across all jurisdictions, CFIB extrapolated data from an existing study from Nova Scotia<sup>20</sup>. Particularly the following data points were used:

- Estimated number of hours spent by Nova Scotia Physicians on administrative tasks per week (10.6 hours).
- Estimated average hours worked per week by the Canadian Medical Association (53.7 hours/week)<sup>21</sup>
- Number of weeks considered in a year in the Nova Scotia (49 weeks).
- Percentage of administrative work considered necessary (62%).
- Percentage of administrative work considered unnecessary (38%).
  - Percentage of unnecessary administrative work that could be done by someone else (24%).
  - Percentage of unnecessary administrative work that could be eliminated (14%).
- Estimated time for patient visits is equivalent to 20 minutes.<sup>22</sup>

This extrapolation assumes that working conditions and administrative tasks are relatively similar across jurisdictions. Of course, there are notable differences based on practice settings; for example, rural or remote communities compared to urban centres, or hospital settings compared to private practice, and each province may have its own requirements that differ from Nova Scotia.

CFIB directly applied the data from the Nova Scotia study to the total number of physicians in each province/territory.<sup>23</sup> Note, these estimates are illustrative and provincial/territorial governments are encouraged to conduct a more detailed analysis of the physician administrative burden in their respective jurisdictions.

### Angus Reid Survey Data:

These are the findings of a survey commissioned by CFIB. The survey was conducted from November 18 to 21, 2022, among a nationally representative sample of n=1,507 Canadians who are members of the online Angus Reid Forum, balanced and weighted on age, gender, region and education. For comparison purposes, a probability sample of this size has an estimated margin of error of +/- 2.5 percentage points, 19 times out of 20. The survey was conducted in English and French.

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<sup>20</sup> Nova Scotia Office of Regulatory Affairs and Service Effectiveness, *Physician Administrative Burden Survey Final Report*. September 2020. <https://doctorsns.com/sites/default/files/2020-11/admin-burden-survey-results.pdf>

<sup>21</sup> Canadian Medical Association, *National Physician Health Survey*. August 2022. [https://www.cma.ca/sites/default/files/2022-08/NPHS\\_final\\_report\\_EN.pdf](https://www.cma.ca/sites/default/files/2022-08/NPHS_final_report_EN.pdf)

<sup>22</sup> The Nova Scotia Office of Regulatory Affairs and Service Effectiveness consultants estimated that a typical visit is about 18 minutes, which was rounded to 20 minutes to offer a conservative estimate.

<sup>23</sup> Canadian Institute for Health Information, *Health Workforce in Canada 2017 to 2021: Overview – Data Tables*. November 2022. <https://www.cihi.ca/sites/default/files/document/health-workforce-canada-2017-2021-overview-data-tables-en.xlsx>

## Appendix B: Provincial/Territorial Estimates of Physician Administrative Burden and Equivalent Patient Visits<sup>1</sup>

	NL	PEI	NS	NB	QC	ON	MB	SK	AB	BC	YT	NWT	NU	Canada
<b>Total number of physicians-2021<sup>2</sup></b>	1,378	344	2,736	2,022	22,451	34,860	2,996	2,426	11,085	13,540	85	53	22	93,998
<b>Total time spent on administrative work hours/year<sup>3</sup></b>	715,733	178,673	1,421,078	1,050,226	11,661,049	18,106,284	1,556,122	1,260,064	5,757,549	7,032,676	44,149	27,528	11,426	48,822,561
<b>Unnecessary administrative work (38%) (hours/year)<sup>4</sup></b>	271,978	67,895	540,009	399,086	4,431,198	6,880,387	591,326	478,824	2,187,868	2,672,416	16,776	10,460	4,342	18,552,573
<b>Administrative work that could be done by someone else (24%) (hours/year)<sup>5</sup></b>	171,775	42,881	341,058	252,054	2,798,651	4,345,508	373,469	302,415	1,381,811	1,687,842	10,595	6,606	2,742	11,717,414
<b>Administrative work that could be eliminated (14%) (hours/year)<sup>6</sup></b>	100,202	25,014	198,950	147,031	1,632,546	2,534,879	217,857	176,409	806,056	984,574	6,180	3,853	1,599	6,835,158
<b>Equivalent number of patient visits for total time spent on unnecessary admin work<sup>7</sup></b>	815,936	203,688	1,620,029	1,197,259	13,293,596	20,641,164	1,773,980	1,436,473	6,563,606	8,017,251	50,330	31,382	13,027	55,657,720
<b>Equivalent number of patient visits for administrative work that could be done by someone else<sup>7</sup></b>	515,328	128,645	1,023,176	756,163	8,395,956	13,036,524	1,120,408	907,246	4,145,435	5,063,526	31,787	19,820	8,227	35,152,244
<b>Equivalent number of patient visits for administrative work that could be eliminated<sup>7</sup></b>	300,608	75,043	596,853	441,095	4,897,641	7,604,639	653,571	529,227	2,418,171	2,953,724	18,543	11,562	4,799	20,505,475
<b>10% target: number of hours of unnecessary administrative work to be reduced<sup>8</sup></b>	27,198	6,790	54,001	39,909	443,120	688,039	59,133	47,882	218,787	267,242	1,678	1,046	434	1,855,257
<b>Equivalent number of patient visits if 10% reduction target is achieved<sup>9</sup></b>	81,594	20,369	162,003	119,726	1,329,360	2,064,116	177,398	143,647	656,361	801,725	5,033	3,138	1,303	5,565,772

## Patients before paperwork

Equivalent number of physicians for total time spent on unnecessary administrative work <sup>10</sup>	103	26	205	152	1,684	2,615	225	182	831	1,016	6	4	2	7,052
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### Notes:

1. To estimate the administrative burden and equivalent patient visits across jurisdictions, CFIB extrapolated data from an existing study from Nova Scotia: Nova Scotia Office of Regulatory Affairs and Service Effectiveness, September 2020. “Physician Administrative Burden Survey Final Report.” <https://doctorsns.com/sites/default/files/2020-11/admin-burden-survey-results.pdf>.
2. Health Workforce in Canada 2017 to 2021: Overview – Data Tables. <https://www.cihi.ca/sites/default/files/document/health-workforce-canada-2017-2021-overview-data-tables-en.xlsx>
3. This estimate is made using the results from the above referenced Nova Scotia report (physicians reported 10.6 hours of administrative work per week) and assumes 49 working weeks in the year.
4. Of the total time spent on administrative work, physicians surveyed in Nova Scotia stated that 38% of their administrative work is unnecessary.
5. This estimate is based on Nova Scotia’s findings (physicians surveyed stated that of their total administrative work, 24% could be done by someone else).
6. This estimate is based on Nova Scotia’s findings (physicians surveyed stated that of their total administrative work, 14% could be eliminated).
7. This estimate is made assuming a patient visit is equivalent to 20 minutes based on Nova Scotia’s methodology.
8. This target has been set by Nova Scotia as a goal to be reached by 2024.
9. This estimate is made assuming a patient visit is equivalent to 20 minutes based on Nova Scotia’s methodology.
10. This estimate is based on the Canadian Medical Association estimate of average hours worked per physician (53.7 hours/week) ([https://www.cma.ca/sites/default/files/2022-08/NPHS\\_final\\_report\\_EN.pdf](https://www.cma.ca/sites/default/files/2022-08/NPHS_final_report_EN.pdf)) multiplied by 49 weeks in the year.

