

Forms and Phone Calls and Faxes, Oh My! Measuring Patients' Admin Burden

BY ISHANI GANGULI, MD, MPH

SEPTEMBER 24, 2021

Ishani Ganguli is a primary care physician, health services researcher and assistant professor of medicine at Harvard Medical School and Brigham and Women's Hospital and a member of the 2021 Tradeoffs Research Council. She studies medical decision-making and delivery and payment innovation in ambulatory care.

There's a good amount of research on the cost of administrative work to the U.S. health care system and providers. But the administrative load I see my patients deal with every day — multiple phone calls to schedule office visits and imaging scans, arranging transportation, faxing forms, the list goes on — imposes its own burden which has largely gone unmeasured.

In a new study published in the journal *Health Services Research*, Michael Anne Kyle and Austin Frakt start to make amends. In 2019, they asked a nationally representative sample of more than 4,000 insured adults between the ages of 18 and 64 whether they had completed one of five administrative tasks and whether doing so had led them to delay or skip care. They found these tasks were commonplace — in the past year, 64% said they had scheduled a visit, 57% had sought information from their clinician or insurance plan, 26% had dealt with a billing problem, 21% had sought prior authorization and 9% had dealt with premium issues.

Nearly a quarter of those surveyed said they had delayed or skipped care as a result. To put that in perspective, that's roughly the same share of Americans who say they delay or skip care due to cost. Unfortunately, these burdens were unequally distributed in familiar ways. Adults with a disability as well as women were more likely to report doing administrative tasks and having them lead to delayed or foregone care. White adults and adults with higher incomes, in contrast, were less likely to report delayed or foregone care.

The authors acknowledge their study doesn't get at how exactly administrative tasks lead to delayed or foregone care or what kind of care these adults needed in the first place. And there are other burdens not measured in the study — like coordinating care between doctors or chasing down doctors' notes for work absences. But these results begin to put numbers to the enormous administrative burden we place on patients (especially those with the least time to spare) and the potential health payoffs from smoothing these frictions.

There are evidence-based solutions, like letting patients self-schedule visits online — which saves time for clinic staff and patients, and has the added benefit of getting patients in with their own doctor more often. And allowing patients to access their visit notes online (recently mandated by the 21st Century Cures Act) could reduce the work of seeking information from their clinician and improve care — surveys show open notes help older patients and those with severe mental illness remember their care plans and take their medications. Importantly, digital and other efficiencies must be designed with equity in mind or else we risk widening gaps between patients who have the means or luck to overcome administrative barriers and those who do not.

Want Research Corner delivered to your inbox every Friday? Sign up for our weekly newsletter!

SIGN UP



[HOME](#) [PODCAST](#) [RESEARCH CORNER](#)

SIGN UP FOR OUR NEWSLETTER

[EVENTS](#) [SUBSCRIBE](#)
[CONTACT US](#)

SIGN UP

email: info@tradeoffs.org

twitter: [@tradeoffspod](https://twitter.com/tradeoffspod)



Copyright 2018. Developed by SecondLine Themes