

# Leadership Corner

## A Conversation with Jane Fogg, MD, MPH: Reducing Burnout In Primary Care



With over 30 years as a physician leader and internist, [Dr. Jane Fogg](#) has a broad range of experience and success. She is a systems thinker and passionate advocate for value-based care. To support advanced primary care delivery systems, she has led multiple transformations of small and large practices recognizing the importance of physician leadership, organizational culture, continuous improvement rigor, and a value-based framework that rewards great outcomes. As a health systems leader, she led innovative approaches to optimizing electronic health records for clinical practice, to managing health care workforce through financial challenge, and to invigorating humanity in leadership. In an epidemic of physician burnout, she has focused on improving the work environment of all physicians and health care workers. She is a persuasive speaker with an ability to connect to her peers.

Q

**Primary care teams face dozens of administrative pressures. In your experience, what is the single most impactful burden organizations should address first if they want to quickly improve clinician time and reduce burnout?**

A

It's hard to compare support for inbasket management with documentation tools (scribes, AI) for note writing as primary care teams need help with both. With the advent of AI scribes and the ongoing improvement in these tools, it is easier to apply this to a practice and see tangible results. When the AI scribe tool works well, it can make a significant difference to PCPs and their teams. The ability to enter orders and structured data makes these tools even more helpful. Inbasket management support requires more tactics and time but can be done. (Reference catalyst paper: [In-Basket Reduction: A Multiyear Pragmatic Approach to Lessen the Work Burden of Primary Care Physicians | NEJM Catalyst](#))

Q

**In your experience working with health systems across the country, what is the most common type of administrative work physicians are doing today that clearly belongs to someone else on the care team, and what has held organizations back from making that shift?**

A

Although clinical environments differ, one consistent problem that I hear from doctors across the country is the challenge of managing the patient portal email messages. Direct email from patient to care team is good – the problem is that many organizations require the physician or advanced practice clinician to be the first recipient. Physicians and APCs find themselves triaging messages to their team or managing the message themselves. This work not only takes time, it also could be better handled by a team member. Organizations have struggled to address this in part because this work requires staff time and training. In a time of financial pressure, organizations hesitate to add staffing or invest in process improvement work to create more efficient workflows.

Q

**The in-basket reduction work you led achieved a 25% decrease in volume, with zero patient complaints about automated normal lab results. What advice would you give a practice leader facing resistance from physicians who worry that eliminating or automating tasks will compromise quality or safety, even when the evidence suggests otherwise?**

A

It is important to think about how patients experience health care in context to other aspects of their lives. We use technology in all parts of our lives, and we expect quick and efficient access to information. Sometimes our care delivery does not match this – sending a letter by email, or even posting on email, may feel appropriate but the patient may have seen the results days earlier. It is good to question ourselves as we change workflows and habits and to keep the patient at the center of our thinking. And – we should not hold onto workflows unless they add value. When we transform our clinical practice, examine current state, what are the objectives of our workflows, and are there different ways to meet those objectives.