

Restoring the Heart of Healthcare: The Case for Automation with a Human Touch

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Executive Summary

Healthcare stands at a paradoxical moment. The industry has invested heavily in digital transformation, with widespread use of electronic health records, advanced analytics, and increasingly sophisticated forms of automation. Yet for many clinicians and patients, the experience of care feels more fragmented, more administrative, and less human than ever before.

Over the past two decades, expanding documentation requirements, regulatory oversight, and system complexity have reshaped the clinical encounter. Physicians now spend a significant portion of their time interacting with systems rather than patients. On average, clinicians spend **5.8 hours in the EHR for every eight hours of scheduled patient care**, much of it occurring outside normal clinic hours.¹ In many cases, we have simply recreated the paper record in an electronic form, and have added more tasks.

Automation can offer a path forward, but only if approached with intention. When designed thoughtfully, automation does not replace the human element in medicine. It restores it.

The Erosion of the Clinical Encounter

During the past 20 years, healthcare delivery has undergone a profound transformation. The transition from paper to digital records improved access to information and enabled greater coordination. At the same time, regulatory and reimbursement complexity has introduced new layers of administrative work into clinical workflows.

As both a primary care physician and a healthcare technology leader, I have seen how this shift has changed the nature of care delivery.

The clinical encounter is no longer defined solely by diagnosis and treatment. Documentation, billing requirements, alerts, and system navigation now compete for attention. Physicians routinely divide their focus between the patient and the screen.

This shift has measurable consequences. Burnout rates remain high: **49 percent of physicians report burnout**, with leading contributors tied directly to administrative burden, including excessive bureaucratic tasks.²

What was intended to support care delivery and improve quality has, in many environments, begun to interfere with it.

The Scope of the Problem

Administrative burden in healthcare is cumulative, but its scale is now clearly quantified.

Clinicians spend nearly 28 hours per week on administrative tasks, ranging from documentation and coding to insurance-related work.³ These demands extend beyond the physician workforce, affecting clinical and administrative staff alike.

The impact on care delivery is significant. Eighty percent of providers report that administrative tasks reduce the time they can spend with patients, and 68 percent say this burden negatively affects the quality of care delivered.³

At the same time, inbox volume and system fragmentation continue to increase the cognitive load required to manage patient care effectively.

Individually, these demands may appear manageable. Collectively, they create persistent friction that competes directly with clinical care.



Stakeholder Impact

The effects of administrative complexity extend across the healthcare ecosystem.

For clinicians, sustained administrative workload contributes directly to burnout, which in turn is associated with increased attrition and reduced workforce stability.

For patients, the consequences are experienced in shorter visits, fragmented attention, and delays in care. When administrative tasks consume time, the patient-physician relationship is diminished.

At the organizational level, the financial impact is substantial. Physician burnout alone is estimated to cost the U.S. healthcare system approximately \$4.6 billion annually due to turnover and reduced productivity.⁴

A majority of clinicians report that administrative burden is a primary driver of their dissatisfaction.³

Automation as a Clinical Enabler

Automation is often framed as a tool for efficiency. This framing can create concern that technology will further distance clinicians from their patients.

An alternative perspective is to view automation as leverage for capacity creation.

When designed intentionally, automation removes tasks that do not require clinical judgment. It operates within workflows, responds to context, and reduces the number of manual steps required to complete routine work.

This approach represents automation with a human touch. It supports clinical judgment rather than replacing it and aligns with how care is delivered in practice.

Emerging evidence supports this model. Implementations of ambient documentation have demonstrated meaningful reductions in administrative burden, with some health systems reporting more than **15,000 hours of documentation time saved annually**.⁵



High-Impact Use Cases for Automation

Automation delivers the greatest value when applied across the care continuum.

Within clinical workflows, ambient documentation reduces manual note entry while improving accuracy and completeness. Assistive coding and charge capture ensure appropriate reimbursement without adding additional work. Structured data extraction improves access to relevant information at the point of care and supports needed quality measurement and reporting.

Administrative workflows benefit from automation of prior authorizations, referral coordination, and scheduling. These improvements reduce delays and streamline operations.

Patient engagement is also enhanced. Augmented triage, automated follow-ups, and remote monitoring support more continuous and proactive care.

Inbox management remains a critical opportunity. Intelligent automation has the potential to prioritize messages, summarize key information, and route tasks appropriately, reducing cognitive overload.

Together, these capabilities reshape how work moves through a healthcare practice.

Returning Time to Care

The most immediate impact of effective automation is the return of time.

Even small efficiencies accumulate quickly. Minutes saved per visit translate into hours over the course of a week and hundreds of hours over the course of a year.

In practices that have implemented comprehensive automation strategies, productivity improvements of **20 to 30 percent** have been observed.⁶ These gains extend beyond documentation to include coordination, billing, and follow-up workflows.

This time is not simply saved. It is redirected.

Clinicians can engage more deeply with patients, focus on preventive care, and dedicate appropriate attention to complex cases. Just as importantly, they can reduce after-hours work, improving sustainability and well-being.

Outcomes That Matter

As time and attention are restored, improvements follow across multiple dimensions.

Patients benefit from more engaged interactions and reduced delays in care. Clinicians experience reduced cognitive burden, contributing to improved job satisfaction. Organizations see gains in efficiency, financial performance, and quality outcomes.

More accurate documentation and coding can drive meaningful revenue improvement, while reduced administrative burden supports stronger performance in value-based care models.⁶

These outcomes reinforce one another, creating a more effective and sustainable system.

Risks and Guardrails

Automation must be implemented thoughtfully.

Over-automation can reduce clinical nuance. Algorithmic bias may introduce inequities if not governed. Data privacy and security remain critical considerations as systems become more interconnected.

Critically important is clinician trust. Without reliability and transparency, adoption will be limited.

Mitigation Strategies

Responsible implementation requires clear safeguards.

Human-in-the-loop design ensures that clinicians retain oversight. Continuous monitoring and feedback loops support ongoing improvement. Transparent governance frameworks help build trust by clarifying how systems operate and how decisions are made.

These elements are essential to ensuring that automation supports clinical care.



The Future of Human-Centered Healthcare

The future of healthcare will be shaped by how effectively technology supports clinicians.

The concept of the **augmented clinician**—technology as a true assistant—reflects a shift toward systems that anticipate needs, surface relevant information, and handle routine tasks in the background.

Care becomes more proactive. Workflows become more coordinated. Data moves more fluidly across systems, enabling a more complete understanding of the patient.

When technology aligns with clinical practice, it becomes less visible. What remains is a more human experience of care.

Conclusion

Automation is a force of change. Its potential lies in what it restores.

By reducing administrative burden, automation allows clinicians to reclaim time, attention, and presence. It creates the conditions for more meaningful patient interactions and more thoughtful care.

The goal is not to replace the human element in medicine. **It is to restore it and keep it at the center of care delivery.**

References

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