



Blended Capitation Program

Dr. Leah Aitken

Dr Aitken is a PGY2 resident who is considering the BC program. In a recent presentation Dr Aitken shared the features of BC that are attractive to her as a new physician and mother of twins. She is considering BC as a way of having work life balance and increasing patient access to care. She is interested in how BC would enable her to provide more comprehensive care to her patients.

"I spend more time doing paperwork than actually interacting with patients." As a physician in training, I hear this far too often. It's disheartening. I chose family medicine to build meaningful relationships—not to be burdened down by endless administrative tasks. It's not a new concept that excessive non-clinical work is a major driver of burnout, exhaustion, and dissatisfaction across the profession.

The irony, however, is that technology has reached a point where it can allow humans to become *more* human again. Artificial intelligence (AI) has the ability to return presence, attention, and connection to clinical encounters. It allows physicians to engage in genuine conversations without the background noise of unfinished charts piling up. Since AI can record and summarize interactions with a level of detail, our memories simply cannot match; it will enhance the accuracy and completeness of our physician notes. AI will let us stay fully in the moment without sacrificing quality.

Time is a concept I once wrote about in my early university years. Each philosopher defined it differently, yet they all agreed on one point: time moves in one direction, and for human beings, it is finite. When something is limited, prioritization becomes even more crucial. That is why I believe AI is so important in medicine—because it gives us back our most precious and irreplaceable resource: **time**.

- Time to go home earlier.
- Time to be present with the people we love.
- Time to reconnect with the parts of ourselves outside of medicine.

As a new twin mom, every moment I miss because I'm completing paperwork late into the evening feels unfortunate—and now, truly avoidable. AI will give us a path to reclaim what matters most.

Creating more time - more for your patients, more for your family, more for yourself, is invaluable. AI doesn't replace the physician. It restores the physician to the center of care, where we belong.

ONMED completed a study on AI scribe a year ago titled [Clinical Evaluation of Artificial Intelligence and Automation Technology to Reduce Administration Burden in Primary Care](#) which looked at 23 programs and saw that it reduces workload by an average of 10 hours a week, among other positives. In the lab setting, using an AI scribe was associated with a 69.5% reduction in time spent documenting during clinical encounters.

- In routine practices, Primary Care Providers (PCP) using AI scribes reported a three-hour reduction per week in time spent on administrative tasks after hours.
- PCPs using AI scribes also reported reductions in administrative burden, cognitive load, and after-hours work; improved efficiency and documentation practices; increased job satisfaction, professional fulfillment, and work-life balance; and perceived improvement in quality of care.
- Most PCPs saw value in AI scribes, and many were willing to pay for them, but very few were willing to pay the current market price.
- PCPs were also receptive to automating other administrative tasks contributing to their workload, especially for time-consuming, repetitive tasks driven by mouse clicks and keystrokes.

On average, clinicians spent 100 seconds documenting an encounter with an AI scribe, compared to 328.6 seconds without it. This dramatic reduction in documentation time is a significant step toward addressing the administrative overload that so many clinicians face.



**I have to say, the scribes
have changed my life. I
can go to my son's soccer
practice at 5!**

-NL BCP Physician

Newsletter

"The program (AI) has made work a bit of fun"
- NL BCP Physician

Digital enabler options

Digital enablers, also known as artificial intelligence, are technology add ons (programs if you like) that can assist physicians and clinic staff with reducing administrative burden and the time spent on documentation and communication. The term refers to a large pool of possible add ons that each work with your existing EMR platform and can be integrated into your clinic processes.

Artificial intelligence (AI) in healthcare is often described by what it can do – streamline documentation, surface insights quickly, and improve workflows. But successful implementation requires more than just adding new technology. It's a change process that needs thoughtful planning and engagement.

That starts with involving frontline staff early so they can help shape how AI tools are used. Clear communication about what the technology can and cannot do, along with practical training and ongoing support, helps build confidence and trust. Leadership also plays an important role – when AI is presented as a supportive tool rather than a replacement, it encourages curiosity and reduces concerns about workload, liability, or job security.

Equally important is evaluation. New tools must be tested in real care settings, not just in pilots or vendor demonstrations. Teams need to understand whether technology truly reduces burden, is reliable and safe to use daily, and how it affects team communication. Building regular feedback loops allows organizations to adjust tools based on real-world experience, rather than expecting clinicians to adapt to rigid systems.

Investing in AI also means investing in the structures that make adoption work – training, workflow redesign, evaluation, and continuous engagement. When these supports are in place, promising AI tools can move from concept to everyday use in ways that genuinely help both care teams and patients.

AI has the potential to create more time for relationship-based care, but only if adoption is deliberate, well-managed, and continuously evaluated. Ultimately, success depends not just on technology, but on people, processes, and partnerships working together.

Keys to optimizing the use of AI tools

- *Preparation* - knowing what it is you are trying to achieve and then deciding which tool will support you in achieving your goal
- *Implementation Team* - involving the right staff is critical. Those who touch and feel the work each day are critical on the implementation team. Think about who needs to know and who needs to know how to use the tool when designing your team.
- *Clarity on support and training available* - be sure you are clear on what ongoing supports are available from the vendor and what training they offer. Consider who needs to be trained in what and how you will onboard new staff
- *Process defined* - be sure to redefine your clinic processes to show how AI supports the clinic flow and create any new policies that may be important relative to your use of AI tools
- *AI Champion* - who will be your AI Champions to continue the success of the implementation. Who will try out the tools first and who will be integrated into their use later. Acknowledge that people will adopt these new tools at different rates and with different levels of enthusiasm

The NLMA website has information available that address benefits and challenges of using AI scribe, links to the relevant guidelines from CMPA and CPSNL, and which includes privacy and security requirements: [AI Scribe | NLMA](#)

Newsletter

AI Scribe – What It Is and How It's Used

AI scribes are digital tools that use artificial intelligence to listen to and summarize patient visits in real time. They help clinicians by automatically creating visit notes, updating medical records, and summarizing care plans.

AI scribes can tell the difference between casual conversation and important medical information, organizing only the key details into the electronic medical record (EMR).

Online Booking

Online appointment booking (OAB) lets patients or their caregivers book appointments with healthcare providers using a computer, tablet, or phone.

Clinics often start by offering a few appointment types online to test the process before expanding to others. As adoption grows, online booking has been shown to improve efficiency for providers and staff, while making it easier and more convenient for patients to access care.

Asynchronous Communication

Asynchronous communication allows providers and patients to exchange messages securely through a web-based portal – no need for both to be online at the same time. This portal can also be used to share documents, send appointment reminders, and allow online booking.

Bots to Automate Panel Management

Automated bots use smart dashboards to help identify patients who may be at risk for chronic conditions or affected by medication recalls. They also help patients stay involved in their own care through reminders and goal-setting.

E-Referral

Electronic referral (eReferral) systems make it easier and faster for primary care providers to send referrals to specialists or other organizations. Referrals are sent and received securely through an electronic platform, improving communication and reducing delays. While eReferral isn't widely available yet in Newfoundland and Labrador, it has been successful in other jurisdictions.

AI Inbox Management

AI inbox management tools help clinicians handle the growing number of messages, documents, and patient inquiries. These tools use artificial intelligence to sort, organize, and prioritize communications, helping ensure important items are handled quickly and reducing administrative workload. Even without AI, most email systems offer basic rule settings that can help manage incoming messages more efficiently.

**To access Practice Facilitation support with the implementation of digital tools
please reach out to bcp@nlma.nl.ca**

