

Go beyond staffing

Imperative 3: Technology-enabled workforce efficiency



CHG[®]
Healthcare

Imperative 3

Technology-enabled workforce efficiency

Reducing friction to unlock capacity

Embrace tools that streamline workflows, reduce administrative burden, and enable smarter workforce decisions—all with the physician experience at the center.

For years, health systems have pursued technology to increase efficiency and cut costs. Yet burnout rates continue to rise. Physicians face growing administrative burdens, eroding their autonomy and straining the patient relationship. As Dr. Geeta Nayyar, the chief medical officer at RadiantGraph and a leading voice on combating clinician burnout, emphasizes, technology should make physicians' lives easier, not harder. And to achieve that, anything that touches the workforce needs to involve them from the beginning.

“It’s really key to have the end user involved. Whether the end user is the nurses, the doctors, whoever it might be—maybe it’s the phlebotomy staff—you need to have end users in a position of leadership. So that means in the process of vendor selection, informing the strategy, informing the implementation,” says Dr. Nayyar. “Change management is hard, but the best thing you can do is to engage the end user that you’re trying to change at the beginning of the process. They’re also ultimately going to help sell their colleagues on the strategy and products that they helped select and build.”

Technology is not neutral. It either builds trust and restores human connection or it becomes another barrier, accelerating burnout and

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disengagement. And there’s a collective trauma in the medical profession from the last promise of a technology revolution: electronic health records (EHRs).

“During the implementation of EHRs, technology was the promise... We were going to improve communication and documentation. We were going to be able to do analytics and telemedicine, and instead, we actually really hurt the doctor-patient relationship. We solved three problems, but we created five new ones,” says Dr. Nayyar. “This is because we did not include clinical leadership. We implemented a lot of technology for doctors and patients, instead of with doctors and patients, and we spent a lot of time talking about the consumer experience and forgetting that the consumer

experience and the physician experience are tied together.”

The 2024 KLAS Arch Collaborative found that poor EHR usability and inadequate training contribute significantly to physician dissatisfaction and turnover.¹² Clinicians who receive meaningful EHR education report greater satisfaction and longer tenure.

Efficiency is essential to the physician experience and a strategic lever for workforce retention. Administrative complexity remains a leading driver of burnout. Small improvements—streamlined EHR workflows, automated scheduling—can yield outsized benefits. As the Advisory Board director of physician and medical group research puts it, “Fewer clicks can mean higher retention.”

Physicians additionally see AI as valuable for reducing workload and aiding clinical decisions—but only when they have transparency and

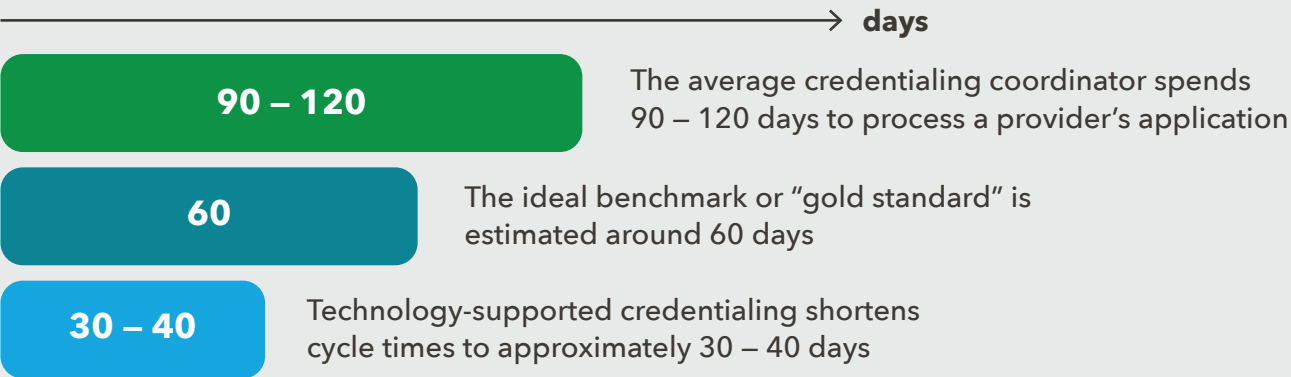
input. According to the 2024 AMA Physician AI Sentiment Report, 93% of physicians want to be involved in AI decision-making.²⁰ As the AMA report makes clear, physician trust in AI depends on shared governance.

AI-driven scheduling, credentialing automation, and predictive analytics give health systems real-time visibility into staffing needs, workforce gaps, and onboarding timelines.

Practices and health systems typically spend three to four months on physician credentialing and onboarding, with the process sometimes extending up to six months, depending on circumstances. These inefficiencies create cascading effects: delayed patient access, scheduling bottlenecks, and provider burnout.

“Organizations need strong change management champions and to bring physicians along the way—even for seemingly small workflow changes,” says Dailey. This collaborative

Credentialing cycle times



approach ensures new tools meet real-world clinical needs while signaling to physicians that their voices matter.

“Automation and AI are crucial to long-term strategies, especially around provider productivity and quality of care,” says Matt Brown, vice president of advisory and telehealth at CHG Healthcare. “Tech investments unlock better care through smarter deployment.”

Executive takeaway

To reduce burnout and retain physician talent, health systems must shift from implementing technology for physicians to building it with them. When solutions like AI-driven scheduling and credentialing are co-created with clinical input, they enhance efficiency, restore trust, and strengthen the physician experience.

At a time when burnout affects nearly half of physicians, technology adoption is no longer a back-office decision. Health systems that deploy technology to reduce administrative friction and improve flexibility are gaining a competitive edge in a tight labor market.

This collaborative approach ensures new tools meet real-world clinical needs while signaling to physicians that their voices matter.

From physician management to partnership

The healthcare workforce strategy of the future will not treat technology as a tool that manages physicians. Instead, technology will be seen as a partner—augmenting clinical decision-making, enabling flexibility, and strengthening the human relationships at the heart of medicine.

For physician leaders and health system executives, the path forward requires a strategic shift:

- **From technology management to partnership:** Co-create solutions with physicians
- **From cost-saving to value creation:** Align technology outcomes with both workforce engagement and patient care
- **From reactive to proactive:** Use AI and workforce analytics to anticipate challenges before they erode performance or morale

Case Study | Kaiser Permanente TSPMG

Automating locum tenens sourcing at scale

Clinicians supported

500+

providers

365,000

patients

Challenge

TSPMG's five-agency model led to delays in sourcing, inconsistent billing, and excessive manual tracking. The back and forth with agencies to correct errors and request new invoices often meant delays in payment. Tracking candidates in the locums hiring process was also a challenge, requiring hours of data entry into an Excel spreadsheet and constant manual updates to know where providers were in the process.

Solution

Adopting a vendor management system helped centralize recruitment, streamline invoicing, and automate candidate tracking. The team could confidently screen candidates much more quickly before forwarding them for department review, as well as manage candidates without needing to manually enter data. Consolidated invoicing simplified the billing process, and the AI-enhanced quality-control process reduced the time spent checking and rechecking invoices.

Outcome highlights**\$136K**in one year cost savings
from billing automation**174**administrative hours
saved annually**17**specialties filled with
avg. 7 bids per role**12**agencies
managed

Sources

1. AHA. The Cost of Caring: Challenges Facing America's Hospitals in 2025. <https://www.aha.org/costsofcaring>
2. AAMC. Why Health Workforce Projections Are Worth Doing. 2023. <https://www.aamc.org/data-reports/workforce/why-health-workforce-projections-are-worth-doing>
3. Becker's Healthcare. The burden of physician turnover in 11 numbers. 2025. <https://www.beckershospitalreview.com/quality/hospital-physician-relationships/the-burden-of-physician-turnover-in-11-numbers/>
4. CMS.gov. National Health Expenditure Projections 2024-2033 (2024). <https://www.cms.gov/files/document/nhe-projections-forecast-summary.pdf>
5. AAPPR. Steady Through the Turns: A Path for AAPPR's Next Chapter. 2025. <https://aappr.org/2025/04/14/steady-through-the-turns-a-path-for-aapprs-next-chapter/>
6. Medscape. Physician Mental Health & Well-Being Report. 2025. <https://www.medscape.com/sites/public/mental-health/2025>
7. Advisory Board. How corporate medical group growth strategies are disrupting healthcare delivery. 2025. <https://www.advisory.com/topics/physician/2025/corporate-medical-group-growth-strategies>
8. Physicians Advocacy Institute. Updated Report: Hospital and Corporate Acquisition of Physician Practices and Physician Employment 2019-2023 (2024). <https://www.physiciansadvocacyinstitute.org/Portals/0/assets/docs/PAI-Research/PAI-Avalere%20Physician%20Employment%20Trends%20Study%202019-2023%20Final.pdf?ver=uGHF46u1GSeZgYXMKFyYvw%3d%3d>
9. CHG Healthcare. State of Locum Tenes Report. 2024. <https://chghealthcare.com/chg-state-of-locum-tenens-report>
10. Paul Keckley. The Healthcare Workforce Crossroad: Incrementalism or Transformation. 2024. <https://paulkeckley.com/the-keckley-report/2024/7/8/the-healthcare-workforce-crossroad-incrementalism-or-transformation/>
11. NORC. Surveys of Trust in the U.S. Health Care System. 2021. https://www.norc.org/content/dam/norc-org/pdfs/20210520_NORC_ABIM_Foundation_Trust%20in%20Healthcare_Part%201.pdf
12. KLAS Research. Clinician Turnover. 2024. <https://klasresearch.com/archcollaborative/report/clinician-turnover-2024/621>
13. MGMA. Formalizing your physician retention strategies amid worsening shortages. 2023. <https://www.mgma.com/mgma-stat/finalizing-your-physician-retention-strategies-amid-worsening-shortages>
14. JAMA. Burnout, Professionalism, and the Quality of US Health Care. 2023. <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2802872>
15. Becker's Healthcare. Physicians working more but generating less revenue. 2025. <https://www.beckershospitalreview.com/finance/physicians-working-more-but-generating-less-revenue/>
16. Weatherby Healthcare. The real cost of vacancies and provider turnover. <https://weatherbyhealthcare.com/staffing-solutions/resources/real-cost-vacancies-and-provider-turnover>
17. Becker's Healthcare. The cost of physician turnover. 2023. <https://www.beckershospitalreview.com/finance/the-cost-of-physician-turnover/>
18. AMA. Physician burnout rate drops below 50% for first time in 4 years. 2024. <https://www.ama-assn.org/practice-management/physician-health/physician-burnout-rate-drops-below-50-first-time-4-years>
19. HRSA. Workforce Projections. <https://data.hrsa.gov/topics/health-workforce/nchwa/workforce-projections>
20. AMA. AMA Augmented Intelligence Research Physician sentiments around the use of AI in health care: motivations, opportunities, risks, and use cases. 2025. <https://www.ama-assn.org/system/files/physician-ai-sentiment-report.pdf>
21. Harvard Business Review. The Workplace Psychological Contract Is Broken. Here's How to Fix It. 2025. <https://hbr.org/2025/05/the-workplace-psychological-contract-is-broken-heres-how-to-fix-it>
22. AHA Trustee Services. Leadership Matters: A Roadmap Toward Effective Governance of Quality and Safety. <https://trustees.aha.org/leadership-matters-roadmap-toward-effective-governance-quality-and-safety>
23. AAMC. New AAMC Report Shows Continuing Projected Physician Shortage. 2024. <https://www.aamc.org/news/press-releases/new-aamc-report-shows-continuing-projected-physician-shortage>



Let's connect

Schedule a workforce strategy session or risk assessment consult with a CHG Healthcare physician workforce strategist. We'll evaluate your physician workforce, capture unrealized care opportunities, and provide insights on how to better manage your provider pool.

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