

Purposeful^{MD}

TAKE YOUR DAY BACK

5 ways to offload administrative burden
without losing control of your practice.



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You didn't go to medical school to spend half your day on paperwork.

I know. I've been there. Sitting at my desk at 7pm, staring at an inbox full of tasks that had absolutely nothing to do with taking care of patients — and wondering how it got this bad without me noticing.

It gets bad gradually. A new requirement here. An extra approval step there. A workflow that made sense two years ago and somehow never got updated. And before long, the administrative layer of your practice is running your day instead of the other way around.

All of this has you thinking - *“There has to be a better way!”*

This guide gives you **five practical ways to start offloading administrative burden right now** — without losing visibility into what matters and without adding chaos to an already full plate.

Let's get your day back.



BEFORE YOU DELEGATE ANYTHING

GET CLEAR ON WHAT ONLY YOU CAN DO

Before you start handing things off, spend five minutes answering this question honestly:

What in my day absolutely requires my medical license, my clinical judgment, or my legal signature?

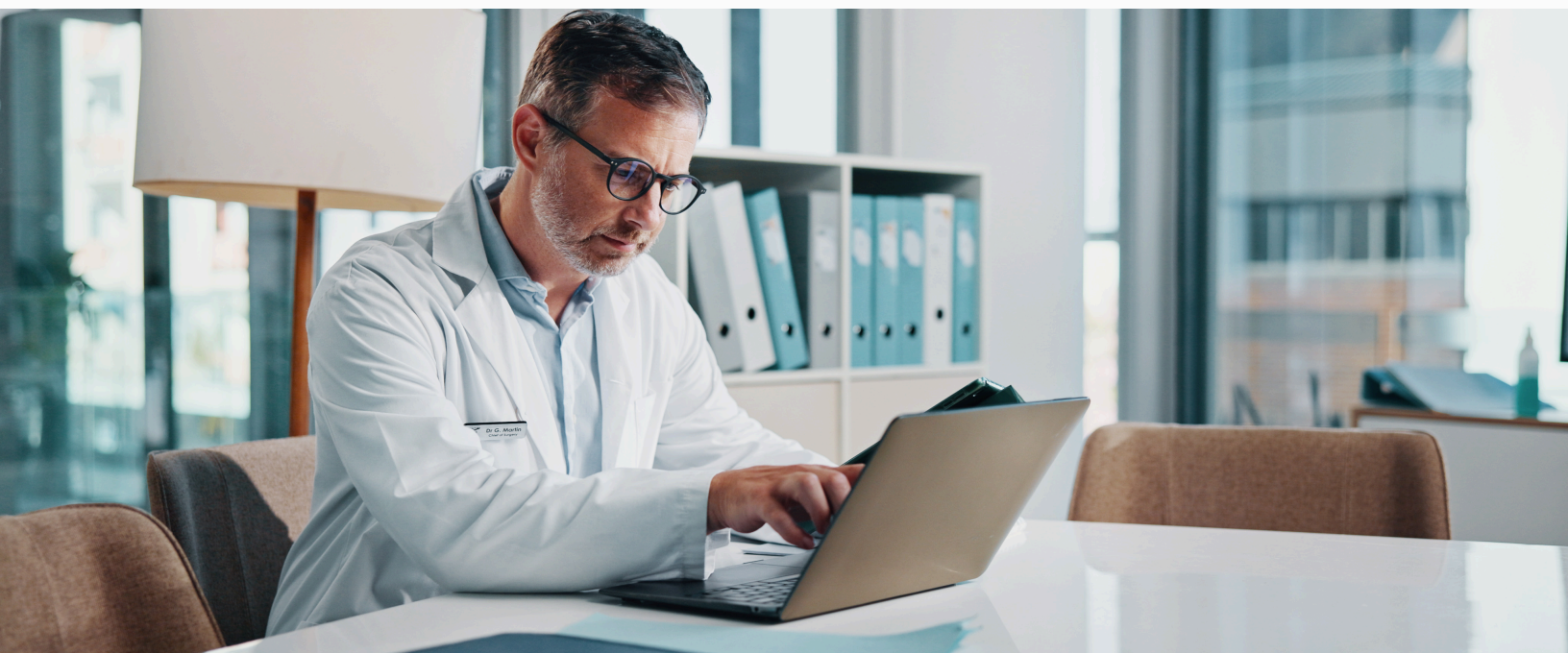
Everything else?

Delegatable.

Most physicians are surprised by how short that first list actually is when they write it down. Clinical decisions. Final diagnoses. Controlled substance prescriptions. Certain patient conversations.

That's the core. Everything built around it – the forms, the follow-ups, the phone calls, the inbox management, the prior auth paperwork – is fair game.

Start there. That list is your roadmap for the next five strategies.



THE 5 STRATEGIES

Strategy 1:

Build Standing Protocols for Recurring Tasks

Here's something worth sitting with: how many times this week did a staff member interrupt your clinical flow to ask you about something they've handled a hundred times before?

Medication refill requests. Prior authorization submissions. Routine forms. These are recurring, predictable tasks – and every time they land on your desk without a clear protocol behind them, you're making a decision that your team could have made without you.

Standing protocols change that.



Work with your team to identify the recurring tasks they handle regularly – or should be handling – within their scope of practice. For each one, build a simple written protocol: what the task is, who owns it, what the steps are, and when it escalates to you.

Prior authorizations for your most commonly prescribed medications. Refill requests for established patients on stable regimens. Routine forms and letters your team completes regularly.

You review the exceptions. Your team handles the rest – confidently, consistently, and without pulling you out of a patient room to ask a question that already has an answer.

THIS WEEK'S ACTION

Pick three recurring tasks that land on your desk regularly and shouldn't. Write a one-page protocol for each one and walk your team through it.

Strategy 2:

Create an Inbox Triage System

Your inbox is not a to-do list. It's a dumping ground — and right now, it's probably treating a refill request with the same urgency as a critical lab result.

Work with your team to create a simple triage protocol. What gets routed directly to you. What gets handled by your MA or nurse with a standing order. What gets batched and reviewed at a set time each day instead of interrupting your clinical flow.

The goal isn't to see less. It's to see the right things at the right time.

THIS WEEK'S ACTION

Map out three inbox categories — needs physician now, needs physician later, handled by team — and share it with your staff.

Strategy 3:

Use Templated Patient Communication

How much time does your team spend writing the same messages from scratch? Normal lab results. Appointment reminders. Pre-procedure instructions. Referral follow-ups.

Templates don't depersonalize care. They protect your team's time so they can spend it on the interactions that actually need a human touch.

Build a library of templated messages for your most common patient communications. Review them once. Approve them. Let your team use them.

THIS WEEK'S ACTION

Identify the three patient messages your team sends most often and draft a template for each one.

Strategy 4:

Protect Your Clinical Hours Like They're Sacred

Because they are.

Administrative tasks expand to fill whatever time you give them. Which means **if you don't protect your clinical hours explicitly, something administrative will quietly colonize them.**

Block time on your calendar specifically for administrative work — and keep it separate from patient care time. When a non-urgent administrative task lands during a clinical block, it waits. When your administrative block arrives, you work through it efficiently because the time is bounded.

This sounds simple. It is simple. And most physicians aren't doing it.

THIS WEEK'S ACTION

Block two dedicated administrative windows in your weekly calendar and treat them as unmovable.

Strategy 5:

Audit Your Meetings

When did you last look at every recurring meeting on your calendar and ask whether it actually needs you there?

Not whether it's important. **Whether it needs *you*** — specifically, with your clinical judgment and your time — in the room.

Some meetings do. A lot of them don't. And the ones that don't are quietly eating hours you could spend on patients, on rest, or on the parts of your practice that actually need your attention.

THIS WEEK'S ACTION

Review every recurring meeting on your calendar. For each one, ask: *what would actually happen if I sent a delegate or asked for a summary instead?*

Small Shifts. *Real Time Back.*

None of these strategies require a major overhaul.

They require a decision — to be intentional about your time and deliberate about what actually needs you.

That's it.

If this kind of thinking resonates with you — **practical, direct, grounded in the real experience of practicing medicine** — I'd love to stay in touch.

I create content for physicians navigating the business and leadership side of independent practice. The stuff nobody taught us in residency. The stuff that makes the difference between a practice that drains you and one that actually works.

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ABOUT DR. LAURA SUTTIN

I'M A PHYSICIAN. THIS STUFF IS PERSONAL FOR ME TOO.

I'm Dr. Laura Suttin — *physician, consultant, speaker, coach, and author of The Purposeful MD—Creating the Life You Love Without Guilt.*

I work with physician leaders and independent practices building structures that are efficient, sustainable, and worth staying in. Through consulting, coaching, speaking, and courses, I help physicians spend less time drowning in administration and more time doing the work they actually trained for.

Because that's what this was always supposed to be about.

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