

Reclaiming time in family medicine

Unnecessary clinical tasks as a hidden driver of workload burden

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Clinical question

What can be done to reduce the number of unnecessary clinical tasks in family practice?

Bottom line

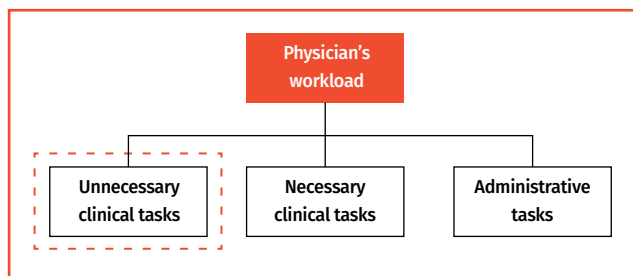
Physicians face numerous time-consuming demands, with administrative tasks often perceived as a burden. In contrast, clinical tasks are expected and necessary, although some may not be required. We seldom reflect on the many unnecessary clinical tasks that represent a hidden driver of physician workload (Figure 1). Unnecessary diagnostic testing may trigger subsequent follow-up visits or inquiries from patients, repeated investigations and diagnostic testing, or referrals, taking up valuable clinical time. This represents a lost opportunity by diverting time and attention away from high-value care that can improve patient outcomes.

Evidence

According to the Canadian Institute for Health Information, up to 30% of diagnostic tests and medical treatments may be unnecessary¹ and unlikely to benefit patients, while also potentially being harmful. Over the past decade, Choosing Wisely Canada has provided guidance on how to avoid low-value care, but many low-value care practices still exist in family medicine.

Mitigating clinical uncertainty and managing patient expectations are often cited as reasons for ordering unnecessary diagnostic tests.² However, many patients appreciate discussing care options instead of undergoing unnecessary diagnostic testing. Brief, evidence-informed conversations can clarify the benefits and harms of diagnostic testing and medical treatments, while also strengthening patient trust in primary care. A simple tool, presented in Box 1,³ can guide conversations when patients request diagnostic tests that are not supported by the evidence.

Figure 1. Unnecessary clinical tasks



Taking time during an appointment to explore a patient's medical concern, or explain why a diagnostic test is not needed can reduce unnecessary tasks in the future, and improve patient satisfaction. Longitudinal relationships create trust to support watchful waiting when appropriate. These moments are not just efficient—they are part of what makes family medicine effective, relational, and sustainable.

Time as a finite resource. The concept of time needed to treat (TNT) refers to the time a clinician spends carrying out an intervention.⁴ Estimating TNT involves reflecting on the frequency of the intervention, time spent performing the intervention (eg, proceeding to an annual physical examination or time required to order a test), expected rate of abnormal diagnostic test results, and time spent managing test results.

The cumulative time diverted toward unnecessary diagnostic testing and associated tasks, such as explaining benign test results or tracking incidental findings, ultimately erodes capacity for meaningful patient care. Table 1 provides a measure of the TNT for 3 clinical scenarios and highlights the burden of unnecessary diagnostic testing on clinician time.^{5,6} For patients, receiving a diagnosis based on a mildly abnormal finding can be distressing, alter how they perceive their health, and lead to unnecessary follow-up or treatment. When repeated across many patients, and over an extended period, especially in primary care settings that rely on continuity, the cumulative impact on provider time and overall systemic inefficiencies can be considerable.

Table 1 illustrates how overtesting may lead to unwise use of clinicians' time. These decisions lead physicians to divert time and resources that could be allocated to patients with more pressing health needs, or for interventions where the benefits are demonstrated. While the amount of time devoted to low-value care practices may

Box 1. Communication strategies to address patient requests for diagnostic tests

- Align
- Listen to patient concerns and elicit their reasoning
- Acknowledge
- Validate their goals and worries
- Refocus
- Explain why the diagnostic test or treatment is not needed and offer alternatives (eg, a follow-up)

Data from Thériault et al.³

Table 1. Low-value care examples and associated time burden in primary care

| CLINICAL SCENARIO | CHOOSING WISELY CANADA RECOMMENDATION | TIME LOST TO LOW-VALUE CARE | KEY ASSUMPTIONS |
|--|--|---|---|
| 67-year-old woman, non-smoker, with BMI of 25 is concerned about fractures. Clinician orders BMD test based on age alone | Do not order DEXA screening for fragility fracture on low-risk patients. Use fracture risk-assessment tools first | Using BMD-first screening, instead of a risk-assessment-first screening approach: <ul style="list-style-type: none"> Per clinician: -30 min/month -0.75 days/year -About 4 weeks over 25-year career Clinic wide (10 clinicians): -7.5 days/year | <ul style="list-style-type: none"> Clinic of 1200 patients (300 women aged ≥65 years) Screening up to 85 years BMD-first screening every 2-5 years; risk-assessment-first screening every 8 years |
| 52-year-old man presents with acute back pain (3 days) after moving boxes and requests x-ray scan, which is ordered | Do not order imaging for lower back pain unless red flags are present. Imaging before 6 weeks does not improve outcomes | Ordering back x-ray scans before 6 weeks in the absence of red flags: <ul style="list-style-type: none"> Per clinician: -1 hour/month -1 day/year -5 weeks over 25-year career Clinic wide (10 clinicians): -10 days/year | <ul style="list-style-type: none"> 8 acute care shifts/month with 1 case per shift 1 min to order 1 min to manage normal result 5 min to manage abnormal result 50% abnormal result rate⁵ |
| 43-year-old man requests a routine check-up. Physical examination is done and CBC ordered | Avoid routine physical examinations and screening blood tests in asymptomatic adults without risk factors. These practices are not shown to improve mortality or health outcomes and may lead to false positive results and further unnecessary diagnostic testing | Ordering a CBC when there is no clinical indication: <ul style="list-style-type: none"> Per clinician: -1.5 hours/month -About 2 days/year -8 weeks over 25-year career Clinic wide (10 clinicians): -20 days/year | <ul style="list-style-type: none"> 5 period examination/week 1 min to order 1 min to manage normal result 3 min to manage abnormal result 15% to 20% abnormal result rate⁶ |

BMD—bone mineral densitometry, BMI—body mass index, CBC—complete blood count, DEXA—dual-energy x-ray absorptiometry.

appear trivial, when estimated, time spent on unnecessary clinical tasks is substantial.⁷ Simply changing one's practice to reduce unnecessary tasks represents weeks of physician time that can be reallocated.

If the assumptions used in these calculations seem unrealistic for your practice, or if you have other examples in mind, a recently developed tool, the Time Needed to Treat calculator,⁷ can help you calculate how much time you would be able to use wisely with your patients. While not intended for individual performance auditing, this tool may facilitate clinician reflection about the sustainability of practice and enable meaningful change.

This calculator does not include the time spent throughout the system. Low-value care consumes resources beyond physician time as nurses, administrative staff, technicians, and patients are drawn into unnecessary tasks. Financially, these tasks contribute to wasteful spending in already resource-strained systems. Environmentally, they create avoidable emissions through additional laboratory processing, energy use, and patient travel. Perhaps most critically, they impose opportunity costs: Time spent on low-value care is no longer available for situations where it could improve patient-oriented outcomes.

Using time wisely. Health care professionals often operate within a clinical, financial, and policy landscape

that imposes systemic constraints. However, within these boundaries, physicians can still intentionally find ways to preserve their time and resources to foster a more sustainable practice culture.

We need to support a shift away from unproductive routines and stop ordering diagnostic tests unlikely to benefit patients. Time is essential to providing care and it must be carefully stewarded. By preserving valuable clinician time and focusing on what is essential, we can foster better, higher-quality, and safer patient care. Time is 1 of the most limited and valuable resources in primary care. Reducing low-value care, even in small ways, can restore capacity for meaningful, patient-centred care. This shift benefits both clinicians and patients. 🍁

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Competing interests

All authors are involved in the Choosing Wisely movement. **Dr Guylène Thériault** is past Chair of the Canadian Task Force on Preventive Health Care.

References

- Canadian Institute for Health Information (CIHI). Unnecessary care in Canada [Internet]. CIHI; April 2017 [cited 2025 Sep 26]. Available from: <https://www.cihi.ca/sites/default/files/document/choosing-wisely-baseline-report-en-web.pdf>.

- Raudasoja A, Tikkinen KAO, Bellini B, Ben-Sheleg E, et al. Perspectives on low-value care and barriers to de-implementation among primary care physicians: a multinational survey. *BMC Prim Care*. 2024 May 9;25(1):159. doi: 10.1186/s12875-024-02382-9.
- Thériault G, Grad R, Dickinson JA, Breault P, et al. To share or not to share: When is shared decision making the best option? *Can Fam Physician*. 2020 May;66(5):327-31.
- Johansson M, Guyatt G, Montori V. Guidelines should consider clinicians' time needed to treat. *BMJ*. 2023 Jan 3;380:e072953. doi: 10.1136/bmj-2022-072953.
- AlAteeq M, Alseraihi AA, Alhussaini AA, Binhasan SA, et al. Plain lumbosacral X-rays for low back pain: Findings correlate with clinical presentation in primary care settings. *J Family Med Prim Care*. 2020 Dec 31;9(12):6115-20. doi: 10.4103/jfmpc.jfmpc_1238_20.
- Allan GM, Young J. Complete blood count for screening? *Can Fam Physician*. 2017 Oct;63(10):772.
- Choosing Wisely Canada. Time Needed to Treat (TNT) calculator [Internet]. Choosing Wisely Canada; c2025 [cited 2025 Sep 26]. Available from: <https://choosingwiselycanada.org/primary-care/easing-workload/>.

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Choosing Wisely Canada is a campaign designed to help clinicians and patients engage in conversations about unnecessary tests, treatments, and procedures and to help physicians and patients make smart and effective choices to ensure high-quality care is provided. To date there have been 13 family medicine recommendations, but many of the recommendations from other specialties are relevant to family medicine. Articles produced by Choosing Wisely Canada are on topics related to family practice where tools and strategies have been used to implement one of the recommendations and to engage in shared decision-making with patients. If you are a primary care provider or trainee who has used Choosing Wisely recommendations or tools in your practice and you would like to share your experience, please contact us at info@choosingwiselycanada.org.