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Empowering Physician Organizations and Independent Practices

Practice Performance Improvement

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Driving Operational Excellence and Clinical Quality in Independent Practices

Executive Summary

Physician burnout has reached crisis levels in 2025, with one-third of physicians reporting burnout and 56% of burned-out physicians attributing part of their stress to electronic health record (EHR) inefficiencies.[1] The consequences are severe: physicians experiencing EHR-related burnout are three times more likely to leave their organization within two years, contributing to an estimated \$4.6 billion in annual losses from physician turnover and reduced clinical hours.[2][3]

Yet amid these challenges, leading physician organizations are demonstrating that structured practice performance improvement programs can dramatically enhance both operational efficiency and clinical quality. Practices implementing comprehensive workflow optimization report 20-30% reductions in administrative costs, while those deploying ambient speech recognition technology see significant improvements in physician satisfaction and patient-centered care.[4][5]

This white paper provides physician organizations with a comprehensive framework for implementing practice performance improvement programs that address workflow inefficiencies, optimize EHR systems, enhance quality measure performance, and create sustainable cultures of operational excellence.

The Case for Practice Performance Improvement

The Dual Imperatives: Efficiency and Quality

Independent physician practices face simultaneous pressures to improve operational efficiency while enhancing clinical quality:

Financial Pressures:

- Five consecutive years of Medicare payment reductions (2.83% decrease in 2025)[6]
- Rising operating costs (staffing, supplies, technology, facilities)
- Declining margins requiring 15-25% efficiency improvements to maintain viability
- Patient affordability challenges reducing collections
- Administrative burden consuming 25-30% of practice revenue[7]

Quality Performance Demands:

- Value-based payment models tying reimbursement to quality metrics
- HEDIS measures increasingly tied to Star Ratings and physician profiling[8]
- ACO quality performance determining shared savings eligibility
- Commercial payer quality incentives and penalties
- Patient satisfaction scores affecting reputation and referrals

Workforce Crisis:

- One-third of physicians reporting burnout[9]
- 33% of burned-out physicians considering leaving within two years[10]
- Staffing shortages across clinical and administrative roles

- Replacement costs of \$500,000-\$1,000,000+ per physician[11]
- Difficulty recruiting to independent practices versus health systems

The Practice Performance Improvement Opportunity

High-performing practices demonstrate that excellence in operations and quality are achievable simultaneously. These practices consistently exhibit:

- **20-30% lower administrative costs** through workflow optimization[12]
- **Top quartile quality measure performance** on HEDIS, ACO, and Medicare Star Rating metrics
- **Significantly lower physician burnout rates** through EHR optimization and workflow redesign[13]
- **Higher patient satisfaction scores** (90th percentile or above)
- **Better financial performance** with operating margins 5-10 percentage points higher than peers

The difference between high-performing and average practices isn't technology or capital—it's systematic focus on continuous improvement in processes, workflows, technology utilization, team development, and quality measurement.

Core Practice Performance Improvement Strategies

1. Clinical Workflow Optimization

The Opportunity: Clinical workflows in most practices evolved organically over years without systematic optimization. This results in inefficiencies, redundant steps, unnecessary handoffs, and physician time wasted on non-clinical tasks.

Workflow Assessment Methodology:

- **Process mapping:** Document current workflows from patient scheduling through visit completion
- **Time-motion studies:** Track how clinical staff spend their time during a typical day

- **Waste identification:** Identify non-value-added activities, redundancies, and bottlenecks
- **Pain point interviews:** Solicit physician and staff frustrations with current workflows
- **Benchmarking:** Compare practice workflows against best-in-class standards

High-Impact Workflow Improvements:

Pre-Visit Preparation:

- Automate eligibility verification at scheduling (eliminates day-of-visit surprises)
- Pre-populate problem lists, medications, and vitals from previous visits
- Generate visit-specific templates based on appointment reason
- Identify care gaps and quality measures due before patient arrives
- Prepare patient handouts and after-visit summaries in advance

During Visit Efficiency:

- Team-based rooming protocols (MA completes all pre-visit tasks before physician enters)
- In-basket message triage protocols (staff resolves 70-80% without physician)
- Real-time clinical decision support (prompts for quality measures, preventive services)
- Standardized order sets for common conditions
- Voice-to-text or ambient AI documentation (physicians dictate, not type)

Post-Visit Optimization:

- Automated charge capture from documentation
- Batch prescription refills at dedicated times
- Same-day lab result review protocols
- Staff-managed routine test result communication
- Automated patient outreach for no-shows and overdue preventive services

Expected Outcomes:

- Increase daily patient capacity by 15-25% without adding clinical hours
- Reduce physician documentation time by 30-50%
- Improve same-day appointment availability from <20% to >60%
- Decrease after-hours "pajama time" documentation by 40-60%
- Enhance patient satisfaction through reduced wait times

2. EHR Optimization and Burnout Reduction

The Opportunity: Poorly optimized EHR systems are the leading driver of physician burnout, yet most practices use only 40-50% of their EHR's capabilities.[14] Structured EHR optimization can dramatically reduce documentation burden while improving data quality.

Key EHR Optimization Strategies:

Template Optimization:

- Create specialty/visit-type-specific templates reducing unnecessary documentation
- Implement smart phrases and dot phrases for common clinical scenarios
- Utilize problem-oriented charting with linked diagnoses and treatments
- Pre-populate chronic disease management sections from previous visits
- Eliminate redundant data entry required by different EHR modules

Workflow Automation:

- Automated standing orders (annual labs for diabetic patients, mammograms at age 40)
- Rule-based task routing (which staff member receives specific in-basket messages)
- Automated result review workflows (normals acknowledged by staff, abnormalities routed to physician)
- Pre-visit planning dashboards showing care gaps for upcoming appointments
- Automated quality measure tracking and gap closure alerts

Clinical Decision Support:

- Evidence-based order sets for common conditions

- Drug interaction and allergy checking
- Preventive service and quality measure reminders
- Risk stratification alerts for high-risk patients
- Population health dashboards for proactive outreach

Ambient AI and Voice Technology:

- Ambient clinical intelligence capturing conversation and generating notes
- Voice-to-text dictation reducing typing burden
- Automated structured data extraction from narrative notes
- Real-time coding suggestions based on documentation
- Scribe services (virtual or in-person) for complex patients

EHR Training and Personalization:

- Ongoing physician training (not one-time during implementation)
- Personalized EHR build for individual physician preferences
- Super-user program with physician champions supporting colleagues
- Regular "lunch-and-learn" sessions on advanced EHR features
- One-on-one optimization sessions for physicians with high burnout

Expected Outcomes:

- Reduce documentation time per patient by 30-50%
- Decrease after-hours EHR work by 40-60%
- Improve physician satisfaction scores by 20-40 points
- Reduce physician turnover risk by 30-50%
- Enhance clinical data quality for quality reporting

3. Quality Measure Performance Improvement

The Opportunity: Quality measure performance directly impacts revenue through value-based payments, Star Ratings, and ACO shared savings. Yet many practices lack systematic quality improvement programs, leaving substantial revenue on the table.

2025 HEDIS and Quality Measure Landscape:

Key Changes for Measurement Year 2025:

- Greater emphasis on social determinants of health (SDOH)[15]
- Shift from chart reviews toward EHR and claims-based reporting[16]
- New measures tracking housing stability, food insecurity, and transportation access[17]
- Increased focus on digital health adoption and remote monitoring
- Refined Star Rating criteria incorporating equity-focused measures[18]

High-Impact Quality Measures:

Prevention and Screening:

- Breast cancer screening (mammography ages 50-74)
- Colorectal cancer screening (colonoscopy, FIT, Cologuard)
- Cervical cancer screening (Pap smear, HPV testing)
- Childhood and adolescent immunizations
- Adult immunizations (flu, pneumonia, COVID, shingles)

Chronic Disease Management:

- Diabetes: HbA1c control <8%, eye exams, kidney monitoring
- Hypertension: Blood pressure control <140/90
- Cardiovascular disease: Statin therapy, aspirin use
- Asthma and COPD: Medication management, spirometry
- Depression: Screening, follow-up, remission rates

Care Coordination:

- Transitional care management (post-hospitalization)
- Medication reconciliation after discharge
- Follow-up after ED visit for mental health
- Comprehensive diabetes care (bundled measure)

Systematic Quality Improvement Framework:

Phase 1: Measurement and Baseline

- Extract current performance on all relevant quality measures
- Identify performance gaps versus benchmarks and targets
- Stratify by physician, site, and patient population
- Calculate financial impact of closing quality gaps

Phase 2: Systematic Gap Closure

- Generate patient-specific care gap reports
- Embed care gap alerts in EHR workflows
- Conduct proactive patient outreach for overdue services
- Track gap closure rates weekly
- Celebrate wins and address barriers

Phase 3: Process Standardization

- Implement standing orders for routine preventive services
- Create visit-type-specific quality measure checklists
- Establish staff-led quality improvement teams
- Standardize chronic disease management protocols
- Deploy population health management platform

Phase 4: Continuous Monitoring

- Real-time quality dashboards visible to all staff
- Monthly provider-level performance feedback
- Quarterly incentives tied to quality improvement
- Annual recalibration of targets and priorities

Expected Outcomes:

- Achieve top quartile performance (>75th percentile) across all major measures

- Increase annual value-based payment revenue by \$50,000-200,000 per physician
- Improve patient health outcomes (diabetes control, cancer detection, immunization rates)
- Enhance practice reputation and patient satisfaction
- Meet ACO quality gates enabling shared savings distribution

4. Team-Based Care and Staff Development

The Opportunity: Most practices operate with traditional hierarchies where physicians perform tasks that could be delegated to other team members. Team-based care models explicitly define roles, expand non-physician scopes of practice, and improve efficiency while enhancing job satisfaction.

Team-Based Care Models:

The Medical Home Model:

- Care team led by primary care physician
- Care coordinator (RN or medical assistant) assigned to each panel
- Behavioral health specialist embedded in practice
- Clinical pharmacist for medication management
- Community health worker for SDOH interventions

Top-of-License Practice:

- Physicians focus exclusively on clinical decision-making and complex patients
- APPs (NPs, PAs) manage routine chronic disease visits
- RNs conduct care coordination and chronic care management
- Medical assistants complete all rooming, point-of-care testing, and patient education
- Administrative staff handle scheduling, prior authorizations, and referrals

Task Shifting Opportunities:

From Physician to APP:

- Routine follow-ups for stable chronic conditions

- Urgent care and same-day acute visits
- Annual wellness visits and preventive care
- Pre-operative clearances
- Hospital admissions and daily rounding

From Physician to RN Care Coordinator:

- Chronic care management calls
- Transitional care management
- Care gap closure outreach
- Medication reconciliation
- Patient education and coaching

From Physician to Medical Assistant:

- Point-of-care testing (fingersticks, urine dipsticks, rapid strep)
- Immunization administration
- Vital sign documentation
- EHR data entry during visits
- Patient education using standardized materials

From Physician to Administrative Staff:

- Prior authorization submissions
- Referral coordination and tracking
- Patient portal message triage
- Prescription refill processing
- Insurance eligibility verification

Staff Development Strategies:

- Competency-based training programs for expanded roles
- Certification support (CCM, care coordination, medical assistant advanced)

- Cross-training to build workforce flexibility
- Career ladders with advancement opportunities
- Regular performance feedback and coaching
- Competitive compensation tied to performance

Expected Outcomes:

- Increase physician daily patient capacity by 15-25%
- Reduce physician burnout through task delegation
- Improve staff engagement and job satisfaction
- Create advancement pathways reducing turnover
- Enhance patient experience through expanded team access

5. Patient Experience and Engagement

The Opportunity: Patient satisfaction scores increasingly impact practice revenue through value-based payments, online reputation, and patient retention. Yet many practices lack systematic approaches to measuring and improving patient experience.

Key Patient Experience Drivers:

Access and Scheduling:

- Same-day or next-day appointments available
- Online scheduling with real-time availability
- Extended hours (early morning, evening, Saturday)
- Virtual visits for appropriate conditions
- Reduced wait times (<15 minutes from scheduled time)

Communication and Engagement:

- Patient portal adoption >80% with active messaging
- Secure messaging response within 24 hours
- Clear explanation of diagnoses, treatments, and next steps
- Shared decision-making for treatment options

- Culturally appropriate and language-concordant communication

Facility and Environment:

- Clean, modern facilities
- Comfortable waiting areas
- Private exam rooms
- Easy parking and accessibility
- Technology-enabled check-in

Care Coordination:

- Seamless specialist referrals with appointment scheduling assistance
- Medication reconciliation and explanation
- Care plan summaries in plain language
- Proactive follow-up after ED visits or hospitalizations
- Navigator assistance for complex patients

Systematic Patient Experience Improvement:**Measurement:**

- Real-time patient satisfaction surveys after each visit (CAHPS, NPS)
- Online reputation monitoring (Google, Healthgrades, Vitals)
- Patient advisory council for feedback and co-design
- Complaint and grievance tracking
- Benchmarking against local competitors

Analysis:

- Identify top drivers of satisfaction/dissatisfaction
- Segment by physician, site, visit type
- Correlate with operational metrics (wait times, visit length)
- Review verbatim comments for themes

- Share results transparently with staff

Action:

- Implement improvement initiatives targeting top dissatisfiers
- Train staff on patient experience best practices
- Empower frontline staff to resolve complaints in real-time
- Celebrate excellence and share positive feedback
- Tie incentives to patient experience metrics

Monitoring:

- Track trends monthly
- Report practice-level and physician-level scores
- Adjust strategies based on results
- Sustain improvements through standardization

Expected Outcomes:

- Achieve 90th percentile patient satisfaction scores
- Improve online reputation (4.5+ star average)
- Increase patient retention rates by 15-25%
- Enhance referrals through positive word-of-mouth
- Boost value-based payment quality scores

6. Data-Driven Performance Management

The Opportunity: Most practices rely on lagging financial indicators (monthly revenue, aging A/R) without real-time operational and clinical performance data. Data-driven practices establish comprehensive KPI dashboards enabling proactive management.

Key Performance Indicators by Category:

Financial Metrics:

- Charges per physician per day

- Net collection rate (payments ÷ adjusted charges)
- Days in A/R
- Patient collection rate
- Operating margin

Operational Metrics:

- Daily patient visits per physician
- Visit no-show/cancellation rate
- Same-day appointment availability
- Average wait time
- Patient portal adoption rate

Clinical Quality Metrics:

- HEDIS measure performance
- ACO quality score (if applicable)
- HbA1c control rates for diabetic patients
- Blood pressure control rates
- Preventive service completion rates

Patient Experience Metrics:

- Net Promoter Score (NPS)
- CAHPS survey scores
- Online review ratings
- Patient complaints per 1,000 visits
- Patient retention rate

Staff Engagement Metrics:

- Employee satisfaction scores
- Turnover rate (voluntary resignations)

- Vacancy rate
- Time to fill open positions
- Physician burnout assessment scores

Dashboard Implementation:

Technology:

- Business intelligence platform integrating data from EHR, practice management, and external sources
- Real-time or near-real-time data updates (daily or weekly)
- Role-based dashboards for executives, managers, and frontline staff
- Mobile access for on-the-go monitoring
- Drill-down capability from summary to detail level

Governance:

- Weekly leadership review of key metrics
- Monthly all-staff meetings sharing performance
- Quarterly strategic reviews with deeper analysis
- Annual goal-setting and target establishment
- Transparent sharing of results (within appropriate boundaries)

Action-Oriented Culture:

- Every metric has an owner responsible for performance
- Red/yellow/green indicators trigger specific responses
- Standing agenda item for performance review in management meetings
- Rapid-cycle improvement when metrics decline
- Celebration of achievements and progress

Expected Outcomes:

- Proactive identification of performance issues before they become crises
- Data-informed decision-making replacing intuition

- Accountability for results at all levels
- Continuous improvement mindset
- Alignment across practice around shared goals

Implementation Framework for Physician Organizations

Phase 1: Assessment and Baseline (Months 1-3)

Comprehensive Practice Assessment: Conduct detailed assessments of all member practices across six domains:

1. Operational Efficiency:

- Workflow analysis and time-motion studies
- EHR utilization assessment
- Staffing ratios and skill mix evaluation
- Technology infrastructure review

2. Financial Performance:

- Revenue cycle metrics benchmarking
- Operating margin analysis
- Productivity metrics comparison
- Cost structure evaluation

3. Clinical Quality:

- HEDIS/quality measure baseline performance
- ACO quality score review (if applicable)
- Chronic disease outcome analysis
- Preventive service completion rates

4. Patient Experience:

- Patient satisfaction survey results
- Online reputation analysis
- Access metrics (wait times, appointment availability)
- Patient complaint review

5. Workforce:

- Physician burnout assessment (validated tools like Stanford Professional Fulfillment Index)
- Staff satisfaction surveys
- Turnover analysis
- Recruitment difficulty assessment

6. Technology:

- EHR optimization maturity assessment
- Analytics and reporting capabilities
- Patient engagement technology utilization
- Telehealth adoption and satisfaction

Benchmarking: Compare each practice against:

- Peer practices within the physician organization
- National benchmarks (MGMA, AAFP, specialty-specific)
- High-performing exemplar practices
- Identify top, middle, and bottom performers

Opportunity Quantification: Calculate potential improvements:

- Operational efficiency gains: hours saved, capacity increased
- Revenue improvements: quality incentives, productivity gains
- Cost reductions: turnover prevention, waste elimination

- Clinical outcome improvements: quality metrics, patient safety

Prioritization: Rank improvement opportunities by:

- Impact (magnitude of potential improvement)
- Feasibility (resources, time, complexity)
- Urgency (risk if not addressed)
- Strategic alignment (fit with organizational goals)

Phase 2: Infrastructure and Capability Building (Months 4-9)

Performance Improvement Team:

- Hire dedicated performance improvement specialists (Lean Six Sigma certified preferred)
- Recruit quality improvement advisors (RNs or pharmacists with quality expertise)
- Build data analytics team for performance reporting
- Establish physician champion network across practices
- Create staff engagement councils for frontline input

Technology Infrastructure:

- Implement business intelligence platform with KPI dashboards
- Deploy population health management system
- Upgrade EHR optimization tools (ambient AI, clinical decision support)
- Launch patient engagement platform (portal, mobile app, secure messaging)
- Establish data integration from all source systems

Methodology and Standards:

- Adopt improvement methodology (Lean, Six Sigma, Model for Improvement, Kaizen)
- Create standard workflow protocols across practices
- Develop quality improvement playbooks for each measure
- Establish EHR optimization standards and best practices

- Define team-based care models and role definitions

Training and Education:

- Performance improvement training for all practice managers
- EHR optimization training for physicians and staff
- Quality improvement training for clinical teams
- Team-based care training for role transitions
- Patient experience training for all patient-facing staff

Phase 3: Pilot Implementation (Months 10-15)

Select Pilot Practices:

- Choose 2-3 practices representing different segments (size, specialty, performance level)
- Ensure physician champion engagement
- Provide extra support and resources
- Create rapid-cycle feedback loops
- Document lessons learned systematically

Pilot Initiatives:

- Implement comprehensive workflow optimization
- Deploy EHR optimization program
- Launch systematic quality improvement on 3-5 high-impact measures
- Establish team-based care protocols
- Implement real-time performance dashboards

Intensive Support:

- On-site performance improvement advisors working with practices weekly
- Weekly project team meetings reviewing progress and obstacles
- Rapid problem-solving for implementation barriers

- Frequent physician and staff feedback sessions
- Monthly leadership reviews with pilot practice teams

Evaluation:

- Track quantitative metrics (efficiency, quality, satisfaction, financial)
- Conduct qualitative interviews with physicians and staff
- Document implementation challenges and solutions
- Calculate ROI and benefit realization
- Refine approach based on pilot learnings

Phase 4: Scaled Rollout (Months 16-36)

Phased Expansion:

- Roll out proven interventions to additional practices in cohorts
- Provide cohort-based training and peer learning opportunities
- Allocate performance improvement resources across practices
- Create self-service tools and resources for practices
- Maintain ongoing support through centralized team

Continuous Improvement:

- Regular performance reviews identifying new opportunities
- Rapid-cycle testing of new innovations
- Best practice sharing across practices
- Physician champion collaborative meetings
- Annual recalibration of goals and priorities

Sustainability:

- Embed improvement capabilities within each practice
- Train practice-based improvement champions
- Create self-sustaining peer learning communities

- Maintain centralized resources for complex initiatives
- Celebrate successes and maintain momentum

Key Performance Indicators for Practice Performance Improvement Programs

Operational Efficiency Metrics

- **Patients per physician per day:** Target: 20-25 (varies by specialty)
- **Room utilization rate:** Target: >85%
- **No-show/cancellation rate:** Target: <8%
- **Same-day appointment availability:** Target: >60%
- **After-hours EHR time:** Target: <1 hour per physician per day

Financial Performance Metrics

- **Net collection rate:** Target: 95%+
- **Days in A/R:** Target: <30 days
- **Operating margin:** Target: 10-15%
- **Productivity (wRVUs per FTE):** Target: specialty-specific benchmarks (75th percentile)
- **Cost per visit:** Target: <\$100

Clinical Quality Metrics

- **HEDIS all-domain score:** Target: >75th percentile
- **ACO quality score (if applicable):** Target: >90 points
- **Diabetes HbA1c control rate:** Target: >70% with HbA1c <8%
- **Blood pressure control rate:** Target: >70% with BP <140/90
- **Preventive service completion rate:** Target: >80%

Patient Experience Metrics

- **Net Promoter Score:** Target: >50
- **CAHPS top-box scores:** Target: >90th percentile
- **Online review rating:** Target: 4.5+ stars
- **Patient retention rate:** Target: >90%
- **Patient portal adoption:** Target: >80%

Workforce Metrics

- **Physician burnout rate:** Target: <15%
- **Staff turnover rate:** Target: <15% annually
- **Staff engagement score:** Target: >75th percentile
- **Physician satisfaction score:** Target: >80%
- **Vacancy rate:** Target: <5%

Practice Performance Improvement Checklist for Physician Organizations

☐

☐ **Comprehensive Practice Assessment:** Conduct detailed assessments of operational efficiency, financial performance, clinical quality, patient experience, and workforce engagement across all member practices

☐

☐ **Benchmarking Analysis:** Compare practice performance against internal peers and national benchmarks (MGMA, specialty-specific) to identify top performers and improvement opportunities

☐

☐ **Workflow Mapping:** Document current clinical and administrative workflows from patient scheduling through visit completion and billing

☐

☐ **Time-Motion Studies:** Conduct observational studies tracking how physicians and staff spend their time to identify inefficiencies and waste

☐

☐ **EHR Utilization Assessment:** Evaluate current EHR optimization level, physician documentation burden, and opportunities for template optimization and automation

☐

☐ **Quality Measure Baseline:** Extract current performance on all relevant HEDIS, ACO, and value-based payment quality measures

☐

☐ **Physician Burnout Assessment:** Survey physicians using validated instruments (Stanford Professional Fulfillment Index, Maslach Burnout Inventory)

☐

☐ **Patient Satisfaction Baseline:** Implement real-time patient satisfaction surveys and analyze online reputation ratings

- ☐
- ☐ **Performance Improvement Team:** Recruit dedicated performance improvement specialists, quality advisors, and data analysts
- ☐
- ☐ **Technology Infrastructure:** Implement business intelligence platform with real-time KPI dashboards accessible to practice leaders and staff
- ☐
- ☐ **Improvement Methodology:** Adopt formal improvement approach (Lean, Six Sigma, Model for Improvement) and train staff on methodology
- ☐
- ☐ **Pilot Practice Selection:** Choose 2-3 pilot practices representing different segments with engaged physician champions
- ☐
- ☐ **Workflow Optimization Implementation:** Deploy optimized clinical workflows with team-based care protocols, standardized processes, and waste elimination
- ☐
- ☐ **EHR Optimization Program:** Implement template optimization, clinical decision support, automation rules, and ambient AI or voice documentation
- ☐
- ☐ **Quality Improvement Initiatives:** Launch systematic gap closure programs for high-impact quality measures with patient outreach and provider feedback
- ☐
- ☐ **Real-Time Performance Monitoring:** Establish weekly/monthly performance reviews using dashboards with rapid-cycle response to declining metrics

Conclusion

Practice performance improvement is not a one-time initiative but a continuous journey toward operational excellence and clinical quality. Independent physician practices can no longer afford to accept mediocre performance—the financial and human costs are too high.

The evidence from 2025 is clear: practices that systematically invest in workflow optimization, EHR enhancement, quality improvement, and staff development achieve substantially better outcomes:

- 20-30% reductions in administrative costs
- Top quartile quality performance earning significant value-based payment incentives
- Dramatically reduced physician burnout and turnover
- Enhanced patient satisfaction and loyalty
- Sustainable competitive advantage versus hospital-employed practices

Physician organizations play a critical role by providing the expertise, resources, and economies of scale that individual practices cannot achieve alone. By centralizing performance improvement capabilities—specialists, technology, methodologies, best practices—physician organizations enable member practices to implement sophisticated improvement programs typically available only to large health systems.

The investment required is substantial, but the returns are transformational. Practices that commit to performance improvement not only survive in today's challenging environment—they thrive, attracting physicians, delighting patients, and securing their independence for the long term.

Joyn Health partners with physician organizations to build comprehensive practice performance improvement programs that deliver measurable results. Our proven frameworks, experienced improvement specialists, and advanced analytics platforms have helped numerous physician organizations achieve top-quartile performance while reducing burnout and enhancing sustainability.

This white paper is provided by Joyn Health as an educational resource for physician organizations and their member practices. The information contained herein is for informational purposes only and does not constitute legal, financial, or medical advice.

Physician organizations should consult with appropriate professionals before implementing practice performance improvement programs.

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