Revascent

CLINICAL INFORMATICS · SEPTEMBER 2026

# Clinical Informatics by the numbers

What credible, independent research says about healthcare staffing, documentation burden, and workforce capacity, before you decide what to do about it.

THEME
**The Right People. The Right Support.**

FOCUS
**Diagnosing capacity before adding headcount**

STAFFING SHORTAGE

## The workforce gap isn't closing on its own



**141,160**

Projected U.S. physician shortage (full-time equivalent) by 2038

HRSA / National Center for Health Workforce Analysis, State of the US Health Care Workforce, December 2025

**53%**

of medical group leaders say finding candidates is their top staffing challenge, ahead of compensation (29%) and retention (16%)

MGMA Stat poll, October 2024

**65%**

of practice leaders say labor is the single biggest driver of rising operating costs

MGMA Stat poll, July 2025

DOCUMENTATION BURDEN

## Documentation is quietly eating the day



**2 hrs : 1 hr**

EHR and desk work for every hour of direct patient care, a pattern first measured in 2016 and still visible in more recent research

Sinsky et al., Annals of Internal Medicine, September 2016

**7.1%**

drop in a physician's review of outside patient records for every additional hour spent documenting

Health Affairs, via PubMed, November 2024

**41.9%**

of physicians reported at least one symptom of burnout in 2025, down from 48.2% in 2023 but still concentrated in specific specialties

AMA National Physician Comparison Report, April 2026 (2025 data)

WHAT'S HELPING

## Documentation support is showing real results



**20–30%**

reduction in documentation time reported with AI-enabled scribe use

"Beyond human ears," npj Digital Medicine (Nature), September 2025

**1–3%**

error rate reported for modern ambient AI scribes, with human review remaining a standard part of a safe workflow

npj Digital Medicine, September 2025

**~15,800**

documentation hours saved across 7,260 physicians in one large health system's 63-week evaluation

AMA coverage of Permanente / NEJM Catalyst analysis, June 2025

*Reflects a large integrated health system, not a guarantee for any single practice.*

RETENTION

## Turnover concentrates where the workload does



**28%**

of medical group leaders reported higher staff turnover in 2026, concentrated among medical assistants, clinical support, and front-desk roles

MGMA Stat poll, May 2026

**$5.19M**

average annual loss hospitals report from RN turnover alone — hospital data, shown here for scale, not a direct benchmark for an independent practice

NSI 2026 National Health Care Retention and RN Staffing Report, via Becker's Hospital Review, April 2026

## See how Revascent's Clinical Informatics model applies this research

The data points to a capacity problem, not just a hiring problem. The Clinical Informatics Playbook walks through how to diagnose where your practice is losing capacity, and what combination of people, workflow, and technology can help.

**Download the Clinical Informatics Playbook →**

SOURCES

HRSA / NCHWA, State of the US Health Care Workforce (Dec 2025) · MGMA Stat polls (Oct 2024, Jul 2025, May 2026) · Sinsky et al., Annals of Internal Medicine (Sept 2016) · Health Affairs via PubMed (Nov 2024) · AMA National Physician Comparison Report (Apr 2026) · "Beyond human ears," npj Digital Medicine (Sept 2025) · AMA coverage of Permanente / NEJM Catalyst analysis (Jun 2025) · NSI National Health Care Retention and RN Staffing Report (2026), via Becker's Hospital Review