Update on the AMIA 25x5 Initiative to Reduce Clinical Documentation Burden
AMIA 25x5 Task Force Mission & Vision

Mission

Reduce documentation burden for U.S. health professionals to 25% of current state in the next five years\(^1\) and optimize electronic health record (EHR) and related vendor solutions by prioritizing and implementing the 25x5 Symposium Calls to Action/Recommendations\(^2\) through partnerships and advocacy with health systems, professional societies, and public/private sector organizations in order to spread these solutions across the U.S. health system.

Vision

- Short-term approach (within 1 year)
- Long-term approach (5 years)

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\(^1\) 5-year period of 1/1/2022-12/31/2026

\(^2\) Calls to Action (page 21-22) and recommendations (page 25-26) from the 25x5 Symposium Final Summary Report available here: [https://brand.amia.org/m/dbde97860f393e1/original/25x5-Summary-Report.pdf](https://brand.amia.org/m/dbde97860f393e1/original/25x5-Summary-Report.pdf)
Task Force Structure

25x5 Task Force

- Health Professional/System
- Health IT Vendor
- Policy/Advocacy
- Impact

Student Subcommittee
# AMIA 25x5 Task Force

**Chair:** Sarah Rossetti, RN, PhD, FACMI, FAMIA, FAAN  
**Associate Professor of Biomedical Informatics and Nursing, Columbia University Department of Biomedical Informatics**

**Board Liaison:** Kennick Cato, RN, PhD, CPHIMS, FAAN, Professor of Nursing, University of Pennsylvania/Children's Hospital of Philadelphia

## Workstreams

### Health Professional/System

**Goal:** Establish guiding principles for adding documentation to the EHR and generating evidence for reduced documentation

- **Lead:** Rebecca G. Mishursky, MD, MS, MPH, CMIO & VP, Mass General Brigham
- **NIW/ANI Liaison:** Mayfair Alish Abrahamco, MSN, RN, BN, CAHIMS, Senior Clinical Nurse, Mount Sinai Hospital
- **Health System Council Liaison:** Kathleen Kendle, MD, CHIO, Veterans Health Administration
- **PINA Liaison:** Kyle Marshall, MD, MB, FACP, FAEM, FAMIA, Associate CMIO, Geisinger
- **AMIA Workgroup Liaison (CDSS-WG, CHI-WG, ELSI-WG, ICW-G, POI-Eval, PCI-WG, ST-WG):** Shama Abdul, MS, MSN, RN-BC, CPHIMS Program Director, Nursing Informatics, University of Rochester
- **AMIA Workgroup Liaison (CDSS-WG, CHI-WG, ELSI-WG, ICW-G, POI-Eval, PCI-WG, ST-WG):** Alicia Beebe, BSN, MHA, RN-BC, Director Clinical Informatics, Saint Luke's Health System
- **Liaison to Professional Societies:** S. Trent Rosenblum, MD, MPH, FACMI, FAMIA, Professor and Vice Chair, Vanderbilt University Medical Center Dept of Biomedical Informatics

### Health IT Vendors

**Goal:** Promote an ecosystem of interoperable systems to allow for complementary technology

- **Lead:** Sarah Corley, MD, Chief Medical Advisor, CVET, MITRE Corporation
- **IPC Liaison:** Subha Airon-Javia, MD, FAMIA, Founder, CEO, CareAlign
- **IPC Liaison:** Sam Butler, MD, Clinical Informatics Physician, Epic
- **IPC Liaison:** Roy Gill, MD, Director of Clinical Informatics & Patient Safety Officer, NextGen Healthcare
- **IPC Liaison:** David Guillaux, BA, RN, Sr. Director, Healthcare Alliances, Ascom, N.A.
- **IPC Liaison:** Priti Lakhani, MD, Principal Health Systems Specialist, MITRE Corporation
- **IPC Liaison:** Isson Mitchell, MD, MS, FAMIA Director and Physician Executive, Cerner Corporation
- **IPC Liaison:** Angela Wilson-Vanmeter, RN, DNP, Director of Clinical Innovation, CoverMyMed
- **AMIA Workgroup Liaison (CIS-WG, NLP-WG, VIS-WG):** Christoph Lehmann, MD, FAAP, FACMI, FAHSI, Director Clinical Informatics Center, UT Southwestern Medical Center
- **Liaison to Professional Societies:** Kevin Johnson, MD, MS  
Professor and Vice President for Applied Informatics, University of Pennsylvania School of Medicine

### Policy/Advocacy

**Goal:** Urge agencies to fund research that captures billing code information without engaging clinicians

- **Lead:** Vicky Tiscio, RN, PhD, FAMIA, Strategic Director, Digital Health & Assistant Professor Biomedical Informatics, University of Utah
- **AMIA Public Policy Committee Liaison:** Deborah R. Levy, MD, MPH, Advanced Informatics Post-doctoral Fellow, Department of Veterans Affairs, VA-Connecticut; Lecturer, Yale School of Medicine
- **Liaison to AMIA Stakeholder Partner Organizations:** Judy Murphy, RN, FACMI, LHIMSS, FAAN, Independent
- **Liaison to AMIA Stakeholder Partner Organizations:** Scott Fox, MS, FMA, Principal, Payment Reform and Delivery, MITRE Corporation
- **Liaison to ACM:** Jim Cimino, MD, FACMI, FACP, FAMIA, Director, University of Alabama at Birmingham Informatics Institute School of Medicine
- **Liaison to Professional Societies:** Don Detmer, MD, FACMI  
Professor of Medical Education, University of Virginia

### Impact

**Goal:** Establish a standardized definition of documentation burden

- **Sarah Rossetti, RN, PhD, FACMI, FAMIA, FAAN, Associate Professor of Biomedical Informatics and Nursing, Columbia University Department of Biomedical Informatics**
- **Kennick Cato, RN, PhD, CPHIMS, FAAN, Professor of Nursing, University of Pennsylvania/Children's Hospital of Philadelphia**
- **Deborah R. Levy, MD, MPH, Advanced Informatics Post-doctoral Fellow, Department of Veterans Affairs, VA-Connecticut; Lecturer, Yale School of Medicine**
- **Jennifer Withall, PhD, Columbia School of Nursing**

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### Student Sub-committee

- David Chartash, PhD, University College Dublin School of Medicine -- Policy/Advocacy Workstream
- Vince Hartman, MS, Information Systems, Cornell Tech -- Health IT Vendor Workstream
- Ayomide Owubemi, PhD Candidate, University of Illinois at Chicago -- Impact
- Elizabeth Sloss, PhD, MBA, RN, CNL, University of Utah -- Health Systems/Provider Workstream
- Jennifer Withall, PhD, Columbia School of Nursing -- Policy/Advocacy Workstream & Impact
Call to Action: Establish guiding principles for adding documentation to the EHR and generating evidence for reduced documentation

Workstream Goals
• Establish **guiding principles** for adding documentation to the EHR and generating evidence for reduced documentation
• Develop a national roadshow and **educate** clinicians and clinicians in training on balancing brevity and completeness in documentation
• **Support functions** like real-time information retrieval, documentation, and ordering
  Implement interdisciplinary notes

Short-Term Goals
Goal #1: Develop and disseminate toolkit to guide organizations on reducing documentation burden
Goal #2: Write call to action for national learning collaborative (NLC) around reducing documentation burden
Health IT Vendor Workstream

Call to Action: Promote an ecosystem of interoperable systems to allow for complementary technology

Workstream Goals

• Promote an ecosystem of interoperable systems to allow for complementary technology
• Develop metrics to review and grade a user’s documentation
• Package best training practices into toolkits to promote “best practice” EHR use and plan recognition programs to publicize exemplars
• Create simplistic EHR views to see that new clinical data has been reviewed-then bookmark for the user and document as reviewed by that user in the EHR
• Implement personalized clinical decision support (CDS) to drive user-specific workflows

Short-Term Goals
Goal #1 Develop a roadmap for longer term activities to reduce documentation burden
Goal #2 Educate HIT users about existing functionality that makes it unnecessary to include duplicate information in the note
Goal #3 Educate HIT users in best practices and existing functionality, tools and services to reduce documentation burden
Call to Action: Urge agencies to fund research that captures billing code information without engaging clinician time

Workstream Goals
- Recommend agencies fund research/reference implementations that captures billing code information without engaging clinician time
- Advocate for best of breed solutions to be implemented throughout the healthcare system
- Develop position papers that connect education with advocacy efforts

Short-Term Action Plan
1. Conduct an environmental scan of existing efforts to reduce documentation burden
2. Meet with regulatory and accreditation groups to identify areas to support or expand upon, avoid duplicative efforts, and identify gaps
3. Support the initiatives of the 25x5 Provider/Health Systems and Health IT Vendors workstreams
## 25x5 Task Force Accomplishments

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<th>Health Professional/System</th>
<th>Health IT Vendor</th>
<th>Policy/Advocacy</th>
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<tr>
<td>• Literature review of documentation burden</td>
<td>• AMIA 25x5 Pitch Event. 16 pitches submitted, 5 finalists chosen, 3 top pitches selected for inclusion on 25x5 roadmap of HIT initiatives</td>
<td>• Nominated an aspect of documentation burden as a topic for new evidence review to AHRQ</td>
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<td>• Nation-wide survey to catalog existing documentation burden reduction efforts</td>
<td>• Educational Intervention. 4 EHR vendors have aggregated training materials and educational resources and have identified participating clients</td>
<td>• Crafted a response to the OSG Advisory on health worker wellness</td>
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<td>• Developing provider and health system toolkit to guide organizations through documentation burden reduction initiatives</td>
<td>• Clarified 25x5 priorities for vendors</td>
<td>• Submitted an editorial to the Applied Clinical Informatics Journal entitled, “Reflections on the Documentation Burden Reduction AMIA Plenary Session through the Lens of 25x5”</td>
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- Signed on as a supporting organization to the Regulatory Relief Coalition’s promotion of The Improving Seniors’ Timely Access to Care Act of 2021 (S.3018/H.R.3173)
- Policy/Advocacy Workstream met with: Mary Greene, OBRHI; Christine Sinsky, AMA; Jeane Garcia-Davis and Teeb Al-Samarrai, OSG; and David Classen, Pascalmetrics; Viet Nguyen, HL7, Da Vinci Project
DRAFT 25x5 Task Force Logical Model (presented only)
Participating Organizations

American College of Medical Informatics (ACMI)
American Medical Association (AMA)
Association of Medical Directors of Information Systems (AMDIS)
American Medical Informatics Association (AMIA)
Centers for Medicare & Medicaid Services (CMS/OBRHI)
DaVinci Project
Electronic Health Records Associations (EHRA)
Healthcare Information Systems Society (HIMSS) Physician Community
Healthcare Information Systems Society (HIMSS) Nursing Community
HL7 International
Klas, Arch Collaborative
Office of the National Coordinator (ONC)
Office of the Surgeon General (OSG)
The Alliance for Nursing Informatics
The Joint Commission

Priority Areas

1. Definition and Measurement of Burden
2. Training, Support, Communication – Change Management
3. Streamlined Provider Note (codable/required)
4. Reducing Clinician Documentation Beyond Notes
5. Electronic Prior Authorization Processes
NBRC Priority Area: Definition and Measurement of Burden

**AMIA Scope is Documentation Burden**
- Define Documentation Burden
- Refinement and Dissemination of Logic Model
- *Planning stage:* Administration of a national survey on perceived documentation burden
- *Planning stage:* Survey hospitals regarding inclusion of documentation burden in strategic plan with goal of trending mitigation of burden inclusion plans.

**Opportunities for Collaboration:**
- Request – please share any drafted white papers or working documents on burden
- Dissemination of definition of documentation burden
NBRC Priority Area:
Streamlined Provider Note (Codable/Required)

AMIA Scope is

Policy/Advocacy Workstream
• Envision a streamline provider note

Vendor Workstream
• Educate HIT users about existing functionality that makes it unnecessary to include duplicate information in the note
• Engage and incentivize knowledge sharing activities within the vendor community

Health Professional/System Workstream
• Develop toolkit to guide organizations through documentation burden reduction

Opportunities for Collaboration:
• Share/disseminate 25x5 Documentation Burden Reduction toolkit
NBRC Priority Area:
Reducing Health Professional’s Documentation Beyond Notes

AMIA Scope is
Policy/Advocacy Workstream
• Environmental scan of existing efforts to reduce documentation burden
• Reduction/Elimination of Prior Auth

Health Professional/System Workstream
• Environmental scan of documentation burden efforts
• Develop toolkit to guide organizations through documentation burden reduction
• Foster inter-institutional collaboration

Vendor Workstream
• Educate HIT users in best practices and existing functionality, tools, and services to reduce documentation burden
• Develop HIT Roadmap
• Engage and incentivize knowledge sharing activities within the vendor community

Opportunities for Collaboration:
• Share/disseminate 25x5 Documentation Burden Reduction toolkit
• Provide input on the HIT Roadmap
Thank you!

Questions, please contact:

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