



INFORMATICS PROFESSIONALS. LEADING THE WAY.

AMIA 25 by 5 Update

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Professor of Surgery and Health Informatics

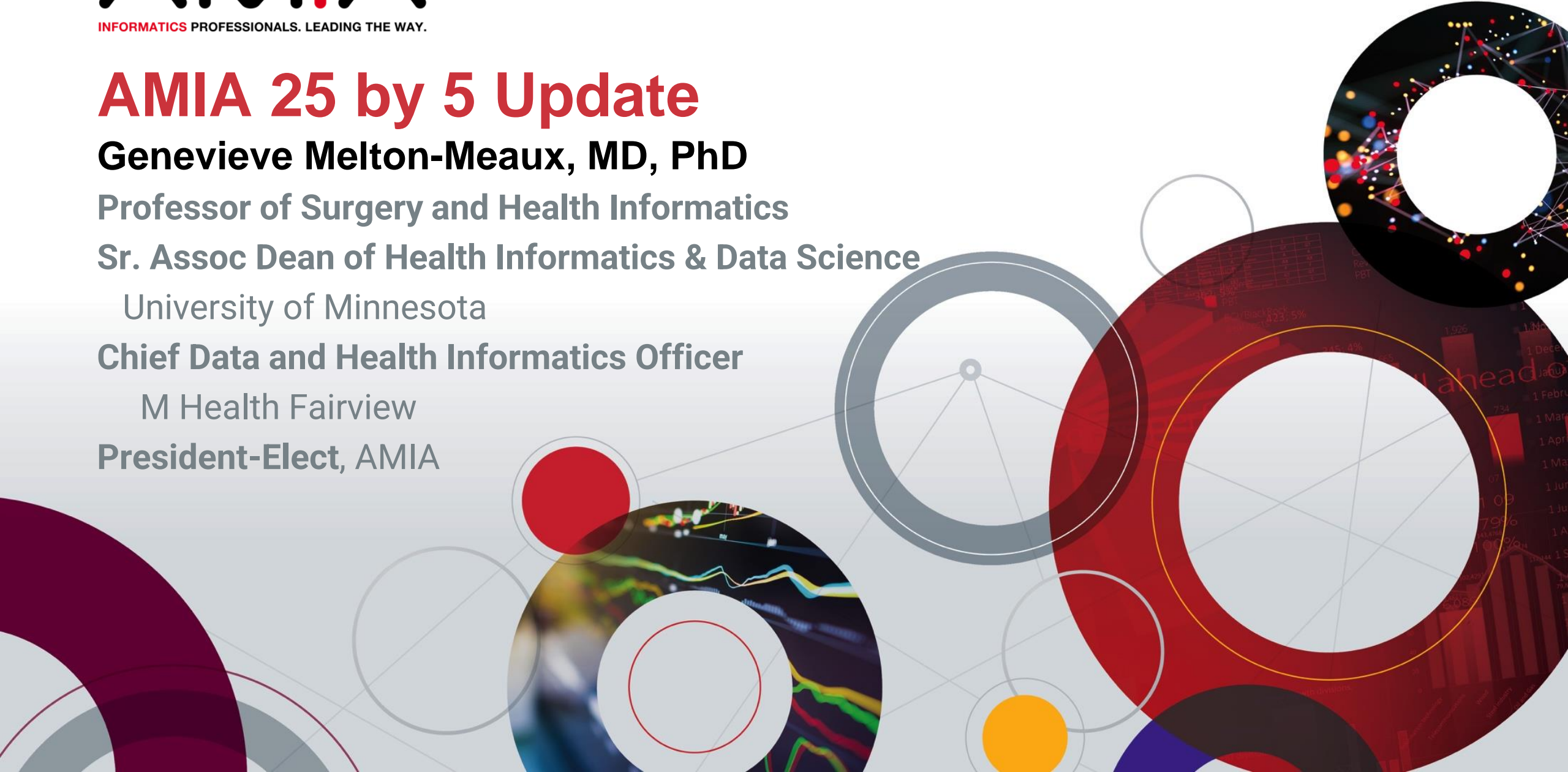
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M Health Fairview

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The Moral Crisis of America's Doctors

The corporatization of health care has changed the practice of medicine, causing many physicians to feel alienated from their work.

The New York Times



June 15, 2023

'I Cry but No One Cares': Physician Burnout & Depression Report 2023

Leslie Kane, MA | January 27, 2023



Survey Method

Physicians were invited to participate in a 10-minute online survey.

Screening Requirements

Respondents were required to practice in the United States.

Sample Size

9175 physicians in 29+ specialties met the screening criteria and completed the survey; weighted to the American Medical Association's physician distribution by specialty and state.

Recruitment Period

June 28, 2022 through October 3, 2022

Sampling Error

The margin of error for the survey was $\pm 1.02\%$ at the 95% confidence level using a point estimate of 50%.

'I Cry but No One Cares': Physician Burnout & Depression Report 2023

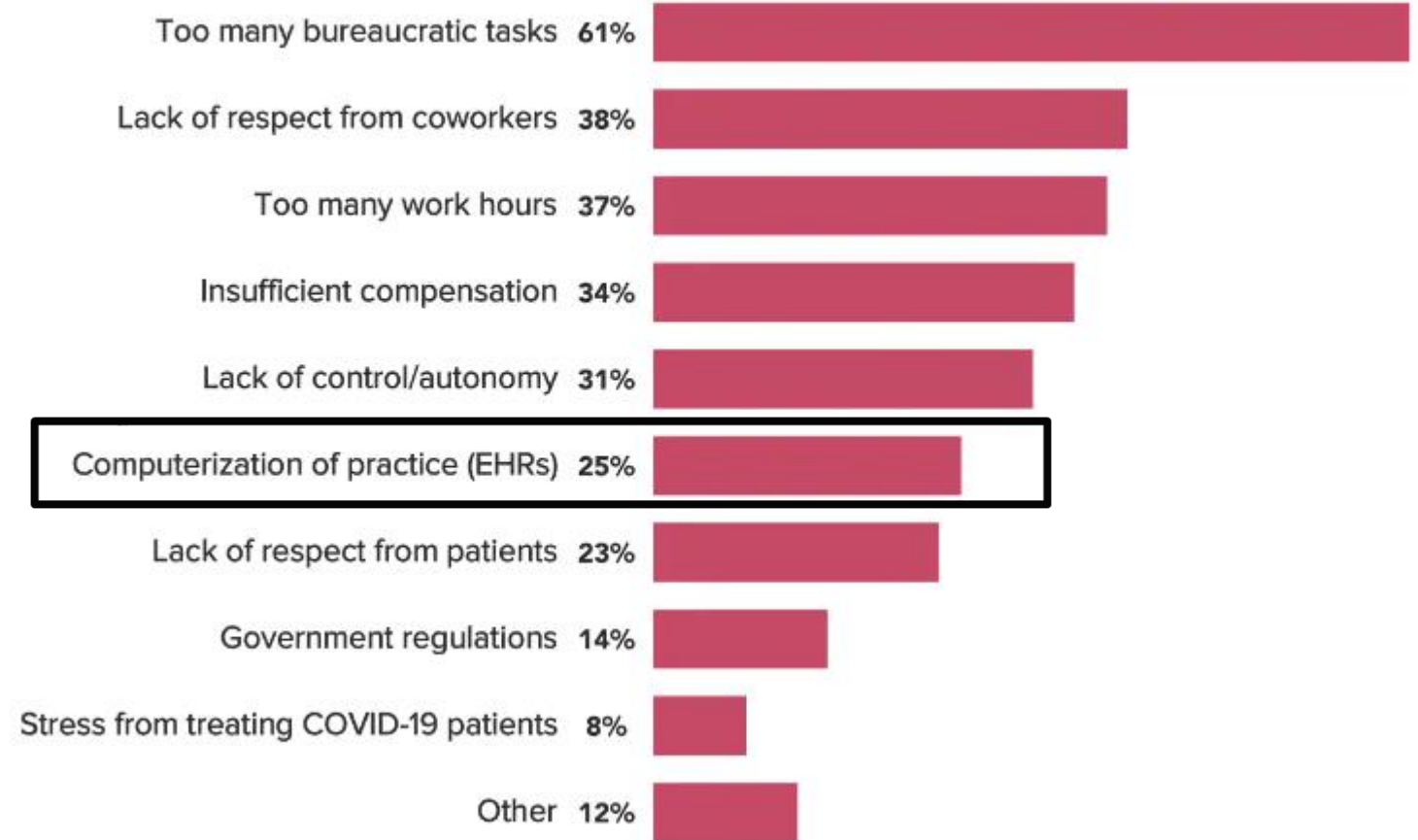
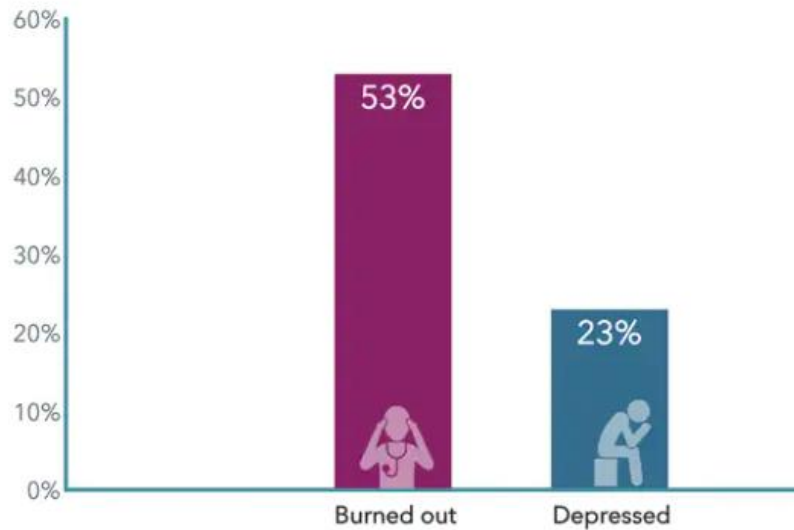
Leslie Kane, MA | January 27, 2023



What Contributes Most to Your Burnout?



Are You Burned Out and/or Depressed?



New Guide Offers Strategies To Reduce Clinician Burdens

APR
24
2023

By Robert Otto Valdez, Ph.D., M.H.S.A.

In recent years, primary care physicians have struggled with burnout brought on by a confluence of factors—more patients with multiple health problems, paperwork requirements for reimbursement, and complications overcoming delay, deny, and defend tactics of health insurers. Due to COVID-19, persistent staff shortages and patients' urgent mental health needs have intensified these pressures.

A [Commonwealth Fund](#) survey published last fall offered important insights into the pandemic's impact on U.S. primary care physicians: those under the age of 55 were most likely to report burnout; most physicians with emotional stress did not seek help; and more than 1 in 4 experiencing stress or burnout reported the quality of care they provided had worsened.

This month, AHRQ added an important new resource to help mitigate clinicians' burdens: [Burnout in Primary Care—Assessing and Addressing it in Your Practice](#) (PDF, 1.6 MB). It recognizes the challenges facing primary care, including workforce shortages, care for an aging population with increasingly complex medical needs, and the difficulties of providing coordinated care in a healthcare system that too often falters due to fragmentation and misaligned payment incentives.

Burnout in Primary Care recognizes that addressing the problem is not about asking individual clinicians to try or work harder; rather, it's about building safer and more supportive systems for clinicians to work in. It provides primary care leaders with validated tools, such as assessment instruments and proven strategies to help identify and address the root causes of staff burnout within organizations.



Robert Otto Valdez, Ph.D.,
M.H.S.A.

Documentation Burden

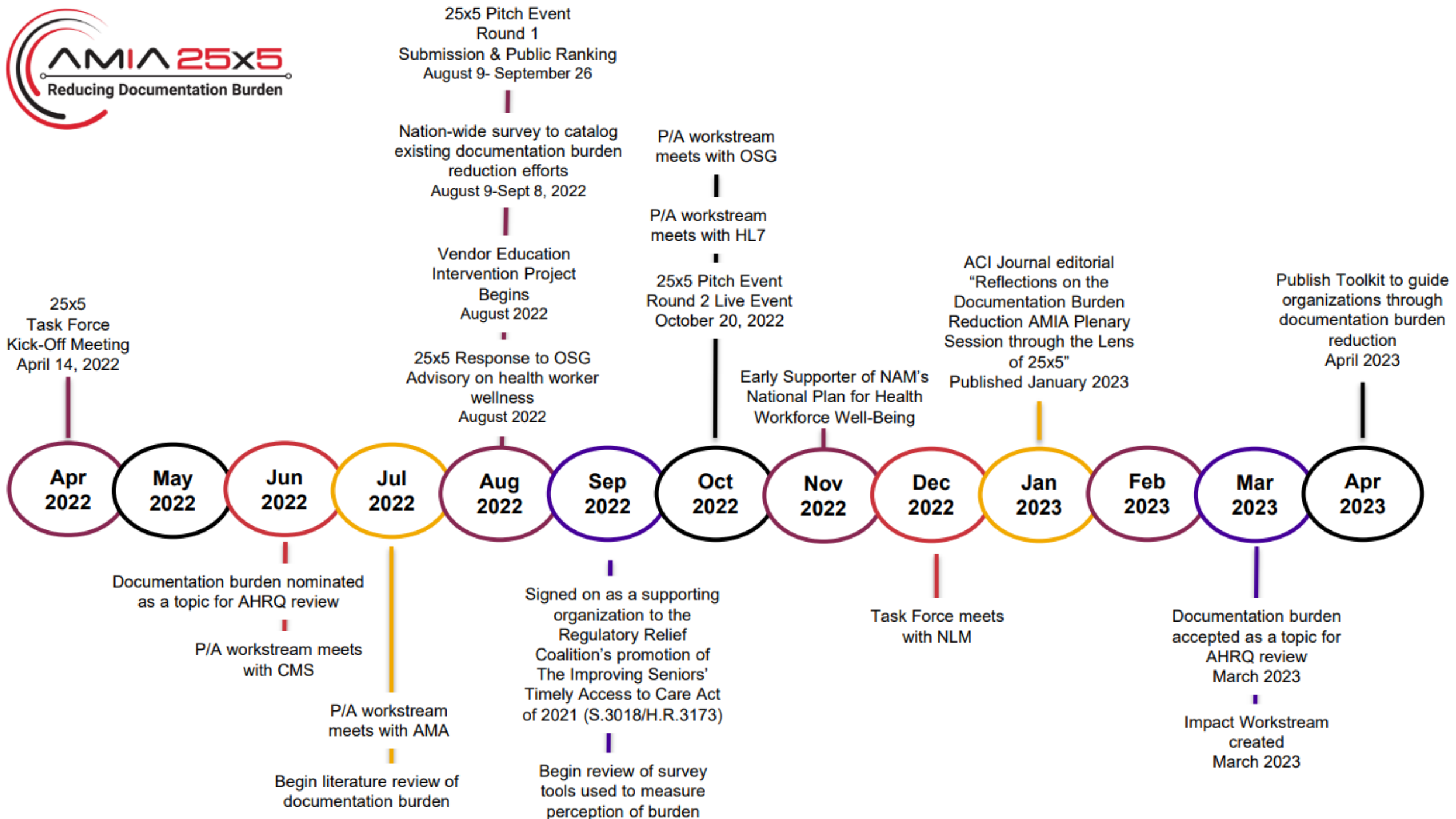
Defined as.... “the stress imposed by the excessive work required to generate clinical records of healthcare-related interactions, occurring as a result of the imbalance between the usability [of] and satisfaction [with] systems of health records keeping with clinical and regulatory demands of entering and consuming health records data.”

Rossetti, S.C., et al. 25x5 Symposium Drives Ongoing Efforts to Reduce Documentation Burden on U.S. Clinicians: Final Summary Report. 2021 Dec.



VISION: A U.S. healthcare workforce free of documentation burden and focused on patient care and improved patient outcomes.

MISSION: Reduce U.S. health professionals' documentation burden to 25% of current state within five years. We will optimize and spread across the U.S. health system impactful solutions that decrease non-value-added documentation and leverage partnerships and advocacy with health systems, professional societies, and public/private sector organizations.



25x5: Reducing documentation burden through 4 workstreams

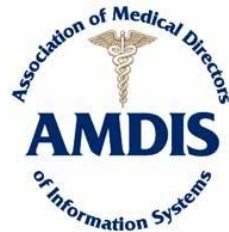
Impact	Health Professional/System	Technology Requirements	Policy/Advocacy
Define Documentation Burden	Literature review of documentation burden	AMIA 25x5 Pitch Event	Engaged AMIA as a Network Organization and supporter of the <i>NAM National Plan for Health Workforce Well-Being</i>
Refinement and dissemination of Logic Model	Nation-wide survey to catalog existing documentation burden reduction efforts	Vendor Education Intervention to educate users about best practices, existing functionality, tools and services to reduce documentation burden	Task force nominated topic documentation burden accepted (March 2023) as an AHRQ topic for new evidence review
Measure perceived documentation and EHR burden	Provider and health system toolkit to guide organizations through documentation burden reduction initiatives	Clarified 25x5 priorities for vendors	Crafted a response to the OSG Advisory on health worker wellness
		Develop roadmap of HIT initiatives to reduce burden	Applied Clinical Informatics Journal editorial <i>Reflections on the Documentation Burden Reduction AMIA Plenary Session through the Lens of 25x5</i>
			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)



National Burden Reduction Collaborative (NBRC)

Sharing ongoing research, knowledge and initiatives around documentation burden and clinician burnout reduction to understand organizational priorities and align efforts.

Pacesetters



NBRC Motivation

- Burnout among clinicians is unsustainable and the healthcare workforce is at a breaking point.
- Improving the efficiency of clinicians using Healthcare Information Technology (HIT) is one focus area to decrease burnout.
- National organizations like the American Medical Association (AMA), the American Medical Informatics Association's (AMIA) and many others have taken up this challenge; and from the Governmental perspective, both ONC and CMS have prioritized burden reduction in their initiatives.
- The impact of research and well-thought-out initiatives has been limited in achieving a significant impact on burden and burnout among healthcare professionals.
- There is a benefit to coordinating today's mostly separate initiatives amongst national organizations to maximize impact.

NBRC Goals

- Bring together national organizations with established initiatives around reducing burden and improving the efficiency of clinicians using Healthcare Information Technology.
- Share the Highest Priority, Most Impactful initiatives, and Key Result Metrics
- Seek opportunities to Align, Coordinate, Collaborate and Rationalize shared initiatives

Meetings:

November 8-9, 2022 (Washington, DC)

March 2, 2023 (Virtual)

NBRC Participating Organizations

- **Alliance for Nursing Informatics (ANI) - Pacesetter**
- American College of Medical Informatics (ACMI)
- **Association of Medical Directors of Information Systems (AMDIS) - Pacesetter**
- American Medical Association (AMA)
- **American Medical Informatics Association (AMIA) - Pacesetter**
- DaVinci HL7 FHIR Project
- Electronic Health Records Associations
- HL7 International
- Healthcare Information and Management Systems Society (HIMSS) Physician Committee
- Healthcare Information and Management Systems Society (HIMSS) Nursing Informatics Committee
- The Joint Commission
- KLAS, Arch Collaborative
- Office of the National Coordinator for Health Information Technology
- Office of the Surgeon General

AMIA and Pacesetters Comprehensively Tackle Burden Reduction in Healthcare - December 7, 2022

ROCKVILLE, MD – The American Medical Informatics Association (AMIA) hosted the National Burden Reduction Collaborative (NBRC), sponsored by Epic, during the AMIA 2022 Annual Symposium, Nov. 5-9, in collaboration with the Association of Medical Directors of Information Systems, and the Alliance for Nursing Informatics. The NBRC spent two days sharing their ongoing research, knowledge and initiatives around documentation burden and clinician burnout reduction to understand organizational priorities and align efforts. This meeting, building on the ongoing work of the AMIA 25x5 Task Force, is the start of ongoing collaboration with these stakeholders, and was successful in bringing leaders in informatics together to address this daunting problem that is pervasive across healthcare.

“We were thrilled to share our 25x5 work with leaders from each of the organizations that participated so we can make sure to align efforts and grow the organizations that we partner with to achieve our mission of reducing documentation burden for our clinicians.” said Sarah Rossetti, RN, PhD, FAAN, FACMI, FAMI, AMIA 25x5 Task Force Chair. “We need to all work together and support our shared goals for this important work.”

The following topics were determined to be highest priority by the group:

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

These topics are robust, and the group is determining and convening initial collaborators to begin work on these priorities with a plan to report progress in early 2023.

Other participants in the meeting, beyond the pacesetter organizations, included:

- American College of Medical Informatics Association
- American Medical Association
- DaVinci HL7 FHIR Project
- Electronic Health Records Associations
- HL7 International
- Healthcare Information and Management Systems Society (HIMSS) Physician Committee
- HIMSS Nursing Informatics Committee
- The Joint Commission
- KLAS, Arch Collaborative
- National Library of Medicine (for day 2)
- Office of the National Coordinator for Health Information Technology
- Office of the Surgeon General (for day 2)

While not everyone who was invited was able to attend, AMIA does plan to follow up with all invitees, including staff at the Centers for Medicare & Medicaid Services.



Legend: Left to Right

Viet Nguyen, Bill Hayes, Andrew Gettinger, David Schlossman, Thomas Keane, Tanya Tolpegin, Howard Landa, Susan Hull, Nancy Beale, Sarah Corley, Vicky Tiase, Rebecca Mishuris, Sarah Rossetti, Trent Rosenbloom, Patty Sengstack, Amy Manaker, Michelle Dardis, Kenrick Cato, Jeff Coughlin, Vimal Mishra, Barry Newman (not pictured) Jeane Garcia Davis, Chuck Jaffe, Kevin Johnson

AMIA and Pacesetters Comprehensively Tackle Burden Reduction in Healthcare - December 7, 2022

ROCKVILLE, MD – The National Burden Reduction Collaborative (NBR) and the Association of Medical Device Manufacturers (AMDMA) spent the last two days sharing their experiences and strategies for burden reduction to understand the impact of the AMIA 25x5 Task Force and the role of industry leaders in information technology.

“We were thrilled to have the opportunity to align efforts to reduce the burden for our clinicians and patients. We will all work together to achieve our common goals.”

The following topics were discussed:

1. Definition of Burden
2. Training, Support, and Education
3. Streamlined Workflows
4. Reducing Clinical and Administrative Burden
5. Electronic Health Records (EHR) and Interoperability

These topics are not only top priorities with a plan to address them, but also key areas of focus for the industry.

Other participants included:

- American College of Surgeons
- American Medical Association
- DaVinci Health
- Electronic Health Records (EHR) and Interoperability
- HL7 International
- Healthcare Information and Management Systems Society (HIMSS) Nursing Informatics
- The Joint Commission
- KLAS, Arch
- National Library of Medicine
- Office of the Inspector General
- Office of the Secretary

While not everyone was able to attend, the Centers for Medicare & Medicaid Services.



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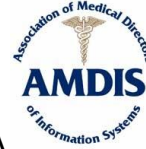
NBRC Priority Areas

Definition and Measurement of Burden



- HIMSS NI & MD, ACMI, ANI, AMA, KLAS

Training, Support, Communication- Change Management



- KLAS, ANI, ONC, EHRA

Streamlined Provider note (Codable/Required)



- HIMSS MD, ONC, EHRA, AMA

Reducing Clinician Documentation Beyond Notes



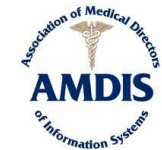
- HIMSS NI & MD, ANI

Electronic Prior Auth



- AMDIS, HIMSS NI & MD, AMIA

Patient Generated Messages and e-Visits





Toolkit



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April 2023

Defining & Measuring Documentation Burden



Documentation Burden

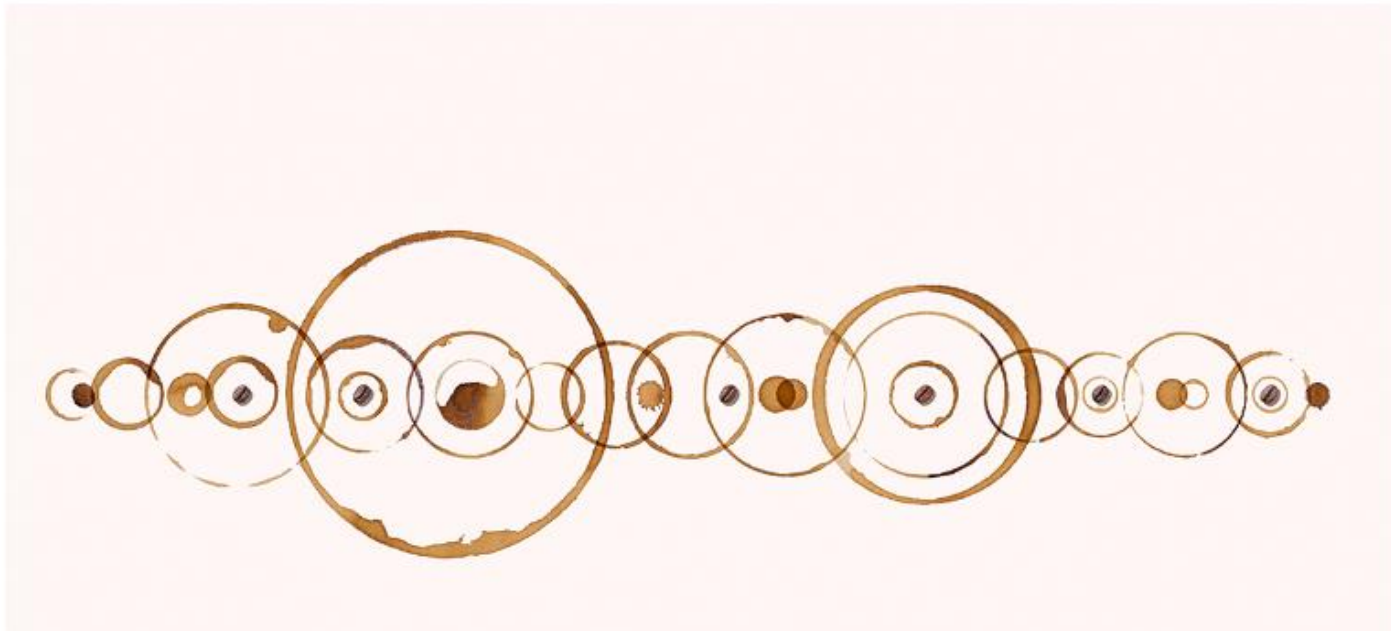
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Rossetti, S.C., et al. 25x5 Symposium Drives Ongoing Efforts to Reduce Documentation Burden on U.S. Clinicians: Final Summary Report. 2021 Dec.

How to Measure Burnout Accurately and Ethically

by Christina Maslach and Michael P. Leiter

March 19, 2021



The Maslach Burnout Inventory (MBI) is the first scientifically developed measure of burnout (1981) and is used widely in research studies around the world. MBI has been applied for other purposes, such as individual diagnosis or organizational metrics. MBI must be used with care and knowledge of its value and limitations.

The Stanford Model of Professional Fulfillment™



Conceptual model intended to assist in assessing and improving physician wellness.
*(*Used unaltered with permission)*

Measuring documentation burden



Example Process Metrics in reducing documentation burden:

- Time spent documenting
- Character length of documentation
- Click count
- Number of screens necessary to view to retrieve relevant information
- Type of note content generated – de novo, copy & paste, smart tool generated
- Percent of note that flows in automatically from other processes

Example Outcome Metrics:

- Time of day during documentation occurs (e.g., work outside of work, “pajama time”)
- Cognitive load (e.g., screen switching, clinician survey)
- Burnout (e.g., Maslach inventory, Professional Fulfillment Index, intent to leave item)
- *(Level of Service)*

Example Balancing Metrics:

- Time of day during which documentation occurs
- Percent of encounters/notes closed on the day of service
- *Quality of the note (Validated measures?)*

How to we scale measurement of documentation burden?



Topic Brief: Documentation Burden

Date: 12/13/2022

Nomination Number: 1013

Timeline

Task order issued

Responses: May 24, 2023

Awarded: Late June/Early July 2023

Complete: February 2024

Output/Scope: Technical brief on Description/Overview of measurements of documentation burden:

1. What metrics of documentation burden that have been developed or used? (including metrics broadly – quantitative and qualitative)
 - A. For which settings, populations, and intended uses were the metrics developed?
 - B. How have these metrics been applied?
 - C. Is there published information available on validity of the metrics?
 - D. What are the key strengths and weaknesses of different metrics that have been used?
2. What are the different perspectives on the appropriateness of different metrics of documentation burden that have been applied/proposed? (For example: scalability, resource intensiveness to collect? equitable across populations?)
3. What are the perceptions of documentation burden from the perspective of people in different clinical roles (e.g., doctor, nurse, etc.) and patients/caregivers?

Factors influencing documentation burden:

4. What is the role of patients in documentation burden?
5. What is the role of setting (i.e., rural vs. urban, hospital, outpatient, academic institution, etc.) in documentation burden?

Get Involved!

[AMIA 25x5 - Call for Volunteers](#) (closed)

*Directly contact Katy Sidwell
(ksidwell@amia.org) or Sarah Rosetti
(sac2125@cumc.columbia.edu)*

New! 25x5 Community

Open to everyone

The 25x5 Community is now on Slack. Join to chat and collaborate on all things related to 25x5 and reducing documentation burden.




The 25x5 Toolkit channel is the space to connect with others using the Toolkit and share resources, information, and roadblocks.

[Join the Slack community](#)

[Stay informed via email or provide feedback](#)

AMIA 2023 Annual Symposium

Register now

November 11 - 15  New Orleans, LA **AMIA2023**

Theme: **Transforming Healthcare and Biomedicine for a Sustainable Future**

- Record number of submissions!!!
- Workshops, demos, debates, panels
- Linking Informatics and Education Academic Forum Conference (LIEAF)
- Clinical AI showcase
- *Informatics Family Feud!*



Early Registration: August 29

AMIA 2023 Clinical Informatics Conference

May 23 - 25  Chicago, IL



Deepti Pandita, MD, FACP, FAMIA

Co-Chair

UCI Health



Scott Nelson, PharmD, MS, FAMIA, ACHIP

Co-Chair

Vanderbilt University Medical Center

AMIA CIC 2024

Announcement forthcoming...

May 21-24, 2023

Minneapolis, Minnesota

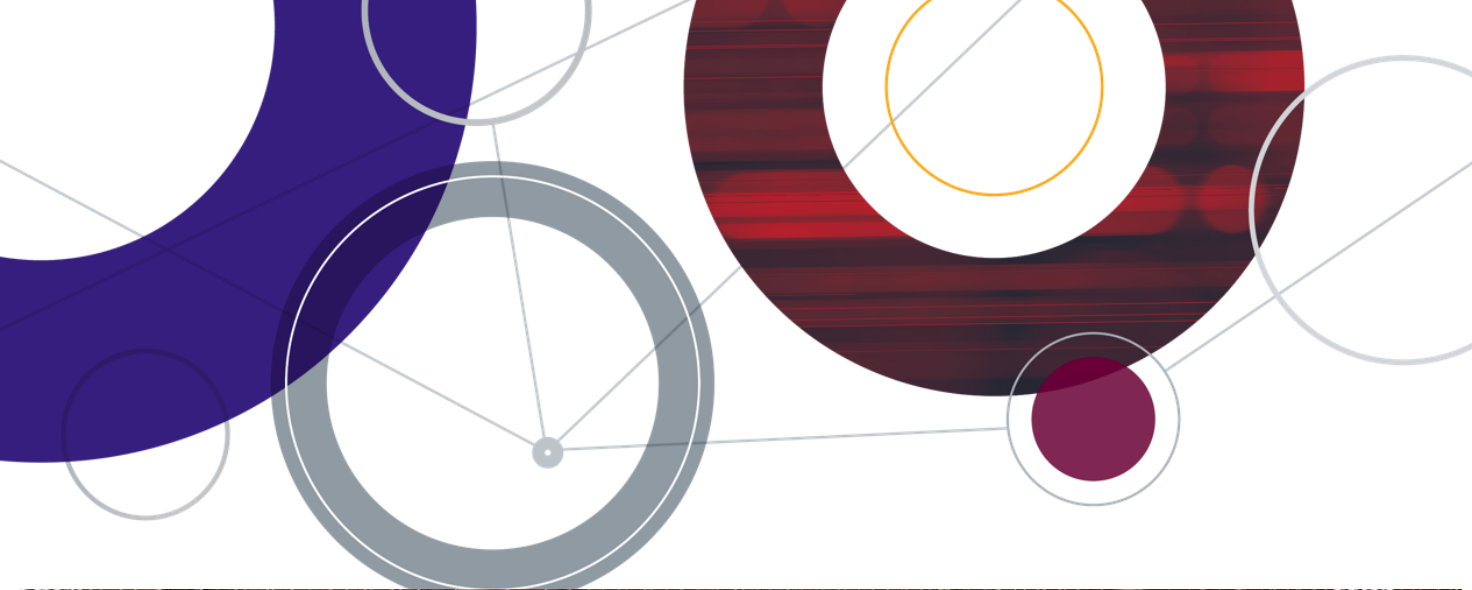
Hilton Minneapolis



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#WhyInformatics

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