

Reduce Documentation Burden & Increase Access

The **American Medical Informatics Association (AMIA) 25x5 Task Force** aims to alleviate the documentation burden on U.S. health professionals.

The task force's vision is to reduce this burden to 25 percent by the end of 2026 so health professionals can focus on their patients' needs and ultimately improve health outcomes.

PRIOR AUTHORIZATION

To achieve this vision, the 25x5 Task Force asserts that prior authorization (PA) must be reformed due to the required onerous documentation needed to support it. PA is a major source of burden for clinicians, health systems, and patients in need of medically necessary care.

- 1 Pass the *Improving Seniors' Timely Access to Care (Seniors') Act*** that would:
 - Establish a mechanism for real-time electronic prior authorization (e-PA) decisions for routinely approved items and services.
 - Require insurance plans to respond to PA requests within 24 hours for urgently needed care.
 - Require detailed transparency metrics.
- 2 Pass the *Getting Over Lengthy Delays in Care as Required by Doctors (GOLD CARD) Act (H.R. 4968)*** which would exempt individual providers from the PA process if 90 percent of their requests were approved in the preceding 12 months. According to the Centers for Medicare and Medicaid (CMS), gold carding programs could help alleviate burden associated with PA and facilitate more efficient delivery of healthcare services to Medicare Advantage (MA) beneficiaries.

FUND RESEARCH ON THE ECONOMIC IMPACT OF EXCESS DOCUMENTATION BURDEN

In addition to reforming PA, the 25x5 Task Force strongly advocates for funding to investigate the economic implications of documentation burden. Given that the healthcare industry constitutes 17.3 percent of the U.S. economy, understanding the impact of clinical documentation on professionals is crucial. The use of electronic health records (EHRs) significantly contributes to this burden, resulting in adverse effects such as clinician burnout, reduced job satisfaction, increased medical errors, and hospital-acquired conditions.

While there are numerous studies on clinician burnout and its impact on healthcare and the U.S. economy, there remains a research gap specifically addressing the top contributing factor to burnout – documentation burden.

