



2023 State of the Association

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Thank You!

2023 Nominating Committee

Chair, Patricia Dykes

Arlene Chung

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Peter Embi

Omolola Ogunyemi

Gretchen Purcell Jackson

Carolyn Sun

Peter Tarczy-Hornoch

Tanya Tolpegin

Kim Unertl

Yanshan Wang

2023 Election Results - Officers



Philip Payne, PhD, FACMI
2nd Term: 2024-2025
Secretary



James Cimino, MD,
FACMI, FACP, FAMIA
1st Term: 2024-2025
Treasurer

2023 Election Results - Directors



Julia Adler-Milstein, PhD, FACMI
Director, 2nd Term: 2024-2026



Oliver Bear Don't Walk, IV, PhD
Director, 1st Term: 2024-2026



Aarti Chandawarkar, MD, FAMIA
Director, 1st Term: 2024-2026



Tiffany Leung, MD, MPH,
FACP, FAMIA, FEFIM
Director, 1st Term: 2024-2026



JaMor Hairston, MSHI, MS
Student Director, 2024-2025

AI Evaluation Showcase

2023 SPC Co-Chairs



Li Zhou, MD, PhD



Pei-Yun (Sabrina) Hsueh, PhD

Special Issue Call for Papers Health AI Evaluation Showcase



2024 SPC Co-Chairs



Fuchiang (Rich)
Tsui, PhD



Eileen Koski, MPhil



Shauna M.
Overgaard, PHD



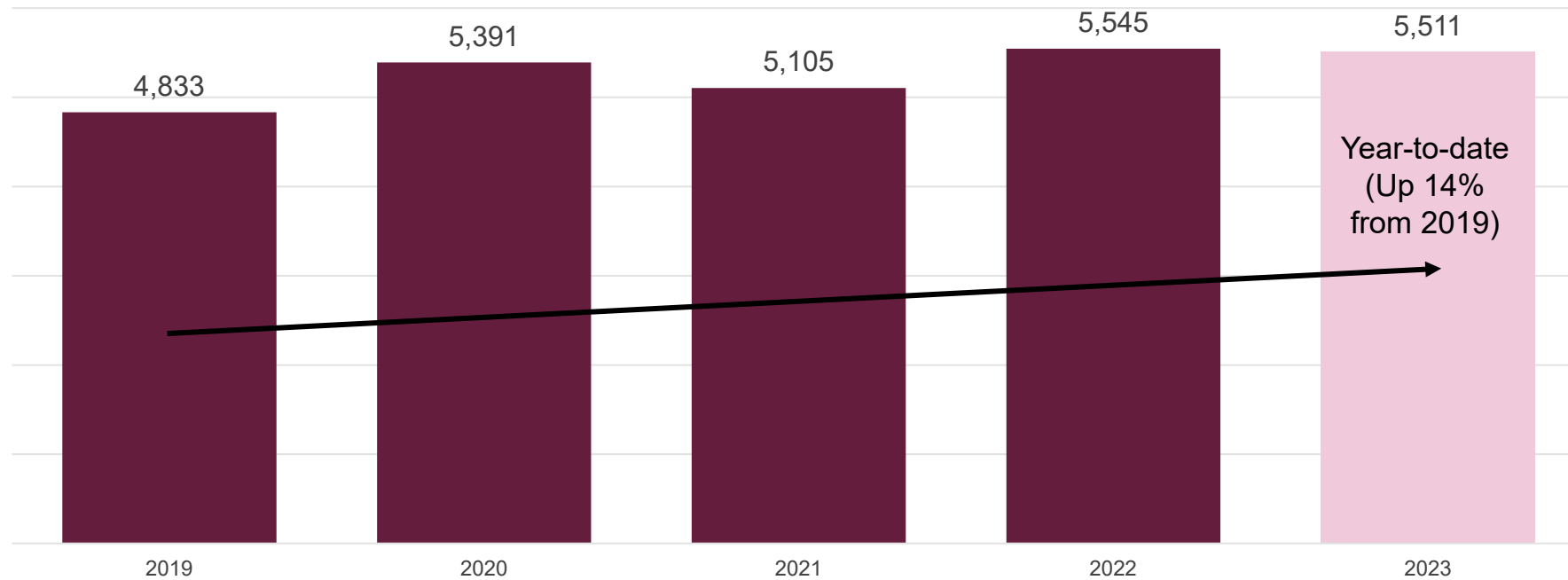
2023 State of the Association Membership and Outreach Committee Report

Jenna Marquard, PhD
Committee Co-Chair



Membership Report

Total Members



Member Value

Learn

- Explore educational materials in the AMIA Knowledge Center
- Stay up to on the latest research with *JAMIA* and *ACI* journals

Connect

- Participate in AMIA's 20-plus Working Groups
- Connect with fellow members via the Member Directory
- Post and find job opportunities
- Collaborate on AMIA DEI and 25x5 initiatives

Save on AMIA meeting registration rates, a key opportunity for learning and connecting!



2023 State of the Association Working Group Steering Committee Report

Scott McGrath

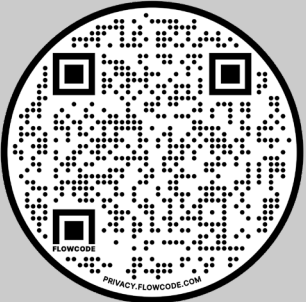
Working Group Steering Committee Chair



Working Groups Update 2023

- **25 Working Groups, 15 Discussion Forums (including 1 Book Club)**
- **23 Working Group Webinars** in 2023
 - **Notable topics:** AI Scribes, Clinical Language Models, Student WG Chat, Epic Cosmos, AI Bias
 - <https://amia.org/webinar-library>
- **Newsletters**
 - Student WG, Surgical and Procedural Informatics, AMIA Clinical Informatics Fellows
- **Leadership Candidates (Increased engagement)**
 - **2023:** 153 nominations for **49** open positions
 - **2021:** 80 nominations for **36** open positions
- **33 Working Group affiliated events** at the 2023 Annual Symposium

2023 Working Groups (WG) Snapshot

New Working Groups for 2023	Emerging Working Groups	Working Groups Improvements
<ul style="list-style-type: none">• Surgical and Procedural Informatics• Informatics Maturity• AMIA Clinical Informatics Fellows (ACIF)  <p><i>Follow the QR code to join!</i></p> <p>https://connect.amia.org/communities/allcommunities</p>	<ul style="list-style-type: none">• Health and Healthcare Equity• Climate, Health and Informatics Discussion Forum• Data Linkage Discussion Forum	<p><u>Connect</u></p> <ul style="list-style-type: none">• WG Auto-enrollment• Welcome emails for new WG members <p><u>AMIA Website</u></p> <ul style="list-style-type: none">• WG Phenotypes• Introduction videos <p><u>In person</u></p> <ul style="list-style-type: none">• WG Speed Networking here at the symposium

Working Groups plans for 2024



Connect **replacement** is coming



Training will be developed for the new platform for users and Working Group leadership



Working Group handbook updates

<https://amia.org/communities/working-groups>



2023 State of the Association 25x5 Task Force Report

Sarah Rosetti, RN, PhD, FACMI, FAMIA
Task Force Chair



AMIA 25x5 Task Force



Mission

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

Vision

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

Organized into 4 Workstreams

1. Health Professionals/Systems
2. Health IT Vendors
3. Policy/Advocacy
4. Impact (*newest – focus for this panel*)

Core Principle: No shifting of work from one health professional to another

25x5 Task Force – 2023 Accomplishments



Impact Workstream

- **Logic Model** (finalized)
 - Panel Session S49
- **Standardized Definition of Doc Burden** (Q1 2024)
 - Scoping review of > 150 articles
- **Pulse Survey** (Q1 2024)
 - HP Perceptions of Doc Burden
 - Sys Review & Delphi Survey of existing tools/items
- **Health System Survey** (in development)
 - Doc Burden Reduction as Strategic Goal

Policy/Advocacy Workstream

- **AHRQ Evidence Review** (in progress)
 - Competitive selection of Nominated Topic Doc Burden
- **2 Policy Briefs** (published)
 - Reform Prior Auth & Policy Reforms

Technology Requirements Workstream

- **HIT Roadmap** (in development)
 - Recommendations to Reduce Doc Burden

Health Professional/System Workstream

- **25x5 Toolkit** (published spring 2023)
 - **~1000 downloads to date!**
 - Review of Doc Burden Reduction Activities
- **25x5 Slack Community**
 - 185 members and growing!

Cross Workstreams

- **Recognition Program** (in development)
 - Org demonstrating a measurable positive impact on documentation burden

Publications



Levy DR, Moy A, Apathy N, Adler-Milstein J, Rotenstein L, Nath B, Rosenbloom ST, Kannampallil T, Grochow Mishuris R, Alexanian A, Sieja A, Hribar MR, Patel JS, Sinsky C, Melnick ER. [Identifying and Addressing Barriers to Implementing Core EHR Use Metrics for Ambulatory Care: Virtual Consensus Conference Proceedings](#). ACI 2023. doi: 10.1055/a-2187-3243

Detmer DE, Gettinger A. [Essential Electronic Health Record Reforms for This Decade](#). *JAMA*. 2023;329(21):1825–1826. doi:10.1001/jama.2023.3961

Levy DR, Sloss EA, Chartash D, Corley ST, Mishuris RG, Rosenbloom ST, Tiase VL. [Reflections on the Documentation Burden Reduction AMIA Plenary Session through the Lens of 25 x 5](#). *Appl Clin Inform*. 2023;14(01):11-5.

Moy AJ, Withall J, Hobensack M, Yeji Lee R, Levy DR, Rossetti SC, Rosenbloom ST, Johnson K, Cato K. [Eliciting Insights From Chat Logs of the 25X5 Symposium to Reduce Documentation Burden: Novel Application of Topic Modeling](#). *J Med Internet Res*. 2023 May 17;25:e45645. doi: 10.2196/45645. PMID: 37195741; PMCID: PMC10233429.

Hobensack, M. Levy, D.R., Cato, K., Detmer, D., Johnson, K.B., Williamson, J., Murphy, J., Moy, A., Withall, J., Lee, R., Rossetti, S.C., Rosenbloom, S.T. (2021). [CIC2021: 25x5 Symposium to Reduce Documentation Burden: Report-out and Call for Action](#). *Applied Clinical Informatics Journal*. 2022 Mar;13(2):439-446.

Moy AJ, Schwartz J, Withall J, Lucas E, Cato K, Rosenbloom, S.T, Johnson K, Murphy J, Detmer D, Rossetti SC. [Clinician and Health Care Leaders' Experiences with-and Perceptions of-COVID-19 Documentation Reduction Policies and Practices](#). *Appl Clin Inform*. 2021 Oct;12(5):1061-1073. doi: 10.1055/s-0041-1739518.

Rossetti, S.C., Rosenbloom, S.T., Levy, D.R., Cato, K., Detmer, D., Johnson, K., Murphy, J., Hobensack, M., Lee, R., Lucas, E., Moy, A., Sachson, C., Schwartz, J., Williamson, J., Withall, J. (December, 2021). Summary Report from the 25 By 5: Symposium Series to Reduce Documentation Burden on U.S. Clinicians by 75% by 2025. New York, (NY): National Library of Medicine. <https://brand.amia.org/m/dbde97860f393e1/original/25x5-Summary-Report.pdf>

Rossetti, S.C., Rosenbloom, S.T., Detmer, D., Johnson, K., Cato, K., Cohen, D., Williamson, J., Murphy, J., Moy, A., Schwartz, J., Lucas, E., Hobensack, M., Withall, J., Lee, R., Sachson, C. (August, 2021). Executive Summary from the 25 By 5: Symposium Series to Reduce Documentation Burden on U.S. Clinicians by 75% by 2025. New York, (NY): National Library of Medicine. <https://brand.amia.org/m/776ef41e281c4b67/original/25x5-Executive-Summary-pdf.pdf>

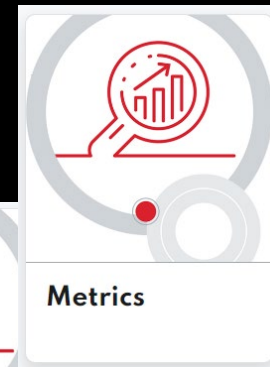
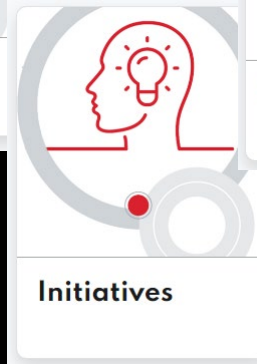
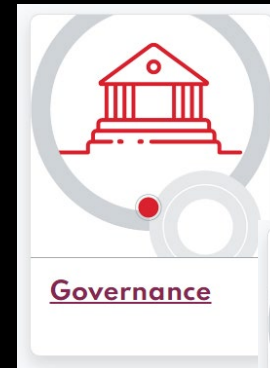


Toolkit



AMIA 25x5 Toolkit

- A tool to guide organizations through the process of reducing documentation burden
- Provides resources and a pragmatic approach to documentation burden reduction
- 1000 downloads to date



Policy Briefs

25x5 Policy Reforms to Reduce Documentation Burden

25x5 Recommendations to Reform Prior Authorization



25x5 POLICY REFORMS TO REDUCE DOCUMENTATION BURDEN

It is 25x5's stance that the below policy reforms are imperative to reducing onerous and redundant documentation burden, which is imperative to maintain the healthcare workforce and improve patient access to necessary medical care.

25x5 is a Task Force within the American Medical Informatics Association (AMIA) that works to reduce U.S. health professionals' documentation burden to 25% by December 2026 with the vision of a U.S. healthcare workforce free of documentation burden and focused on patient care and improved patient outcomes. To achieve this vision, 25x5 prioritizes the following policy reforms:

- I. **Do Not Shift Burden** between clinicians, between clinicians and staff, or between clinicians and patients.
- II. **Eliminate Documentation Redundancy Through Technology**
 - a. **Data Liquidity & Interoperability:** Leverage technology to eliminate the need for duplicate entries. Utilize the Trusted Exchange Framework and Common Agreement (TEFCA) to enhance trust between data sharing entities.
 - b. **Support for FHIR®:** Continue to support Fast Healthcare Interoperability Resources (FHIR) as a standardized approach for the exchange of healthcare information.
- III. **Broaden Data Sources for Enhanced Information Access and Exchange**
 - a. **Data Capture Methods:** Increase the variety of ways through which data can be captured.
 - b. **Non-EHR Databases and Wearables:** Encourage the use of wearables, Internet of Things (IoT) devices, and non-EHR databases as supplementary data sources.
 - c. **Data Responsibility & Provenance:**
 - i. Identify parties responsible for data accuracy.
 - ii. Establish mechanisms to track and maintain data provenance.
 - d. **Data Literacy & Personal Health Records:**
 - i. Improve data literacy among all stakeholders.
 - ii. Integrate personal health records and enable data sharing from patients.
- IV. **Ensure Data is Easily Retrievable for Clinical and Research Use**
 - a. **Indexing, Data Tagging & Metadata:** Implement systems that utilize indices, metadata, and tags to make data retrieval straightforward and intuitive.
 - b. **Unstructured Data Search:** Employ natural language search capabilities within EHR systems to facilitate efficient data retrieval and extraction.
 - c. **Customizable Dashboards:** Develop user-friendly dashboards that allow clinicians to easily access relevant patient data.

October 2023



25x5 RECOMMENDATIONS TO REFORM PRIOR AUTHORIZATION

It is 25x5's position that prior authorization must be eliminated to reduce the required onerous documentation needed to support it, maintain the healthcare workforce, and improve patient access to necessary medical care. Prior authorization (PA) is a process used by health insurance companies, including Medicare Advantage (MA) plans, requiring clinicians to obtain approval before providing care to patients for covered services. This process is a major source of burden for clinicians, health systems, and patients in need of care.

25x5 is a Task Force within the American Medical Informatics Association (AMIA) that works to reduce U.S. health professionals' documentation burden to 25% by the end of 2026 with the vision of a U.S. healthcare workforce free of documentation burden and focused on patient care and improved patient outcomes.

To achieve this vision, 25x5 advocates for eliminating prior authorization entirely but recognizes that eliminating prior authorization will involve multiple changes implemented over time to ensure the benefits to stakeholders, including patients, clinicians, facilities, and health systems. Until prior authorization can be eliminated effectively, 25x5 supports the implementation of electronic prior authorization (e-PA) through the following:

Pass the *Improving Seniors' Timely Access to Care Act (H.R. 3173/S. 3018)* and relevant regulations that would establish a mechanism for real-time e-PA decisions for routinely approved items and services, require insurance plans to respond to PA requests within 24 hours for urgently needed care, and require detailed transparency metrics. Additionally, regulations must

1. Ensure that the process is not just paper prior authorization transferred into an electronic process in the transition to e-PA. The e-PA authorization process must be optimized for an electronic system to improve the goals of care, avoid redundancy, and allow for data liquidity.
2. Define the e-prior authorization workflow such that it doesn't shift burden between clinicians but rather eliminates burden or shifts to the appropriate administrative staff. Defining workflows can be accomplished by:
 - a. Insurance guideline transparency for how prior authorization process is being decided.
 - b. Avoid increasing documentation at any point in the process.
 - c. Create a clear description of why any authorization failed and differentiate between a system failure and payer denial. For example, if the automated system finds the indication for drug provided was unclear or insufficient, then a human interaction from the insurance payer must be available as a timely option for failure correction.

October 2023

25x5 Logic Model

Process & Impact Measures



Item #	Process or Outcome	Impact	Measure(s)	Workstream Responsible (data collection and analysis)
19		Disseminate policy positions, responses, and summaries of activities	Count of policy responses, white papers, and peer-reviewed papers	Policy/Advocacy
20		Support existing policy/advocacy efforts that relate to burden reduction	Count of policy/advocacy efforts formally in support of	Policy/Advocacy
21		Convene external partners and stakeholders	Count of external partners and stakeholders engaged; descriptive statistics of roles, regions, and types of organizations engaged	Policy/Advocacy
22		Toolkit utilized by health systems/provider organizations facilitating documentation burden reduction planning and initiatives	Utilization rates stratified by setting type and geographical location; trending of utilization rates overtime	Health Professional/System
23		Best practices, pilots, challenges and exemplars shared via National Collaborative of health systems/provider organization	Count of resources/assets shared across sites	Health Professional/System
24		Priority for external	Total dollars available for research funding	Policy/Advocacy

Inputs	Activities	Process & Impact Outcomes		
		Short	Medium	Long
Leveraging AMIA Resources <ul style="list-style-type: none"> Member volunteers Member expertise Communications channels Symposium/Conferences Research Findings Collaboration tools Board feedback Staff Collaborating with other organizations and networks <ul style="list-style-type: none"> e.g. NBRC, HIMSS, OSG, ONC Stakeholders <ul style="list-style-type: none"> Health Professionals Patients/consumers Healthcare organizations Technology vendors Policy makers Leveraging support from external sources <ul style="list-style-type: none"> e.g., funding from NLM, AHRQ 	Health Professional/System Workstream <ul style="list-style-type: none"> Conduct environmental scan of documentation burden efforts Develop toolkit to guide health systems/provider organizations through documentation burden reduction Foster inter-organizational collaboration across health systems/provider organizations Technology Requirements Workstream <ul style="list-style-type: none"> Educate HIT users about existing functionality intended to reduce documentation burden Develop HIT Industry Roadmap Engage and incentivize knowledge sharing activities within the vendor community Policy/Advocacy Workstream <ul style="list-style-type: none"> Information collection meetings with regulatory and accreditation groups to identify/promote validated solutions, avoid duplication of efforts, and identify gaps Conduct environmental scan of existing efforts to reduce documentation burden Advocate for vision of a streamlined provider note (codable/required) Investigate the reduction/elimination of Prior Authorization Facilitate a dedicated documentation burden policy event Impact Workstream <ul style="list-style-type: none"> Establish standard definition of Documentation Burden Identify valid and feasible approach to survey clinicians on perceived burden Survey Hospitals regarding inclusion of burden in strategic plan Cross-Workstreams <ul style="list-style-type: none"> Establish national online presence highlighting AMIA as thought leader and collaborator in documentation burden reduction Sharing/information exchange with engaged community of stakeholders Advocate to implement systematic interventions to support providers and health systems in reducing documentation burden 	Health Professional/System Workstream <ul style="list-style-type: none"> Literature review of documentation burden efforts accepted for publication Publication of Health Systems/Provider Toolkit National Collaborative of health systems/provider organizations established Technology Requirements Workstream <ul style="list-style-type: none"> AMIA 25x5 Pitch Event Clarified 25x5 priorities for vendors HIT industry roadmap collaboratively defined Policy/Advocacy Workstream <ul style="list-style-type: none"> Advocate for funding for documentation burden research Disseminate policy positions, responses, and summaries of activities Support existing policy/advocacy efforts that relate to burden reduction Impact Workstream <ul style="list-style-type: none"> Peer-reviewed publication on Definition of Burden Peer-reviewed publication on systematic reviews of surveys of clinician perceived burden Establish plan to measure rate in which burden reduction initiatives are incorporated into hospital strategic plans Cross-Workstreams <ul style="list-style-type: none"> 25x5 initiative included at least one time per month in both AMIA planned social media posts across platforms and planned member email communication highlighting ongoing 25x5 work and/or empowering AMIA members and stakeholders. Addition of 25x5 initiative to AMIA's value proposition promoting and building the informatics field. Articles related to documentation burden included in Informatics SmartBrief educating and empowering members. Annual social media campaign hosted during AMIA Symposium educating members and public about the initiative and the informatics field. Utilization of an online platform for communication and engagement optimizing infrastructure for member-driven impact. Convene external partners and stakeholders 	Health Professional/System Workstream <ul style="list-style-type: none"> Toolkit utilized by health systems/provider organizations facilitating documentation burden reduction planning and initiatives Best practices, case studies, challenges and exemplars shared via National Collaborative of health systems/provider organizations Technology Requirements Workstream <ul style="list-style-type: none"> HIT industry roadmap circulated to advance documentation burden reduction across HIT Policy/Advocacy Workstream <ul style="list-style-type: none"> Funding organization(s) initiate consideration of documentation burden as a strategic priority for external research funding Disseminate policy positions, responses, and summaries of activities Support existing policy/advocacy efforts that relate to burden reduction Impact Workstream <ul style="list-style-type: none"> Broad dissemination and feedback on the definition of Documentation Burden Development of a pulse survey on clinicians' perceptions of burden, ideally within an existing national survey Establish baseline data of burden reduction initiatives incorporated into hospital strategic plans Cross-Workstreams <ul style="list-style-type: none"> Increased digital footprint of online and social media presence Measure and adapt to maintain and extend digital footprint Users engaged with communication/engagement online platform Partnerships established and duplication of efforts avoided 	Health Professional/System Workstream <ul style="list-style-type: none"> Burden reduction strategies disseminated in Toolkit are established, impactful, and integrated into health systems/provider organizations' efforts to reduce documentation burden Processes in place at health systems/provider organizations for on-going burden reduction improvements and mitigation of new burden Technology Requirements Workstream <ul style="list-style-type: none"> Technological advancements identified in HIT industry roadmap incorporated into products and/or included in HIT industry business strategic plans Challenge executed focused on using artificial intelligence/machine learning to reduce documentation burden Policy/Advocacy Workstream <ul style="list-style-type: none"> Funding organization(s) identify documentation burden as strategic priority for external research funding Change in policy(s) to reduce or eliminate documentation burden Increase in resources available for documentation burden advocacy, education, and meetings Impact Workstream <ul style="list-style-type: none"> MESH terms created for documentation burden Administration and validation of national pulse survey for clinician perceived burden Annual trending of burden reduction initiatives incorporated into hospital strategic plans Cross-Workstreams <ul style="list-style-type: none"> Recognition program measurable position AMIA recognized resources on burden reduction efforts Scholarship and research practices AMIA/25x5 top research searches Improved internal communication Increased stakeholder engagement Usage of communication external partners Stakeholder perception 5 years
Assumptions <ul style="list-style-type: none"> Available and validated measurements for burden are limited Science behind methods to measure documentation burden is evolving Quantifying value-added documentation versus non-value added documentation is essential but understanding how to do this is limited Goal is to eliminate burden, not shift burden between clinical roles There will be no erosion of care standards Task force publication pending defining clinical documentation burden and scope of 25x5 work Workstreams will approach documentation burden from different perspectives Summative evaluation will be conducted by triangulating 5 noted components to evaluate 25x5 Task Force goal to reduce burden to 25% of current state by 2026 	External Factors (Barriers and Facilitators) <ul style="list-style-type: none"> National <ul style="list-style-type: none"> AMIA: Measurement expertise; cross-organization collaborations; ACI community Health Professional/System: Infrastructures to share learnings Technology Requirements: Business needs; development timeline; culture; identification of customer Policy/Advocacy Groups: Alignment of priorities across groups The potential effects of artificial intelligence and machine learning technologies are continuously developing. Costs are unknown, particularly for innovative emerging technology like Artificial Intelligence and Machine Learning Conservative estimate of 161 task force volunteer hours per month Local <ul style="list-style-type: none"> Health and structure Experience Priority 			

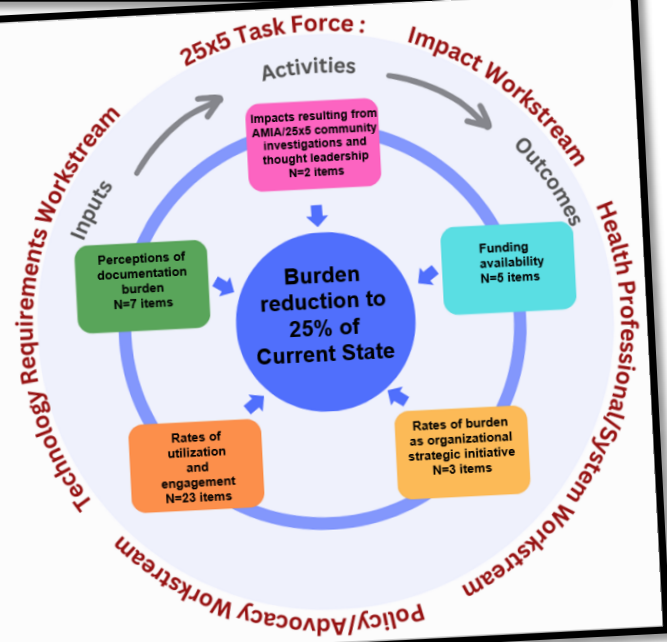
Measure(s)	Workstream Responsible (data collection and analysis)
Baseline percent of health systems/provider organizations sampled that have a burden reduction initiative in strategic plan	Impact
Count of platforms posted on; Count of posts and re-posts; Count of engagement during Symposium Social Media Campaign, trends over time	AMIA staff
Utilization rates stratified by user type/role; trending of utilization rates overtime	AMIA staff
The impact of the toolkit will be assessed using process, outcomes and satisfaction measures	Health Professional/System
Percent of health systems/provider organizations that downloaded toolkit with active burden reduction improvement programs (Evaluation survey)	Health Professional/System
Count of policy changes with any linkage to 25x5 policy/advocacy efforts	Policy/Advocacy
Count of internal FTEs available; external organizations providing resources; budget for education and meetings	Policy/Advocacy
Baseline rates of perceived burden among sampled population; Trend of rates of perceived burden among sampled population	Impact
Trended percent of health systems/provider organizations sampled that have a burden reduction initiative in strategic plan	Impact
Utilization rates stratified by user type/role; trending of utilization rates overtime	AMIA staff
Count of number of publications citing 25x5	Impact

■ Burden as an organizational strategic initiative
 ■ Perception of documentation burden

Five Components Triangulated to Evaluate Burden Reduction:

1. Perceptions of documentation
2. Impacts resulting AMIA/ 25x5 community investigations and thought leadership
3. Funding availability
4. Rates of burden as organizational strategic initiative
5. Rates of utilization and engagement

N = number of measured items from logic model that comprise each component




National Collaborative of Health Systems/ Provider Organizations

A resource to share best practices, case studies, challenges and exemplars

**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



<https://amia.org/about-amia/amia-25x5>



2023 State of the Association Financial Report

Daniel Wu, MD, FACEP, FAMIA
Finance and Investment Committee Chair



Financial Report



	2021 Actuals	2022 Actuals	2023 Actuals thru 8/31/2023	2023 Budget	2024 Budget**
Total Op Revenue	\$6,265,464	\$7,251,062	\$3,536,843	\$7,332,530	\$7,828,369
Total Op Expense	\$6,083,957	\$6,796,940	\$3,861,226	\$7,305,802	\$7,862,154
Change in Operational Net Assets	\$181,507	\$454,122	(\$324,383)	\$26,728	(\$33,785)
Investment Earnings	\$385,866	(\$986,457)	\$411,873	(\$32,000)	(\$32,000)
Depreciation-Reserve Fund Projects*	(\$44,297)	(\$165,725)	(\$137,283)	(\$155,315)	(\$212,986)
AHIC	(\$25,780)	(\$50,156)	(\$40,749)	\$24,848	(\$11,865)
Change in Total Net Assets	\$497,296	(\$748,216)	(\$90,542)	(\$135,739)	(\$290,636)

* Depreciation for Board approved reserved fund projects (website and association management system) reported below the line 2021 and 2022 for comparative purposes only

** 2024 Budget approved November 12, 2023



2023 State of the Association Governance Committee Report

Philip Payne & Judy Murphy
Committee Co-Chairs

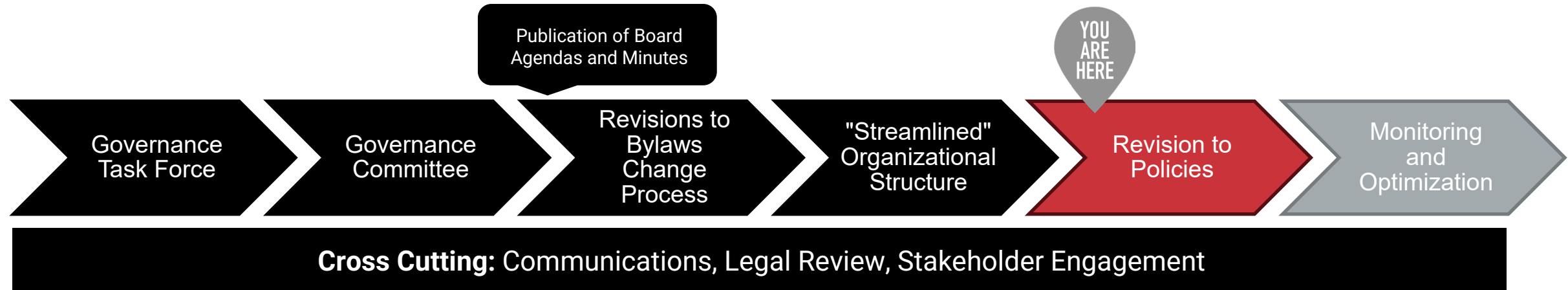


Governance Committee Charge

To inform and lead the evolution of AMIA's organizational structure and governance, with an emphasis on achieving optimal structure and operational processes to achieve AMIA's strategic goals.

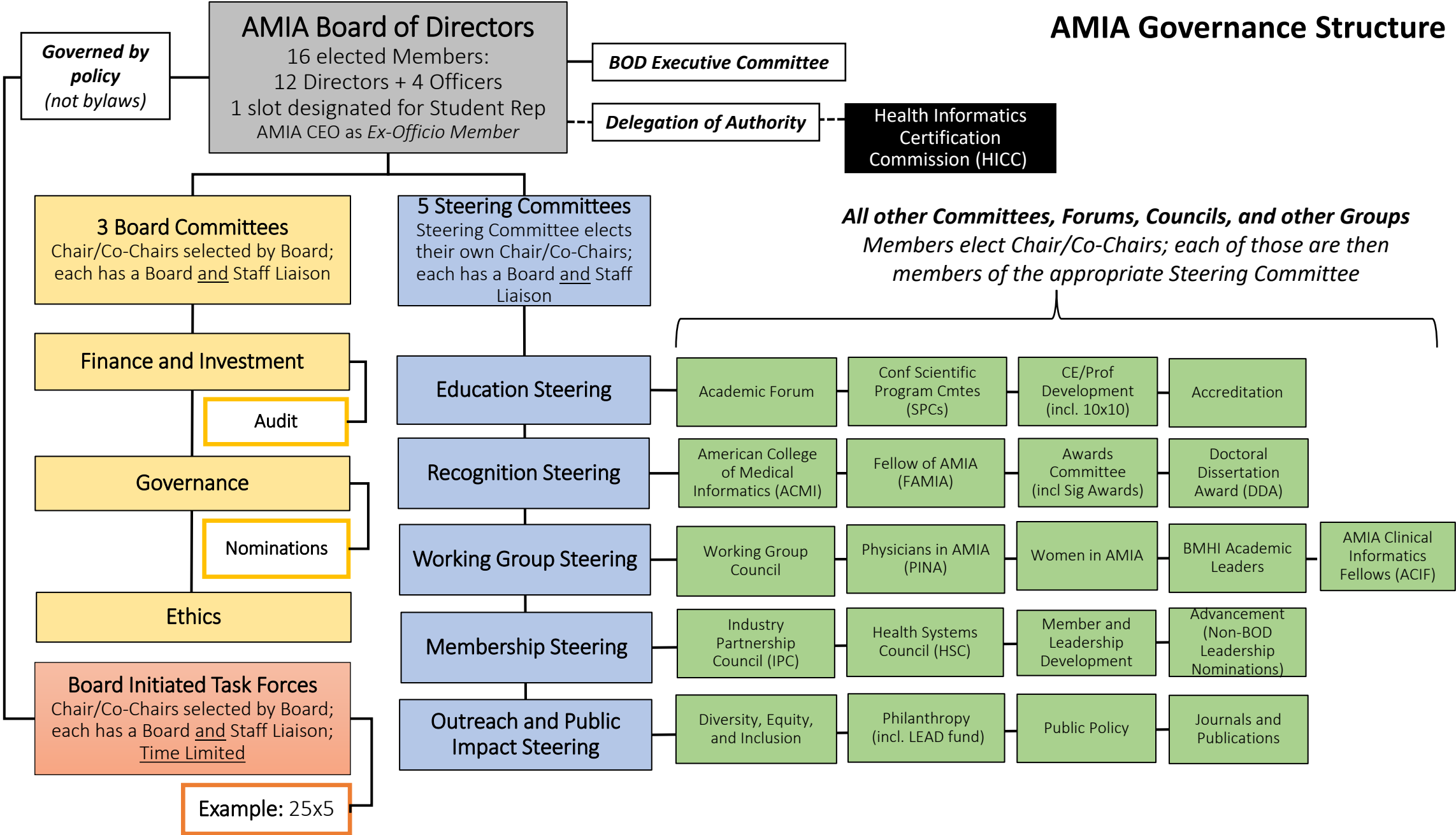


AMIA's Governance Reform "Roadmap"



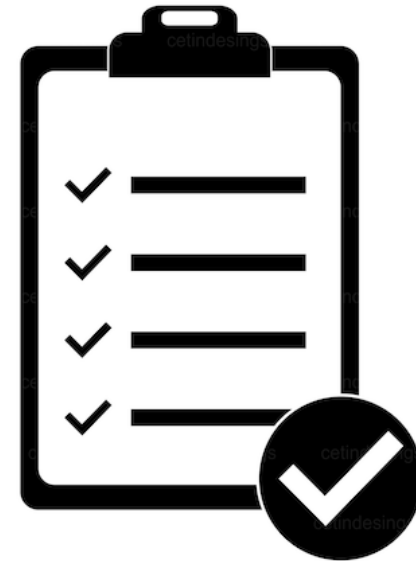
- Focus on stakeholder engagement and input (goals, objectives)
 - **Work completed in 2022**
- Focus on refinement and implementation of task force recommendations
 - **Work initiated in 2022 and ongoing**
- Modernization of voting processes to be more inclusive and accessible
 - **Approved, November 2022**
- Focus on simplification of decision-making, increased transparency, and adoption of best practices
 - **Will require bylaw changes**
 - **Voting completed, October 2023**
- Focus on alignment of policies with new organization structure and best practices
 - **Future Work**

AMIA Governance Structure



Planned Work for 2024 and Beyond

1. Development and approval of board policies in support of new organizational and governance structure(s) – (*in progress*)
2. Implementation of membership approved Bylaws Amendments (*in progress*)
3. Complete development of a “Governance Hub” on the AMIA web site: (*in progress*)
 - People
 - Charge(s)
 - How to contact or get involved
4. Continue organizing virtual and in-person convening events for leadership nominees and current leaders to develop AMIA leadership pipeline and promote opportunities for leadership (*ongoing*)
5. Continue the work started and monitor success (posting of Board info, board office hours, candidate forums, board liaisons, etc.) (*ongoing*)





2023 State of the Association CEO Report

Tanya Tolpegin, MBA, CAE
Chief Executive Officer



Thank You to Our Volunteer Leaders

Outreach and Engagement

- 25x5 presentation with ONC and convening leadership of the National Burden Reduction Coalition
- HL7 partnership and collaboration across many areas
- Partnerships across the field of informatics – ANI, NBRC, AMDIS, CAHIIM, DCI, CMSS, IMIA, ORCHA, NAM, and others on a case-by-case basis
- Resource to federal and regulatory agencies – ONC, JPHIT, CMS, FDA, and NLM

Thought Leadership and Education

- Blueprints for Trust: Best Practices and Regulatory Pathways for Ethical AI in Healthcare meeting in conjunction with Beth Israel Deaconess Medical Center’s Division of Clinical Informatics
- Working Group resource development for informatics and working group expansion into new areas
- SOC code application with 43 organization signing on in support of our application
- AI Showcase with 59 participants across all 3 AMIA meetings in 2023

2024 Opportunities

- **Volunteer!**
 - Resource pool for ad hoc opportunities
 - Reviewers for scientific sessions across meetings
 - Working group involvement and initiatives leadership
- **Be an AMIA Ambassador**
 - Bring the informatics perspective to specialty society meetings
 - Engage in local policy connections
 - Respond to surveys
 - Engage in the communities, especially the new platform, with respect for fellow members and differing viewpoints
- **Consider a larger role within AMIA as the call for nominations opens in 2024**

We are here to support YOU! Find your staff in the Red Jackets

Reflection and Thank You!



PAST CHAIR, 2024

Gretchen Purcell Jackson, MD, PhD, FACS, FACMI, FAMIA

Welcome Incoming Chair



BOARD CHAIR, 2024-2026

Genevieve Melton-Meaux, MD, PhD, FACMI

SAVE THESE DATES FOR MORE AMIA EVENTS

- ACMI 2024 Symposium, February 23-26
- AMIA 2024 Informatics Summit, March 13-16
- AMIA 2024 Clinical Informatics Conference, May 23-25
- AMIA 2024 Annual Symposium, November 11-15

Thank You!

Open Q&A

