



## 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.



- d. **Semantic Interoperability:** Ensure that semantic layers allow for data to be not just syntactically matched but also semantically interpreted, facilitating better decision-making processes.

V. **Standardize Measures of Documentation Burden**

- a. **Collaboration with ONC & CMS:** 25x5 is eager to collaborate with the Office of the National Coordinator and Centers for Medicare and Medicaid Services to standardize measures of documentation burden.
- b. **Data Collection & Analysis:** Implement, operationalize, and maintain appropriate mechanisms for ongoing data collection and analysis on clinician burnout.

For more information, please email AMIA's Vice President of Public Policy, Reva Singh at [rsingh@amia.org](mailto:rsingh@amia.org).

AMIA is the professional home for more than 5,500 informatics professionals, representing frontline clinicians, researchers, public health experts, and educators who bring meaning to data, manage information, and generate new knowledge across the research and healthcare enterprise. As the voice of the nation's biomedical and health informatics professionals, AMIA plays a leading role in advancing health and wellness by moving basic research findings from bench to bedside, and evaluating interventions, innovations, and public policy across care settings and patient populations.