



Doc Burden Executive Survey Summary

March 2026

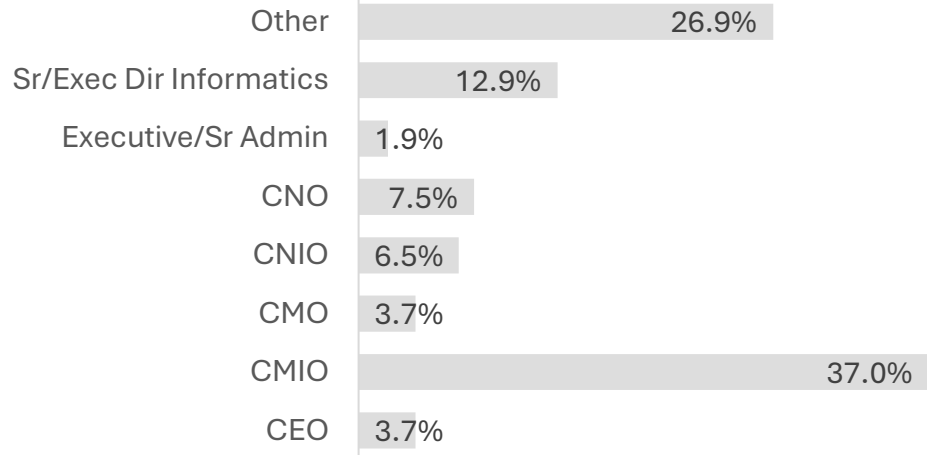
Newman, B. ; Boventer, E.; Wolski, P.; Doherty, R.; AMIA 25x5 Task Force, Impact
workstream

Acknowledgments:

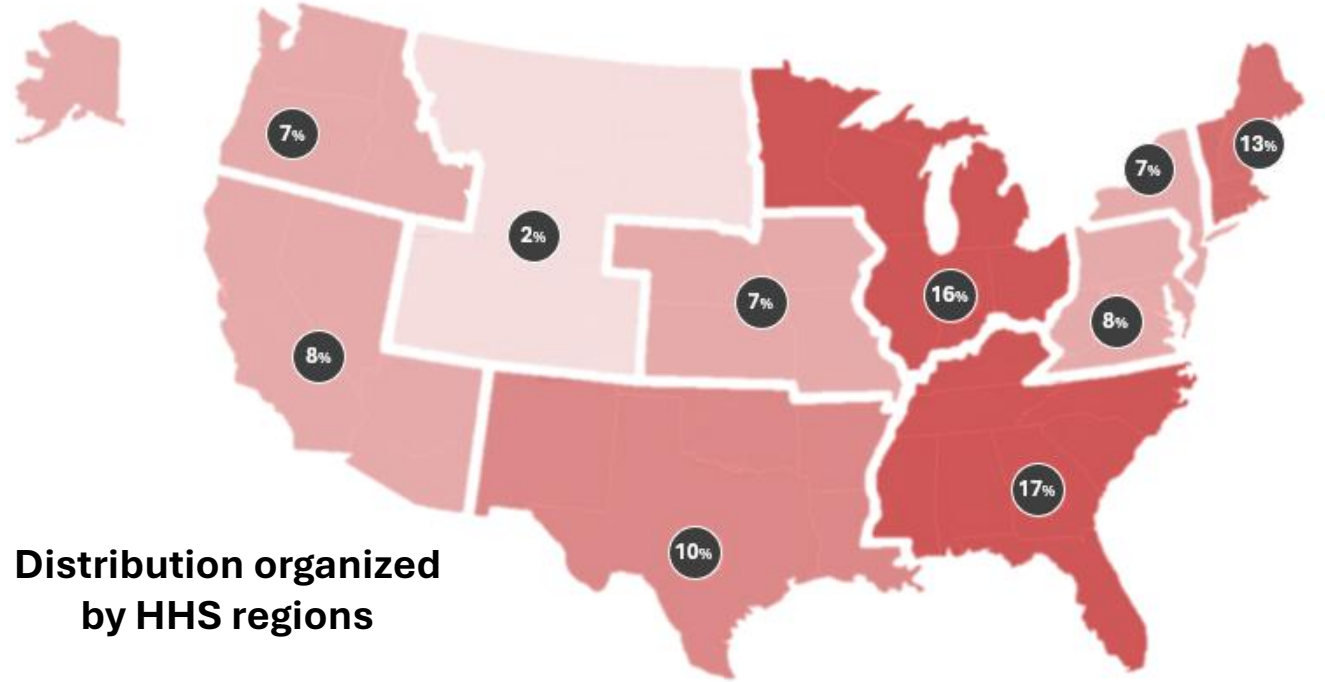
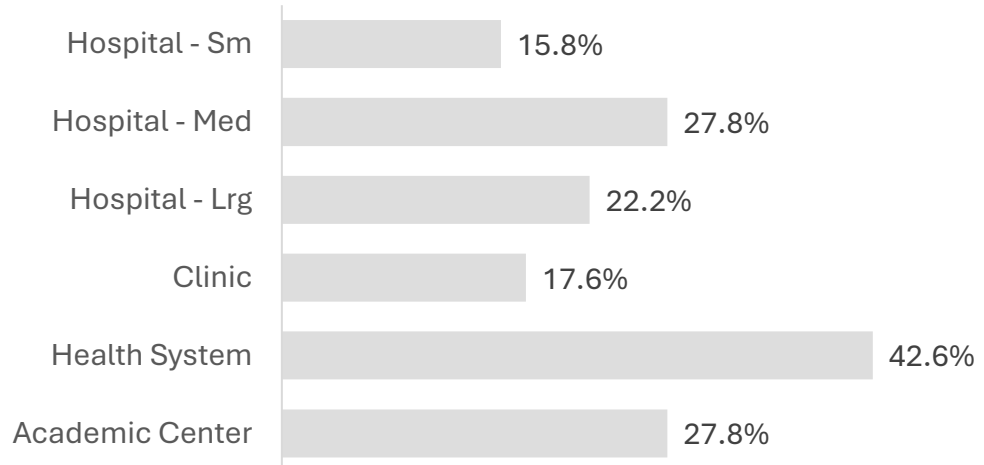
The development of the Doc Burden Executive Survey was made possible through the collaborative efforts of the following contributors:
S. Rossetti, E. Boventer, J. Cimino, D. Levy, A. Mishra, B. Newman, D. Austria, B. Douthit, P. Wolski

We acknowledge the AMIA 25x5 Impact Workstream for their guidance and continued support in administering and maintaining the Executive Survey.

Titles

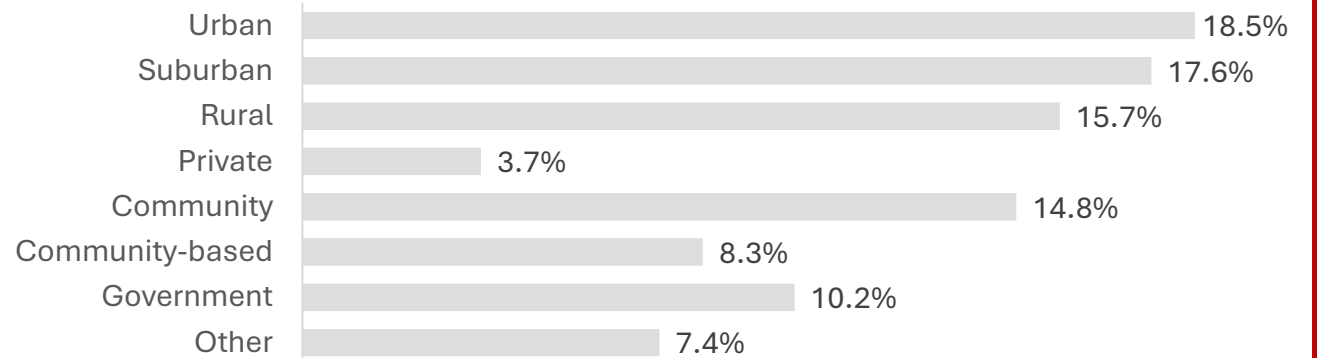


Setting

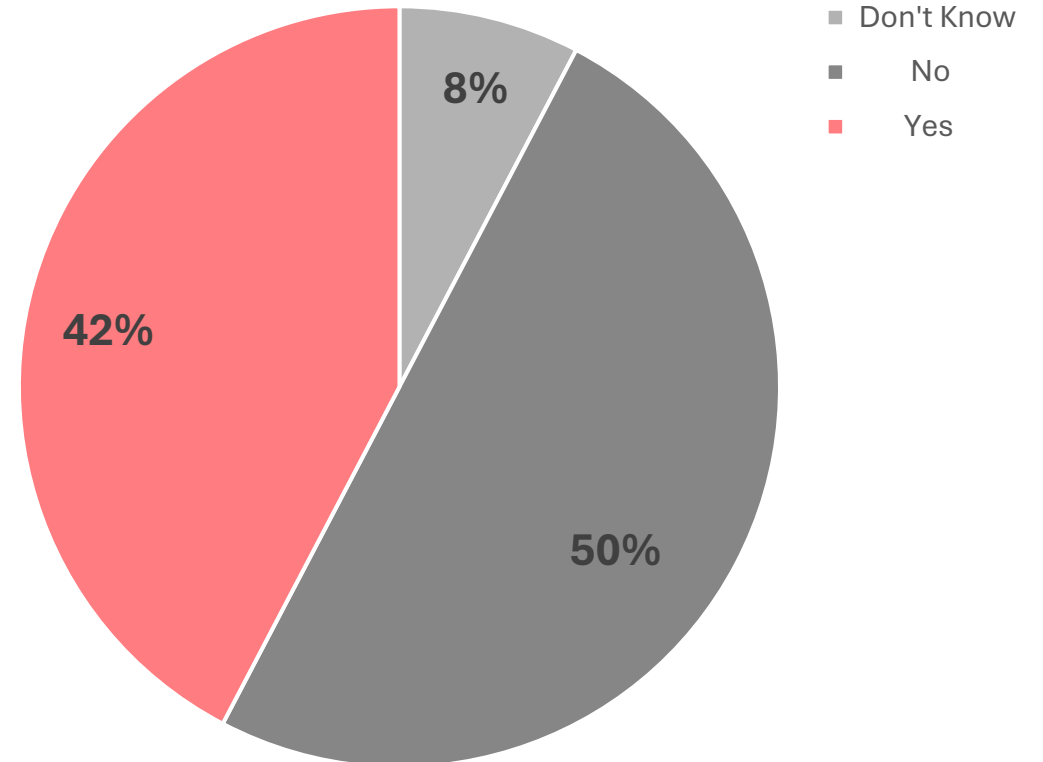
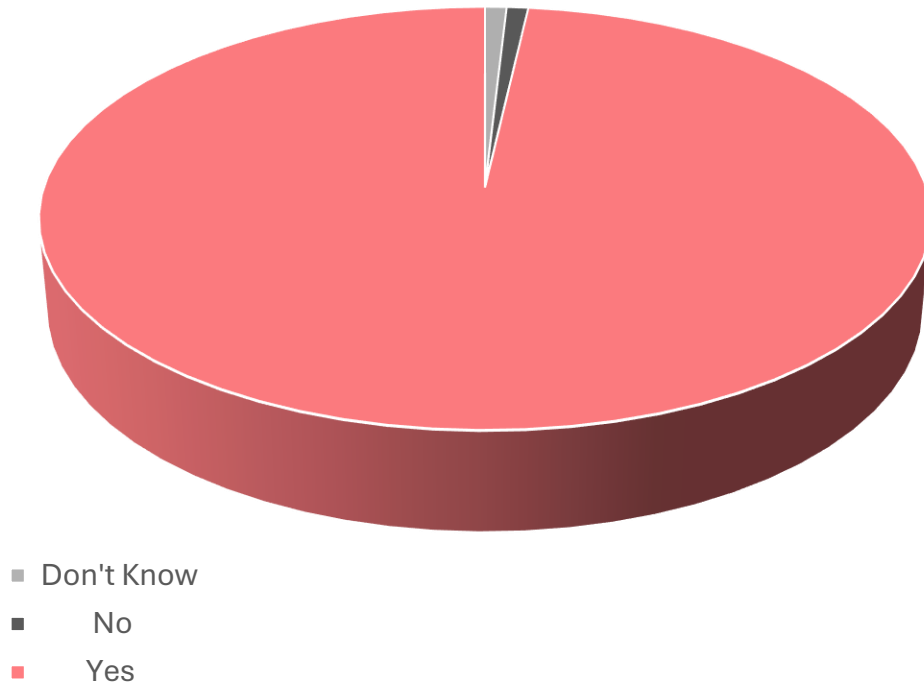


Distribution organized by HHS regions

Location



Strategic planning is nearly universal...

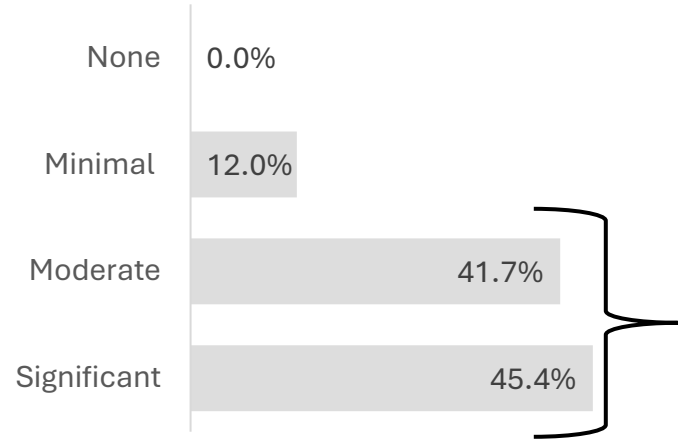


BUT is addressing Excessive ClinDoc Burden a part of of that strategic plan/ defined goals?

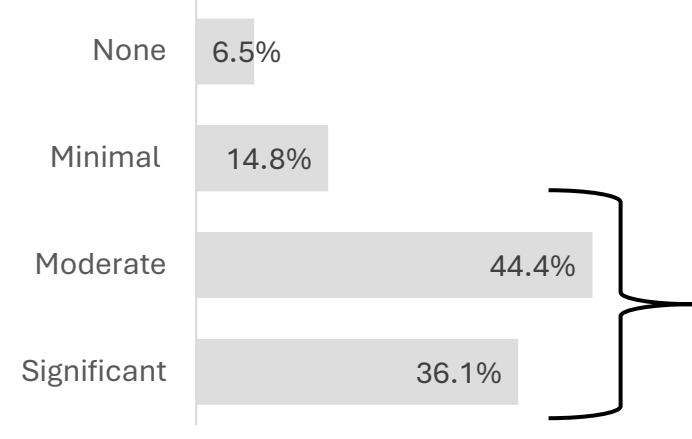


BURDEN

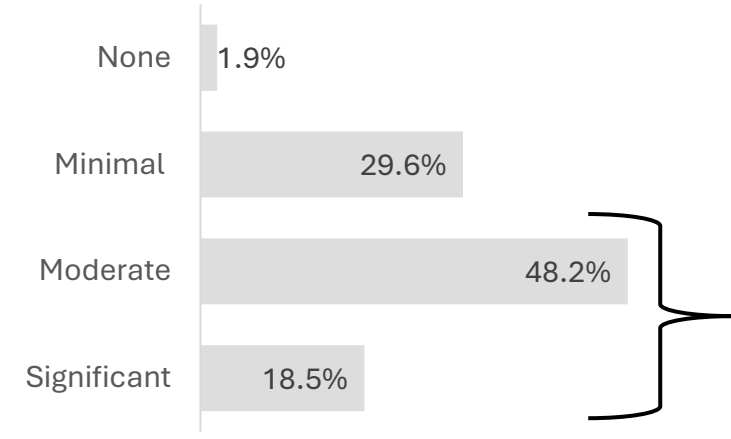
Physicians



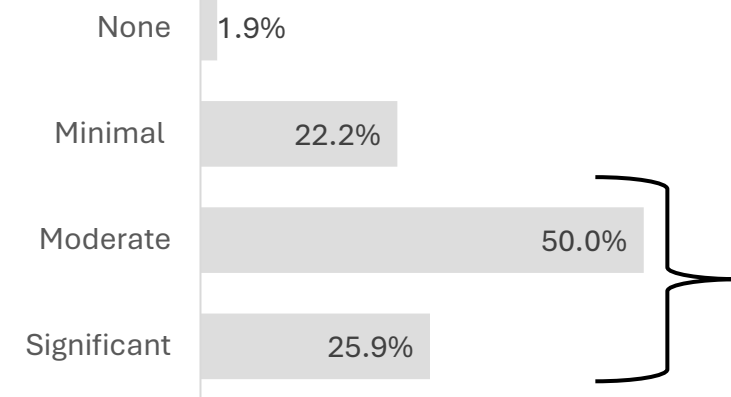
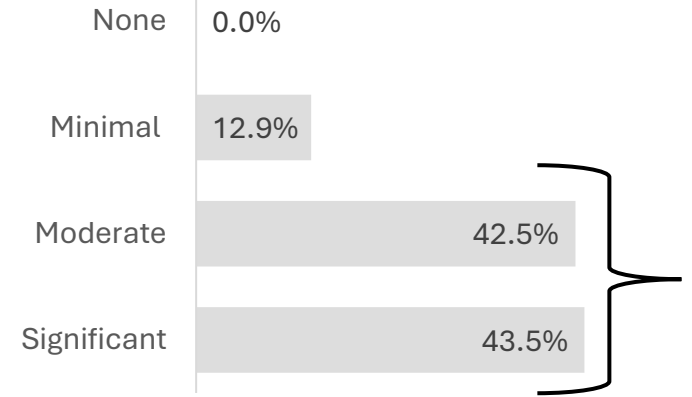
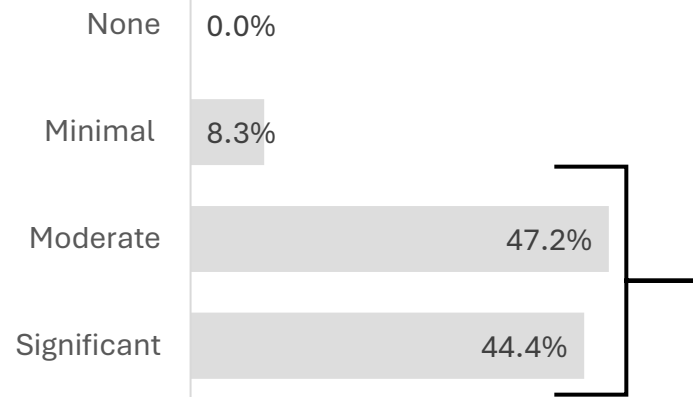
Nurses



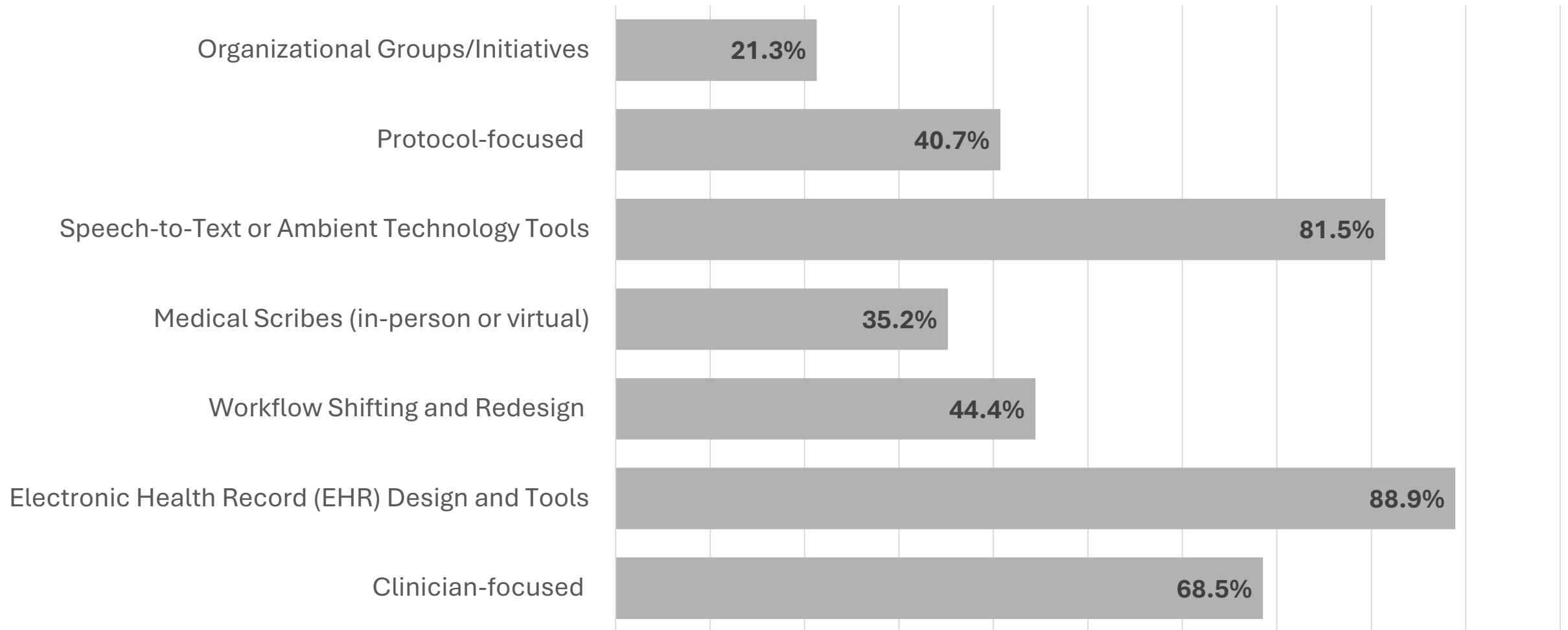
Allied Health



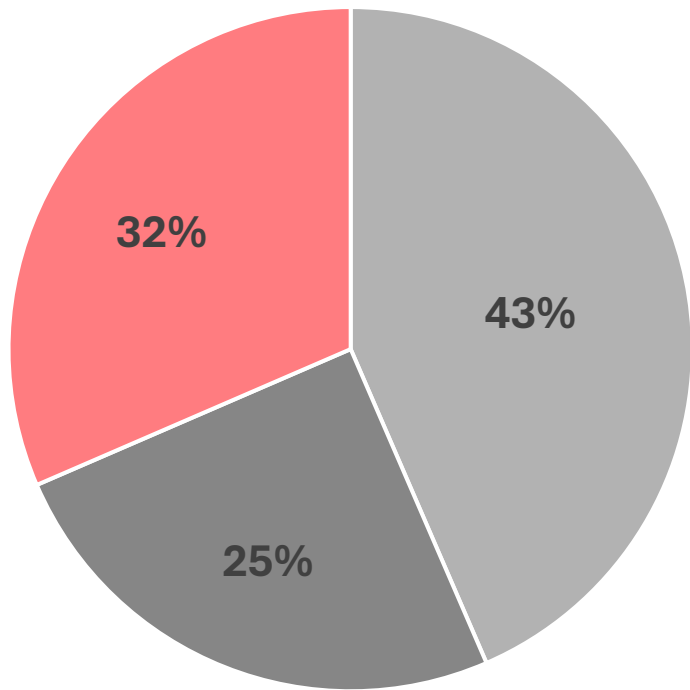
BURNOUT



What interventions are being used to reduce burden?



Measurable success in addressing documentation burden



■ In Progress
■ No
■ Yes

Efforts and Successes in Reducing Documentation Burden

Key Strategies Reported...

Ambient documentation & AI scribes (e.g., DAX, Abridge, virtual scribes)

- Reduced time in notes and after-hours documentation
- Lower cognitive burden and higher clinician satisfaction
- Improved timeliness of chart completion

EHR optimization & workflow redesign

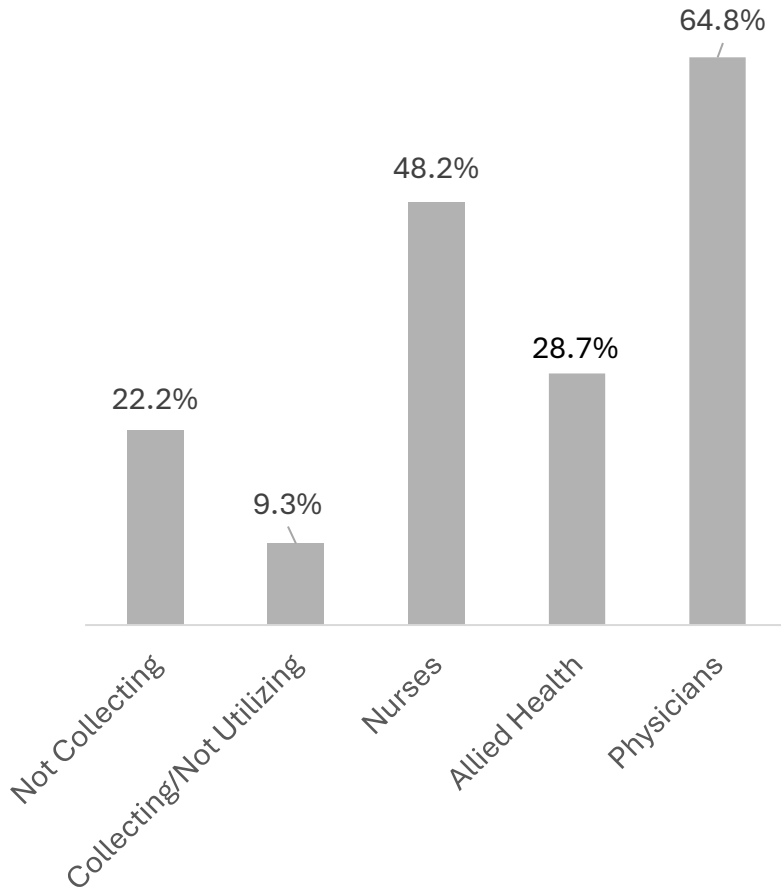
- Alert and popup reduction
- Increased use of macros and templates
- Order set refinement and workflow analysis

Training & role alignment

- Targeted documentation training (notably for nursing)
- Re-aligning documentation to the most appropriate role

Takeaway: AI-enabled documentation support was consistently described as the most impactful intervention in years

Collecting data to address documentation burden



Measurement Approaches and Persistent Challenges

How Burden Is Being Measured

- Vendor analytics (e.g., EHR time, documentation time, Signal data)
- Pre/post intervention analyses and pilot studies
- Surveys and clinician self-report
- External benchmarks (e.g., Arch Collaborative)

Ongoing Limitations

- Measurement constrained by vendor access to granular data
- Improvements often reflect faster documentation, not less documentation
- Limited authority to remove documentation requirements
- Need for stronger executive and nursing leadership engagement for true de-implementation

Insight: Documentation burden is increasingly measured and managed, but sustained reduction requires governance and policy decisions - not technology alone

Long-Term Strategies to Reduce Documentation Burden

Key Approaches Identified

- Heavy reliance on AI and automation
 - Ambient scribes, AI note drafting, data summarization
 - Expansion beyond ambulatory care (nursing, discharge, handoffs)
- EHR transitions used as opportunities for workflow redesign
- Automation, autofill, logic rules, and task redistribution
- Ongoing optimization, training, and clinician engagement

Strategic Framing

- EHR usability increasingly recognized as tied to:
 - Clinician satisfaction and burnout
 - Value-based reimbursement
 - Recruitment and retention



Sustainability Challenges and Gaps

Major Barriers

- Regulatory and billing requirements (CMS, payers, accreditation)
- Medicolegal risk driving excessive documentation
- Financial constraints and uncertain AI ROI
- Vendor and contracting limitations during EHR transitions
- Limited ability to measure impact of interventions
- **Technology is widely viewed as necessary but insufficient**

Sustainable burden reduction requires:

- Regulatory and policy reform
- Strong governance enhancing clinician leadership
- Recurring staff surveys to sustain attention to EHR usability and burnout over time
- Cultural alignment beyond “document to bill”