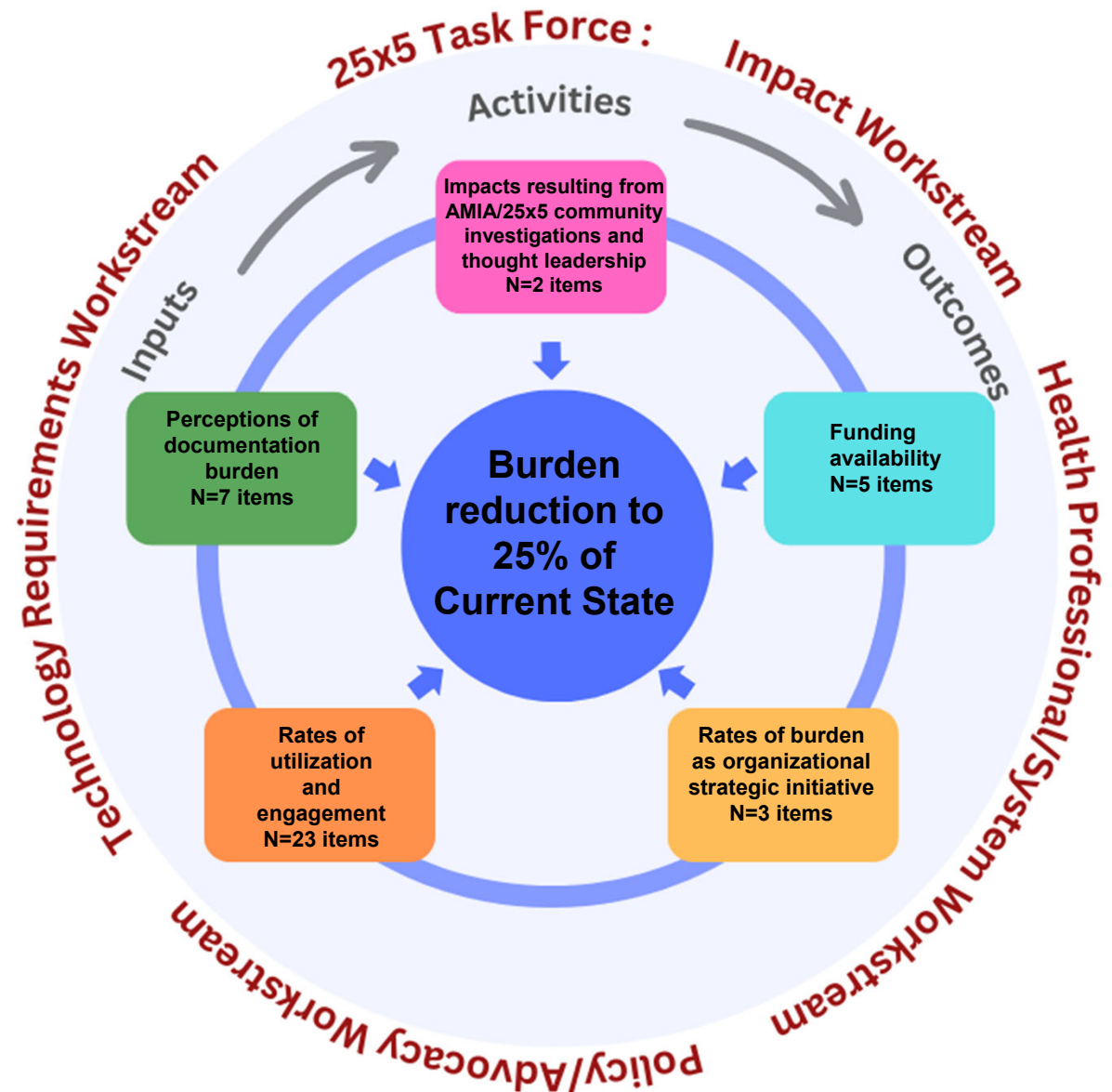# Five Components Triangulated to Evaluate Burden Reduction:

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

Inputs	Activities	Process & Impact Outcomes		
		Short	*Medium*	*Long*
Leveraging AMIA Resources • Member volunteers • Member expertise • Communications channels • Symposium/ Conferences • Research Findings • Collaboration tools • Board feedback • Staff *Collaborating with other organizations and networks* • e.g, NBRC, HIMSS, OSG, ONC *Stakeholders* • Health Professionals • Patients/consumers • Healthcare organizations • Technology vendors • Policy makers *Leveraging support from external sources* • e.g., funding from NLM, AHRQ	*Health Professional/System Workstream* • 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* • 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* • 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* • 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* • 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* • 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* • AMIA 25x5 Pitch Event • Clarified 25x5 priorities for vendors • HIT industry roadmap collaboratively defined *Policy/Advocacy Workstream* • 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* • 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* • 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* • 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* • HIT industry roadmap circulated to advance documentation burden reduction across HIT *Policy/Advocacy Workstream* • 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* • 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* • 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* • 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* • 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* • 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* • 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* • Recognition program established for demonstrating a measurable positive impact on documentation burden • AMIA recognized as a national leader and members utilized as resources on burden reduction in health systems • AMIA 25x5 Task Force work cited in other burden reduction efforts • Scholarship and research emerge leading to accepted best practices • AMIA/25x5 top result and lead resource for online and social media searches related to documentation burden • Improved internal communication among members and increased stakeholder awareness and participation • Usage of communication/engagement online platform by external partners and stakeholders • Stakeholder perceptions of reduced documentation burden in past 5 years

Assumptions
• Available and validated measurements for burden are limited
• Science behind methods to measure documentation burden is evolving
• Quantifying value-add documentation versus non-value add 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)

National
• *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
• *Health Professional/System:* Financial and operational needs; governance structures; informatics resources and expertise; pandemic and other priorities; regulatory requirements

Item #	Planned Activities/Event	Completed (Y/N)	Workstream Responsible
1	Literature review of documentation burden efforts accepted for publication		Impact
2	Publication of Health Professional/System Toolkit	Y	Health Professional/System
3	National Collaborative of health professional/system organizations established		Health Professional/System
4	AMIA 25x5 Pitch Event	Y	Technology Requirements
5	Clarified 25x5 priorities for vendors	Y	Technology Requirements
6	HIT industry roadmap circulated		Technology Requirements
7	Advocate for funding for documentation burden research		Policy/Advocacy
8	Peer-reviewed publication on Definition of Burden		Impact
9	Peer-reviewed publication on systematic reviews of surveys of clinician perceived burden		Impact
10	Establish plan to measure rate in which burden reduction initiatives are incorporated into hospital strategic plans		Impact
11	Utilization of communication/engagement online platform	Y	AMIA staff
12	Development of a Pulse Survey of clinician perceptions of burden		Impact
13	Recognition program established for demonstrating a measurable positive impact on documentation burden		Health Professional/System & Technology Requirements
14	Challenge executed focused on using AI/ML to reduce documentation burden		Technology Requirements
15	Funding organization(s) initiate consideration of documentation burden as strategic priority for external research funding	Y	Policy/Advocacy
16	MESH terms created for documentation burden		Impact
17	25x5 social media campaign hosted annually during AMIA Symposium	Y	AMIA staff
18	AMIA/25x5 top results on search engines for searches related to documentation burden		AMIA Staff
	Total achieved (n / 18)		

■ Impacts   ■ Funding   ■ Utilization and engagement   ■ Burden as an organizational strategic initiative   ■ Perception of documentation burden

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 organizations	Count of resources/assets shared across sites	Health Professional/System
24		Funding organization(s) identify/assert documentation burden as strategic priority for external research funding with RFP	Total dollars available for research funding	Policy/Advocacy
25		Establish baseline data of burden reduction initiatives incorporated into hospital strategic plans	Baseline percent of health systems/provider organizations sampled that have a burden reduction initiative in strategic plan	Impact
26		Breadth of social media presence	Count of platforms posted on; Count of posts and re-posts; Count of engagement during Symposium Social Media Campaign, trends over time	AMIA staff
27		Users engaged with communication/engagement online platform	Utilization rates stratified by user type/role; trending of utilization rates overtime	AMIA staff
28		Burden reduction strategies disseminated in Toolkit are established, impactful, and integrated into health systems/provider organizations' efforts to reduce documentation burden	The impact of the toolkit will be assessed using process, outcomes and satisfaction measures	Health Professional/System
29		Processes in place at health systems/provider organizations for on-going burden reduction improvements and mitigation of new burden	Percent of health systems/provider organizations that downloaded toolkit with active burden reduction improvement programs (Evaluation survey)	Health Professional/System
30		Change in policy(s) to reduce or eliminate documentation burden	Count of policy changes with any linkage to 25x5 policy/advocacy efforts	Policy/Advocacy
31		Increase in resources available for documentation burden advocacy , education, and meetings	Count of: internal FTEs available; external organizations providing resources; budget for education and meetings	Policy/Advocacy
32		Administration and validation of national Pulse Survey on clinicians' perceptions of burden	Baseline rates of perceived burden among sampled population; Trend of rates of perceived burden among sampled population	Impact
33		Annual trending of burden reduction initiatives incorporated into hospital strategic plans	Trended percent of health systems/provider organizations sampled that have a burden reduction initiative in strategic plan	Impact
34		Usage of communication/engagement online platform by external partners and stakeholders	Utilization rates stratified by user type/role; trending of utilization rates overtime	AMIA staff
35		Citation of 25x5 work	Count of number of publications citing 25x5	Impact

Impacts   **Funding**   **Utilization and engagement**   **Burden as an organizational strategic initiative**   **Perception of documentation burden**

Item #	Impact	Qualitative Data Source/Method	Research Question	Workstream Responsible (data collection and analysis)
36	HIT Industry Roadmap used to provide direction for vendors to advance documentation burden reduction across HIT	Semi-structured interviews/focus groups with Vendors	How has the HIT Industry Roadmap been used by Vendors?	Technology Requirements
37	Broad dissemination and feedback on definition of Documentation Burden	Responses or commentary	What feedback was received by stakeholders for revisions to definition of documentation burden?	Impact
38	Technological advancements identified in HIT Industry Roadmap contribute to reduced documentation burden	Semi-structured interviews/focus groups with Vendors	What are stakeholder perspectives on the Technological advancements identified in HIT Industry Roadmap?	Technology Requirements
39	Funding organization(s) identify documentation burden as strategic priority for external research funding	Synthesis of published strategic priorities by funding organizations	What aspects of documentation burden were highlighted as priorities for research funding?	Policy/Advocacy
40	Stakeholder perceptions of reduced documentation burden in past 5 years	Semi-structured interviews/focus groups with Stakeholders	How has documentation burden changed in the past 5 years?	Impact

🟪 **Impacts**   🟦 **Funding**   🟧 **Utilization and engagement**   🟨 **Burden as an organizational strategic initiative**   🟩 **Perception of documentation burden**