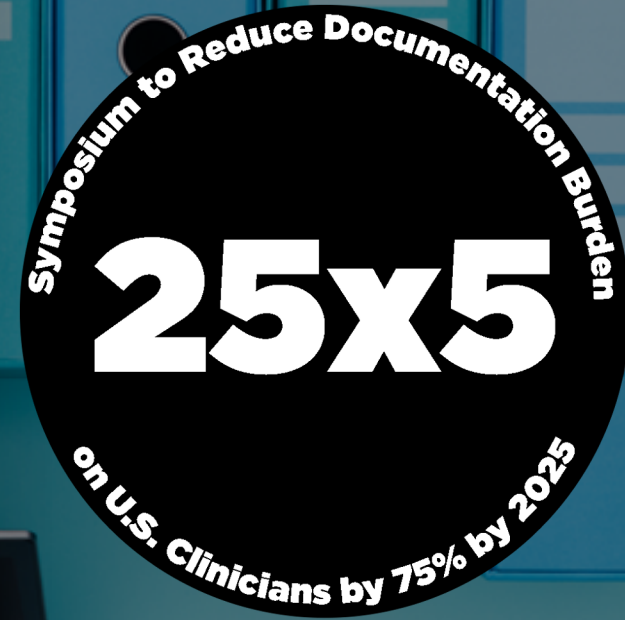


<https://www.dbmi.columbia.edu/25x5/>

# 25 by 5: *Symposium to Reduce Documentation Burden on US Clinicians by 75% by 2025*

January 15, 2021 – February 19, 2021



#25x5



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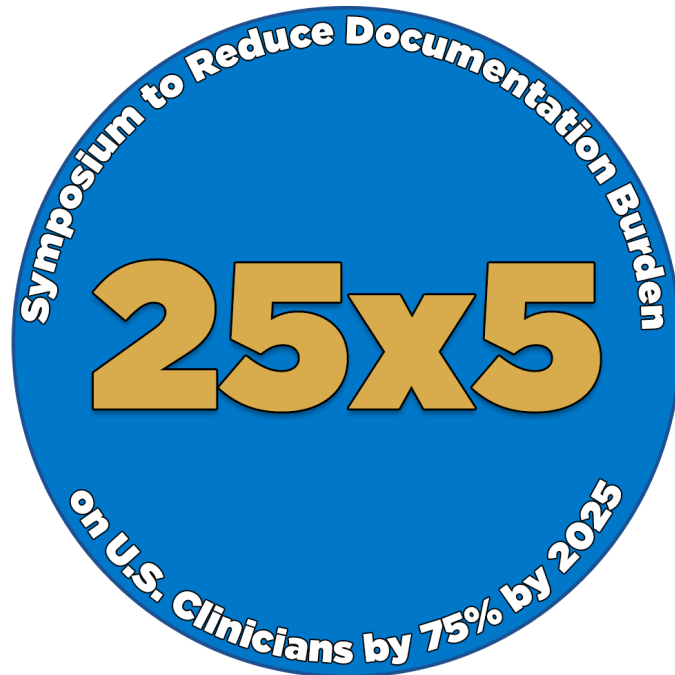
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**Sarah Collins Rossetti, RN, PhD, FACMI, FAMIA**  
Assistant Professor of Biomedical Informatics and Nursing  
Columbia University



**S. Trent Rosenbloom, MD, MPH, FACMI**  
Professor and Vice Chair of Faculty Affairs  
Departments of Biomedical Informatics, Internal Medicine & Pediatrics  
Vanderbilt University



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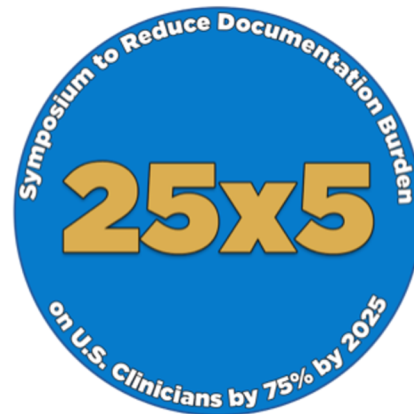
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## 25 By 5: Symposium to Reduce Documentation Burden on U.S. Clinicians by 75% by 2025

The overall symposium goal is to establish strategies and approaches to reduce clinician documentation burden on US clinicians to 25% by 2025.

Specific meeting goals include: 1) Engage a diverse group of key stakeholders and leaders focused on reducing documentation burden 2) Assess the likely potential for burden reduction within categories of documentation burden, including identifying 'low hanging fruit' for 'quick wins' without adversely impacting quality or access to care 3) Establish approaches for immediate (<3 months) and short-term (6 months) reduction in clinical documentation burden 4) Generate approaches to longer term (10 years) elimination of clinical documentation burden. Attendees are expected to commit to furthering the mission of reducing clinician documentation burden by leading and raising awareness of the outputs, action items, and initiatives that result from this symposium series.

If you have any questions or wish to join our listserv, please send your name, institution and email address to [25by5@lists.cumc.columbia.edu](mailto:25by5@lists.cumc.columbia.edu).



Funded by the National Library of  
Medicine (1R13LM013581-01)

Includes –

- Agenda
- Background and Funding info
- Relevant Readings
- Access to Listserv
- Archived Video Presentations
- Slide Decks

# Principles of Engagement



Leverage technology and existing data inputs where appropriate (e.g., reduce re-documentation of items already captured during other intake processes)

No erosion of care standards (e.g., quality, safety, value, efficiency, access, etc.)

Maximize clarity of proposed rules to minimize misinterpretation by health systems and providers

No wholesale shifting of work from one clinician to another clinician: seek to eliminate unnecessary documentation all together

# Agenda

**Jan 15, 2021**

## **Session 1: Introduction & Current Challenges Related to What We Document**

- Keynote Panel + QA: Policy and Reimbursement Issues
- Keynote Panel: Clinical Practice and Documentation Issues
- Summarization & Prioritization of Challenges/use audience polling

**Jan 22, 2021**

## **Session 2: Current Challenges Related to How We Document**

- Keynote Panel 1 + QA: Data Entry Challenges
- Keynote Panel 2 + QA: Alternative Data Entry
- Summarization & Prioritization of Challenges/use audience polling

**Jan 29, 2021**

## **Session 3: Exemplars and Key Successes**

- Exemplars panel Parts 1 and 2, + Discussion

**Feb 5, 2021**

## **Session 4: Emerging and Future Innovations as Solutions**

- Moderated Panel Discussion: What is the Job of Documentation in the Future?
- Industry Panel Discussion - What are the solutions coming out of industry?
- Review of COVID-19 Survey

**Feb 12, 2021**

## **Session 5: Reactor and Prioritization Session for Actions**

- Breakout Sessions to identify actions based on prior sessions and prioritize as short-term, medium term, long-term actions

**Feb 19, 2021**

## **Session 6: Plenary Panel on Insights for Action**

- Plenary Speaker for convergent actions
- Plenary Panel: Insights for Action – report out from session 5
- Stakeholder Engagement with Identified Actions using audience polling

# Attendee Requests

Please put your full name in Zoom. Your Twitter handle too.

Please use the chat functionality for discussion and questions

Please mute yourself

Please use gallery

Tweet in real time and between session - using hashtag #25x5

Everybody's contributions and chats will be archived and made available to the 25x5 community – pass it along!

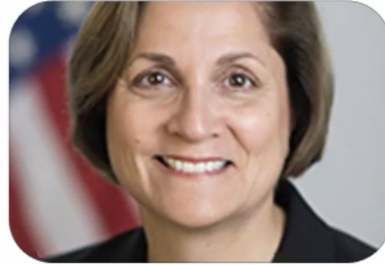


Credit: YouTube

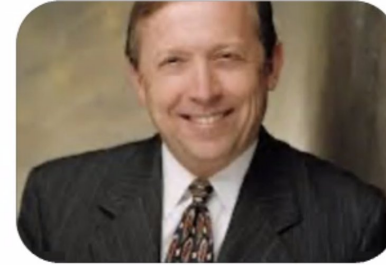
# PANEL 1: 10-minute talks about Policy & Reimbursement Issues



ONC Cures Act Final Rule & Challenges Tackled  
Andy Gettinger, ONC



Documentation Requirements: Balancing Quality, Safety and Program Integrity  
Mary Greene, CMS



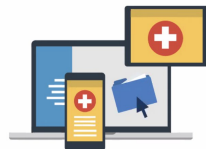
Quality Measurement for Ranking vs Change - Implications on Expense & Burnout  
Brent James, Stanford University

2 Presentation

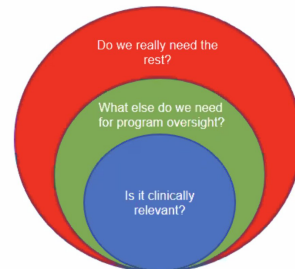


## Office of the National Coordinator for Health IT (ONC) - Mission

- In the HITECH Act, ONC's two missions are to run the **Certification Program** for health IT developers to ensure software meets the technological capability, functionality, and security requirements adopted by HHS and to **coordinate on Health IT** across healthcare.
- 21<sup>st</sup> Century Cures enhanced ONC's mission:
  - Report on Reducing Clinician Burden
  - Information Blocking Exceptions
  - Technical specifications for enhancing interoperability



## Streamlining and Making CMS Documentation Requirements More Accessible



What requirements do we need?

How can the medical community find them?

Documentation Requirements: Single Source of Truth

6



Berwick, D.M., James, B.C., and Coye, M. The connections between quality measurement and improvement. *Medical Care* 2003; 41(1):30-39 (Jan).

## PANEL 2: 10-Minute Talks about Clinical Practice & Documentation Issues



Nursing Documentation  
& Med Rec  
Sharon Kirby, CNIO Mayo Clinic



Cognitive Burden of  
Documentation  
Sherri Hess, CNIO Banner Health



Diversity, Equity & Inclusion  
Documentation Considerations  
Kenrick Cato, Columbia University

Documentation reduction

Standardized terminologies and datasets

Automation

**Future Model for Nursing Documentation: Extinction**  
Linda Harrington, PhD, DNP, RN-BC, CNS, UIC, CPHQ, CENP, CPHIMS, FHIMS  
Are electronic health records a documentation system or a database? Find out how and why nursing documentation will become extinct in the digital age.

Medical documentation: Part of the solution, or part of the problem? A narrative review of the literature on the time spent on and value of medical documentation  
Neil Clyne, John Kallett, PA-CC

**Language Barrier: Getting Past the Classifications and Terminologies Roadblock**  
by Keith E. Campbell, MD, PhD, and Kathy Giannangelo, MA, RHIA, CCS  
Health IT is bogged down in a quagmire of unaligned classification and terminology systems. New recommendations from AHIMA and AMIA help point to the way out.

### Why Do We Document?

- Communication
- Legal
- Reimbursement
- Regulation and legislation
- Research
- Quality process & performance improvement

ANA's Principles for Nursing Documentation: Guidance for Registered Nurses, 2010

5

How **different** would the documentation be if it were written from the **patient's perspective?**



**S. Trent Rosenbloom** @trentrosenbloom · Jan 15

...

The #25x5 conference is being conducted by Zoom, with an active chat ongoing. Currently, there's a really interesting conversation about the importance of the problem list for clinical care vs creating burden. All chats are being moderated & captured for later review & sharing.



**S. Trent Rosenbloom** @trentrosenbloom · Jan 15

...

There is also a lot of discussion about the large numbers of quality measures and other metrics that the EHR is used to generate, which adds substantial burden to providers. #25x5

# One last thing before we start today ... your homework

Draft Sessions 5&6 Breakout Topics:

- Breakout Topics:
  - Reimbursement
  - Regulatory
  - Quality
  - Usability
  - Interoperability/Standards
  - Self-Imposed (by the healthcare organization)

are these right?



# What's Coming in Session 2

Friday, January 22, 2021

1-3pm ET

Current Challenges Related to  
*How We Document*

- Panel 1: Data Entry Challenges
- Panel 2: Alternative Data Entry
- Format similar to Session 1

