National Academy of Medicine
Action Collaborative on
Clinician Well-Being and Resilience

Reducing Documentation and Administrative Burden
Monday, January 31, 2022
10:00 AM – 1:00 PM ET

BACKGROUND READINGS

1. **Allocation of Physician Time in Ambulatory Practice: A Time and Motion Study in 4 Specialties** – **Sinsky et al., 2016**
   For every hour physicians provide direct clinical face time to patients, nearly 2 additional hours is spent on EHR and desk work within the clinic day. Outside office hours, physicians spend another 1 to 2 hours of personal time each night doing additional computer and other clerical work.

2. **Tethered to the EHR: Primary Care Physician Workload Assessment Using EHR Event Log Data and Time-Motion Observations** – **Arndt et al., 2017**
   Primary care physicians spend more than one-half of their workday, nearly 6 hours, interacting with the EHR during and after clinic hours. EHR event logs can identify areas of EHR-related work that could be delegated, thus reducing workload, improving professional satisfaction, and decreasing burnout. Direct time-motion observations validated EHR-event log data as a reliable source of information regarding clinician time allocation.

3. **Reduce Burnout by Eliminating Billing Documentation Rules to Let Clinicians be Clinicians: A Clarion Call to Informaticists** – **Ozeran and Schreiber, 2021**
   Although clinician burnout has many root causes, this perspective focuses on the root cause the authors believe is most amenable to an informatics solution. Burdensome documentation required for billing robs time from the clinical encounter and augments clinicians' feelings of powerlessness and a low sense of personal accomplishment. The administrative billing rules force highly trained professionals to perform tasks that (1) are unnecessary to practice their profession, and (2) could be performed by someone else, so it is no surprise that clinical professionals are disconnected from their goals and unhappy about it. Because billing documentation rules are so embedded in our health care system, there is no easy solution. This perspective proposes a path to success that does not presume the details of the final answer.

4. **Putting Patients First by Reducing Administrative Tasks in Health Care: A Position Paper of the American College of Physicians** – **Erickson et al., 2017**
   The paper outlines a cohesive framework for analyzing administrative tasks through several lenses to better understand any given task that a clinician and his or her staff may be required to perform. In addition, a scoping literature review and environmental scan were done to assess the effects on physician time, practice and system cost, and patient care due to the increase in administrative tasks. The findings from the scoping review, in addition to the framework, provide the backbone of detailed policy recommendations from the ACP to external stakeholders (such as payers, governmental oversight organizations, and vendors) regarding how any given administrative requirement, regulation, or program should be assessed, then potentially revised or removed entirely

- **Patients Before Paperwork** is an ACP initiative designed to reinvigorate the patient-physician relationship by challenging unnecessary practice burdens.

5. **Electronic Health Record Optimization and Clinician Well-Being: A Potential Roadmap Toward Action** – **Shah et al., 2020 (NAM Perspectives Paper)**
EHR optimization relies on human factors engineering, a science that considers the benefits and fallibility of human interaction with a system. Optimization requires a tailored, multipronged strategy that incorporates an organization's clinician-identified pain points, clinical informatics and technology resources, and clinician and leadership buy-in. This paper provides strategies to help health care organizations embark on their EHR optimization journey toward improved patient care and clinician well-being.

6. **Final Report Delivers a Strategy to Reduce EHR Burden** – **Gettinger and Mason, 2020 (ONC Blog Post)**
This is an overview of the U.S. Department of Health and Human Services (HHS)'s comprehensive strategy to reduce the regulatory and administrative burden related to the use of health IT, including EHRs. Reflective of public comment, the Strategy on Reducing Regulatory and Administrative Burdens Relating to the Use of Health IT and EHRs targets burdens tied to regulatory and administrative requirements that HHS can directly impact through the rulemaking process. The report's strategies, recommendations, and policy shifts aim to give clinicians more time to focus on what matters – caring for their patients. The report is a collaborative effort between ONC and the Centers for Medicare & Medicaid Services (CMS).