

Position Statement
on
Electronic Documentation and Administrative Burdens
(Approved by the Board of Directors: November 2, 2019;
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Dermatologists face significant challenges to the provision of the highest quality skin care due to ever-increasing insurer and regulatory requirements for electronic documentation. The Academy supports workflows and technological solutions that enable efficient and meaningful documentation, data interoperability, and a healthcare infrastructure that champions excellent, data-driven, patient-centered care. However, electronic documentation standards must be balanced with practices faced with financial strain as well as physicians at risk for burnout.

The Academy has thus formulated a series of principles to support alleviating clinical documentation and administrative burdens amongst dermatologists:

Documentation Burden

1. The burden of documentation placed on dermatologists should never detract from care and effective treatment of patients.
2. Government officials, third-party payer representatives, and all other interested parties need to recognize that poorly designed documentation requirements and administrative burdens directly produce and/or aggravate professional burnout in physicians.
3. Electronic documentation of the medical record was intended to provide an opportunity for enhanced patient care through interoperability, but the documentation efforts for routine patient encounters should not be a burdensome component of those encounters.
4. For routine patient encounters, the physician's role should be to spend the majority of a patient encounter face-to-face with the patient and providing treatment.

Documentation for quality measures should be directed toward efforts that are feasible within the constraints and demands of a clinical practice setting.

Interoperability

1. Medical records that are intended for medical professional end-users should be well-organized, pertinent to care, and succinct.
2. Medical records that are intended for patients should incorporate structured data that facilitates care with current or future physicians and providers.
3. EHR (Electronic Health Record) developers should prioritize practicing-physician input from the earliest stages of coding and development of EHR systems, so that unnecessary clicks and steps and poorly refined workflow processes are eliminated; moreover, post-release individual-user EHR customization and training should be a programming priority for EHR developers.
4. An interoperable universe for medical records is facilitated by the transparent sharing of medical data and information through a common programming language organized with structured data elements but with the capability to also share unstructured notes and images. Additionally, information that is shared should be up-to-date and accurately reflect a patient's current circumstances and condition.

Healthcare infrastructure

1. Healthcare is rendered best within a stable infrastructure and delivery system, and thus, government and commercial entities should be judicious when instituting changes or adding additional regulations.
2. Healthcare is rendered best when government and commercial entities respect physician time and reduce administrative burdens.