

# Getting Time Back in Your Day!

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## Implementing a Multi-Faceted Approach to Optimizing Epic in the Ambulatory Setting

**Presenters:**

**Dr. Jeff Tokazewski**

**Carole Rosen**

**Shane Thomas**

# Getting Time back in Your Day!

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# Speaker Disclosure

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- ◆ The following speaker(s) have no relevant financial relationships to disclose:
- ◆ **Jeffrey Tokazewski, MD**
- ◆ **Carole Rosen**
- ◆ **Shane Thomas**

# Goals & Objectives

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- ◆ **Goal is to demonstrate how Penn Medicine**
  - Implements a sustainable infrastructure to optimize provider and clinical support staff use of Epic
  - Identifies opportunities to decrease EHR documentation burnout
  - Impacts provider satisfaction through EHR education optimization
- ◆ **Learning objectives for participants:**
  - Ability to create an EHR optimization strategy for their respective institutions
  - Receive detailed guidance about how to identify optimization opportunities through data and observations, developing an assessment and recommendations, creating education materials, and implementing an optimization plan
  - Identify key players needed for the implementation of an optimization plan, methods to educate end users, and how to measure success

# Penn Medicine

**University Pennsylvania Health System**  
 6 Hospitals, 2 Physician Group | 135,000+ Patient Admits per Year | 3,000,000+ Ambulatory Visits per Year

**Hospital of the University Pennsylvania**  
 791 Beds, 2,008 Physicians  
 34,531 ADULT ADMISSIONS



**Penn Presbyterian Medical Center**  
 375 Beds, 1,205 Physicians  
 17,405 ADULT ADMISSIONS



**Pennsylvania Hospital**  
 796 Beds, 833 Physicians  
 19,207 ADULT ADMISSIONS



**Chester County Hospital**  
 256 Beds, 555 Physicians  
 14,095 ADULT ADMISSIONS

**2013**



**Lancaster General Health**  
 604 Beds, 954 Physicians  
 33,329 ADULT ADMISSIONS

**2015**



**Princeton Health**  
 355 Beds, 1,263 Physicians  
 17,326 ADULT ADMISSIONS

**2017**

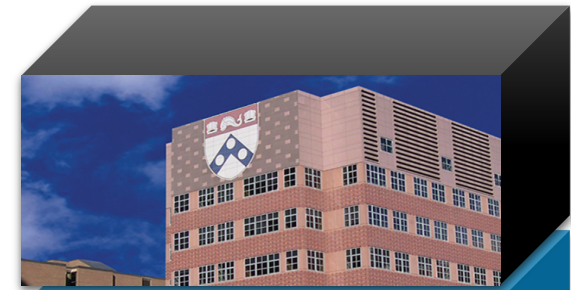


**Clinical Practices of the University Pennsylvania**

**Clinical Care Associates**

**Penn Medicine at Rittenhouse**

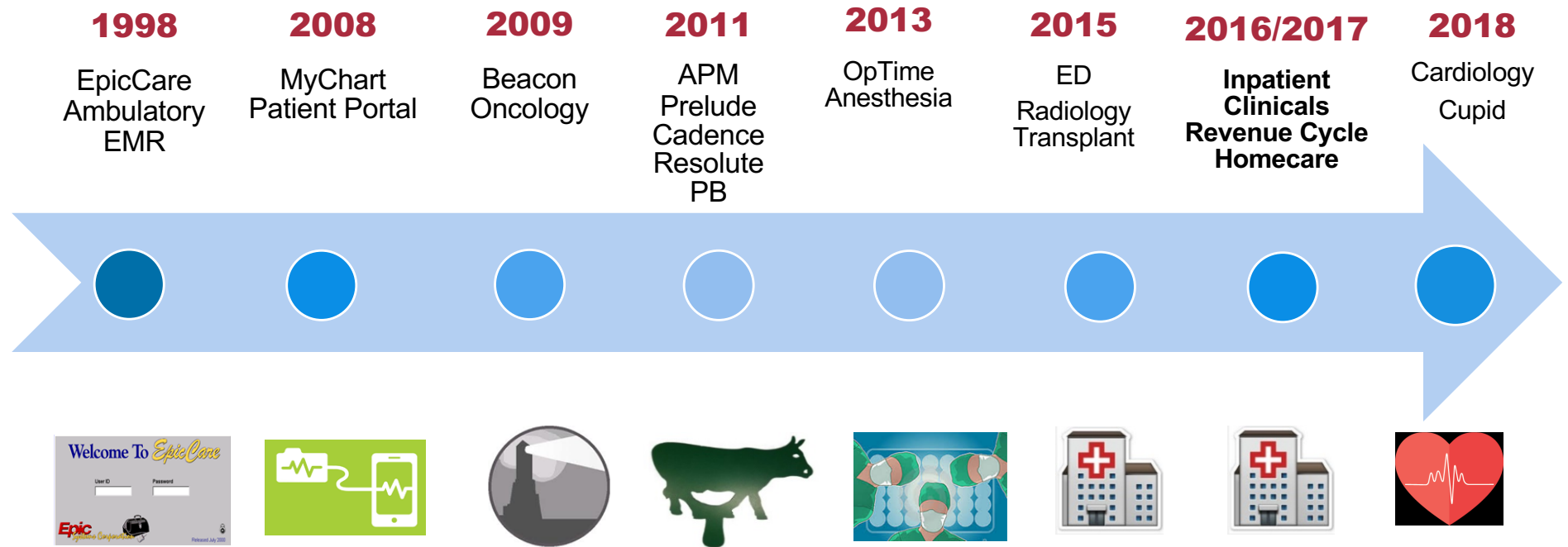
**Penn Homecare and Hospice Services**



**School of Medicine**  
 Founded 1765

#2 in Grant Funding  
 769 MD Students  
 820 MD / PhD Students  
 731 Postdoctoral Fellows  
 1,331 House Staff

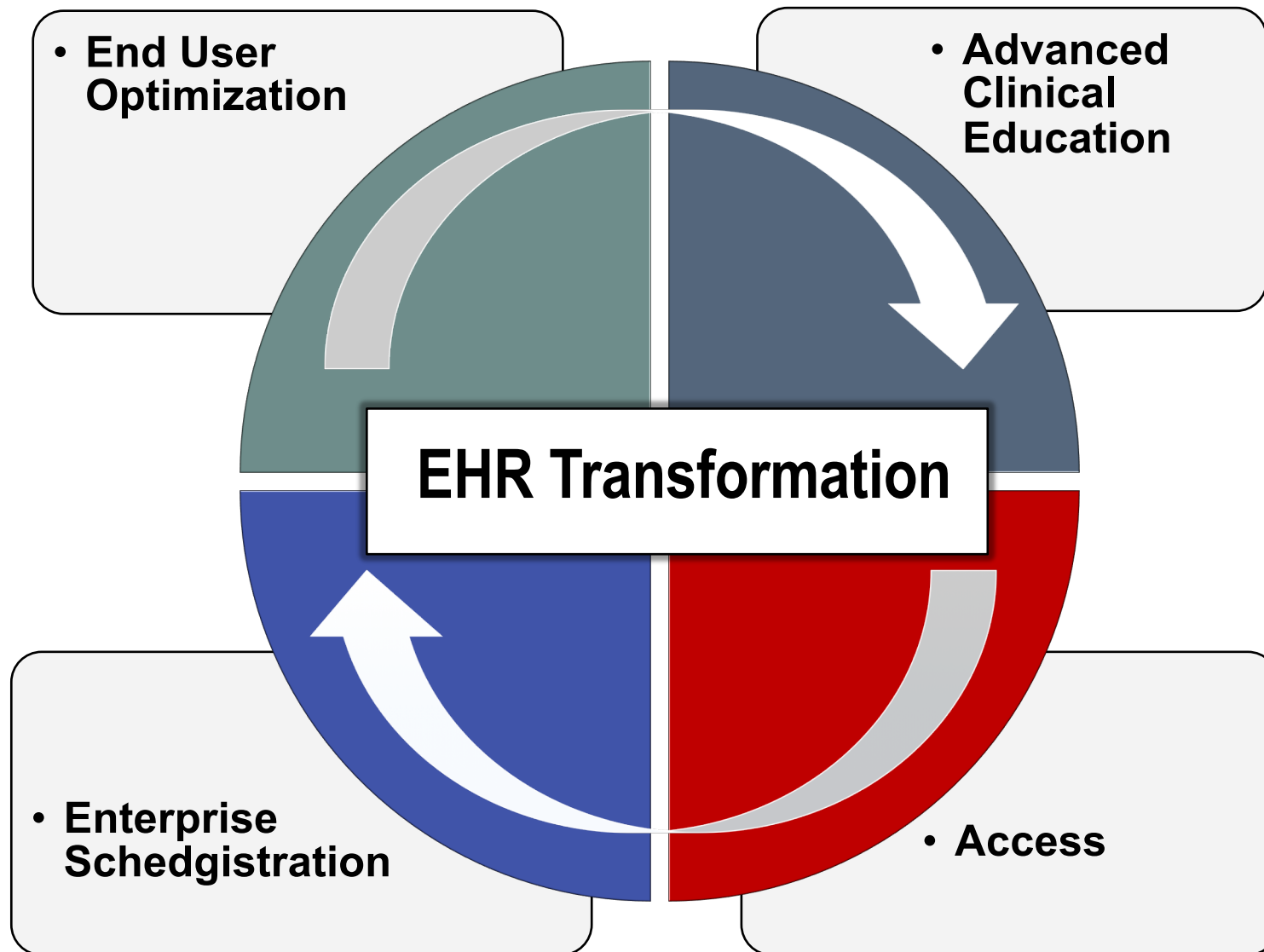
# Epic History at Penn Medicine



# EHR Transformation Overview

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# EHR Transformation Key Focus Areas





# Transformation Partners

## PennChart IS

### *What can we do ?*

- Technical capabilities within systems
- Penn specific system configuration
- EPIC/vendor best practices
- Reliability/resiliency

## Clinical Informatics

CMIO & Nursing Informatics

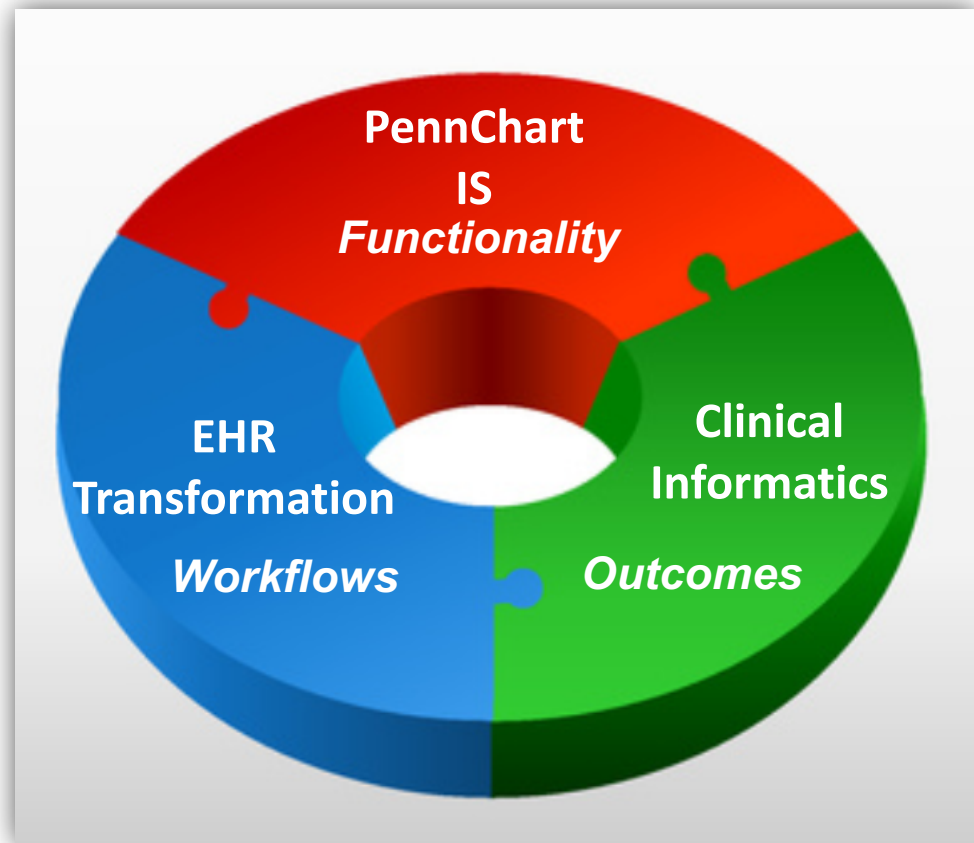
### *What should we do?*

- Establish Clinical Standards
- Clinical process Improvement
- Improve outcomes through technology

## EHR Transformation

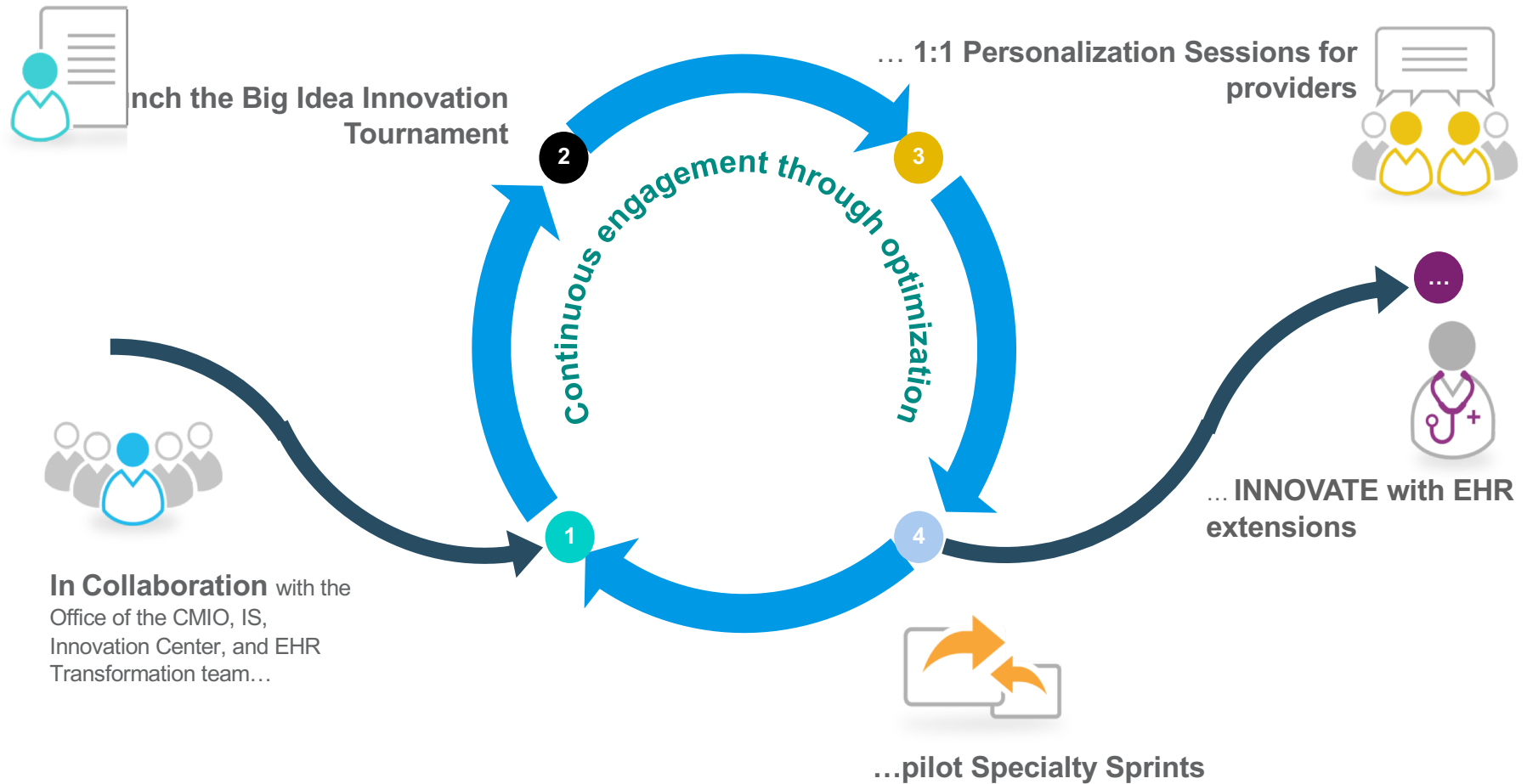
### *How do we use it best?*

- Optimize operational workflows through advanced education and technology
- Enterprise Program Strategy & Adoption
- Access, Quality Incentives, Schedgistration



# The EHR Optimization Campaign

## Empowering Providers to Make Change



# CCA Overview

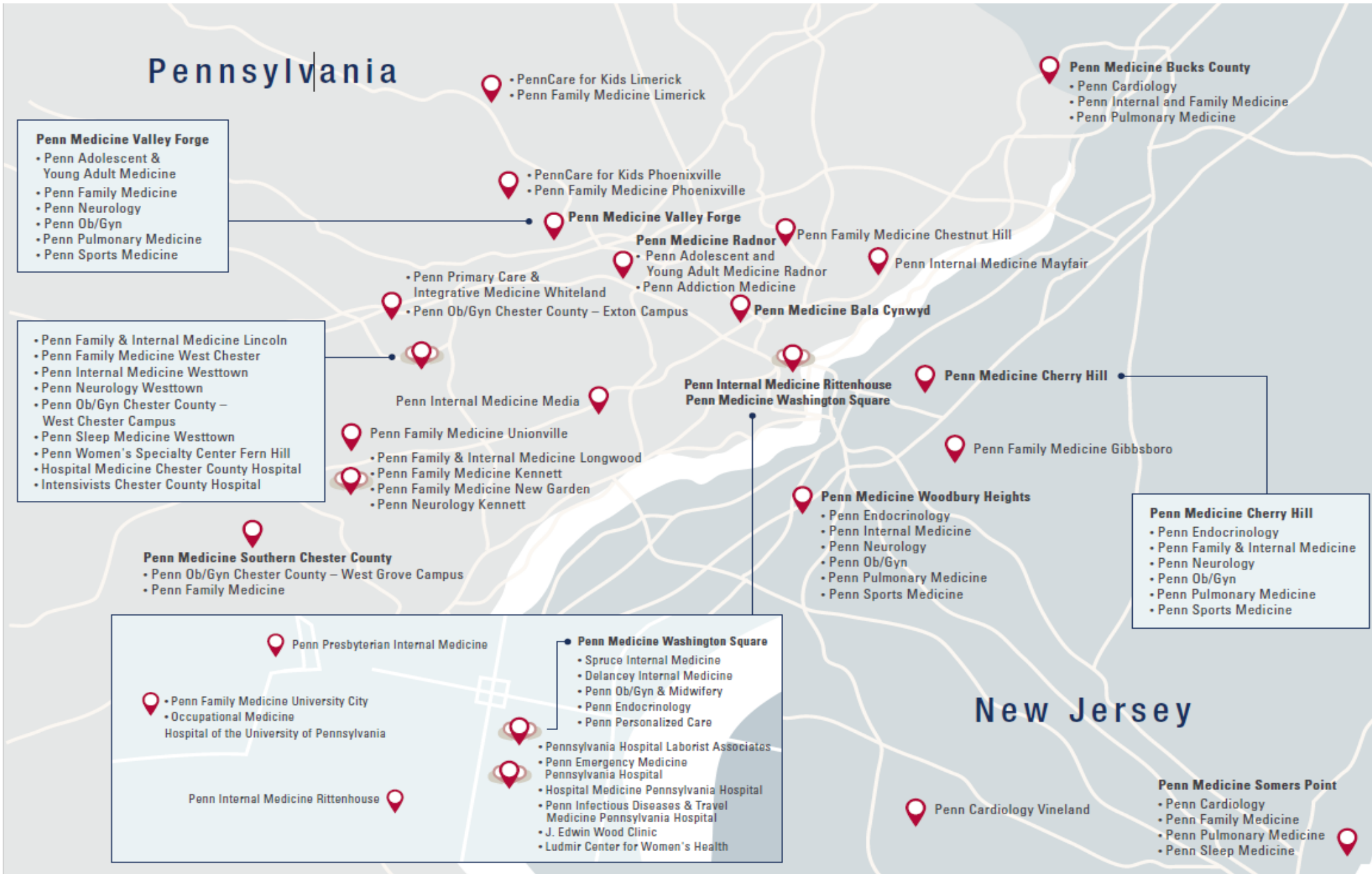
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# CCA (Clinical Care Associates)

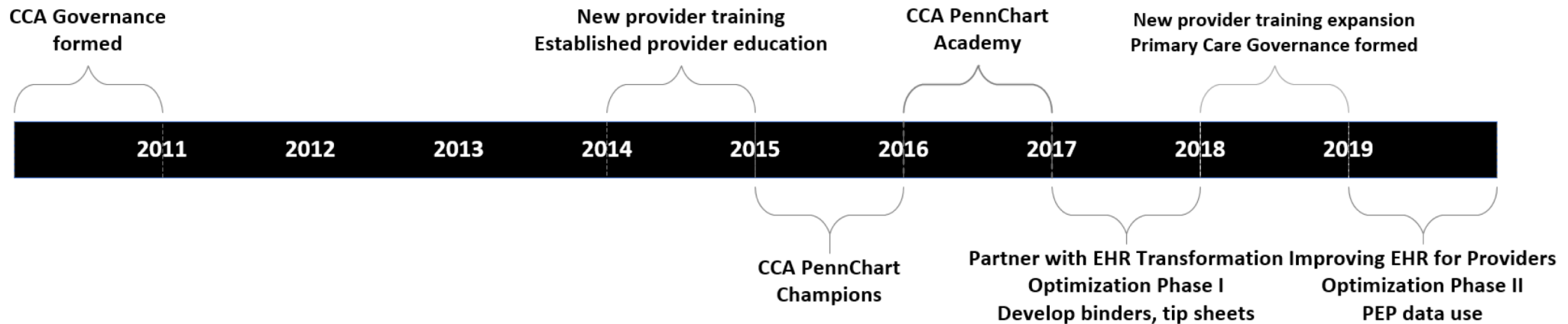
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- ◆ Large primary care network across SE Pennsylvania and southern NJ.
- ◆ 32 primary care practices, 33 specialty departments (single- and multi-specialty).
- ◆ Practice size range: Solo physician to 180,000 sq ft clinic.
- ◆ 343 providers:
  - 70% physicians
  - 20% nurse practitioners
  - 5% physician assistants
  - 5% midwives
- ◆ 829,000 ambulatory visits in 2018.

# CCA Practice Locations



# Evolution of CCA Optimization



# Optimization – The Approach

## Govern and Prioritize

- Establish governance
- Identify operational leadership accountabilities
- Develop strategic priorities
- Identify success metrics

## Shadow and Analyze

- Identify roles to be shadowed, pathways and communication structures
- EHR education consultants shadow on units / in departments
- Identify Opportunities
  - Workflow and process
  - Build / technical optimization
  - Education optimization

## Recommend and Plan

- EHR Education consultants consolidate all observations
- Develop recommendations:
  - Build requests (submit tickets)
  - Changes in operational workflow
  - Education and optimization efforts
- Present to governance / operational approval
- Develop curriculum

## Educate and Optimize

- EHR Transformation / Operational leadership develop timeline for education optimization
- **Tools:**
  - Workshops / Lunch and learns
  - Shoulder-to-shoulder 1:1 sessions
  - Tip sheets / Micro learnings
  - Smart Bars
  - Measure Success

Establish Governance ■ Set Strategic Priority ■ Shadow and Analyze ■ Educate and Optimize

# Guide to Optimization

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## ◆ Discovery

- Step 1: Identifying the Need
- Step 2: Creating an Infrastructure
- Step 3: Developing an Assessment

## ◆ Execution

- Step 4: Providing a Recommendation and Obtaining Approval
- Step 5: Implementing the Plan

## ◆ Sustainment

- Step 6: Evaluating Success
- Step 7: Ongoing Efforts/Phase 2, 3, etc.



# Step 1: Identifying a Need

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# The Modern Physician?



# How do we identify the need for optimization?

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## ◆ Literature on provider burnout

### JAMA Internal Medicine

- Association Between Physician Burnout and Patient Safety, Professionalism, and Patient Satisfaction

### HealthAffairs

- Physician Burnout Is A Public Health Crisis – A Messages To Our Fellow Health Care CEOs

*Understanding that provider well being impacts patient satisfaction, time allocation for preventative health practices, medical error rates, patient outcomes, work/life balance, and tenure at their institution*

*EHR Contribution to Burnout – inefficient usability, shifts in documentation workload, increased regulatory documentation, impact on interpersonal interactions*

# How do we identify the need for optimization?

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- ◆ **CCA senior administration focus: Quality, safety, and prevention of provider burnout**
- ◆ **Metrics**
  - Closing office visit encounters within 72 hours
  - Reviewing and addressing In Basket Results messages
  - Total time providers are spending in Epic

## Step 2: Creating an Infrastructure

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# Creating or Leverage an Infrastructure

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## ◆ Evaluate current state

- How are Epic optimization requests addressed in the department today?
- Existing governance structure or need to develop one?

## ◆ Existing governance

- Add EHR optimization representative to committee who will facilitate optimization education, workflow redesign, Epic build enhancements, and connect department to resources required to complete requests

## ◆ New governance

- Create a charter and define goals
- Identify members (clinical chair, IT representation, facilitator, clinical and operational representatives from department)
- Determine meeting logistics (dates/times, equipment, location)

# Governance Responsibilities

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## Requirements:

- 1. Dedicated clinical and IT chair(s)
- 2. Endorsement from leadership to communicate and champion changes
- 3. Participation of clinical, operational, IT, and optimization representatives

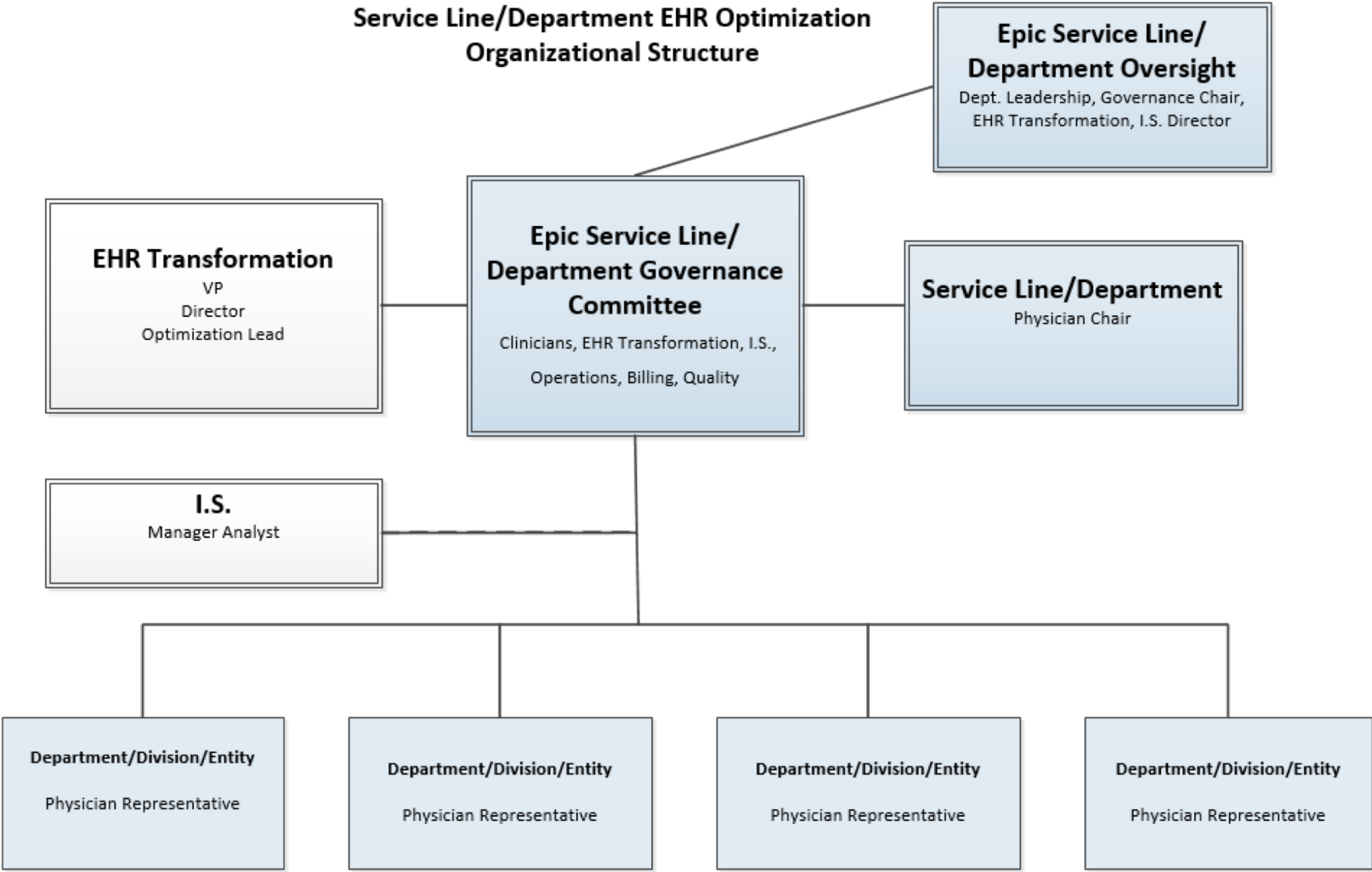
## Responsibilities:

- 1. Review, prioritize, and approve/deny Epic optimization and enhancement requests/projects
- 2. Communicate Epic changes and optimization implementations across to colleagues within the department
- 3. Promote adoption of new enhancements/implementations and engagement within the committee

# Governance Organization Structure



## Service Line/Department EHR Optimization Organizational Structure



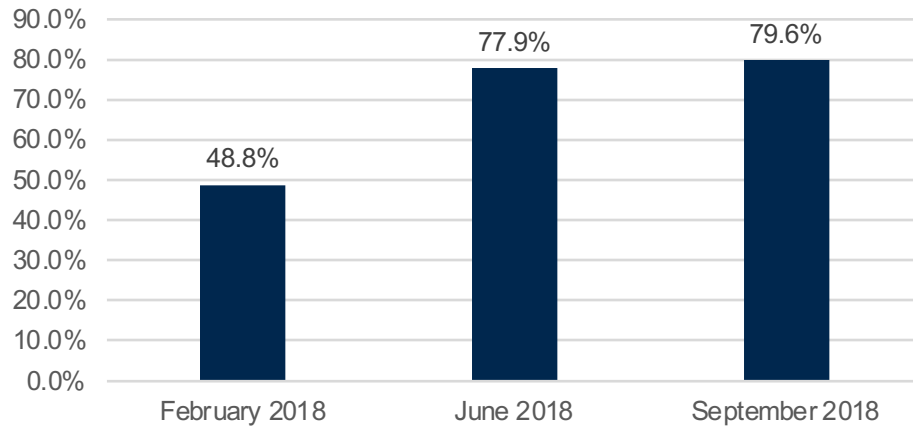


# Step 3: Developing an Assessment

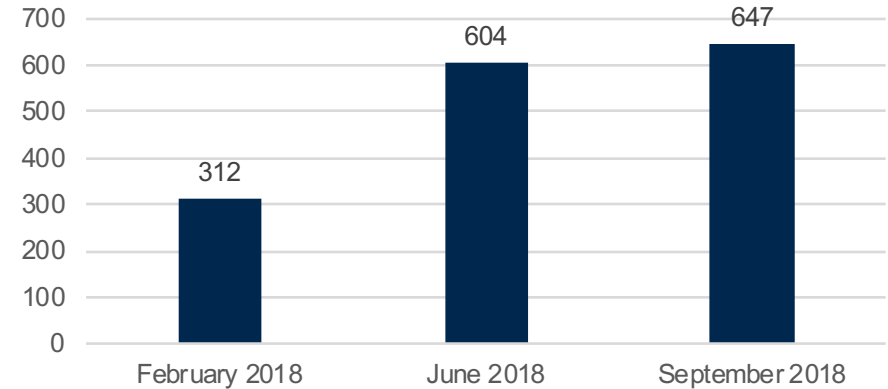
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# Optimization wins!

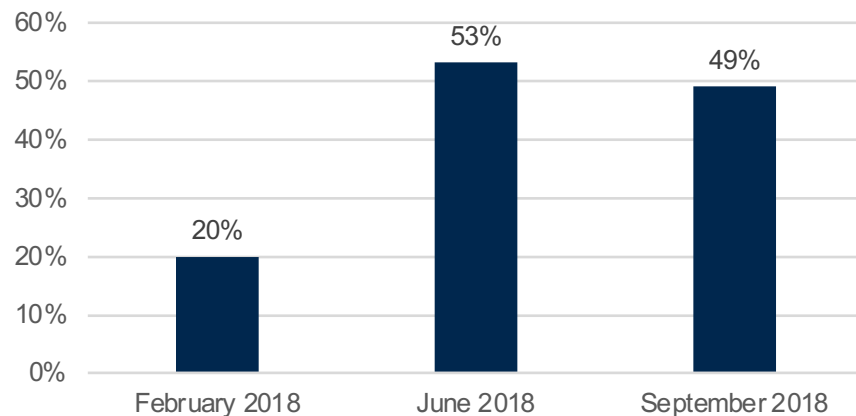
### % Closed Office Visits Same Day



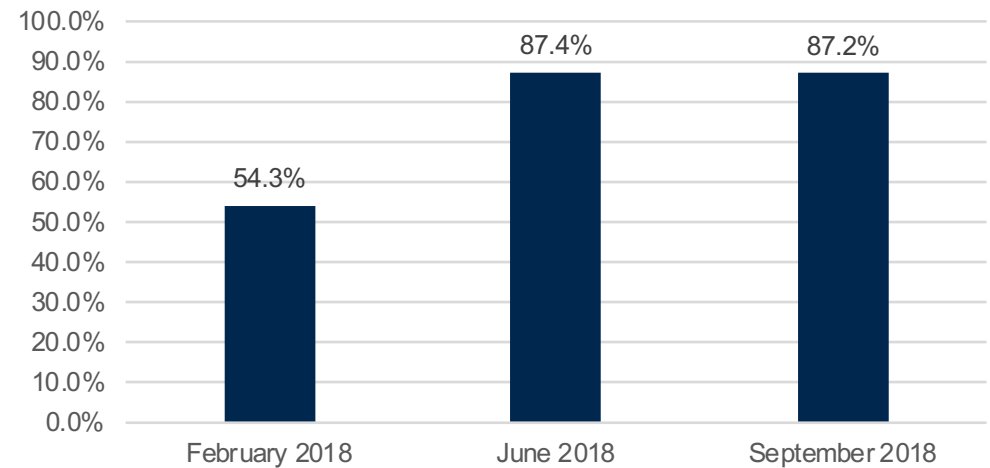
### Total Number of Speed Buttons



### % Results Messages Reviewed Quickly



### % Orders Placed from Preference List or SmartSets



# Discovery: Assessment Process

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## ◆ Shadowing and observations

- Logistics – we shadowed in 14 ambulatory practices over a 3 week period spending 1-3 days in each practice. 8 educators shadowed for a total of 256 hours.
- Provider Efficiency Profile data- we looked at department wide PEP (Signal) data and identified opportunities for improvement
- CCA identified priorities as well:
  - Closing office visit encounters within 72 hours
  - Reviewing and addressing In Basket Results messages
  - Total time providers are spending in Epic
- Developed the assessment

# Summary of CCA Shadowing Observations

## Clinician Knowledge of EPIC

- Notes: Use of Smart tools
- Activities/Navigator: customization, speed buttons, filters, routing
- Communication Management:
- Orders: creating and use of preference lists
- In Basket: Folder Management, Quick actions

## CCA Workflows

- Scope of Practice: MA's and RN's, Workflow redesign.
- Training residents in EPIC each year
- Entering employee flu shots in EPIC
- Medication Reconciliation
- Provider documentation in patient rooms

## Technical/Build Issues

- Request for tap and go
- Dragon
- Room configurations
- Update smart sets
- Communication management templates

# EPIC Overview

Epic Tool	Observation	Recommended Training
<b>Patient Review Tools</b> Chart Review Filters, Routing, Care everywhere/reconciler	<ul style="list-style-type: none"> <li>Limited filters or quick buttons</li> <li>Many unaware of routing</li> <li>Limited knowledge of Care Everywhere/Reconciler</li> </ul>	<ul style="list-style-type: none"> <li>Create Chart Review filters</li> <li>Routing</li> <li>Care Everywhere Overview</li> </ul>
<b>Enhanced Procedure Documentation SmartTools</b> Note Writer, Smart Phrases, SmartLinks & Smart Lists	<ul style="list-style-type: none"> <li>Frequent free texting observed</li> <li>Many providers are not aware of how to create or edit their own Smartphrases</li> <li>Many do not know how to use SmartLinks or SmartLists in their documentation.</li> <li>Many lacking macros for note writer</li> <li>Unaware of pinning note to side bar</li> <li>Documentation from the problem list</li> </ul>	<ul style="list-style-type: none"> <li>Creating a SmartPhrase</li> <li>Creating a Custom SmartLink</li> <li>Saving SmartSets as a favorite</li> <li>Use of Note Writer w/macro's</li> <li>Quick buttons for progress notes</li> <li>Pinning note to side bar</li> <li>Problem based documentation</li> </ul>
<b>Communication Management and In Basket</b>	<ul style="list-style-type: none"> <li>Many providers struggling to manage their folders in In Basket</li> <li>Many providers are not aware of Quick Actions</li> <li>Continued use of Letters Activity vs Communication Management</li> <li>Lacking templates for communication management</li> </ul>	<ul style="list-style-type: none"> <li>In Basket Folder management</li> <li>In Basket Quick Notes and quick actions</li> <li>Customize Communication Management- obtain templates, quick buttons</li> </ul>
<b>Personalizing Penn Chart Workspace</b>	<ul style="list-style-type: none"> <li>Widescreen</li> <li>Speed Buttons</li> <li>Reports available in schedule</li> <li>Use of Med view vs chart review</li> </ul>	<ul style="list-style-type: none"> <li>Customize Activity Buttons</li> <li>Customize Visit Navigator</li> <li>Customize Multi Provider Schedule</li> </ul>
<b>Orders Preference Lists/Medication Reconciliation</b>	<ul style="list-style-type: none"> <li>Providers do not know how to create or edit existing preference lists</li> <li>.Order entry vs meds and orders</li> </ul>	<ul style="list-style-type: none"> <li>Order Preference Favorites</li> <li>Best medication reconciliation workflow Use of meds and orders</li> </ul>
<b>Dragon</b>	<ul style="list-style-type: none"> <li>Many providers would benefit from Dragon</li> <li>Provider not aware they have the ability to create Dragon commands and program the Dragon mic functionality to manual corrections rather than "training" Dragon</li> </ul>	<ul style="list-style-type: none"> <li>Establish work flow to obtain Dragon</li> <li>Creating Dragon Commands to insert notes</li> <li>Programing Dragon Mic with commands (F2, etc)</li> <li>Training Dragon to recognize difficult words, medical terminology etc.</li> </ul>
<b>Haiku/Canto</b>	<ul style="list-style-type: none"> <li>General Education on Haiku/Canto</li> </ul>	<ul style="list-style-type: none"> <li>Handout will be available in Workshop</li> <li>Assistance during STS sessions</li> </ul>

# Step 4: Providing a Recommendation and Obtaining Approval

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# Leadership Presentation

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## ◆ **Included**

- Observations
- Recommendations
- Plan
- Leadership feedback
- Established forums for communication to keep leadership informed of progress

## ◆ **Presented a mock workshop**

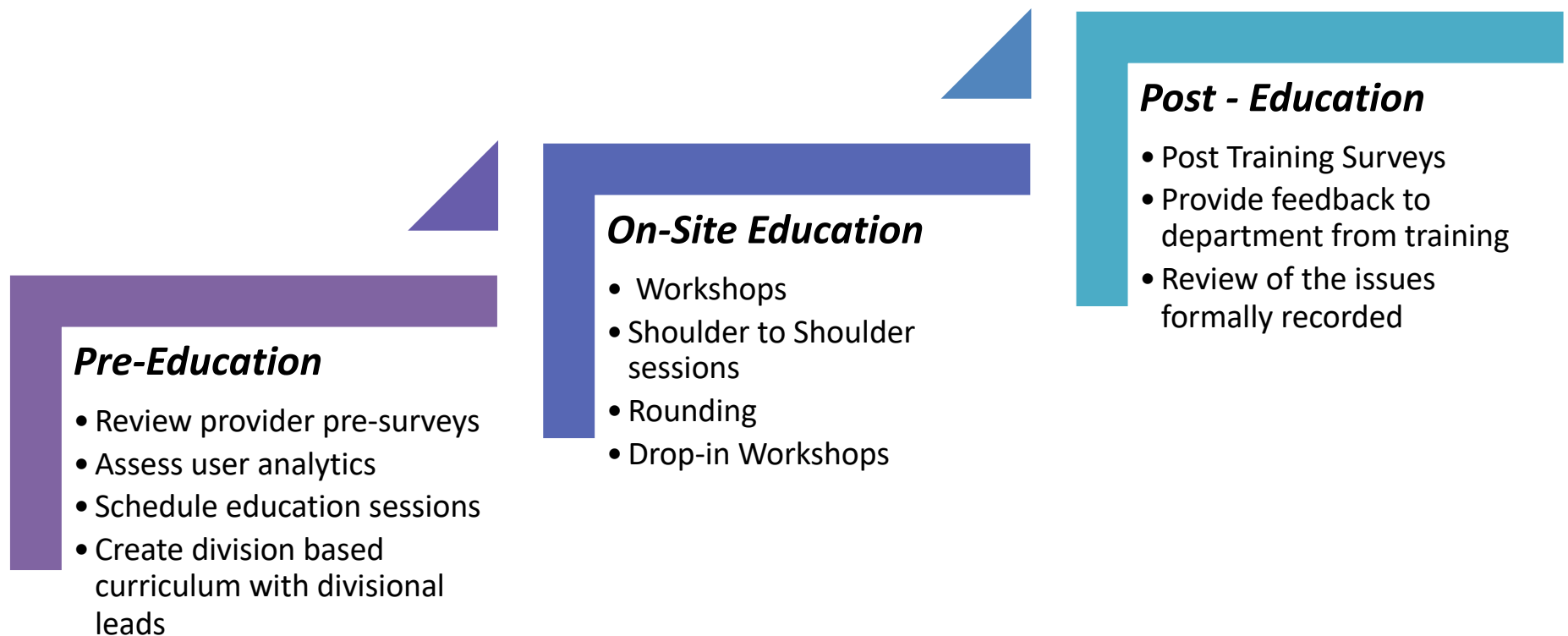
# Step 5: Implementing the Plan

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# Implementing the Plan

- We have developed a systematic process for preparing and customizing educational content for training, engaging with practices, and executing training



# Implementing the Plan

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- We reached over 500 end users to enhance EHR efficiency for both providers and clinical support staff.
- Led over 80 one hour workshops to providers and clinical support staff
- Conducted over 180 one on one shoulder to shoulder sessions with providers

# Step 6: Evaluating Success

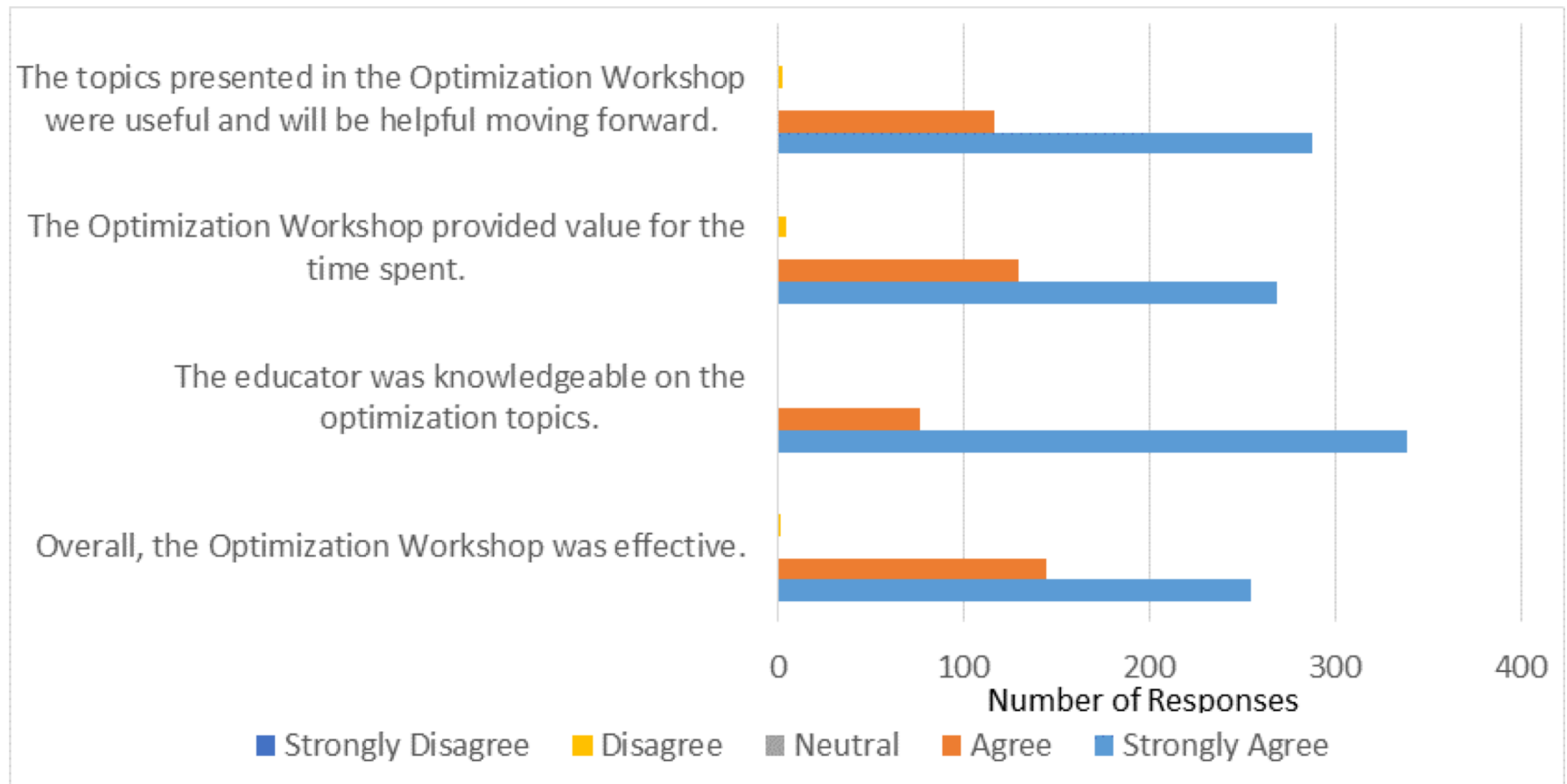
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# How do we measure success?

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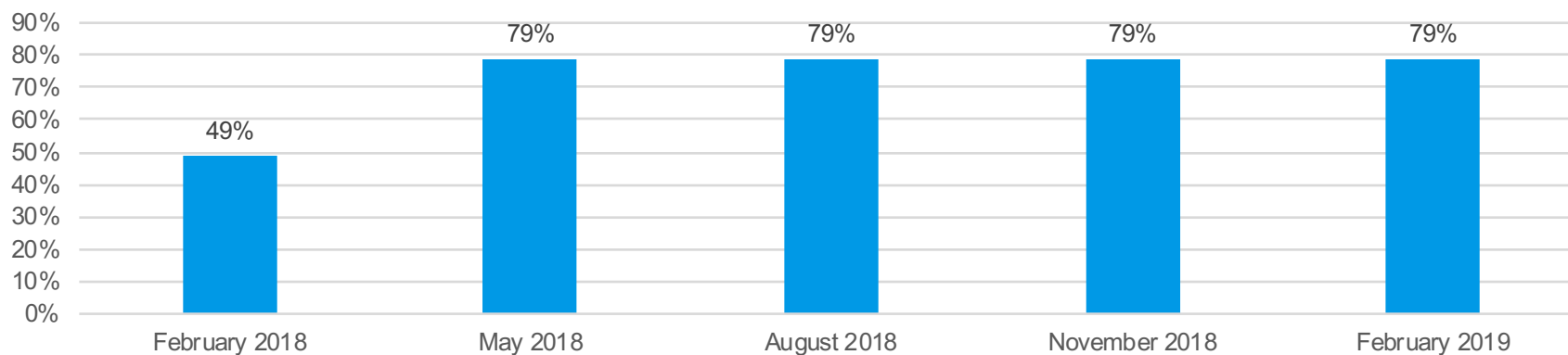
- ◆ **Workshop surveys**
- ◆ **PEP (Signal) data**
- ◆ **Debrief Meeting**

# Measured success: Survey says.....

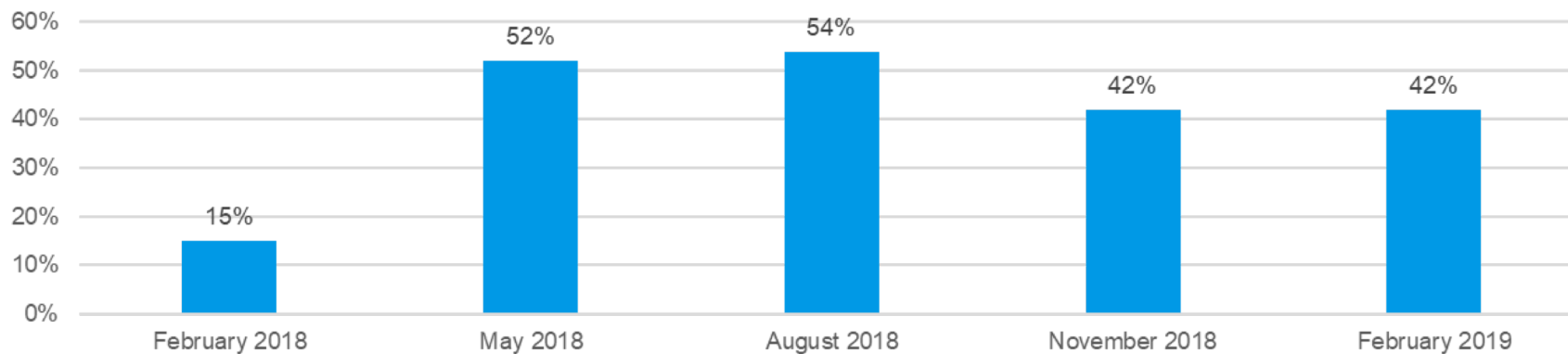


# Measured Success- CCA Requests

## % Office Visits Closed Same Day

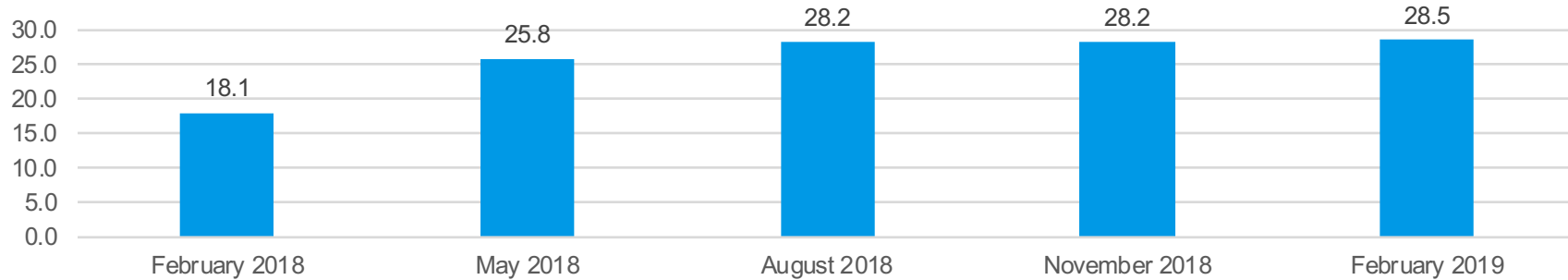


## % Results Reviewed Quickly

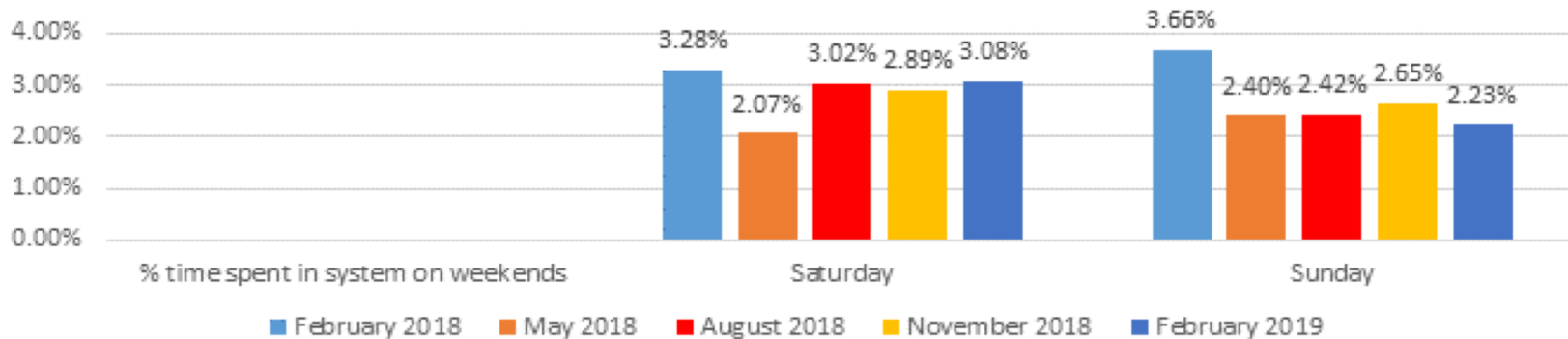


# Measured Success- CCA Requests

Clinical Care Associates Average Time Per Appointment (minutes)

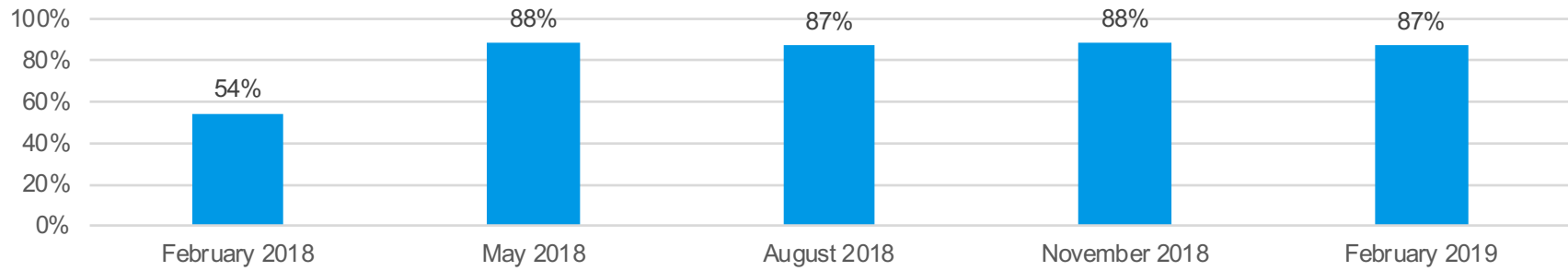


% Time Spent on Weekends

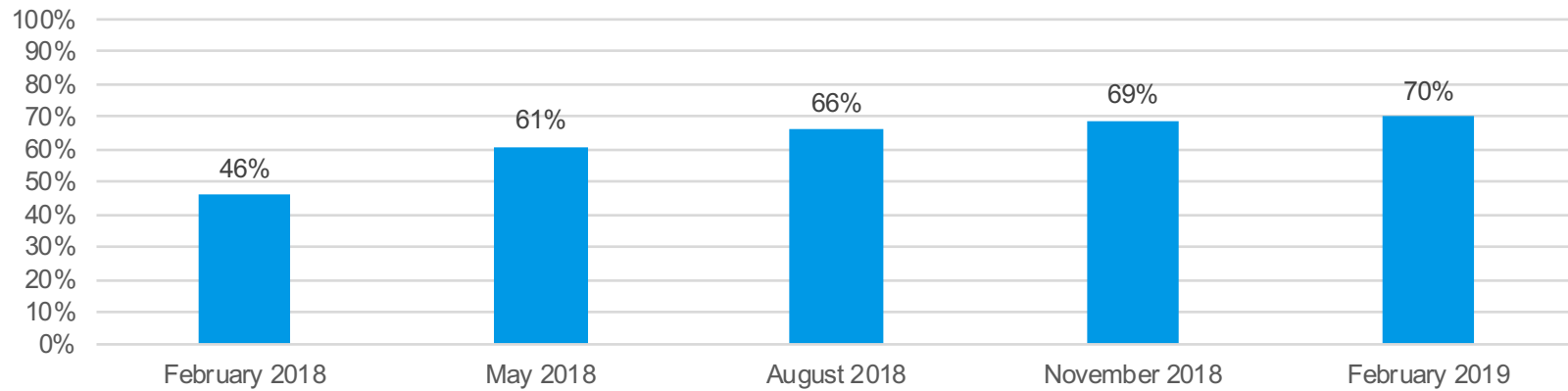


# Additional Wins

## % Orders Placed from Preference List or Smart Sets

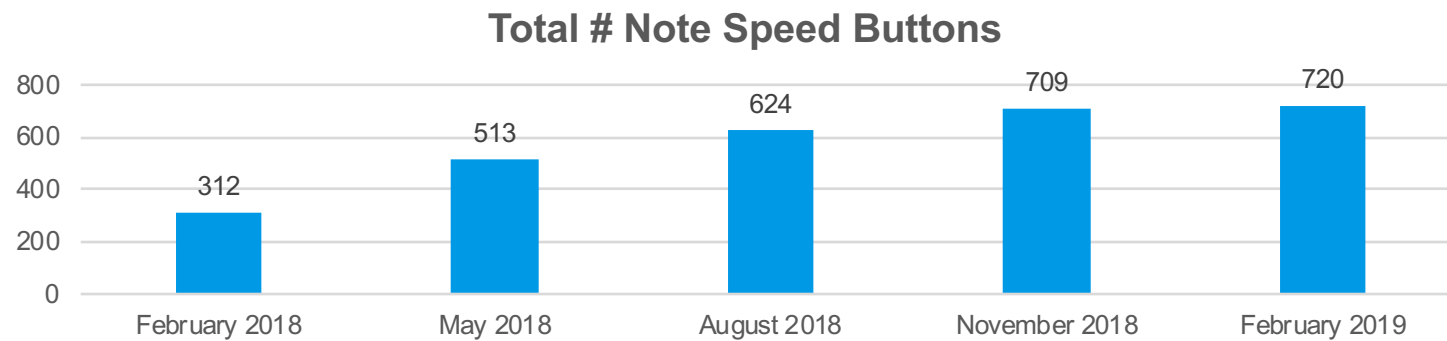
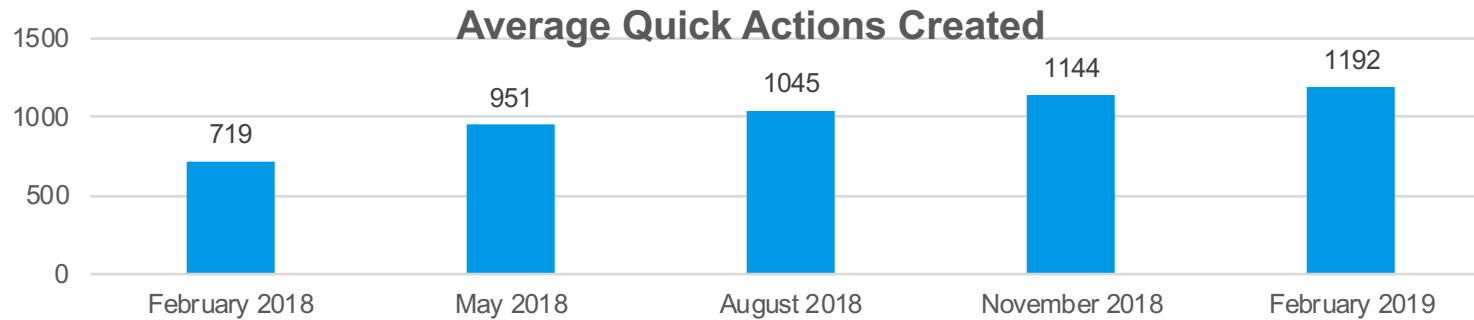


## Average LOS Speed Buttons





# Additional Wins



# The Cost of Physician Burnout....

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**For an organization, the cost of physician burnout can range from \$500,000 to more than \$1 million per doctor.**

**Berg,S (2018).How much physician burnout is costing your organization.  
*American Medical Association (AMA)***

# What did people say...

*It was very valuable to have one on one training especially after having used Epic for 4+ years... Appreciate the opportunity to be able to ask additional questions via email*

*Fantastic personalization session - felt like it covered the general ways to be more efficient in Epic while also focusing on my questions/needs within Epic. Will plan on recommending to all my colleagues!*

*It was a phenomenal session...It was important to learn about PennChart capabilities that I never knew existed.*

*I had reached the point of deciding that I could no longer be an effective physician in large part due to a heavy burden of the EMR in spite of my best efforts to use it according to what I thought were the most efficient workflows. I had no idea that the system could be optimized the way Carole taught me. Frankly I probably would have left medicine had it not been for Carole's teaching. Thank you so much for this essential resource for the physicians of CCA.*

*The EHR team are truly an outstanding resource and well worth the investment that UPHS has made. For sure, the implementation and education of doctors/providers on EPIC has come a long way, in a positive way, since I started EPIC back in April 2010.*

*Your time, knowledge, patience and kindness are much appreciated. I hope that you hear often how the work you do is invaluable to providers...and this positive impact on providers has a very broad and positive impact on patient care and patients' experience of the care they receive.*



*The IT specialist spent the first 10-15 minutes just watching your workflow. Often times, you don't even realize there's a problem unless someone points it out.*



*The team had some more advanced suggestions for people already doing many of the optimization techniques.*

*He identified ways in which I could be faster. The time with him felt personalized.*

*I really liked learning about increasing my efficiency and taking some of the challenges out of charting so I can spend more time talking with the patient vs clicking on the screen.*

# Step 7: Ongoing Efforts/Phase 2, 3, etc.

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# Sustainment: CCA Next Steps

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- **CCA Penn Chart Academy: Quarterly evening meetings for providers covering EMR and billing compliance**
- **Binders/tip sheets provided for each practice**
- **Governance and optimization workgroup**
- **Provider trainers: Assisted in training 2 Providers to become EPIC Power users for ongoing new provider onboarding.**
- **PEP sessions: One on One shoulder to shoulder sessions offered as needed to providers throughout the organization**
- **Focused workgroups: identifying new opportunities**

# Global Optimization Work

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# Optimization Initiatives

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## ◆ Ongoing

- Medication Refill Protocols
- Sprints
- PEP sessions

## ◆ Future

- Note optimization
- In Basket optimization

# For more information

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