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Getting Time Back in Your Day!

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

Presenters:

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Getting Time back in Your Day!



Speaker Disclosure

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

Goals & Objectives

- ◆ **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 | 135,00+ 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

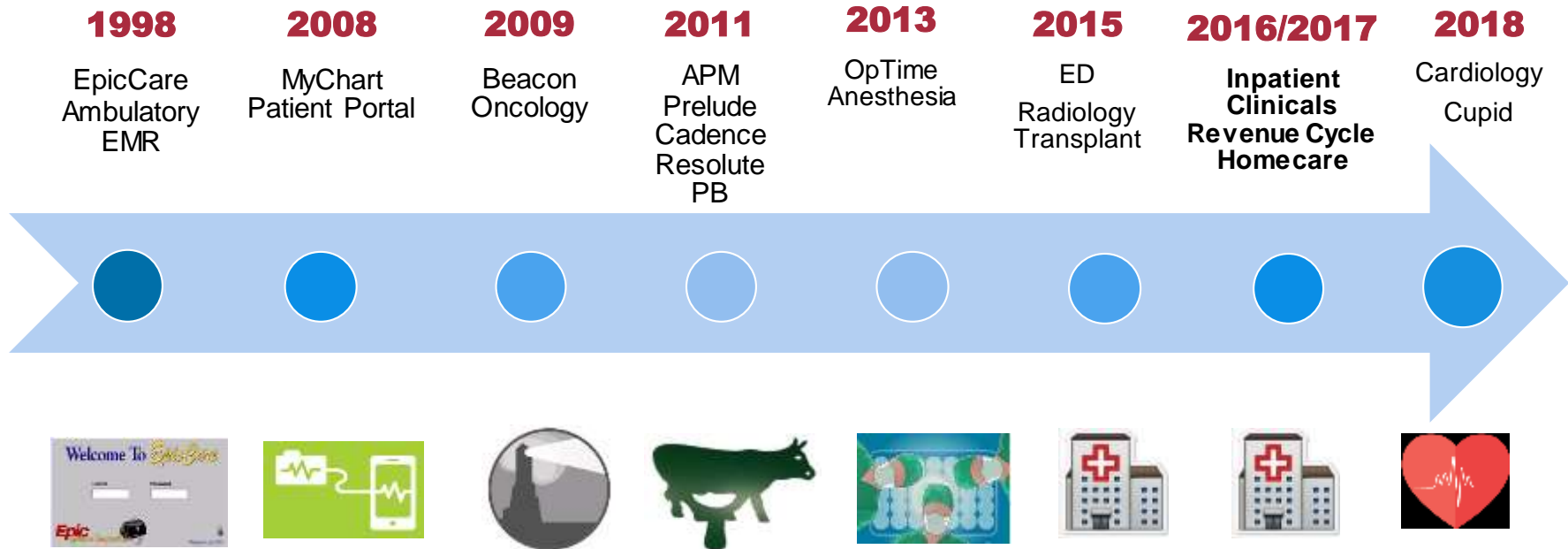
769 MD Students

820 MD / PhD Students

731 Postdoctoral Fellows

1,331 House Staff

Epic History at Penn Medicine



CCA Overview

CCA (Clinical Care Associates)

- ◆ 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



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

◆ 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?

♦ 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?

- ◆ **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

Creating or Leverage an Infrastructure

♦ 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

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:

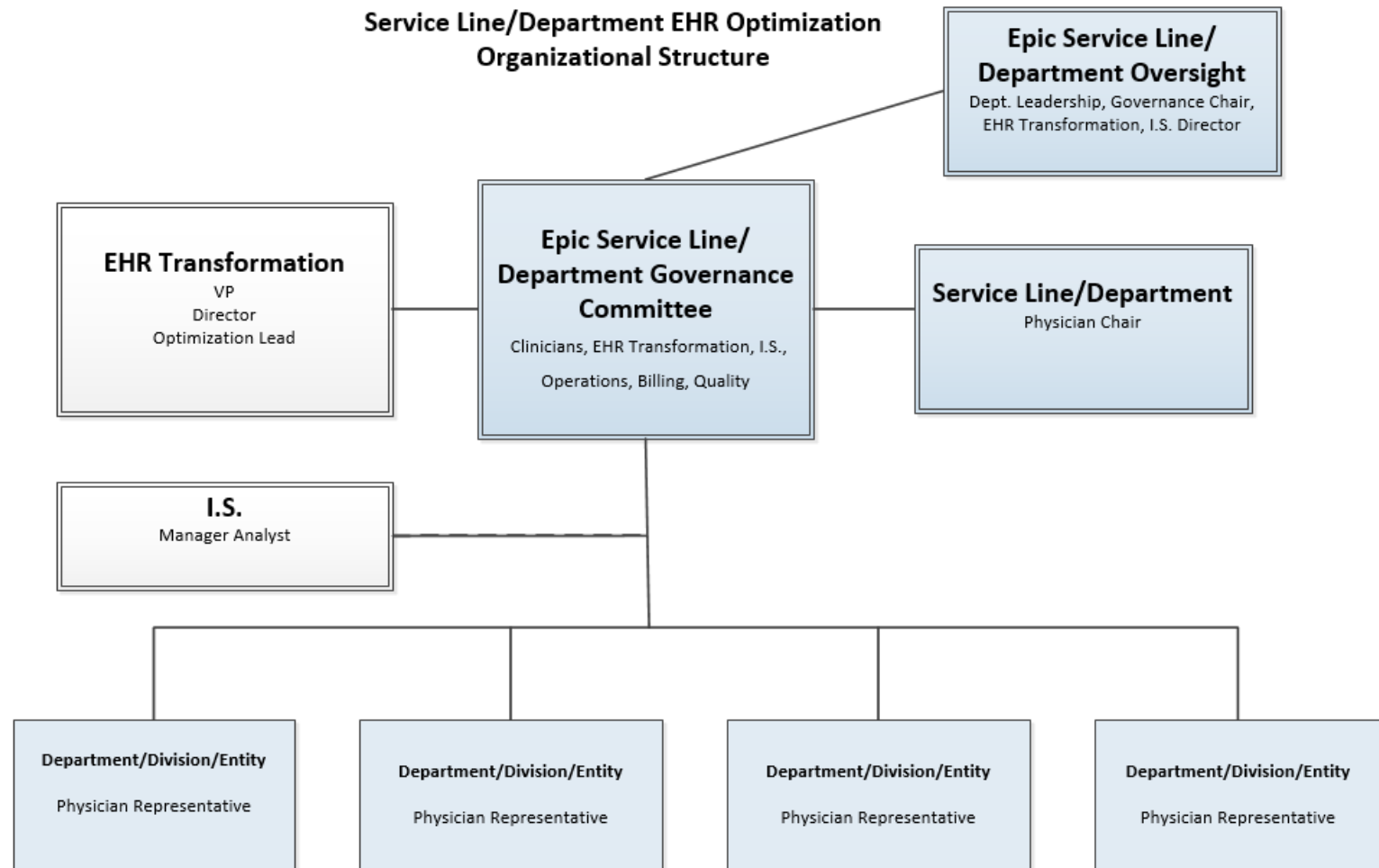
- 1 Review, prioritize, and approve/deny Epic optimization and enhancement requests/projects
- 2 Communicate Epic changes and optimization implementations across to colleagues within the department
- 3 Promote adoption of new enhancements/implementations and engagement within the committee

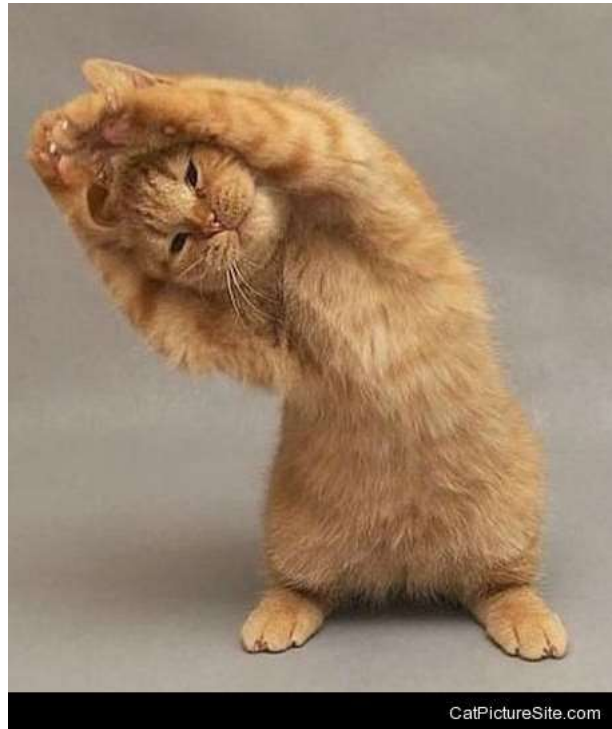
Governance Organization Structure



Penn Medicine

Service Line/Department EHR Optimization Organizational Structure

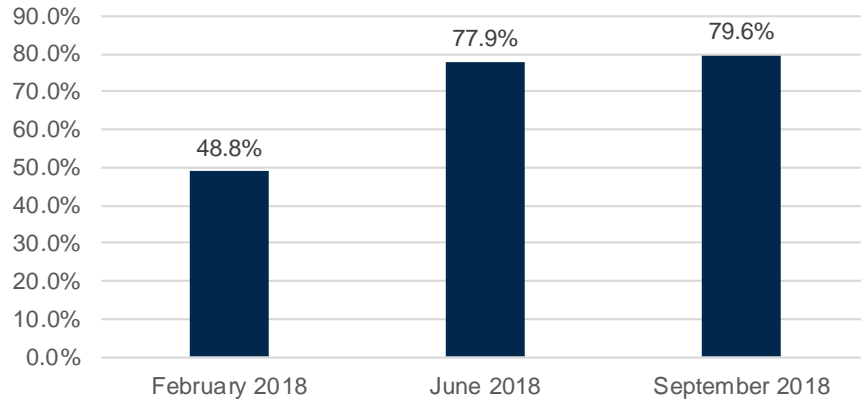




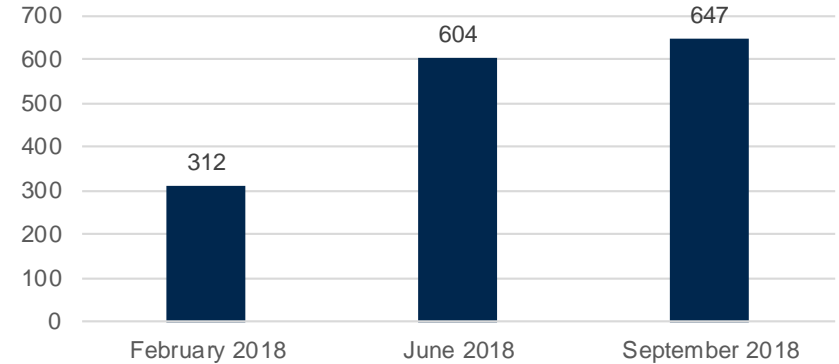
Step 3: Developing an Assessment

Optimization wins!

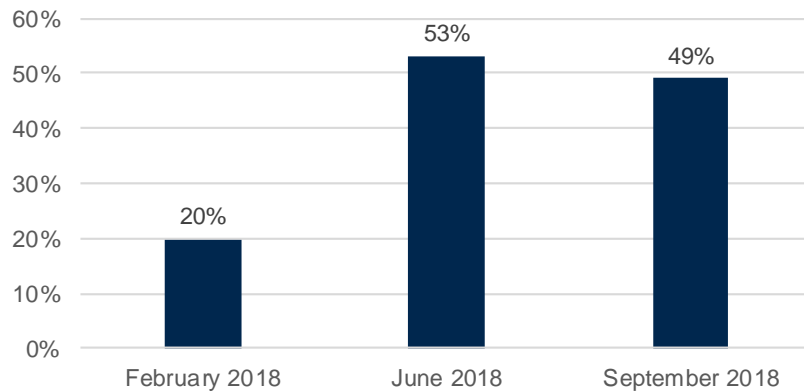
% Closed Office Visits Same Day



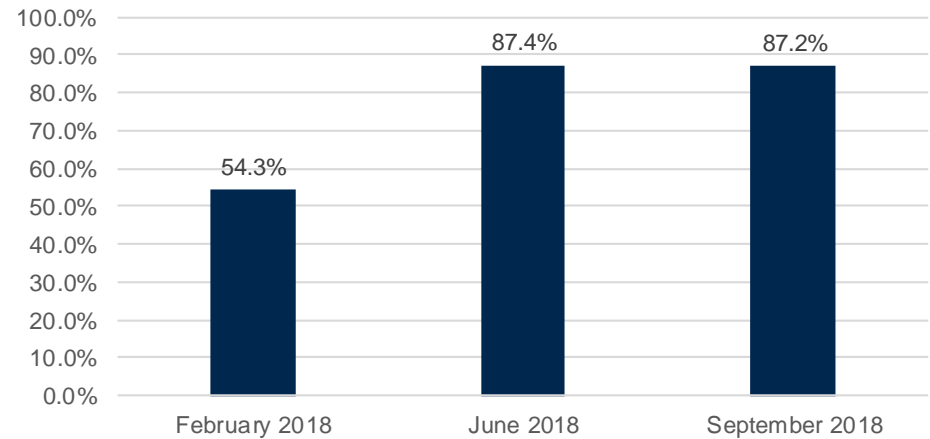
Total Number of Speed Buttons



% Results Messages Reviewed Quickly



% Orders Placed from Preference List or SmartSets



Discovery: Assessment Process

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

Step 4: Providing a Recommendation and Obtaining Approval



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Leadership Presentation

◆ 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

Optimization Education Implementation Plan

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

Pre-Education

- Review provider pre-survey
- Assess user analytics
- Scheduling education sessions
- Create division based curriculum with divisional leads

On-Site Education

- Workshops
- Shoulder to Shoulder
- Rounding
- Drop-in Workshops (e.g. General, Beacon)

Post - Education

- Post Training Survey
- Provide feedback to department from training
- Review of the issues formally recorded

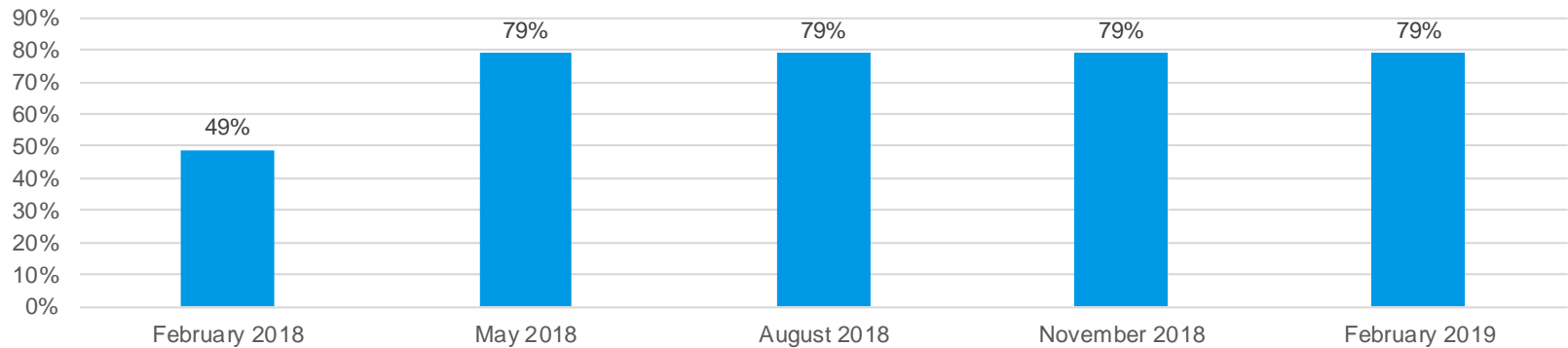
Step 6: Evaluating Success

How do we measure success?

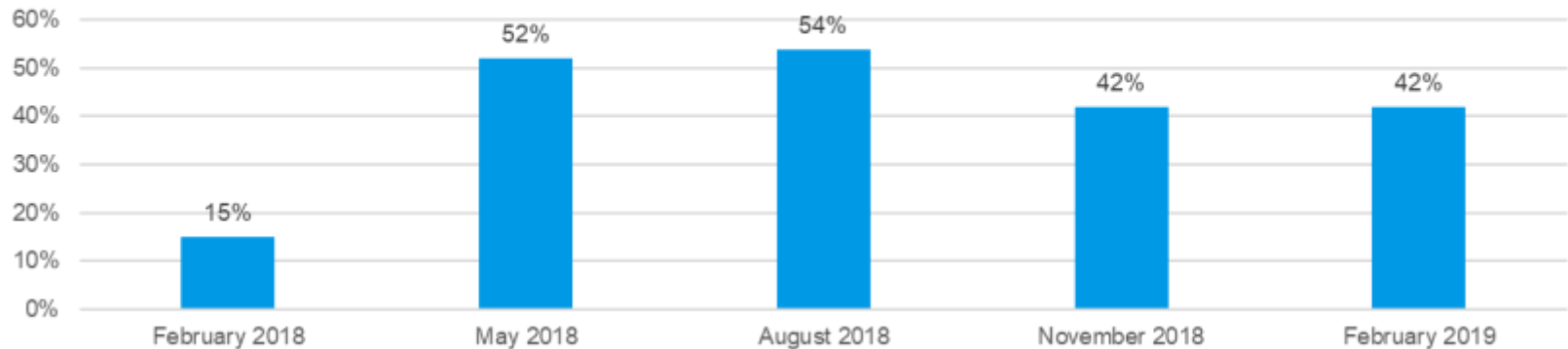
- ◆ **Workshop surveys**
- ◆ **PEP (Signal) data**
- ◆ **Debrief Meeting**

Measured Success- CCA Requests

% Office Visits Closed Same Day

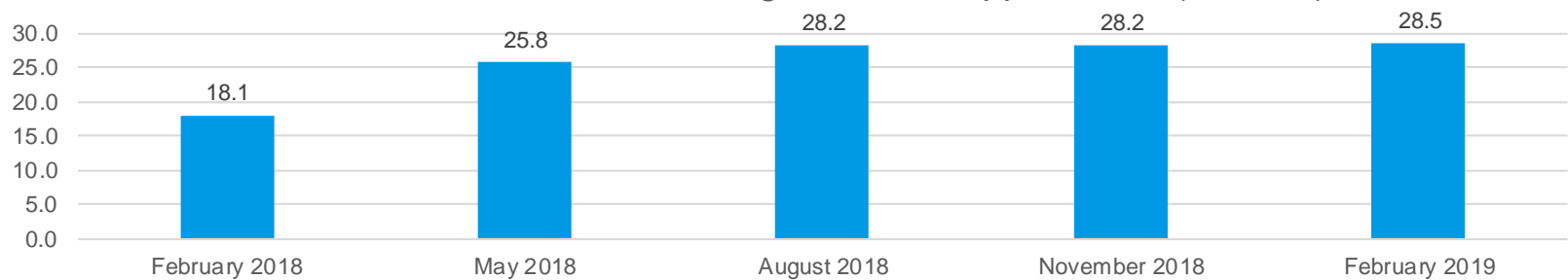


% Results Reviewed Quickly

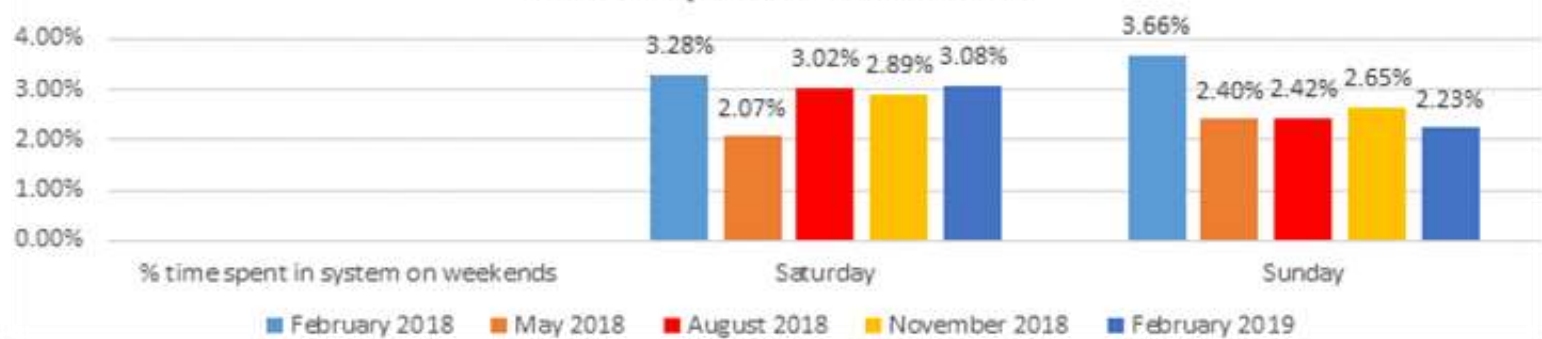


Measured Success- CCA Requests

Clinical Care Associates Average Time Per Appointment (minutes)

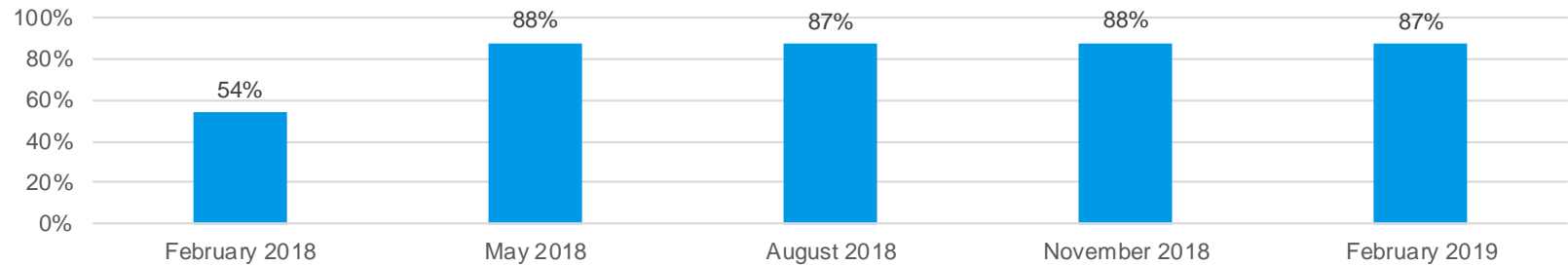


% Time Spent on Weekends

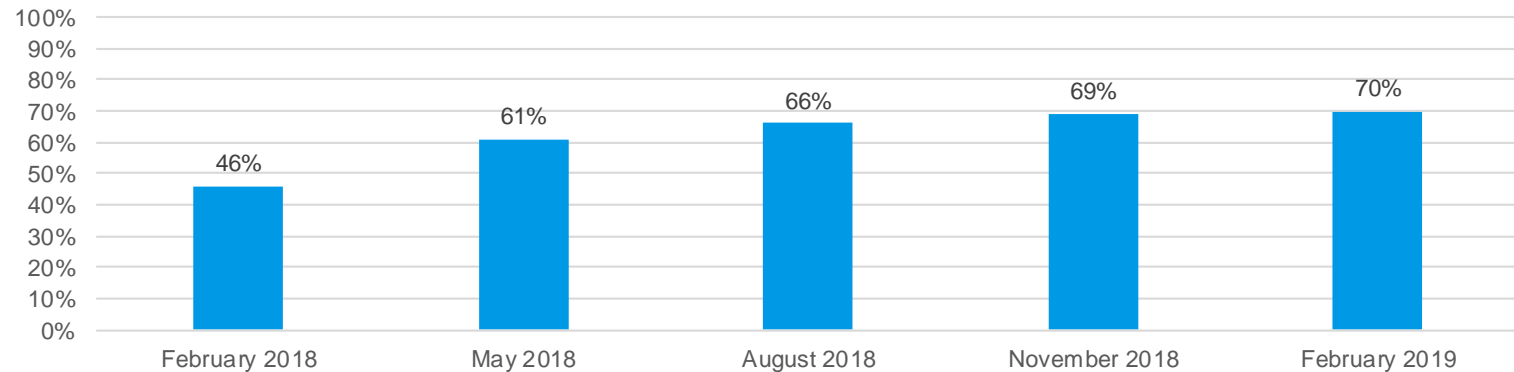


Additional Wins

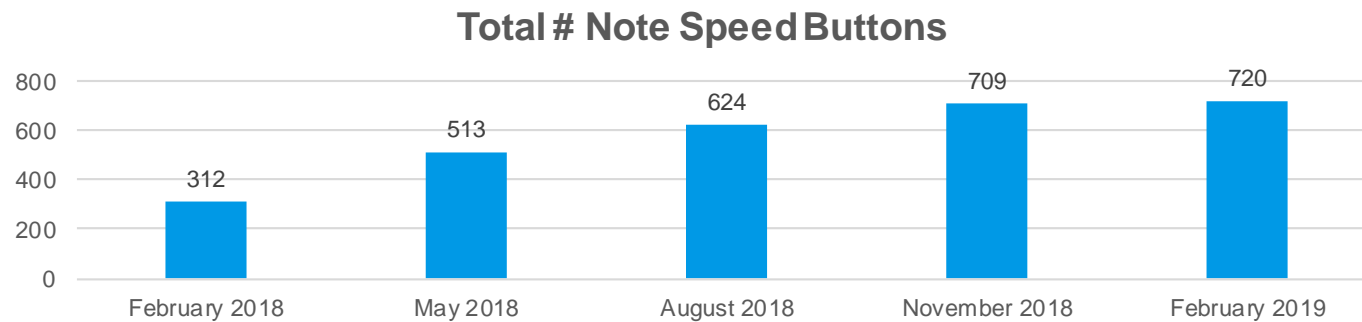
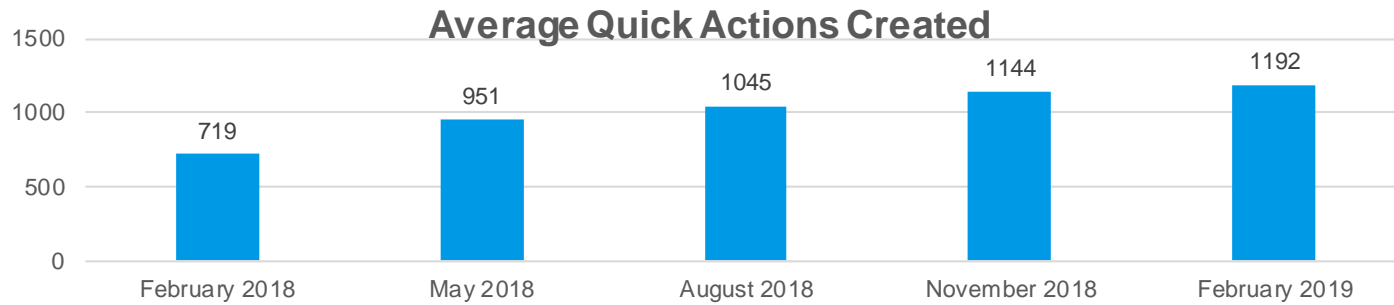
% Orders Placed from Preference List or Smart Sets



Average LOS Speed Buttons



Additional Wins



The Cost of Physician Burnout....

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.

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

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

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.

Evolution of optimization at CCA

- ♦ 2010: CCA Governance formed
- ♦ 2014: New provider advanced tips training; begin working with established providers
- ♦ 2015: CCA Penn Chart Champions
- ♦ 2016: CCA Penn Chart Academy
- ♦ 2017: Partnership with EHR Transformation team; binders/tip sheets, micro-learnings
- ♦ 2018: Expansion of new provider trainer program
- ♦ 2018: Primary Care Service Line Governance formed
- ♦ 2019: PEP data – phase II; Improving EHR for Providers initiative
- ♦ **Mention- care team model, pre charting, note optimization**

Continued Optimization Work

Optimization Initiatives

♦ Ongoing

- Medication Refill Protocols
- Sprints
- PEP sessions

♦ Future

- Note optimization
- In Basket optimization

For more information

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