"Home for Dinner"
- Reducing After Hours Documentation with Focused Training

EPIC UGM 2019
Session: Exec 16

Presenters
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MISSION STATEMENT:
WE ADVANCE HEALTH TO SERVE MICHIGAN AND THE WORLD.

KEY FACTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed beds</td>
<td>1,000</td>
</tr>
<tr>
<td>Medical and Surgical</td>
<td></td>
</tr>
<tr>
<td>Employees</td>
<td>26,000</td>
</tr>
<tr>
<td>Hospitals</td>
<td>3</td>
</tr>
<tr>
<td>Discharges</td>
<td>48,793</td>
</tr>
<tr>
<td>Outpatient facilities</td>
<td>40</td>
</tr>
<tr>
<td>Patient days</td>
<td>300K</td>
</tr>
<tr>
<td>Nurses</td>
<td>5,000</td>
</tr>
<tr>
<td>ER/urgent care visits</td>
<td>104K</td>
</tr>
<tr>
<td>Residents in training</td>
<td>1,199</td>
</tr>
<tr>
<td>Outpatient clinic visits</td>
<td>2.1M</td>
</tr>
<tr>
<td>Specialties</td>
<td>105</td>
</tr>
<tr>
<td>Surgeries</td>
<td>54K</td>
</tr>
<tr>
<td>Medical students</td>
<td>708</td>
</tr>
<tr>
<td>Babies Delivered</td>
<td>4,400</td>
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</table>

RESEARCH ACTIVITIES

<table>
<thead>
<tr>
<th>Category</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>New inventions</td>
<td>235</td>
</tr>
<tr>
<td>Patents Awarded</td>
<td>57</td>
</tr>
<tr>
<td>New option and license agreements with industry</td>
<td>112</td>
</tr>
<tr>
<td>New startup companies</td>
<td>7</td>
</tr>
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</table>
Objectives

Describe Proficiency Program
Describe targeted, provider-focused training and workflow re-design with measurable improvements in proficiency and provider satisfaction through Home for Dinner and BOOST programs.

Understand the Data
Identify best practices for efficiency programs and look for meaningful outcome measures in the complex data to better understand impact of these efforts.

Extrapolate to other Audiences
Consider how best to use this data going forward to adjust expectations and programming and support funding of a broader effort in inpatient, ED and for nursing staff.
Provider Burnout is in the Headlines

Research Shows Link Between EHR and Physician Burnout

The Atlantic. May 11, 2016

Health & Science

Physician burnout taking center stage

The Burnout Crisis in American Medicine

Are electronic medical records and demanding regulations contributing to a historic doctor shortage?

Harvard Business Review

To Combat Physician Burnout and Improve Care, Fix the Electronic Health Record

by Robert Wachter and Jeff Goldman

Michigan Medicine
And at Michigan Medicine

2 in 5 Michigan Medicine Physicians report experiencing burnout.

- Experience Burnout: 42%
- MiChart Related Stress: >33%
- Excessive After Hours Time in MiChart: 52%
- Proficient based on self-perception: 82%
- Proficient based on Epic Usage Data: 46%

Source: Michigan Medicine Faculty Physician Health Initiative (FPHI) Survey 2018; includes faculty in clinical departments only.
Physician Burnout is a Systemic Issue

Physician burnout can have widespread impact on patient quality, staff performance and organizational performance.

- Increased risk of medical errors
- Decreased provider empathy for patients
- Lower patient satisfaction

49% OF PHYSICIANS report often or always experiencing feelings for burnout

- Increased turnover
- Reduced performance
- Reduced innovation
- Lack of collaboration and ineffective team communication

- Reduced clinical effort
- Reduced productivity
- Increased attrition
EHR training is biggest predictor of user satisfaction, experts say

By Mike Miliard  |  May 17, 2019  |  03:56 PM

A better clinician experience makes for higher-quality patient care, according to a new report from KLAS’ Arch Collaborative, which makes the case for bigger investment in end-user education.

Can EHRs’ contributions to physician burnout be cured? Mixing up training can help

It’s pivotal for organizations to institute an ongoing program that promotes a state of continuous improvement, keeping pace with new functionality, one HIMSS19 speaker says.

By Bill Slivicki  |  January 29, 2019  |  10:50 AM

Health systems invested in electronic health records to drive patient care improvements, increase efficiencies, reduce lengths of payment cycles and allow for prospective and retrospective reporting without manual intervention.

Some, not all, of those anticipated benefits have been realized. In many cases, expected clinical efficiencies are not being experienced, and often satisfaction is
Training Initiatives

**Home for Dinner:** 2 day course, 15 CMEs for a class of 18 providers, led by 3+ Trainers and + provider champions, working in live environment (Current users sign up on their own)

**MiChart Boost:** Performance improvement & usability initiative. Department specific education program including Home for Dinner concepts, workflow analysis and build requests.

Actual Photo
Epic Training Team
Program 1

Home for Dinner

MiChart Ambulatory Provider Efficiency Course
15 CMEs
Home for Dinner: Ambulatory Provider Efficiency Course

2 Days focused time (15 CME credits)

Engaging atmosphere with lunch, snacks and prizes

Hands on – personalize and customize in the live production system

Offered Monthly (Classes full thru Dec)

Individualized support from trainers and experienced physician(s)

Pre-and post-survey collected
Signal data reviewed with participants
Learning home dashboard shared with all

Topics include: Clinical Review, Workspace Customization, In Basket Customization and Efficiency, Notes & Smart Tools, and using/customizing the Plan and Wrap Up Tabs to improve efficiency
Class in Action

Working hard!

Smiles and fun all around!
Home for Dinner Course NPS

What is a good NPS score?

-100 - NEEDS IMPROVEMENT
0 - GOOD
30 - GREAT
70 - EXCELLENT
100 - 100

Net Promoter Score = % Promoters - % Detractors

On a scale of 1 - 10 how likely are you to recommend the Home For Dinner Course? Average = 9.3

Net Promoter Score = 82 EXCELLENT!
Home for Dinner Course Satisfaction

95% of attendees rate the course as Excellent or Very Good
What Providers are Saying

2 day MiChart “Home for Dinner” training is great. Huge help to increase efficiency and cut down time to document. Would recommend highly.
- John Allen, MD, MBA

This should be mandatory for new hires, 3-6 months after they start.

I found a lot of short cuts that I did not know existed. I LOVED that we were actively modifying our own MiChart rather than learning about something in a class, then trying to remember it and find time to apply it to our own work later. I also really appreciated the hands on help.
- Kirk Brower, MD

My In Basket efficiency has improved the most, and I have been able to eliminate a few clicks per patient which gives me a feeling akin to joy... And to have the time during the course to systematically go through this within each Michart function was a luxury of great value and should not be a luxury but a necessity for all provider users of Michart.

Personalizing MiChart by using custom features will save me time.
- Kirk Brower, MD

This course was the perfect way to build up your MiChart efficiency AND get CME credits for the time you spend doing it. Building tools in MiChart upfront is going to save me a lot of time every day from here on out.
Proficiency Scores Improve Significantly

Data adjusted for October changes in Epic Calculation

3 points different on average
Perceived Improvement in Efficiency and Quality of time

**Efficiency/Proficiency**
To what degree do you feel participating in Home for Dinner has improved your overall efficiency/proficiency?

- Significantly improved: 87%
- Improved: 18.75%
- Somewhat improved: 26.79%
- No change: 50.89%

**Quality of Time Spent**
To what extent do you feel that the quality of your time spent in MiChart has changed since Home for Dinner?

- Significantly improved: 82%
- Improved: 41.44%
- Somewhat improved: 31.53%
- No change: 17.12%
- Somewhat decreased: 9.01%
- Decreased: 0.90%
- Significantly decreased: 3.57%

Follow-up Survey (Aug 2019)
Which of the following are true after the Home for Dinner Course?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Percent True</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can find information more quickly</td>
<td>63.89%</td>
</tr>
<tr>
<td>I can document information more quickly</td>
<td>59.26%</td>
</tr>
<tr>
<td>I feel more empowered to change my environment (in computer or in clinic workflow)</td>
<td>44.44%</td>
</tr>
<tr>
<td>I am less frustrated</td>
<td>41.67%</td>
</tr>
<tr>
<td>My In Basket is cleaner</td>
<td>36.11%</td>
</tr>
<tr>
<td>I understand In Basket messaging better</td>
<td>34.26%</td>
</tr>
<tr>
<td>I feel more in control of my day</td>
<td>23.15%</td>
</tr>
<tr>
<td>Other</td>
<td>10.19%</td>
</tr>
<tr>
<td>I feel less burned out</td>
<td>6.48%</td>
</tr>
</tbody>
</table>
Where is the time savings?

Trend by Month

Time Metrics

- Time On Unscheduled Days
- Time Outside of 7 AM to 7 PM
- Time Outside Scheduled Hours

Month of Reporting Period End Date
To what extent has your time spent in MiChart changed since the Home for Dinner course?

- 73% Decreased a lot
- 65.18% Decreased a little
- 23.21% Stayed the same
- 8.04% Increased a little
- 3.57% Increased a lot
Potential Confounders Causing More Time

- Seasonal variation
- Newer providers that ramp up appointment volume
- Overall increase in appointments/patient access efforts
- Other obligations during workday forcing catch up after hours
- More pre-charting
- Shift away from delegation (do it themselves)
- Shift away from dictation toward smart tools or copy forward
- Increased In Basket volume
- Using In Basket more instead of e-mail or other
The Rest of the Story

112% more appointments post-training
Program 2

MiChart Boost

Performance Improvement & Usability for Ambulatory Providers
**Vision:** To promote a state of continuous improvement keeping pace with new MiChart functionality and end-user needs.

1. **A comprehensive, ongoing educational program** specifically designed to increase faculty’s usability with MiChart; addressing faculty’s needs on their time, customized to the way that they most want to learn

2. **Dedicated resources** who understand the clinical environment, deliver workflow-based interventions and partner with identified provider champions

3. **Organizational commitment** and support for faculty participation in MiChart training programs
### Program Basics

#### Assess
- Assess individual & departmental performance
  1. Self assessment surveys
  2. Epic Data (PEP)
  3. Observation & Interviews
  4. Workflow review

#### Plan
- Develop improvement plans (department & individual)
  1. Training
  2. Customized learning events
  3. At the elbow (ATE) education

#### Implement
- Implement Plan
  1. Design and develop specialized materials and job aides
  2. Perform training and learning events (including ATE)

#### Evaluate
- Evaluate program for success
  1. Provider perceptions
  2. Improved PEP results
  3. Reduced hours outside 7a - 7p/ unscheduled days
  4. Others TBD
## Staffing/Resources

<table>
<thead>
<tr>
<th><strong>Physician Trainers</strong>*</th>
<th><strong>Training Coordinator</strong></th>
<th><strong>Provider Champion</strong>*</th>
<th><strong>Super User</strong>**</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Perform assessments, observations, etc.</td>
<td>1. Coordinate and schedule internal and customer meetings, trainings, ATE support</td>
<td>1. Participate in developing improvement plans</td>
<td>1. Collaborate with Provider Champion and Trainers as available to provide education and support for department</td>
</tr>
<tr>
<td>2. Develop improvement plans</td>
<td>2. Assist in project management of key tasks and deliverables</td>
<td>2. Collaborate with trainers in determining curriculum needs</td>
<td></td>
</tr>
<tr>
<td>3. Create/modify curriculum</td>
<td>3. Assist in data collection and analysis</td>
<td>3. Provide training and support onsite</td>
<td></td>
</tr>
<tr>
<td>4. Provide training/ATE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Assist in evaluation</td>
<td></td>
<td></td>
<td></td>
</tr>
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Expanding Beyond Ambulatory Providers

What about the rest of the iceberg?
In addition to providers, many others would benefit from additional training.

- Provider trainees—med students, residents, fellows
- RNs, LPNs
- PT/OT, Nutrition, Pharmacy, Social work, Psychology, Genetics, etc.
- MAs
- Home care staff
- Front office staff
- Administrators (report use)
- Research
- ...and Patients!
Can We Afford Not to Invest in Efficiency?

- Provider/staff burnout, inefficiencies, non-standard workflows, and patient safety risks abound in EHRs
- Improved knowledge and standard use can mitigate these risks
- Cost for HFD ~$600/provider, Boost ~$1000/provider
- Value estimates for expansion:

  Assumption: 0.83 hrs/person/month = 10 hrs/person/year

<table>
<thead>
<tr>
<th>Role</th>
<th>#</th>
<th>Hours</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>2500</td>
<td>25,000</td>
<td>13</td>
</tr>
<tr>
<td>Nurses</td>
<td>5500</td>
<td>55,000</td>
<td>29</td>
</tr>
<tr>
<td>Advanced Practice</td>
<td>500</td>
<td>5000</td>
<td>3</td>
</tr>
<tr>
<td>Allied Health</td>
<td>2000</td>
<td>20,000</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>105,000</td>
<td>55</td>
</tr>
</tbody>
</table>

❓ How many FTE from these cohorts can be re-purposed to colleague training?
THANK YOU

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