Epic Best Practices & Efficiency Workshop

FMCH Department Retreat
Henry Del Rosario
EPIC MASTERY TASK FORCE MEMBERS

- Barre: Nick Hajj, MD
- Benedict: Veronica Farrell, NP
- Fitchburg: Jeannette Ryan Alkasab, MD
- Hahnemann: Megan Brochu, PA-C
- Henry Del Rosario, MD
- Josephine Fowler, MD
Agenda

- Data & Survey Results
- Home for Dinner Program
- Personalization and building workshop / study hall
  - Depression SmartText speed button
  - Billing wizard/calculator
  - Building a FIT result QuickAction
<table>
<thead>
<tr>
<th>8/28 to 9/24 (28 days)</th>
<th>Barre</th>
<th>Benedict</th>
<th>Fitchburg</th>
<th>Hahnemann</th>
<th>Average or Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Attendings +APPs +Residents</td>
<td>29</td>
<td>11</td>
<td>23</td>
<td>25</td>
<td>88</td>
</tr>
<tr>
<td>Patients seen (appointments done)</td>
<td>2115</td>
<td>1149</td>
<td>1672</td>
<td>1631</td>
<td>6567</td>
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<tr>
<td>Total new in basket messages</td>
<td>12882</td>
<td>8809</td>
<td>10522</td>
<td>12568</td>
<td>44781</td>
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<tr>
<td>Results</td>
<td>2007</td>
<td>1551</td>
<td>2068</td>
<td>2052</td>
<td>7678</td>
</tr>
<tr>
<td>Rx Auth</td>
<td>2703</td>
<td>1585</td>
<td>1164</td>
<td>2070</td>
<td>7522</td>
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<tr>
<td>Patient Calls</td>
<td>1194</td>
<td>1770</td>
<td>666</td>
<td>1434</td>
<td>5064</td>
</tr>
<tr>
<td>CC chart's</td>
<td>617</td>
<td>957</td>
<td>575</td>
<td>1257</td>
<td>3406</td>
</tr>
<tr>
<td>MyChart messages</td>
<td>558</td>
<td>786</td>
<td>363</td>
<td>737</td>
<td>2444</td>
</tr>
<tr>
<td>In basket messages per appt</td>
<td>6.1</td>
<td>7.7</td>
<td>6.3</td>
<td>7.7</td>
<td>6.9</td>
</tr>
<tr>
<td>Results per appt</td>
<td>0.9</td>
<td>1.3</td>
<td>1.2</td>
<td>1.3</td>
<td>1.2</td>
</tr>
<tr>
<td>Rx auth per appt</td>
<td>1.3</td>
<td>1.4</td>
<td>0.7</td>
<td>1.3</td>
<td>1.2</td>
</tr>
<tr>
<td>Patient calls per appt</td>
<td>0.6</td>
<td>1.5</td>
<td>0.4</td>
<td>0.9</td>
<td>0.8</td>
</tr>
<tr>
<td>CC chart's</td>
<td>0.3</td>
<td>0.8</td>
<td>0.3</td>
<td>0.8</td>
<td>0.6</td>
</tr>
<tr>
<td>My chart messages per appt</td>
<td>0.3</td>
<td>0.7</td>
<td>0.2</td>
<td>0.5</td>
<td>0.4</td>
</tr>
</tbody>
</table>

Data from four FMCH clinics from 8/28/22 to 9/24/22 (28 days)
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<table>
<thead>
<tr>
<th>Time Category</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Time in Notes (hours)</td>
<td>269</td>
</tr>
<tr>
<td>Total Time in In Basket (hours)</td>
<td>115</td>
</tr>
<tr>
<td>Total Time in Clinical Review (hours)</td>
<td>130</td>
</tr>
</tbody>
</table>

Percentage of Time Spent on Epic

- Total Time in Notes: 52.3%
- Total Time in In Basket: 22.4%
- Total Time in Clinical Review: 25.2%
Estimate the amount of time you spend on Epic per **day**. **Do not** count the visit time you spend with patients in a clinic visit. You can include time on Epic spent during “administrative” time.
Sufficiency of time for documentation is:

- Poor: 41.9%
- Marginal: 16.1%
- Satisfactory: 32.3%
- Good: 9.7%
- Optimal: <0.1%
The amount of time I spend on the EHR at home is:
UMass FMCH “Outside scheduled hours” (only attendings; 5/2022)
Time outside scheduled hours per scheduled day (min) definition:

Average number of minutes a provider spent in the system outside of scheduled hours. Scheduled hours are determined using Cadence schedule data and this metric has a thirty-minute buffer before the start of the first appointment and after the end of the last appointment (the thirty-minute buffer will extend no earlier than midnight at the start of the day and no later than midnight at the end of the day). To be included, a provider needs at least 5 appointments scheduled per week within the reporting period. Only available in Provider view.

**Numerator**: Minutes the provider spent in the system outside of scheduled hours based on Cadence data with a thirty-minute buffer before the first appointment and after the last appointment.

**Denominator**: Scheduled days where time was spent in the system within the reporting period.
Survey data from the Rhode Island Department of Health from 2017 acquired from 1,792 physicians with active Rhode Island licenses.

70% of physicians reported HIT-related stress, which is defined as reporting at least 1 of the following:

1. Having poor/marginal time for documentation
2. Spending moderately high/excessive time on the electronic health record (EHR) at home
3. Agreement that using an EHR adds to daily frustration
Moreover, **26%** of all respondents reported one or more symptoms of *burnout*. HIT-related stress is defined as reporting at least 1 of the following:

1. Having poor/marginal time for documentation
2. Spending moderately high/excessive time on the electronic health record (EHR) at home
3. Agreement that using an EHR adds to daily frustration

**UMass DFMCH: 84.21% of survey participants have HIT-related stress**
Individual & Departmental changes
UMass System changes
Transformational changes
UMass Epic Work Groups & Meetings

● Epic Ambulatory Partnership Council
  ○ Outpatient-focused
  ○ In basket improvements
  ○ Optimization requests
● Functional Ambulatory Women's Health Partnership
  ○ Inpatient obstetrics and postpartum/newborns
● Physician Builder Meetings
  ○ Focus on building projects
● Provider Superuser Meetings
  ○ Epic updates, tips, education, training
● FMCH Epic Mastery Task Force
## Predicted Impact:

<table>
<thead>
<tr>
<th>Message Type</th>
<th>1 Day Volume</th>
<th>Messages older than 30 days</th>
<th>Intervention</th>
<th>Expected Impact</th>
<th>Realized Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>CC Chart</td>
<td>2312</td>
<td>132253</td>
<td>Disable auto-routing of OP specialty note</td>
<td>~1400/day</td>
<td>~1,400 less messages per day; PCPs down 50% of messages per day (4.4 avg to 1.5 avg)</td>
</tr>
<tr>
<td>Note Routing</td>
<td>636</td>
<td>78625</td>
<td>Disable auto-routing of IP Notes (except Discharge Summary)</td>
<td>~600/day</td>
<td>~600/day</td>
</tr>
<tr>
<td>ED/UC Notifications</td>
<td>391</td>
<td>33230</td>
<td>Expire after 30 days</td>
<td>33k old messages removed</td>
<td></td>
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<tr>
<td>Outside Events</td>
<td>2155</td>
<td>66388</td>
<td>Expire after 30 days</td>
<td>66k old messages removed</td>
<td></td>
</tr>
<tr>
<td>Outside Messages</td>
<td>400</td>
<td>4303</td>
<td>Expire after 30 days</td>
<td>4k old messages removed</td>
<td></td>
</tr>
<tr>
<td>Cancelled Orders</td>
<td>1341</td>
<td>55742</td>
<td>Disable notification except lab specimen</td>
<td>~500/day</td>
<td></td>
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<tr>
<td>Overdue Orders</td>
<td>117</td>
<td>42829</td>
<td>Expire after 30 days</td>
<td>42k old messages removed</td>
<td></td>
</tr>
<tr>
<td>Expiring Orders</td>
<td>171</td>
<td>52</td>
<td>Expire after 30 days</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
EPIC MASTERY TASK FORCE MEMBERS

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• Stanford Children’s Health designed a tailored provider efficiency program utilizing adult learning theory

• 561 primary care, obstetric, and subspecialty providers – both faculty practice and community physicians – participated

• Used data to create “core content” or “best practices”

• Created Individualized Learning Plans (ILP) to guide Epic learning sessions
Learning Plan Development Process
“Provider Y was able to cut down on her after hours charting by two or more hours each night following her training session.”
UMass DFMCH “Home for Dinner” Program

Your FM dept Survey Data
Assessment of Epic baseline knowledge and well-being

Your Signal Data
Pajama time, time in In Basket, time in Notes, number QuickActions, etc

Your Personal Goals
What you want to do more of, what bothers you the most

Your Individualized Epic Mastery Learning Plan
Initial coaching session 1-1.5 hours (with a possibility for protected time), one 30-minute coaching follow-up session one month later, four 15-minute check-in every two months.
Example of how Epic can look at a day in the life of a physician.

**min/hr average** over a period of 4 weeks
Would you be interested in participating in a coaching program conducted by our department’s Epic Mastery Task Force to help providers personalize their Epic and use Epic more efficiently? (If you are interested, we will email you more information!)

- Yes: 63.3%
- No: 20%
Our website containing:

- Written how-to guides
- Grand rounds, Epic presentations and lectures
- Competency checklist
- Full comprehensive best practice list
- Home for Dinner project status updates
Epic Workshop

https://docs.google.com/presentation/d/1tz5qWEvobvcCblCxtFD5FR-gLd4T31i3ZZ_XyvYVg2s/edit?usp=sharing

Link to this presentation and Epic Workshop step-by-step guides
Depression SmartTool

- New UMass SmartText
- “AMB DEPRESSION SCREEN”
- From the UMMH Office of Clinical Integration
- Fulfills the 3 criteria needed
  - Screen
  - Interpret
  - Plan

From the desk of John Greenwood/President of the UMass Memorial Accountable Care Organization (UMMACO)

SmartTool use in Epic for documentation of depression screening and follow-up

*(note: similar functionality is likely available in non-Epic electronic health record systems, too)*

Today we updated the Depression Screening and Follow-up Quality Aid to clarify the SmartTool available in the Epic EHR. Specifically, the **AMB DEPRESSION SCREEN** SmartText that not only saves you documentation time by pulling up a depression screening and follow up text template but also meets quality reporting guidelines.
In the SmartText search box, search for “amb dep” to find “AMB DEPRESSION SCREEN”

Click Accept to put it into your note
The dropdown SmartLists present common options.

Filling these out fulfills the requirements.
To build a speed button of this, click the wrench near the top right.

Search for “amb dep” in the “SmartText” search field.

Find the “AMB DEPRESSION SCREEN”

A new speed button will appear. Rename it to what you like.
Billing Wizard

The billing wizard can help you bill to the highest level and document your reasoning.
MDM billing

To bill via MDM:
First select if it is Est or New (unfortunately it defaults to New)

Notice the table reflects the three columns/aspects of billing MDM.

Start from top to bottom and consider starting from left to right.

Any item with a “lightning bolt” is what Epic picked up from your dx or orders and is suggesting it. It is not 100% accurate so use it as a starting point.
MDM billing

The middle column, complexity, is the most dynamic.

Take note that it streamlines the counting of elements here, so go from top to bottom.

You can see here that reading a prior note and reviewing a result counts as 2 elements and the “green check mark” tells you that you met the level 3 requirement for “complexity”.

Medical Decision Making Level: 3
Time Level: None selected
Code to be added: PR OFFICE OUTPATIENT EST 20-29 MINUTES [99213 CPT®]
MDM billing

In this example, you have reviewed a prior note, reviewed a prior result, and ordered a new test. With these three elements you can dynamically see “live” how your billing now meets “Moderate” for complexity.
MDM billing

Let’s say you ordered a non-OTC drug. You can now select “Moderate” in the third column (Risk), because of “Prescription drug management”.

You can see at the bottom, the billing wizard says you meet criteria for a level 4 visit.
MDM billing

Let’s say you didn’t prescribe anything but you did address/monitor two stable chronic illnesses (like hypertension and obesity).

Select this in the first column (Problems addressed).

You still meet criteria for a level 4 visit as the billing wizard calculates in the bottom.
MDM billing

Last example, let’s say you only addressed obesity and hypertension but did not prescribe or manage any meds. Nor did you look at previous notes or previous labs or ordered any labs or imaging.

You can see that the billing wizard supports a level 4 visit if you “talked to another provider” (e.g. nutritionist via staff message).
Billing by time

You can bill by time and the billing wizard can help.

Click “Time” tab, and Epic will calculate the time you were in the chart total (e.g. 42 minutes).

Select “40 minutes” or write the time you think you spent and the wizard will bill the service level for you.

Click Accept for and the wizard will put in the charge for you.

Approximate time you had this patient’s chart open: 42 minutes*
*This may not reflect the total time you spent for this encounter.
FIT QuickAction

Let’s build a Result QuickAction so that when you have a FIT result, you can quickly message the patient and done the In Basket message.

First copy Henry’s FIT SmartPhrase, by going to SmartPhrases (Personalize > My SmartPhrases). Find Henry’s SmartPhrases by searching in the User search box. Hit enter.

Then search “fmch” in the SmartPhrase search box. Hit enter.
FIT QuickAction

You can just select FMCHCOMFIT but you can also shift click to get FMCHCOMLABTESTS and FMCHCOMPAP.

You will copy these to your SmartPhrase collection so that you can edit them whenever you want.

Click “Copy” and type your name in the User field. Click Accept.
FIT QuickAction

You can edit your FMCHCOMFIT to your liking.

A fecal immunochemical test (FIT) is a screening test for colon cancer. It tests for hidden blood in the stool, which may be an early sign for colon cancer. If the test is positive for blood you may need a colonoscopy. The FIT needs to be done yearly to be effective in detecting cancer.

The result from your most recent FIT is normal. I recommend the next FIT be repeated next year.

Please contact our office if you have any questions.

Thank you,

@ME@
FIT QuickAction

Go to In Basket and click “Manage QuickActions”

Click New QuickAction > Result Mgmt
FIT QuickAction

You will see this QuickAction in your In Basket - Results folder
FMCH Epic Survey

https://forms.gle/fbPJi9uoTNzz6Xj46

Please fill this out if you haven’t yet!
## Competency Checklist

On [fmhome4dinner.com](http://fmhome4dinner.com)

### Getting Home For Dinner Initiative - Epic Best Practices Checklist 2-pager

Henry Del Rosario MD; FM Epic Mastery Task Force (Hajj, Farrell, Ryan-Alkasab, Brochu)

Last update 4/2023

<table>
<thead>
<tr>
<th>Beginner level users</th>
<th>highlight in green</th>
<th>Intermediate level users</th>
<th>highlight in yellow</th>
<th>Advanced level users</th>
<th>highlight in blue</th>
</tr>
</thead>
</table>

* = Self-Assessment survey question

To learn these best practices, go to our [Getting Home for Dinner Dashboard](http://fmhome4dinner.com) and Epic Mastery Tool Box contained within. There is a detailed version of this checklist in which you can find here: [Epic Best Practices Detailed Checklist](http://fmhome4dinner.com)

### Personalization/Visit walkthrough:

- Customize the columns of your patient schedule.

- Use [Sticky Notes](http://fmhome4dinner.com) for yourself or for other members of your specialty.

- Use Care Coordination notes.

- Use the Storyboard

- Use Review Flowsheets or Synopsis to review vitals

- Utilize the different Visit Diagnoses speed buttons

- Learn how to move diagnoses back and forth between the Visit Diagnoses and Problem List

- Personalize the columns of your Medications & Orders.

- Create Patient Instructions for the AVS and corresponding Speed Buttons ([Epic video](http://fmhome4dinner.com))

- Personalize the Follow-Up section under Wrap Up