



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



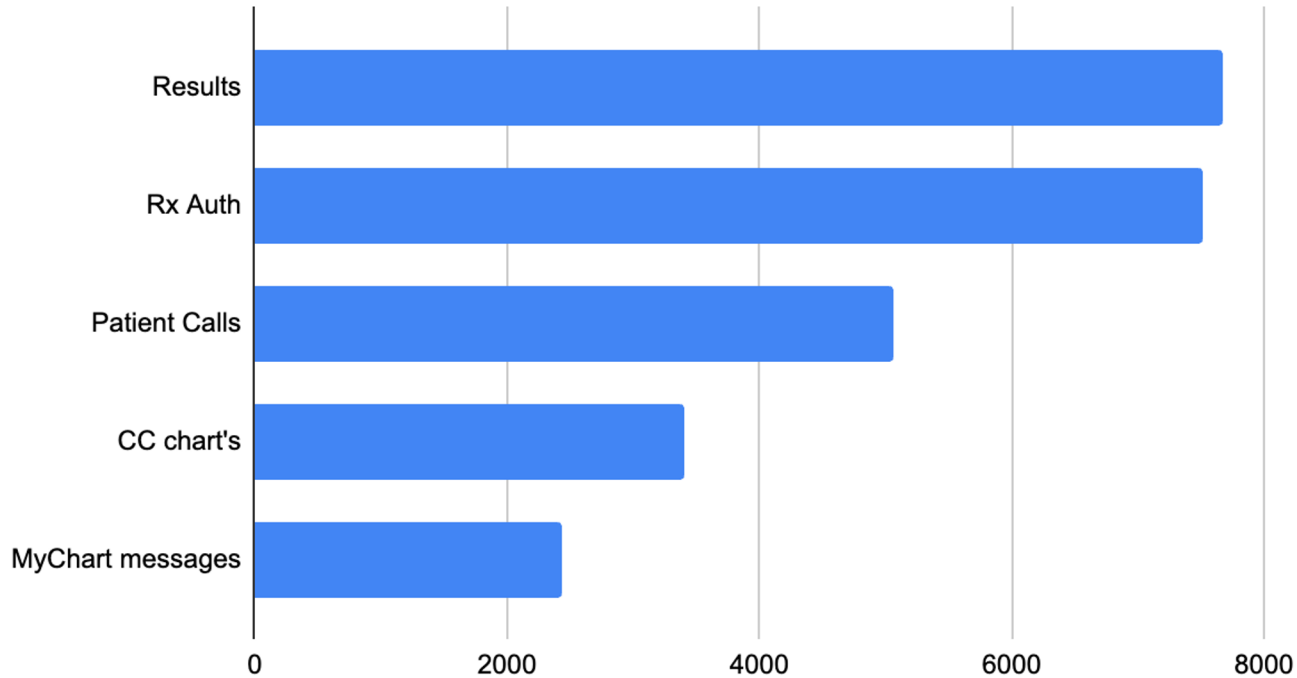
Agenda

- 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

8/28 to 9/24 (28 days)	Barre	Benedict	Fitchburg	Hahnemann	Average or Total
Total Attendings +APPs +Residents	29	11	23	25	88
Patients seen (appointments done)	2115	1149	1672	1631	6567
Total new in basket messages	12882	8809	10522	12568	44781
Results	2007	1551	2068	2052	7678
Rx Auth	2703	1585	1164	2070	7522
Patient Calls	1194	1770	666	1434	5064
CC chart's	617	957	575	1257	3406
MyChart messages	558	786	363	737	2444
In basket messages per appt	6.1	7.7	6.3	7.7	6.9
Results per appt	0.9	1.3	1.2	1.3	1.2
Rx auth per appt	1.3	1.4	0.7	1.3	1.2
Patient calls per appt	0.6	1.5	0.4	0.9	0.8
CC chart's	0.3	0.8	0.3	0.8	0.6
My chart messages per appt	0.3	0.7	0.2	0.5	0.4

Data from four FMCH clinics from 8/28/22 to 9/24/22 (28 days)

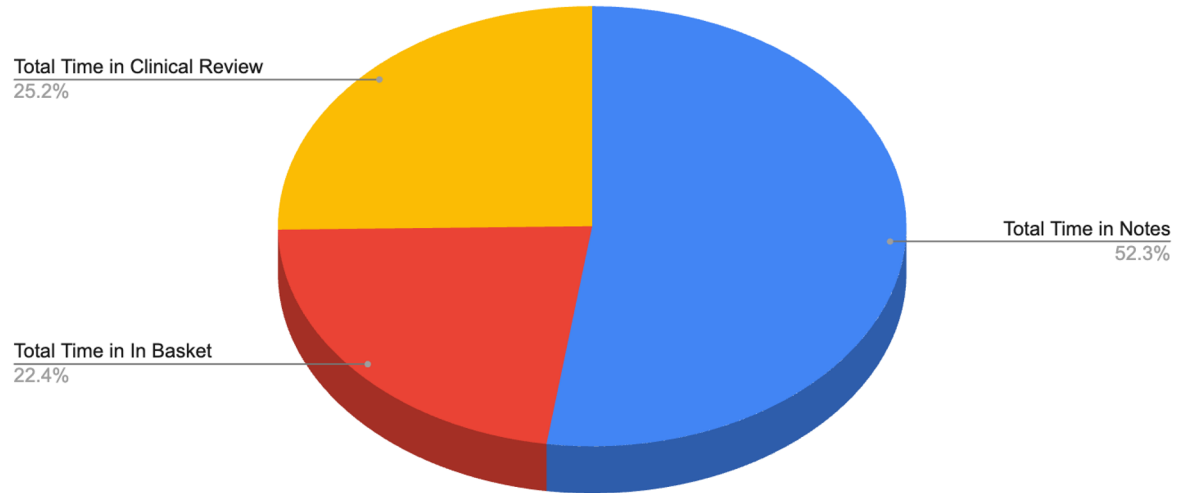
Total Number of In Basket Results in Four Weeks



Data from four FMCH clinics from 8/28/22 to 9/24/22 (28 days)

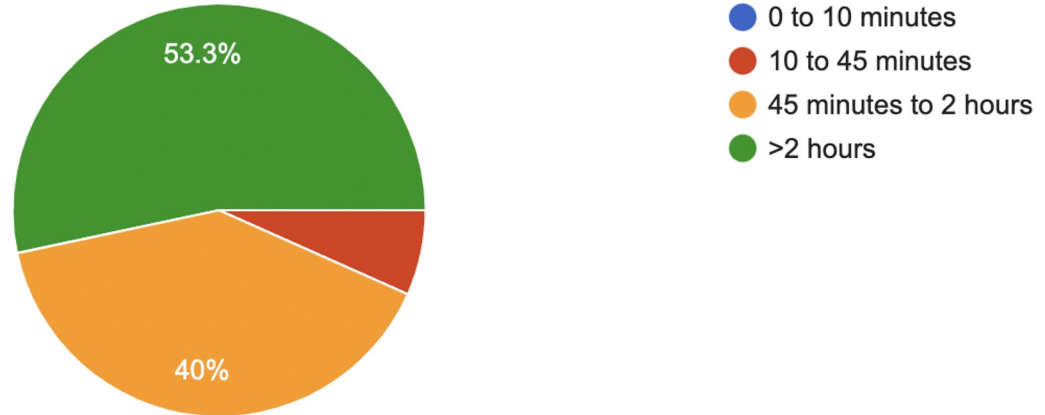
Total Time in Notes (hours)	269
Total Time in In Basket (hours)	115
Total Time in Clinical Review (hours)	130

Percentage of Time Spent on Epic

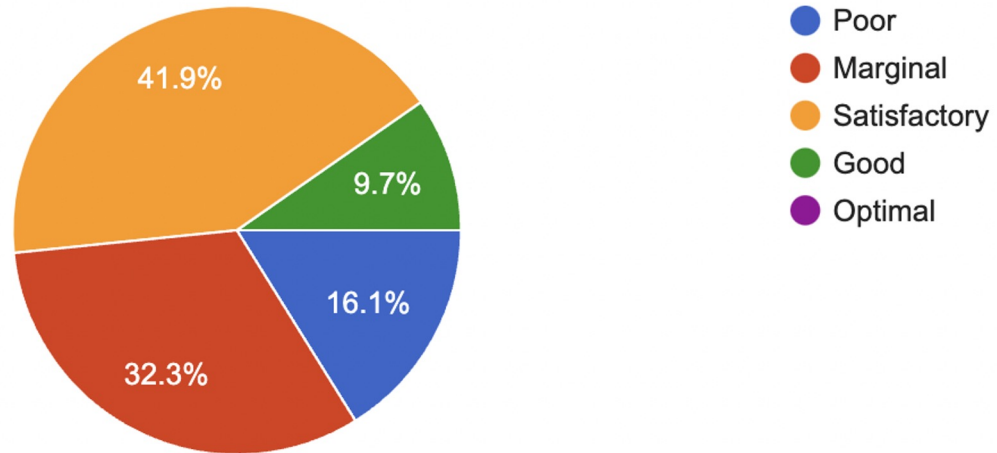


Data from four FMCH clinics from 8/28/22 to 9/24/22 (28 days)

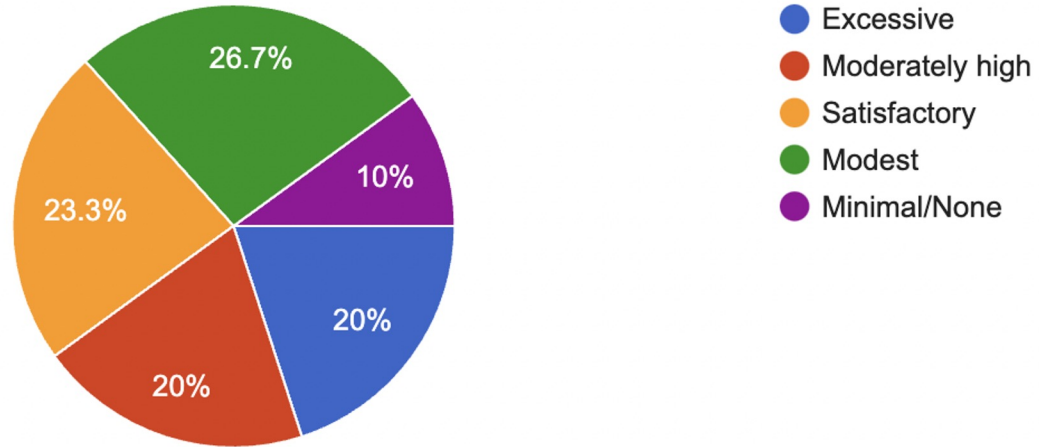
Estimate the amount of time you spend on Epic per **day**. Do not count the visit time you spend with patients in a clinic visit. You can include time on Epic spent during “administrative” time.



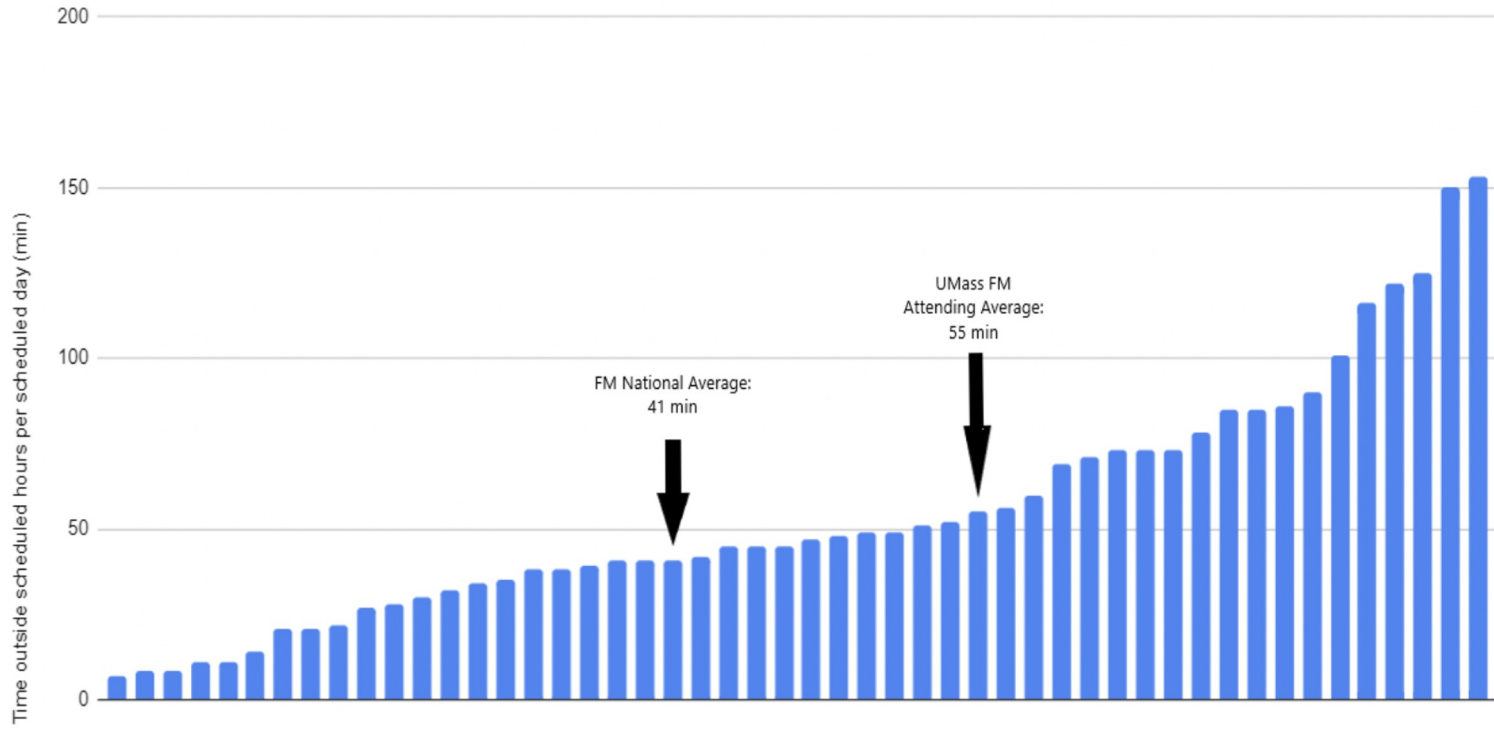
Sufficiency of time for documentation is:



The amount of time I spend on the EHR at home is:



Time outside scheduled hours per scheduled day (min)



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.

EDITOR'S CHOICE

Physician stress and burnout: the impact of health information technology FREE

Rebekah L Gardner ✉, Emily Cooper, Jacqueline Haskell, Daniel A Harris, Sara Poplau, Philip J Kroth, Mark Linzer

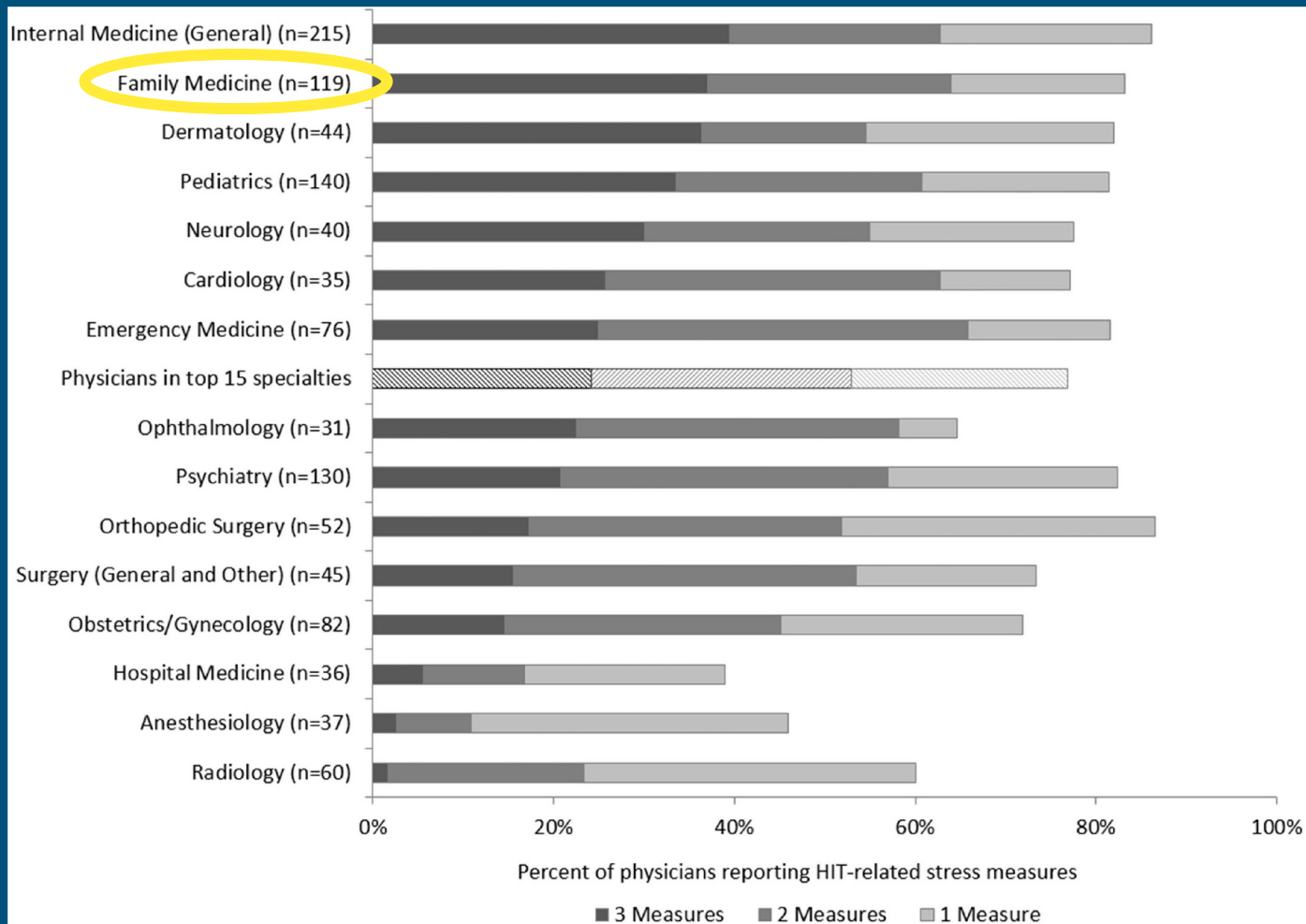
Journal of the American Medical Informatics Association, Volume 26, Issue 2, February 2019, Pages 106–114, <https://doi.org/10.1093/jamia/ocy145>

Published: 05 December 2018 **Article history** ▼

- 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

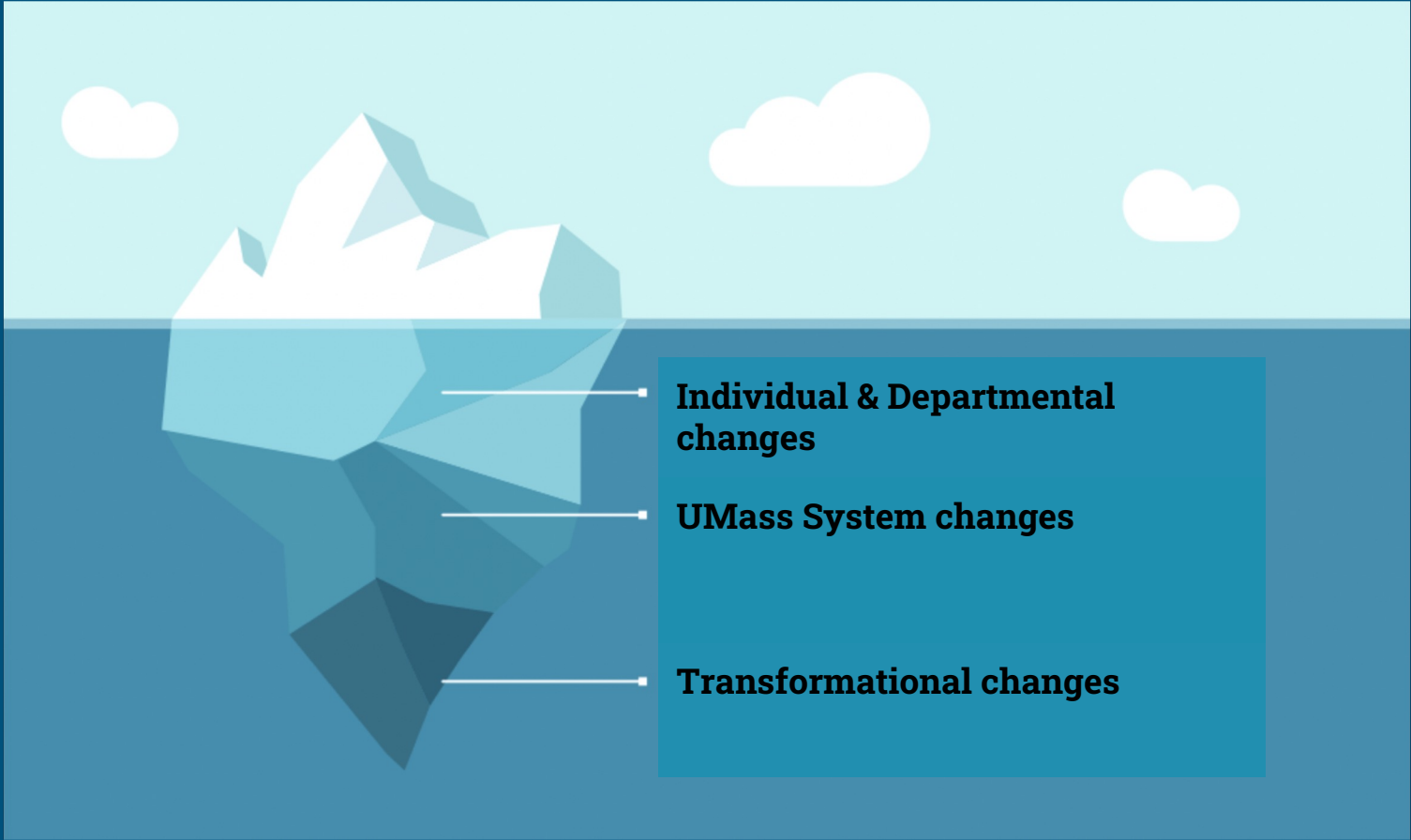
Odds ratio for burnout:

2.81

1.93

2.44

UMass DFMCH: 84.21% of survey participants have HIT-related stress



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

INBASKET WORKGROUP

Predicted Impact:

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

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Designing An Individualized EHR Learning Plan For Providers

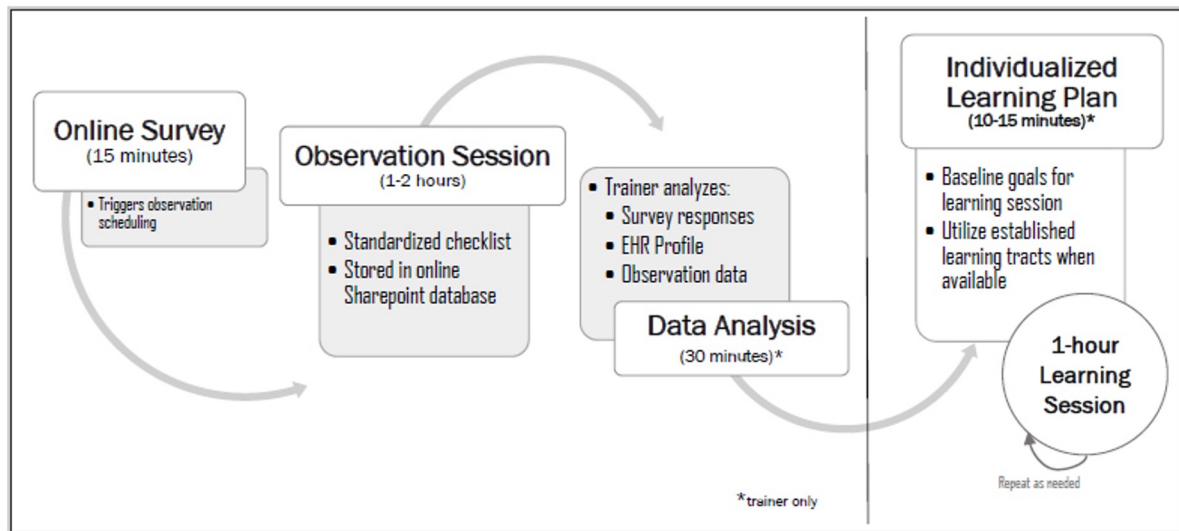
[Lindsay A. Stevens](#),^{1,2}Correspondence address [Yumi T. DiAngi](#),¹ [Jonathan D. Schremp](#),¹ [Monet J. Martorana](#),¹
[Roberta E. Miller](#),¹ [Tzielan C. Lee](#),^{1,2} and [Natalie M. Pageler](#)^{1,2}

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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

Fig. 1

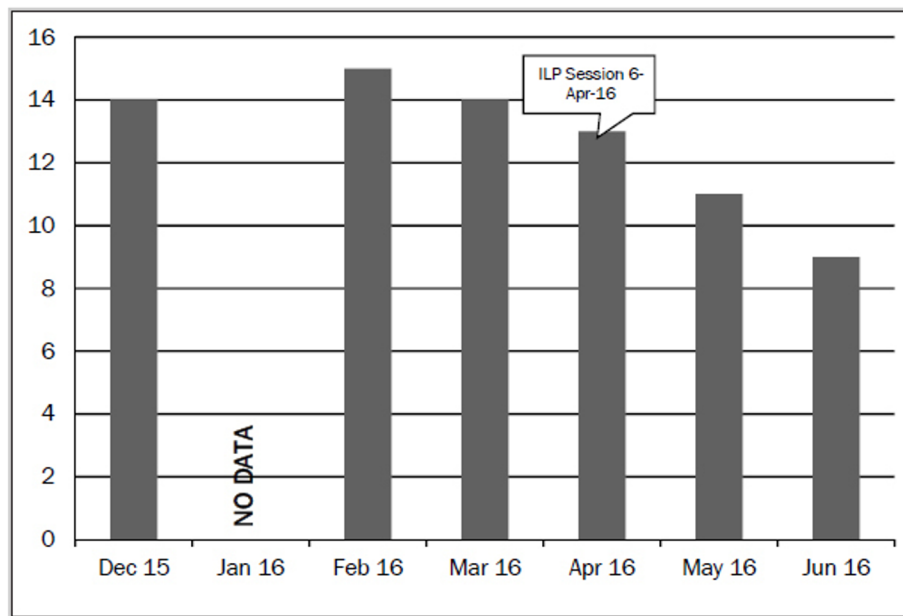


Learning Plan Development Process

Fig. 5



“Provider Y was able to cut down on her after hours charting **by two or more hours each night** following her training session.”



Daily Hours in System for Provider Y (Monthly Average)

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

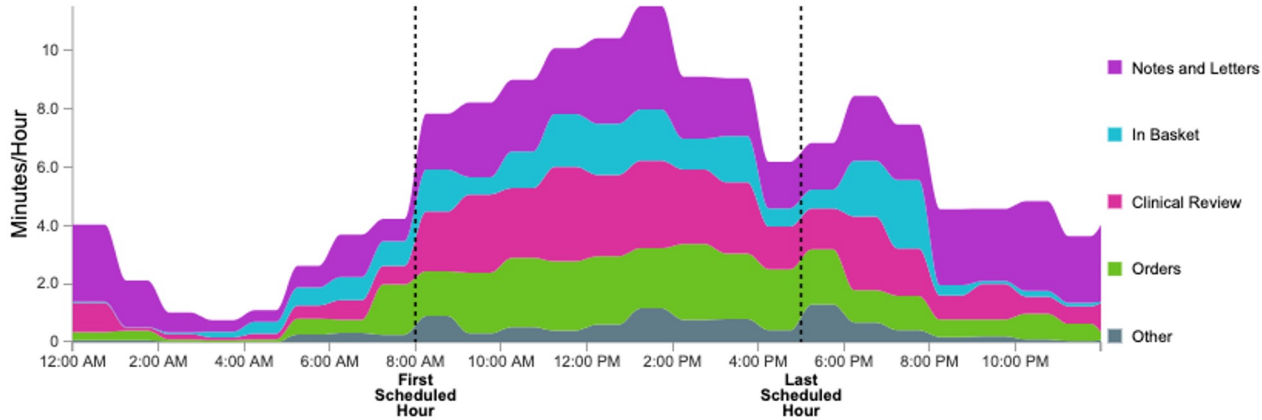


Your Individualized Epic Mastery Learning Plan

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.

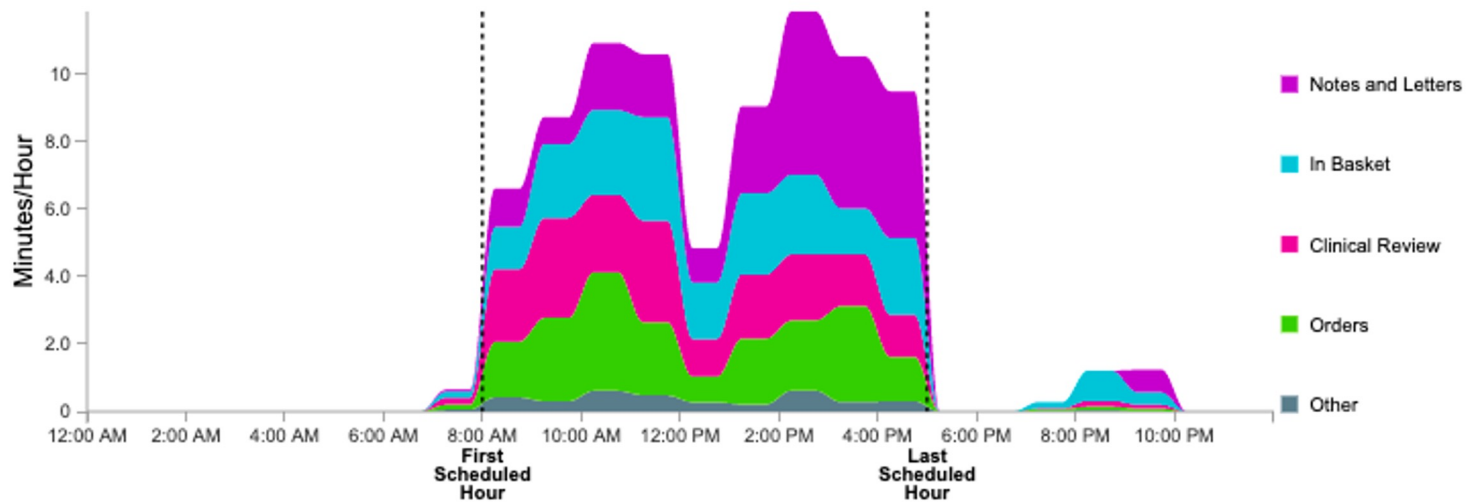


Usage on Average Day ⓘ

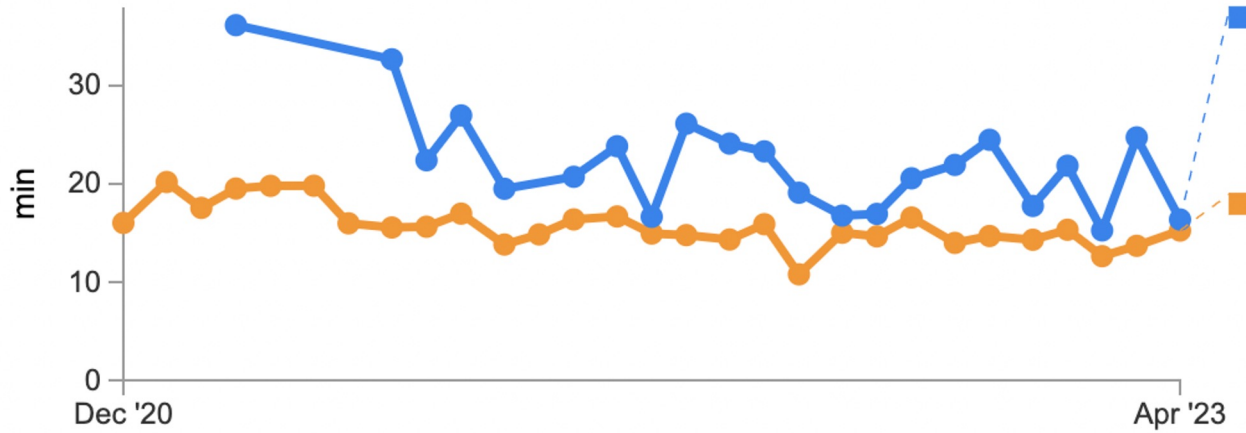


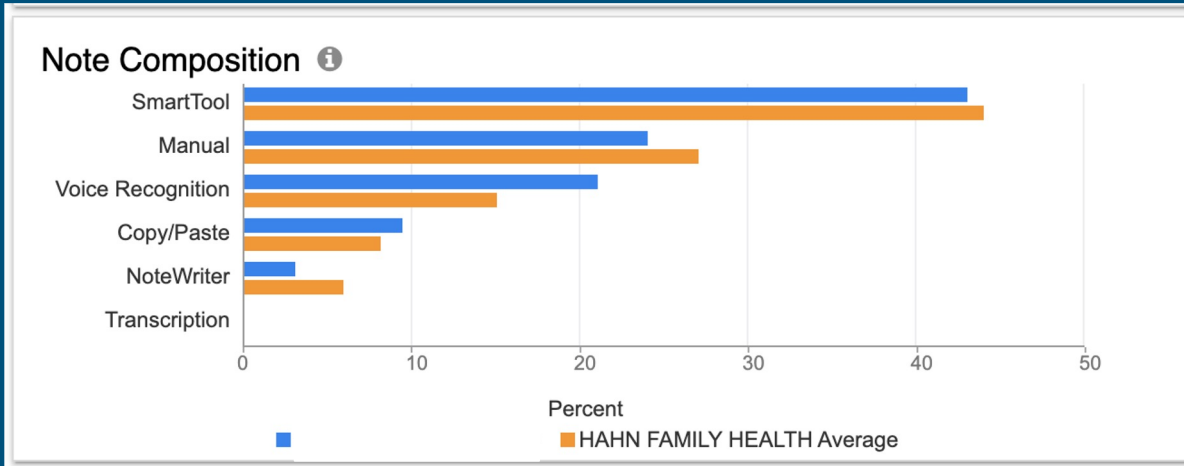
- ⊠ Example of how Epic can look at a day in the life of a physician.
- ⊠ **min/hr average** over a period of 4 weeks

Usage on Average Day ⓘ

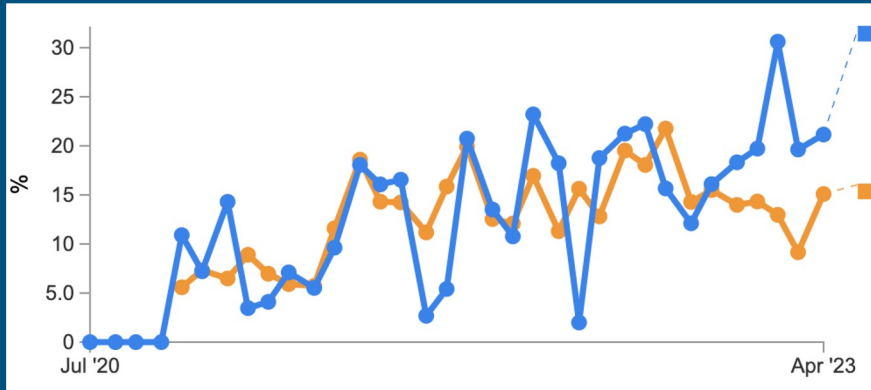


Time in Notes per Appointment i

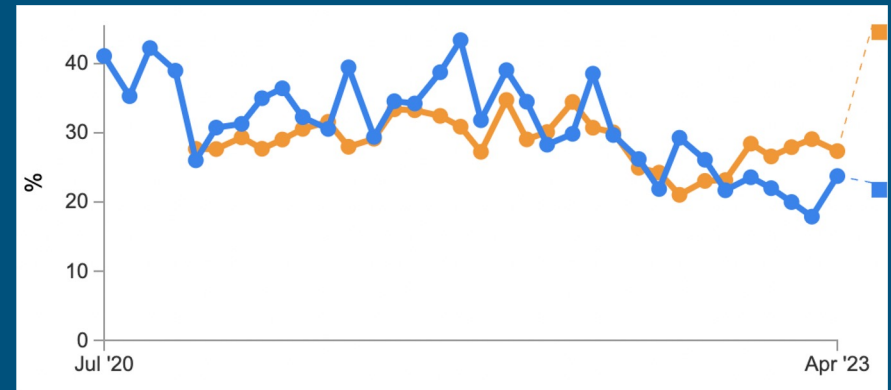




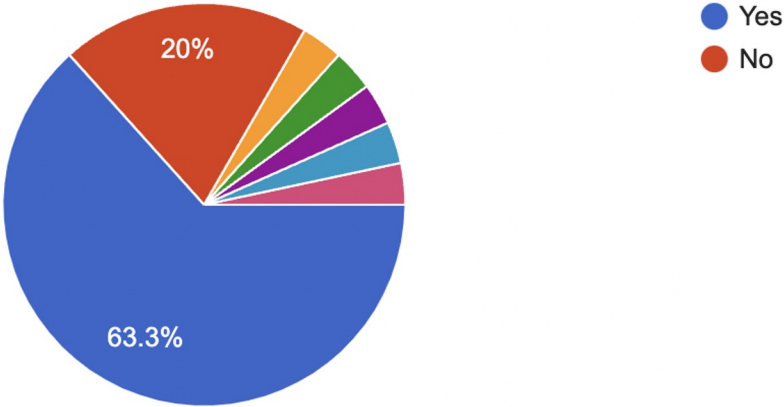
Dictation



Manual Typing



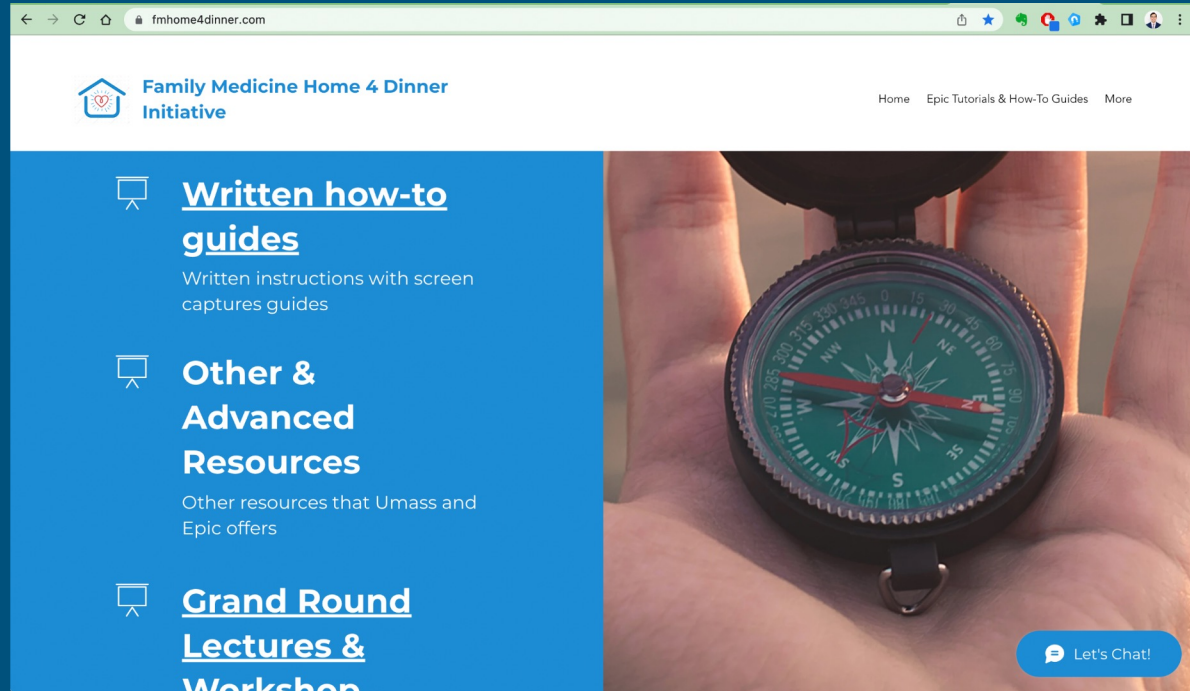
Would you be interested in participating in a coaching program conducted by our department's Epic Mastery Task Force to help providers personalize their Epic and use Epic more efficiently? (If you are interested, we will email you more information!)



fmhome4dinner.com

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



UMassMemorial

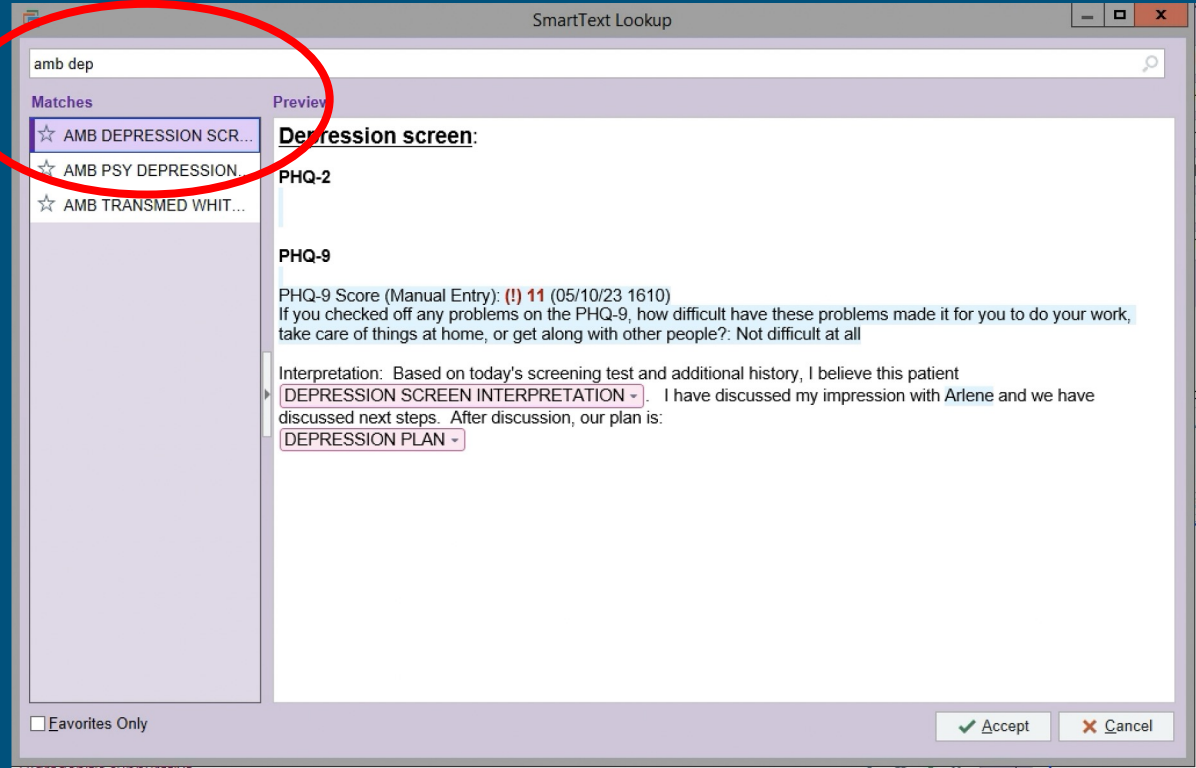
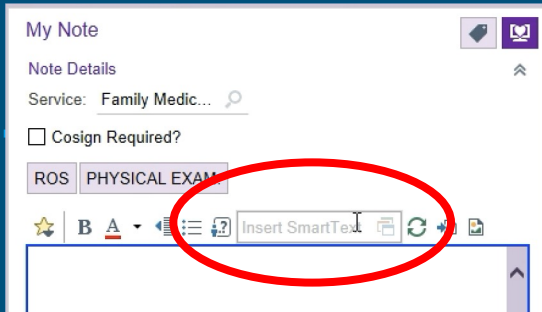
Accountable Care Organization

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.

Interpretation: Based on today's screening test and additional history, I believe this patient

DEPRESSION SCREEN INTERPRETATION . I have

- does not meet criteria for depression. No further evaluation needed at th
- has dysthymic disorder.
- has adjustment disorder with depressed mood.
- has adjustment disorder with mixed anxiety and depressed mood.
- has acute stress reaction.
- has anxiety disorder.
- has panic attacks.
- has major depressive disorder **MILD, MOD, SEV** .
- has possible bipolar disorder.
- ***

Filling these out fulfills the requirements

DEPRESSION PLAN

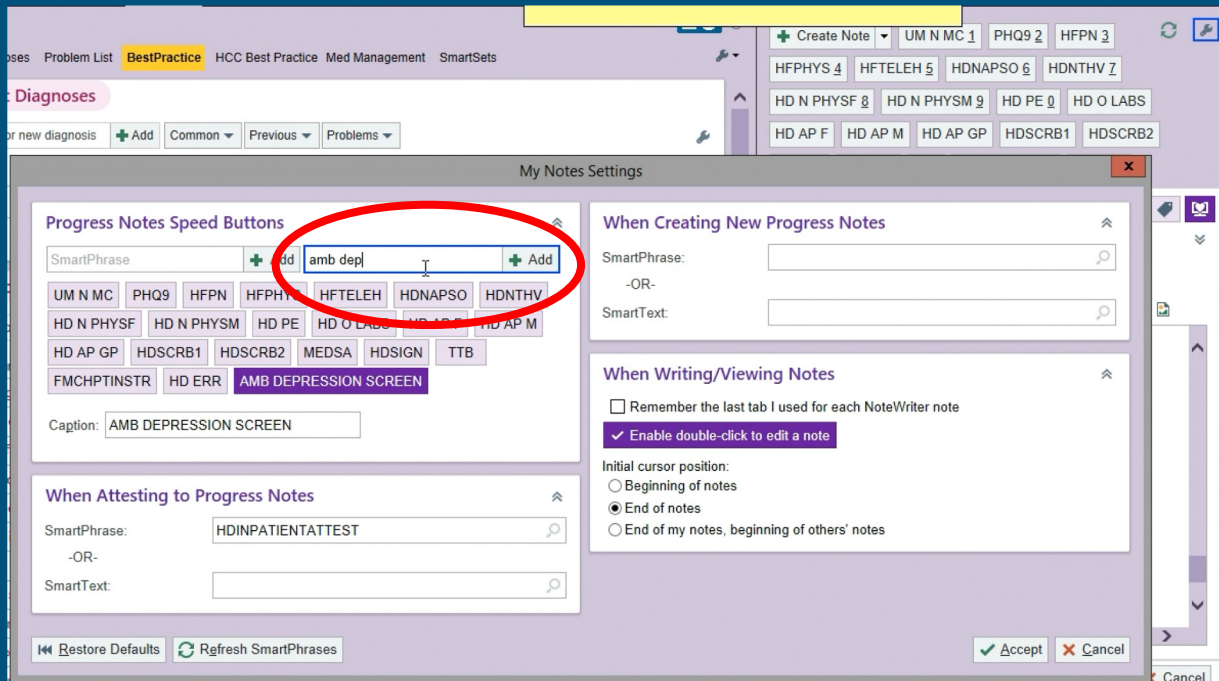
- plan; counseling recommendations:**
- Medications: **DEPRESSION-ANXIETY MEDS**
- Referral for further evaluation and treatment
- Advice about availability of Emergency Mental Health and how to access
- Provision of suicide prevention information
- Instruction to contact the office or on-call physician promptly should cond
- Discussion regarding a self-care plan
- Continue to monitor.

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.

Level of Service

PRENA3	nPV<1	ePV<1	nPROB3	ePROB3
TH10-20m	nPV1-4	ePV1-4	MCPPPS	ePROB4
TH21-30m	nPV5-11	ePV5-11	NOCHG	ePROB5
nPV40-64	nPV12-17	ePV12-17	ePV40-64	TCM7d
nPV>65	nPV18-39	ePV18-39	ePV65+	TCM14d

Level of service:

Modifiers:

[+ Add Modifier](#)

[+ Add E/M Code](#)

Authorizing provider:

Bill area:

Calculate LOS based on time

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.

Level Of Service Calculator

Patient type: **New** Established Service type: OFFICE/OUTPATIENT

Medical Decision Making Time List + Additional E/M

Level	Problems Addressed	Amount and/or Complexity	Risk
2	<input type="checkbox"/> 1 Self-limited or minor problem	<input checked="" type="checkbox"/> Minimal or None	<input checked="" type="checkbox"/> Minimal
3	<input type="checkbox"/> 2 or more self-limited or minor problems <input type="checkbox"/> 1 stable, chronic illness <input checked="" type="checkbox"/> 1 acute, uncomplicated illness or injury <input type="checkbox"/> 1 stable, acute illness <input type="checkbox"/> 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	<input type="radio"/> Limited Any combination of 2: Review of prior external notes from unique source 1 2 3+ Review of the results from each unique test 1 2 3+ Ordered of each unique test 1 2 3+ or <input type="checkbox"/> Assessment requiring an independent historian that is not the patient	<input type="checkbox"/> Low • OTC drugs • Minor surgery with no identified risk factors
4	<input type="checkbox"/> 1 or more chronic illness with exacerbation, progression, or side effects of treatment	<input type="radio"/> Moderate (one from below) • Tests, documents, or independent historians	<input type="checkbox"/> Moderate • Prescription drug management • Minor surgery with identified risk

Medical Decision Making Level: 2 Time Level: None selected

Code to be added: **PR OFFICE OUTPATIENT NEW 15-29 MINUTES [99202 CPT@]**

Accept Cancel

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”.

Level Of Service Calculator

Patient type: New Established Service type: OFFICE/OUTPATIENT

Medical Decision Making Time List Additional E/M

Level	Problems Addressed	Amount and/or Complexity	Risk
2	<input type="checkbox"/> 1 Self-limited or minor problem	<input checked="" type="checkbox"/> Minimal or None	<input checked="" type="checkbox"/> Minimal
3	<input type="checkbox"/> 2 or more self-limited or minor problems <input type="checkbox"/> 1 stable, chronic illness <input checked="" type="checkbox"/> 1 acute, uncomplicated illness or injury <input type="checkbox"/> 1 stable, acute illness <input type="checkbox"/> 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	<input checked="" type="checkbox"/> Limited Any combination of 2: Review of prior external notes from unique source <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ Review of the results from each unique test <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ Ordered of each unique test <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ or <input type="checkbox"/> Assessment requiring an independent historian that is not the patient	<input type="checkbox"/> Low • OTC drugs • Minor surgery with no identified risk factors
4	<input type="checkbox"/> 1 or more chronic illness with exacerbation, progression, or side effects of treatment	<input type="radio"/> Moderate (one from below) – Tests, documents, or independent historians	<input type="checkbox"/> Moderate • Prescription drug management • Minor surgery with identified risk

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

Accept Cancel

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.

Level Of Service Calculator

Patient type: **New** **Established** Service type: OFFICE/OUTPATIENT

Medical Decision Making Time List + Additional E/M

Level	Problems Addressed	Amount and/or Complexity	Risk
2	<input type="checkbox"/> 1 Self-limited or minor problem	<input checked="" type="checkbox"/> Minimal or None	<input checked="" type="checkbox"/> Minimal
3	<input type="checkbox"/> 2 or more self-limited or minor problems <input type="checkbox"/> 1 stable, chronic illness <input checked="" type="checkbox"/> 1 acute, uncomplicated illness or injury <input type="checkbox"/> 1 stable, acute illness <input type="checkbox"/> 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	<input checked="" type="checkbox"/> Limited Any combination of 2: Review of prior external notes from unique source 1 2 3+ Review of the results from each unique test 1 2 3+ Ordered of each unique test 1 2 3+ or <input type="checkbox"/> Assessment requiring an independent historian that is not the patient	<input type="checkbox"/> Low • OTC drugs • Minor surgery with no identified risk factors
4	<input type="checkbox"/> 1 or more chronic illness with exacerbation, progression, or side effects of treatment	<input checked="" type="checkbox"/> Moderate (one from below) <input checked="" type="checkbox"/> Tests, documents, or independent historians	<input type="checkbox"/> Moderate • Prescription drug management • Minor surgery with identified risk

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

Accept Cancel

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.

Level Of Service Calculator

Patient type: **New** **Established** Service type: OFFICE/OUTPATIENT

Medical Decision Making Time List + Additional E/M

independent historian that is not the patient

4	<input type="checkbox"/> 1 or more chronic illness with exacerbation, progression, or side effects of treatment <input type="checkbox"/> 2 or more stable chronic illnesses <input type="checkbox"/> 1 undiagnosed new problem with uncertain prognosis <input type="checkbox"/> 1 acute illness with systemic symptoms <input type="checkbox"/> 1 acute complicated injury	<input checked="" type="checkbox"/> Moderate (one from below) ✓ Tests, documents, or independent historians (modify in level 3) <input type="checkbox"/> Independent interpretation of tests completed by another healthcare professional <input type="checkbox"/> Discussion of management or test interpretation with another healthcare professional	<input checked="" type="checkbox"/> Moderate <ul style="list-style-type: none">• Prescription drug management• Minor surgery with identified risk factors• Elective major surgery with no identified risk factors• Diagnosis or treatment significantly limited by social determinants of health
5	<input type="checkbox"/> 1 or more chronic illness with severe exacerbation, progression, or side effects of treatment <input type="checkbox"/> 1 acute or chronic illness or injury that poses a threat to life or bodily function	<input type="radio"/> Extensive (two from below) ✓ Tests, documents, or independent historians (modify in level 3) <input type="checkbox"/> Independent interpretation of tests completed by another healthcare professional <input type="checkbox"/> Discussion of management or test	<input type="checkbox"/> High <ul style="list-style-type: none">• Elective major surgery with identified risk factors• Emergency major surgery• Drug therapy requiring intensive monitoring for toxicity• Decision not to resuscitate or to de-escalate care because of poor prognosis• Decision regarding hospitalization

Medical Decision Making Level: 4 Time Level: None selected
Code to be added: **PR OFFICE OUTPATIENT EST 30-39 MINUTES [99214 CPT®]**

Accept Cancel

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.

Level Of Service Calculator

Patient type: **New** **Established** Service type: OFFICE/OUTPATIENT

Medical Decision Making Time List + Additional E/M

	<input type="checkbox"/> Assessment requiring an independent historian that is not the patient		
4	<input type="checkbox"/> 1 or more chronic illness with exacerbation, progression, or side effects of treatment <input checked="" type="checkbox"/> 2 or more stable chronic illnesses <input type="checkbox"/> 1 undiagnosed new problem with uncertain prognosis <input type="checkbox"/> 1 acute illness with systemic symptoms <input type="checkbox"/> 1 acute complicated injury	<input checked="" type="radio"/> Moderate (one from below) <input checked="" type="checkbox"/> Tests, documents, or independent historians (modify in level 3) <input type="checkbox"/> Independent interpretation of tests completed by another healthcare professional <input type="checkbox"/> Discussion of management or test interpretation with another healthcare professional	<input type="checkbox"/> Moderate <ul style="list-style-type: none">• Prescription drug management• Minor surgery with identified risk factors• Elective major surgery with no identified risk factors• Diagnosis or treatment significantly limited by social determinants of health
5	<input type="checkbox"/> 1 or more chronic illness with severe exacerbation, progression, or side effects of treatment <input type="checkbox"/> 1 acute or chronic illness or injury that poses a threat to life or bodily function	<input type="radio"/> Extensive (two from below) <input checked="" type="checkbox"/> Tests, documents, or independent historians (modify in level 3) <input type="checkbox"/> Independent interpretation of tests completed by another healthcare professional	<input type="checkbox"/> High <ul style="list-style-type: none">• Elective major surgery with identified risk factors• Emergency major surgery• Drug therapy requiring intensive monitoring for toxicity• Decision not to resuscitate or to de-escalate care because of poor prognosis

Medical Decision Making Level: 4 Time Level: None selected
Code to be added: **PR OFFICE OUTPATIENT EST 30-39 MINUTES [99214 CPT@]**

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).

Level Of Service Calculator

Patient type: **New** **Established** Service type: OFFICE/OUTPATIENT

Medical Decision Making Time List + Additional E/M

1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care

Review of the results from each unique test
1 2 3+

Ordered of each unique test
1 2 3+

or
 Assessment requiring an independent historian that is not the patient

4

1 or more chronic illness with exacerbation, progression, or side effects of treatment
 2 or more stable chronic illnesses
 1 undiagnosed new problem with uncertain prognosis
 1 acute illness with systemic symptoms
 1 acute complicated injury

Moderate (one from below)
- Tests, documents, or independent historians (modify in level 3)
 Independent interpretation of tests completed by another healthcare professional
 Discussion of management or test interpretation with another healthcare professional

Moderate

- Prescription drug management
- Minor surgery with identified risk factors
- Elective major surgery with no identified risk factors
- Diagnosis or treatment significantly limited by social determinants of health

1 or more chronic illness with Extensive (two from below) High

Medical Decision Making Level: 4 Time Level: None selected
Code to be added: **PR OFFICE OUTPATIENT EST 30-39 MINUTES [99214 CPT®]**

Accept Cancel

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.

Level Of Service Calculator

Patient type: **New** **Established** Service type: OFFICE/OUTPATIENT

Medical Decision Making **Time** List + Additional E/M

Time (Alt+Shift+T)

Total time: 10 Minutes 20 Minutes 30 Minutes **40 Minutes**

Times you've accessed this chart:

Chart accessed	Chart accessed	Chart accessed	Chart accessed for current session	Appointment time
3:25 PM - 3:37 PM	8:51 PM - 8:51 PM	8:54 PM - 8:54 PM	9:05 PM -	3:00 PM
12 minutes	< 1 minute	< 1 minute	28 minutes	

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

Medical Decision Making Level: 4 **Time Level: 5**

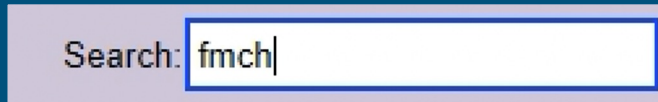
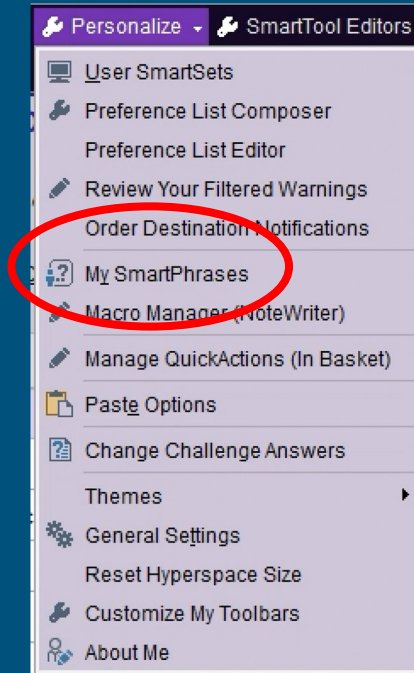
Code to be added: **PR OFFICE OUTPATIENT EST 40-54 MINUTES [99215 CPT@]**

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.

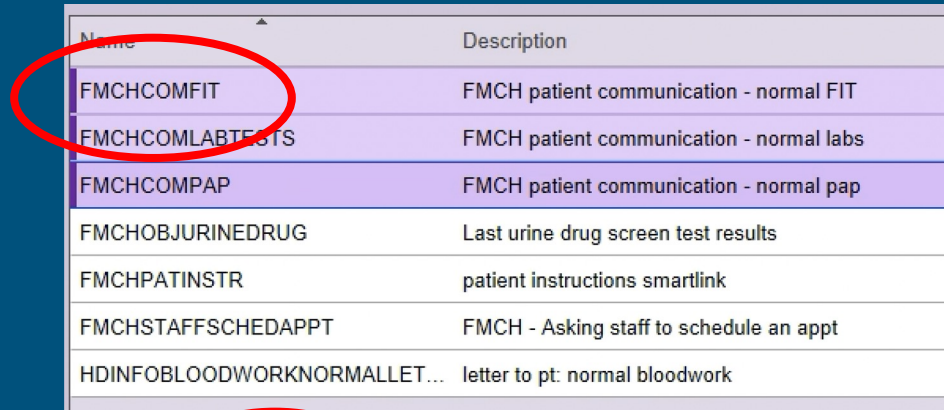


FIT QuickAction

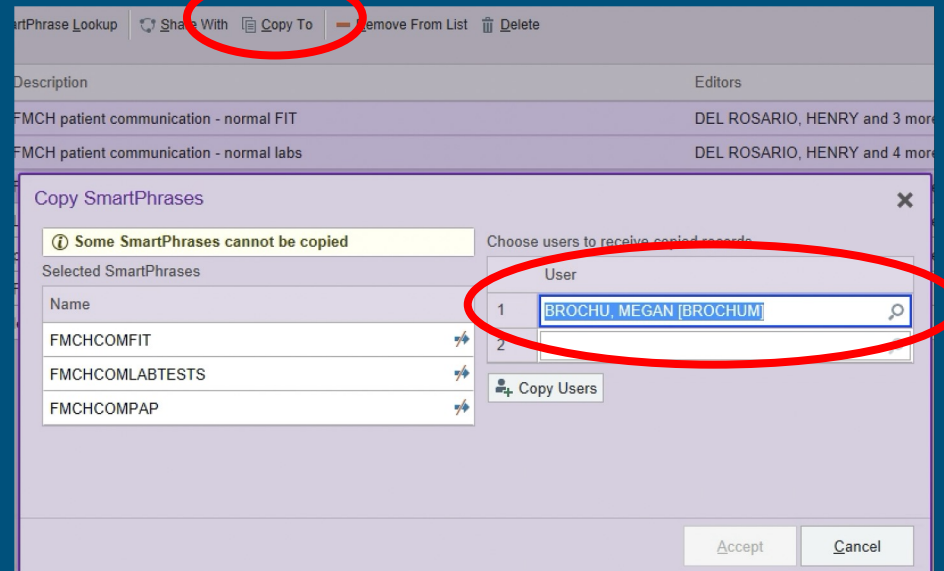
You can just select FMCHCOMFIT but you can also shift click to get FMCHCOMLABTESTS and FMCHCOMPAP.

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.



Name	Description
FMCHCOMFIT	FMCH patient communication - normal FIT
FMCHCOMLABTESTS	FMCH patient communication - normal labs
FMCHCOMPAP	FMCH patient communication - normal pap
FMCHOBJURINEDRUG	Last urine drug screen test results
FMCHPATINSTR	patient instructions smartlink
FMCHSTAFFSCHEAPPT	FMCH - Asking staff to schedule an appt
HDINFOBLOODWORKNORMALLET...	letter to pt: normal bloodwork



SmartPhrase Lookup Share With Copy To Remove From List Delete

Description	Editors
FMCH patient communication - normal FIT	DEL ROSARIO, HENRY and 3 more
FMCH patient communication - normal labs	DEL ROSARIO, HENRY and 4 more

Copy SmartPhrases

Some SmartPhrases cannot be copied

Selected SmartPhrases

Name	
FMCHCOMFIT	↔
FMCHCOMLABTESTS	↔
FMCHCOMPAP	↔

Choose users to receive copied records

User
1 BROCHU, MEGAN [BROCHUM]
2

Copy Users

Accept Cancel

FIT QuickAction

You can edit your FMCHCOMFIT to your liking.

User SmartPhrase – FMCHCOMFIT [265167]

Do not include PHI or patient-specific data in SmartPhrases.

★ B A ▾ ☰ ? Insert SmartText Insert SmartList ☰

1 2 3 4 5 6 7 8

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.

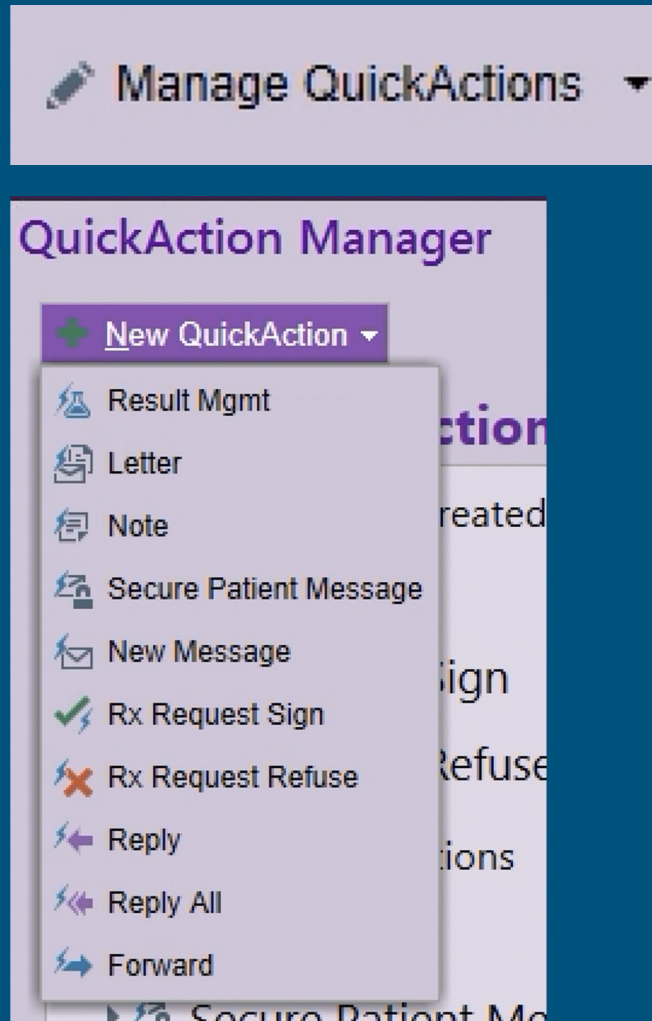
Thank you,

@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

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]

Beginner level users should learn what is highlighted in green
Intermediate level users should learn what is highlighted in yellow
Advanced level users should learn what is highlighted in blue
 * = Self-Assessment survey question

To learn these best practices, go to our [Getting Home for Dinner Dashboard](#) 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](#)

Personalization/Visit walkthrough:

		Customize the columns of your patient schedule .		
	*	Use Sticky Notes 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)	
	*	Personalize the Follow-Up section under Wrap Up		