



Provider Engagement: Turning An EHR From A Barrier To Benefit

HITEQ /STAR² Center
Collaboration

January 26, 2017



HDCONSULT.NET

Introductions

- HITEQ
- STAR² Center
- HDConsult

Audience Poll

Please select the answer that best describes your role:

- a) Front line staff (such as case manager, health educator, outreach worker)
- b) Provider
- c) Back office staff (such as billing, operations support)
- d) Information technology staff (such as data manager, information officer)
- e) Program management (such as project director, administrator)
- f) Other

HITEQ Purpose

The HITEQ Center is a HRSA-funded Cooperative Agreement that collaborates with HRSA partners to support health centers in full optimization of their EHR/Health IT systems



HITEQ Focus Areas



**Health IT Enabled
Quality Improvement**



**Value-Based
Payment**



**EHR Selection and
Implementation**



Privacy and Security



**Health Information
Exchange**



**Electronic Patient
Engagement**



**QI/HIT Workforce
Development**



**Population Health
Management**

HITEQ Services

- Web-based health IT knowledgebase
- Workshops and webinars
- Targeted technical assistance





Association of Clinicians for the Underserved (ACU)

ACU is a nonprofit, transdisciplinary organization of clinicians, advocates and health care organizations united in a common mission to improve the health of America's underserved populations and to enhance the development and support of the health care clinicians serving these populations.





STAR² Center

Solutions, Training, and Assistance for Recruitment and Retention

Chcworkforce.org

info@chcworkforce.org

844-ACU-HIRE

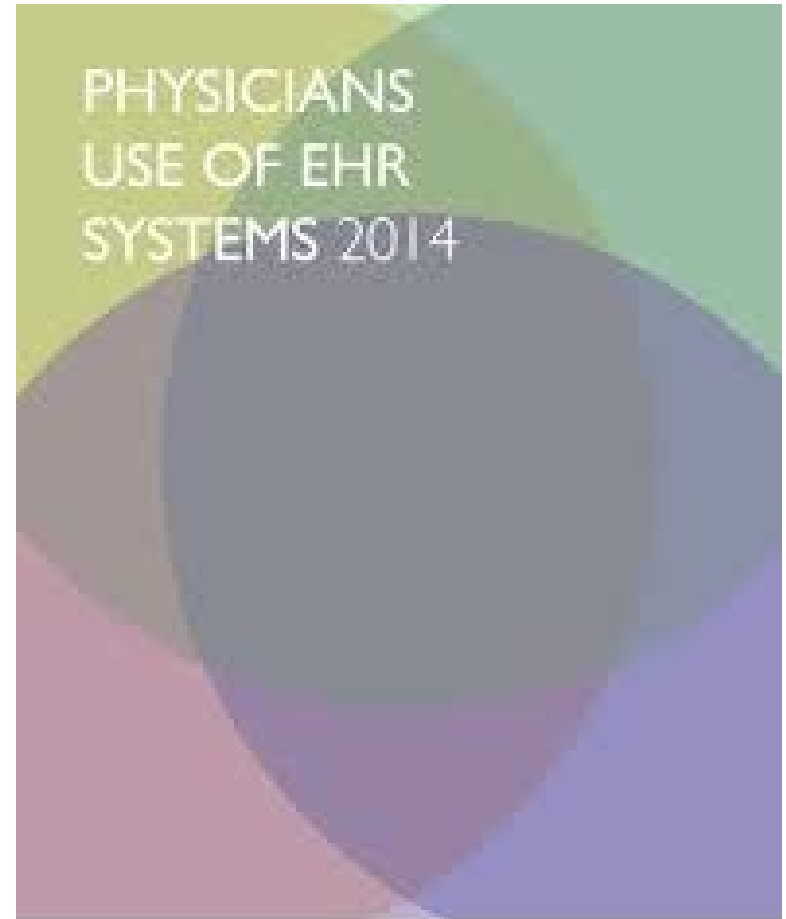
- Resource Center
 - Self-Assessment Tool
 - R&R Plan Template
 - Data Profiles & More!
- Monthly Webinar Series
- Individual Assistance
- Newsletter



2014 Survey – AMA and AmericanEHR

- 42 % - EHR system's ability to improve efficiency difficult/very difficult
- 72 % - EHR system's ability to decrease workload difficult/very difficult
- 54 % - EHR system increased total operating costs
- 43 % - Difficult to overcome productivity challenges related to EHR system

Source: AmericanEHR. 2014. Physicians Use of EHR Systems. Accessed at <http://www.americanehr.com/research/reports/Physicians-Use-of-EHR-Systems-2014.aspx>.



Impact on Satisfaction - Benefits

- Better ability to remotely access patient information
- Improvements in quality of care
- *Potential* of EHRs to further improve patient care and professional satisfaction
 - user interfaces
 - health information exchange



Source: Friedberg, M.W., Chen, P.G., Aunon, F.M., Van Busum, K.R., Pham, C. Factors Affecting Physician Professional Satisfaction and Their Implications for Patient Care, Health Systems and Health Policy. Research Report. The Rand Corporation. c. 2013.

Impact on Satisfaction - Negatives

- Poor EHR usability
- Time-consuming data entry
- Interference with face-to-face patient care
- Inefficient and less fulfilling work content
- Inability to exchange health information between EHR products
- Degradation of clinical documentation, including template generated notes



Source: Friedberg, M.W., Chen, P.G., Aunon, F.M., Van Busum, K.R., Pham, C. Factors Affecting Physician Professional Satisfaction and Their Implications for Patient Care, Health Systems and Health Policy. Research Report. The Rand Corporation. c. 2013.

Steps Taken to Mitigate Issues

- Allow multiple modes of data entry
 - Scribes
 - Dictation with human transcriptionists
- Employ other staff members (e.g. flow managers)
 - To help physicians focus their interactions with EHRs on activities truly requiring a physician's training



About HDConsult

- Health Information Technology consulting firm
- 15+ years in business
- EHR [Re]Implementation, EHR Optimization, EHR Migration, Data Extract, HIE, HIT Strategy, Compliance
- Strong relationships with safety-net providers



Session Goal/Outline

Goal: Identify opportunities to increase provider satisfaction with EHR interactions

Objectives:

- Reorient provider satisfaction
- Examine provider-engaged governance strategy
- Identify EHR optimization techniques
- Peak at the future of EHR innovation

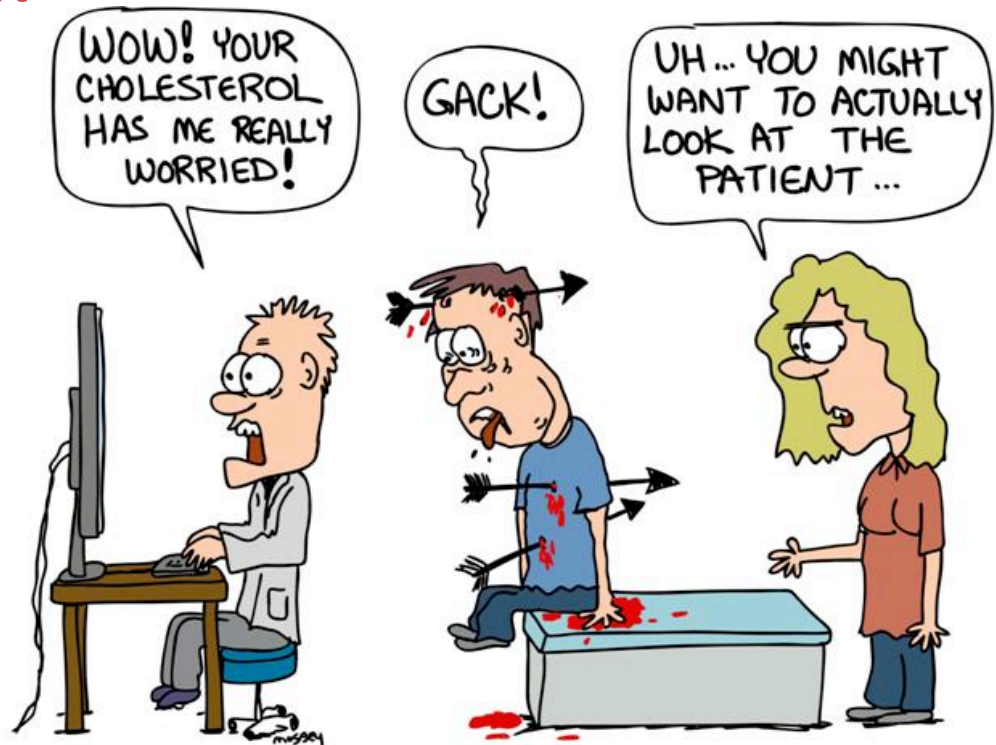
Content Note

- Enter questions in chat box during webinar
- Slides available after session



If you asked your providers today what they would change about your EMR, how would they respond?

1. Make it easier to input information
2. Make it easier to find information
3. Take away the busy work
4. Stop intrusion on 'patient time'



Scrap the EHR?

No, Optimize

Physicians using better EHRs with more experience report better clinical experience

- Less Paperwork and Fewer Storage Issues
- Increased Quality of Care
- Increased Efficiency and Productivity
- Better Patient Care Experience



Which Users Report EHR Benefits?

- Experienced and Supported EHR users
- Optimized Workflows
- Optimized EHR systems
- Connected EHR
 - Patients
 - Providers
 - Care Partners
 - Information
- Truly incented (not “meaningful”)



How do you transform your practice to fit these descriptions?

Understanding Providers Prospective

- Highly intelligent, educated
- Top of their career
- Engage motivational levels (Maslow/Herzberg, et al)
- Provide meaningful opportunities
 - to be heard
 - to influence the way they work
 - to collaborate with peers
 - to demonstrate professional excellence



Provider-Focused Adoption Model

Pillars

Executive Sponsorship

Training/Education

Governance

Phases

Optimization

Electronic *Health* Record

EMR Implementation

EMR Selection/Acquisition

Engagement Focus

Pillars

Executive Sponsorship

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EMR Implementation

EMR Selection/Acquisition

GOVERNANCE

Use Governance to Improve Satisfaction

- Formally structured communication channel
- Governance sets the tone
- Provides organizational leadership
- Defines and advocates for financial needs



Governance Approach

Stakeholder Committee

- Composed of reps. from operations, finance and IT
- Ultimate authority to define policy and standards
- Sets strategic direction
- Approves initiatives
- Vendor Management
- Chair of Clinical Steering Committee is voting member

Clinical Steering Committee

- Composed of licensed providers
- Validates, informs Stakeholder Committee from clinical perspective
- Identifies needs
- Develops clinical initiatives
- Provides clinical feedback to IT and Analyst resources
- Clinical peer champions



Vendor-Management

- Assure contract language addresses:
 - Principals of community connectivity
 - Data-blocking language
 - *knowing and unreasonable interference with the exchange or use of electronic health information*
 - Non-standard technology
 - Architectural lock-in
- Focus on Service Level Agreements
 - vendor responsibilities
 - customer responsibilities
 - third-party authorization/agency (*partners*)
- Provider User-group engagement



OPTIMIZATION

Two Themes of Optimization

- Reduce Mouse Clicks
- Make Mouse Clicks Meaningful



HIMSS O-EMRAM

Stage	Capabilities	2016 Q3
7	Complete EMR: external HIE, data analytics, governance, disaster recovery	10.01%
6	Advanced clinical decision support; proactive care management, structured messaging	17.53%
5	Personal health record, online tethered patient portal	7.00%
4	CPOE, Use of structured data for accessibility in EMR and internal and external sharing of data	0.83%
3	Electronic Messaging, computers have replaced paper chart, clinical documentation and clinical decision support	10.49%
2	Beginning of a CDR with orders and results, computers may be at point-of-care, access to results from outside facilities	19.27%
1	Desktop access to clinical information, unstructured data, multiple data sources, intra-office/informal messaging	32.64%
0	Paper chart based	2.25%

<http://www.himssanalytics.org/provider-solutions>

Optimization

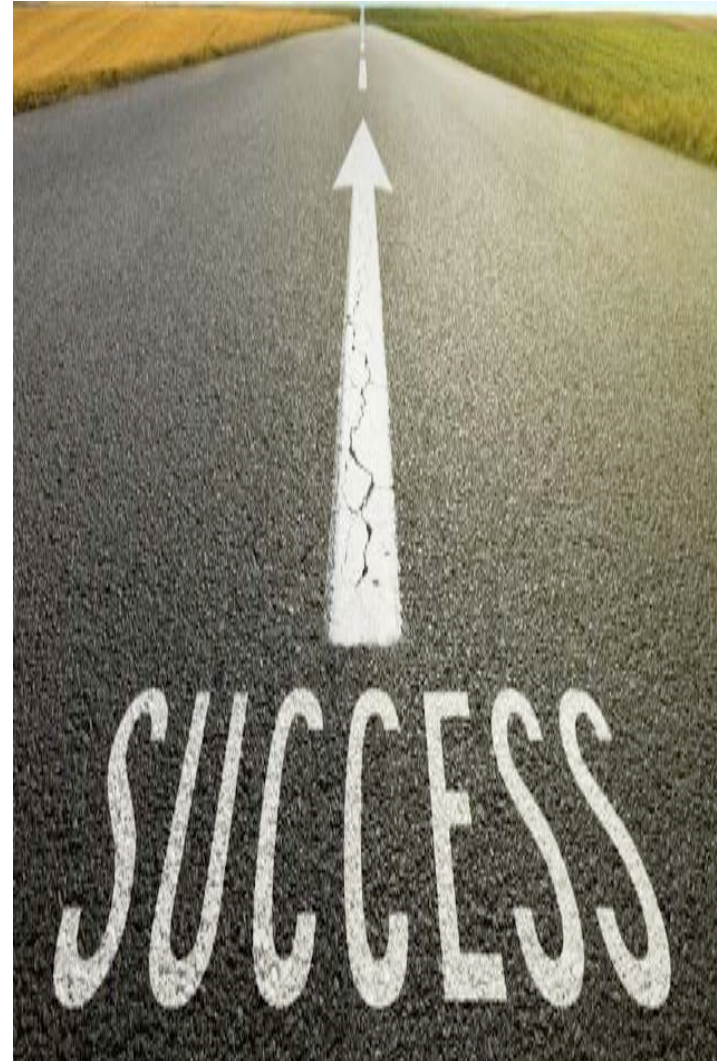
- **Workflow Redesign**
- **Patient Engagement**
- **Scribes**
- **Innovations**



Begin Your Journey

Expand your horizons:

- Epic Community Connect (*vendor*)
- Vail Valley Medical Center (*hospital*)
- Boulder Valley Medical Center (*MSG*)
- Colorado Community Managed Care Network (*trade association*)
- integrated Physician Network (*IPA*)



Develop Relationships

- Attend meetings
- Reach out to colleagues
- Newsletters/blogs
- Locate physician outreach personnel
- Talk to local CIO's
- Ask vendors



Workflow Redesign

Examination of people, processes, and systems to identify opportunities to improve efficiencies

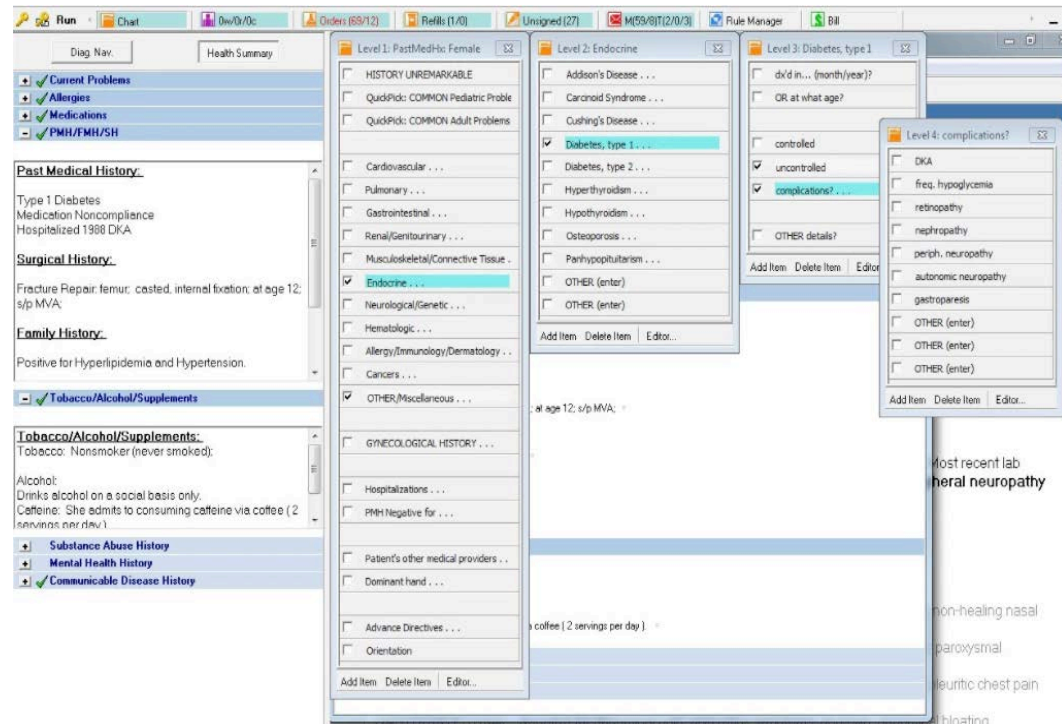
Your goal:

- Enable staff to rise to 'top of license'
 - pre-visit planning
 - patient education
 - action planning
 - follow-up
 - health coaches



Workflow examples

- Template development
 - standard language
 - to carry forward or not to carry forward
 - care protocol implementation
- Order sets
- Favorites lists
- (provider preferences)
- Exam room design
- Device choice
 - tablets
 - laptops
 - thin-clients





Clinical Decision Support Opportunities

- EMR's CDSS tend to be 'all or nothing' with little to no customization
- Best practice: start with a few well-supported rules
- Point-of-care vs. schedule-based
- Leverage MA's as much as possible
- Alert and messaging fatigue is a problem, configure with care¹
- Third-party systems available



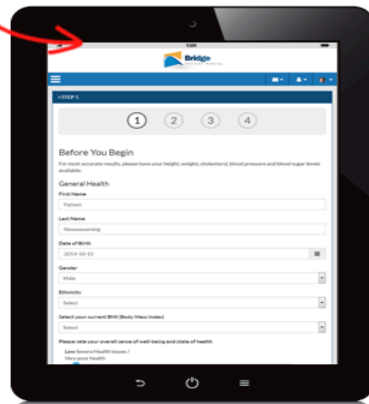
Patient Engagement

Experience shows:

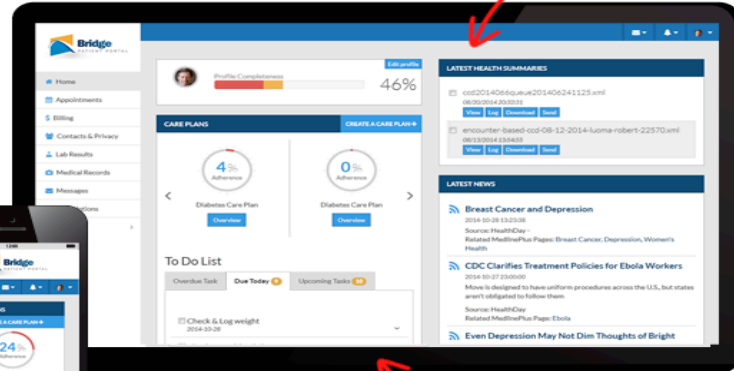
Providers spend 1–1.5 hours per day doing patient follow-up

- Patient portal communication tools
- Smart phone apps
 - mobile patient portal
 - extended functionality

Customized patient forms



Health Summaries from your EHR



Personalized patient care plans



Patient Portal Opportunities

- Start simple, but engaging
 - scheduling
 - Rx refills
 - normal test results
 - patient education
- Provider messaging
- Use message queues to triage routine communication



Poll Question

Are you considering using Scribes?

- a) No, don't know what scribes are.**
- b) No, costs too much.**
- c) Yes, investigating options**
- d) Yes, already using**



Scribes – What are they?

- Partners with provider for workflow efficiencies
- Perform documentation in EMR
- Gather information
- May respond to messages *as directed*
- Implemented as live staff, software (Dragon) or virtual staff



Scribe Benefits/Caveats

Benefits

- Improve provider satisfaction
- Improve patient experience
- Increased patient throughput/revenue
- Increased charge capture through better documentation

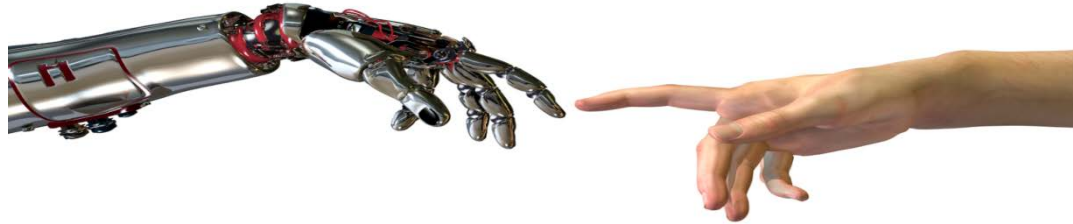
Caveats

- Scope of practice issues
- Template design differences
 - prompt for decisions from provider
 - reduce document-by-exception
 - increase organizational standardization
- Documentation review and signatures
- Physician/scribe relationship
- Cost
 - hard cost
 - training, workflow redesign, transition period

Cost Issues

- Employees, services, and software all cost money
- Increased throughput can add additional visits per provider per day
- The ROI argument: lower other costs or increase revenues
- Grant funds often available to offset improvement/innovation costs

Innovations



- Health care innovations connector - Prime Health
 - Low-cost interface engines
 - Virtual scribes
 - Opiate use management
 - Diagnostic order optimization
 - Rx cost optimization
 - Block-chain based LifeGraphs
 - Natural language processing
 - Care collaboration software
 - Predictive analytics
 - Machine learning
 - Wireless medical devices
 - Patient portal
 - Provider portal
 - Telehealth
 - Inpatient charge capture
 - Secure messaging
 - Information Exchange
 - Reporting/Analytics
 - Clinical Decision Support Systems
- and more...

Next Steps

Hold hands, it's a lifelong journey, not a weekend trip.

Be prepared to re-assess and adjust interface design, workflow standards and data field types to optimize efficiency and data capture.

- HIT Consultants
- HITEQ Center
- Care Partners



Resources

- "EHR Contracts Untangled." *EHR Contracts Untangled: Selecting Wisely, Negotiating Terms, and Understanding the Fine Print* (n.d.): n. pag. 1 Sept. 2016. Web. 30 Dec. 2016.
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Resources

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Conclusion/Next Steps

In addition to the resources featured in this webinar, HRSA/BPHC's HITEQ Center has other tools and services to help health centers achieve data-driven improvements

For additional information see HITEQcenter.org or contact HITEQ [here](#).

Questions? Comments?



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