

# A Generalizable Approach to becoming a "Top Performer" in Provider Satisfaction

May 22, 2019

Physician Community Webinar

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PHYSICIAN COMMUNITY



# Welcome to the HIMSS Physician Community Webinar

- Complimentary virtual event.
- Please insert all questions in the Q & A box located on the bottom right of your screen.
- The recording and slide deck will be available within 2 business days on the Physician Community Webinar Series Archive Page [www.himss.org/physician](http://www.himss.org/physician)
- For more information, visit [www.himss.org/physician](http://www.himss.org/physician) or contact Yvonne Patrick at [ypatrick@himss.org](mailto:ypatrick@himss.org).

# Speaker:



## Jonathan Siff, MD

Dr. Siff is the Associate Chief Medical Informatics Officer for The MetroHealth System in Cleveland, Ohio. He is an Associate Professor of Emergency Medicine and Assistant Program Director for the MetroHealth - Case Western Reserve University Informatics fellowship.

Jonathan is a practicing emergency medicine physician and serves as the Assistant Operations Director and Physician Billing and Compliance Director for the Department of Emergency Medicine.

# Learning Objectives

- Discuss the factors contributing to increasing provider stress and burnout.
- Identify factors uncovered by the ARCH Collaborative which impact provider satisfaction with electronic health records.
- Relate programs which address factors impacting provider satisfaction.
- Assess the results of one healthcare system following a decade long effort to improve provider satisfaction with the electronic health record.

# A Generalizable Approach to becoming a “Top Performer” in Provider Satisfaction

**Jonathan Siff, MD, MBA, FACEP, FAMIA**  
**Associate Chief Medical Informatics Officer**  
**The MetroHealth System**  
**Cleveland, Ohio**



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# Disclosures

- I genuinely want to help providers feel more in control and see the EHR as a tool and ally and not the enemy.
- We had a major EHR version upgrade over the weekend.
- I have no commercial conflicts and do not get reimbursed or paid by any vendor or corporation.



**1**  
Tertiary Care, Academic, Trauma Center

**2**  
Community Hospitals

**4**  
Emergency Departments

**19**  
Years of data in EHR

**25,000**  
Inpatient Stays / yr

**140,000+**  
ED Visits / yr

**1,250,000**  
Outpatient visits / yr

**Informatics Team Started in 2008**



**1st public health care system in US to:**

- Install Large EHR Vendor (1999)
- HIMSS Stage 7 EMRAM (2014, 2017)\*
- HIMSS Enterprise Davies award (2015)\*
  - \*Using our EHT







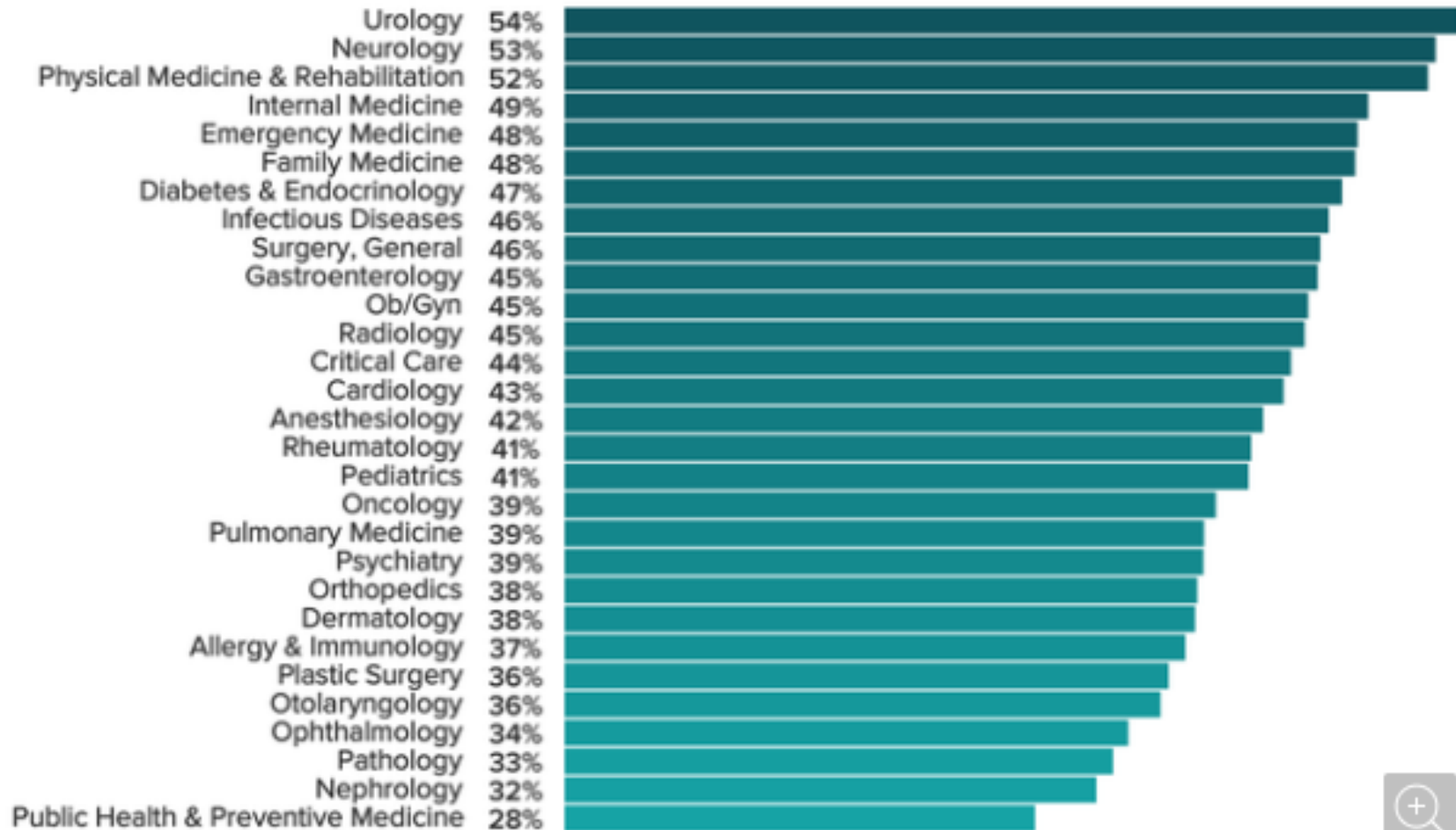


# What is burnout?

- “A syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who work with people in some capacity”
  - The Maslach Burnout Inventory
- “The opposite of engagement” - Medscape physician lifestyle report 2015

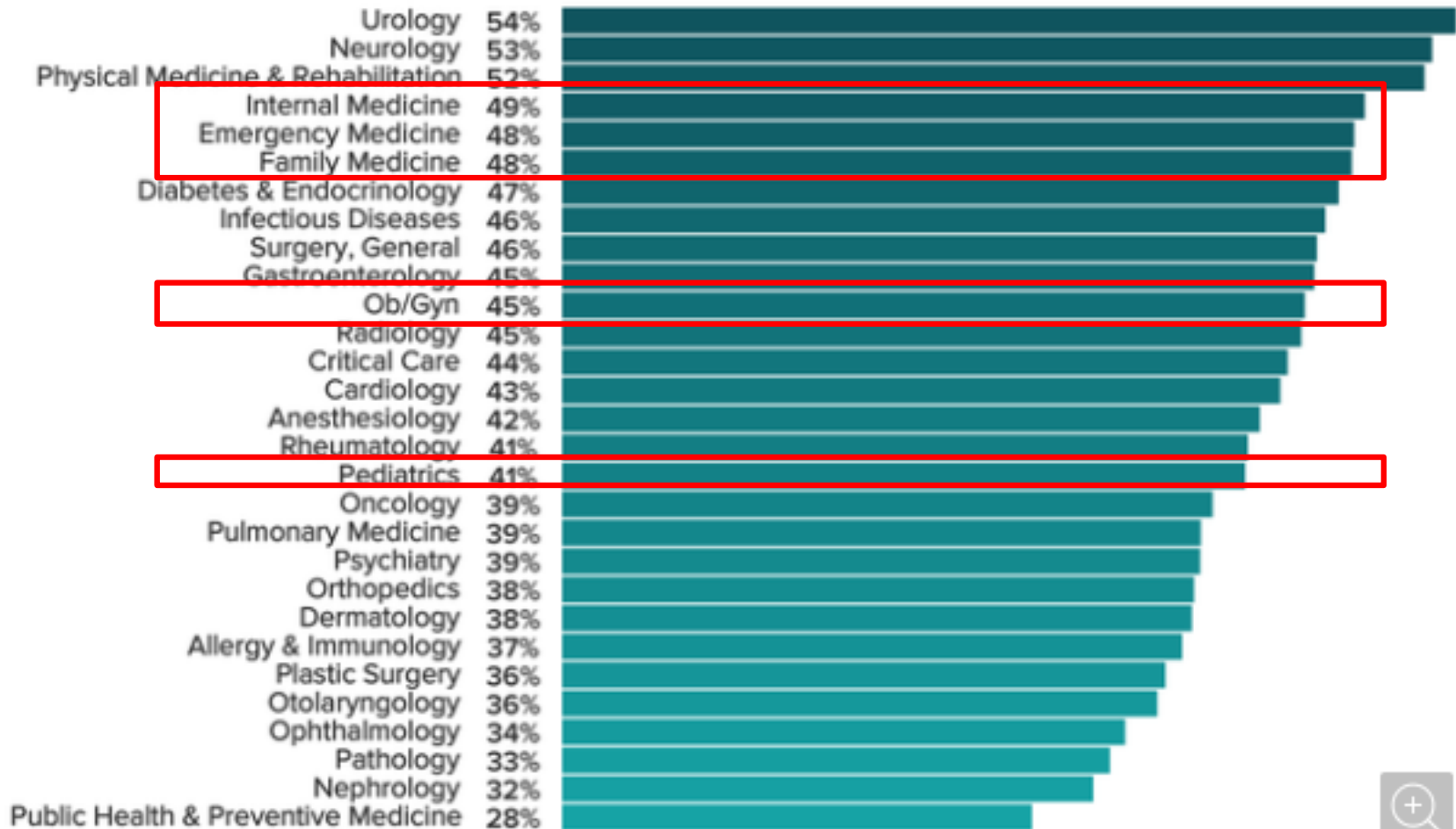
Maslach, C., Jackson, S. E., & Leiter, M. P. (1996). Maslach Burnout Inventory. (3rd ed.). Palo Alto, CA: Consulting Psychologists Press.

# Which Physicians Are Most Burned Out?



Medscape National Physician Burnout, Depression & Suicide Report 2019  
N=15069 U.S. physicians across 29+ specialties July-Oct 2018

# Which Physicians Are Most Burned Out?



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# This sounds bad – why do I have to deal with it?

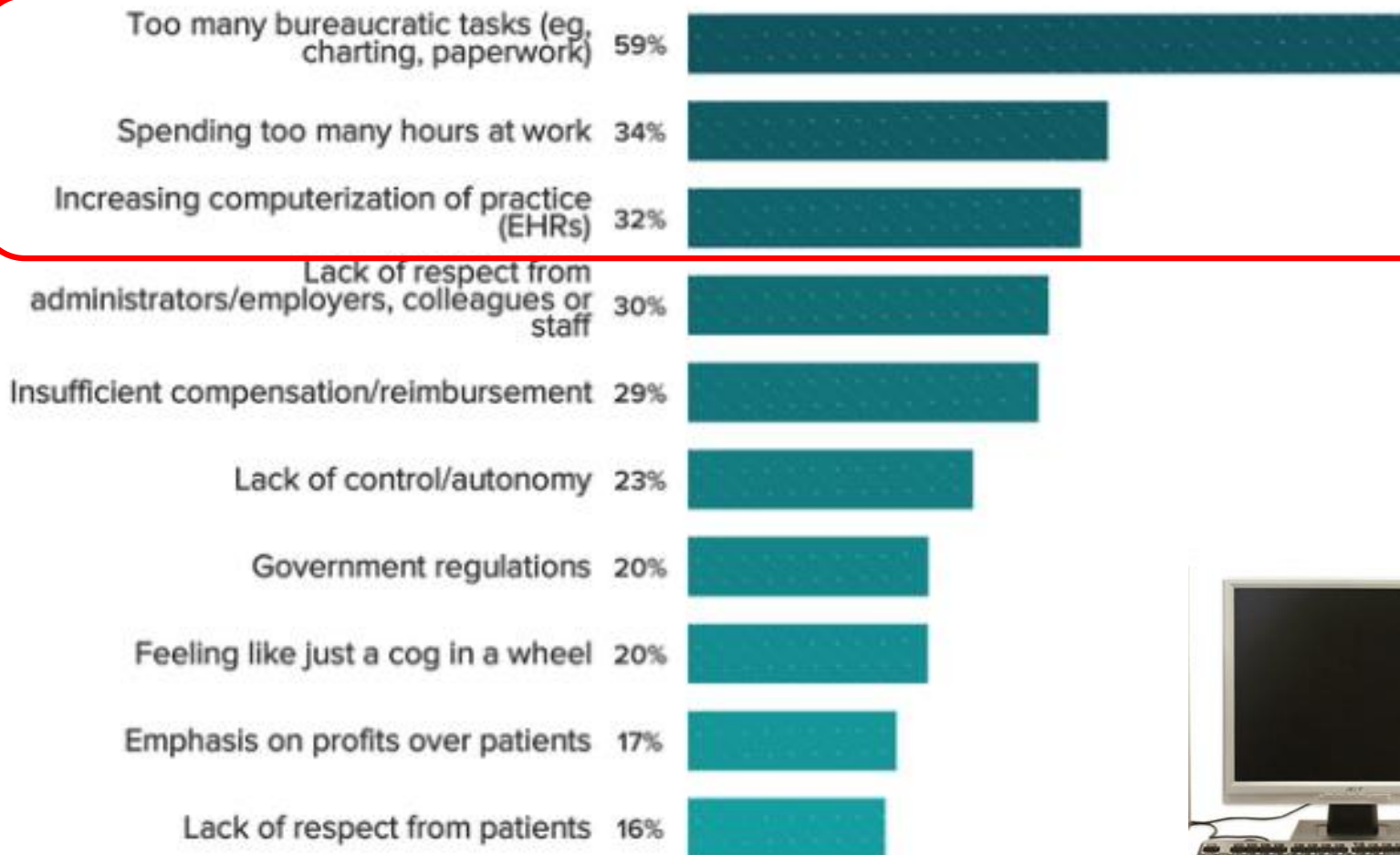
- Dissatisfied doctors >> lower patient satisfaction
- May contribute to resource overuse and increased costs
- 2-3x more likely to leave – turnover is expensive
- Adverse clinical impacts
  - More likely to prescribe inappropriate medications
  - Associated with lower adherence to treatment plans
  - Associated with worse clinical outcomes
- 26% difference in productivity between engaged and disengaged physicians
- And that is just at work – huge toll on personal lives

# What burnout variables can we impact?

- Most of them but....
- Some are really hard or outside of the traditional scope of an employer
- Some take a long time
- Some just require the effort – the EHR is one of these

Per KLAS 20% of provider burnout is attributable to the EHR\*

## What Contributes Most to Your Burnout?



Medscape National Physician Burnout, Depression & Suicide Report 2019

# Let us take a deeper dive into the EHR's impact

- Learn about our cohort of interest – providers
- KLAS Arch Collaborative
- Harris Poll





## Providers are...\*

- Used to being in control
- Highly educated
- Have a hard time taking direction particularly from non-providers
- Dislike change
- Already very busy
- Confident
- Focused on things that help patients



Cat Herding – A standard activity for CMIO's everywhere.

\* This is a generalization – not all traits apply to all providers and traits vary among age, gender, specialty, provider, etc type – but keeping these stereotypical traits in mind is still very helpful

# KLAS Research Arch Collaborative Overview



- KLAS Research is the industry leader in asking “executives” about their views of health information technology vendors and use.
- Arch Collaborative is 1<sup>st</sup> ever KLAS survey of END USER views of electronic health record use (25 questions) (13,000+ providers; 150+ healthcare systems).
- MetroHealth providers participated in spring 2018 (~15% of providers (99)).

# Keys to Physician EHR Satisfaction

## National KLAS Arch Collaborative Findings

- **Mastery (Training):** Everyone knows that training matters, but do we *actually know*?
  - The time matters: Newly hired physicians need >6 hours of initial training.
  - The quality matters: Clinicians learn best from clinicians
  - Peer pressure helps: Training during departmental meetings and led by physicians is ideal for ongoing training.
  - Training on how to get data *out* of the EHR matters as much as, or more than, training on how to get data *into* the EHR.
- **Control (Personalization):** Level of EHR personalization is the best predictor of **organizational EHR satisfaction**, with personalizations that help users get data out of the EHR helping the most.
- **Teamwork (Trust):** Organizational culture matters more than the selected EHR. **Strong cultures have strong trust between informatics and clinicians**, and everyone works together to use technology to improve care. Successful organizations help users feel they have control over their own success and avoid the temptation to blame all problems on the EHR vendor.

- Poll of US primary care providers done in 2018 (n=521)
  - 71% think EHR's contribute to burn out
  - 69% think the EHR takes time away from patients
  - Only 8% think the primary value of the EHR is clinically related
- Provider priorities for EHR's
  - 72% think biggest “right now” priority is user interface overhaul
  - 67% think the biggest priority for the next decade is interoperability

# Takeaways from these 2 studies

- **Personalization is key**
- Training matters
- Teamwork and trust are important



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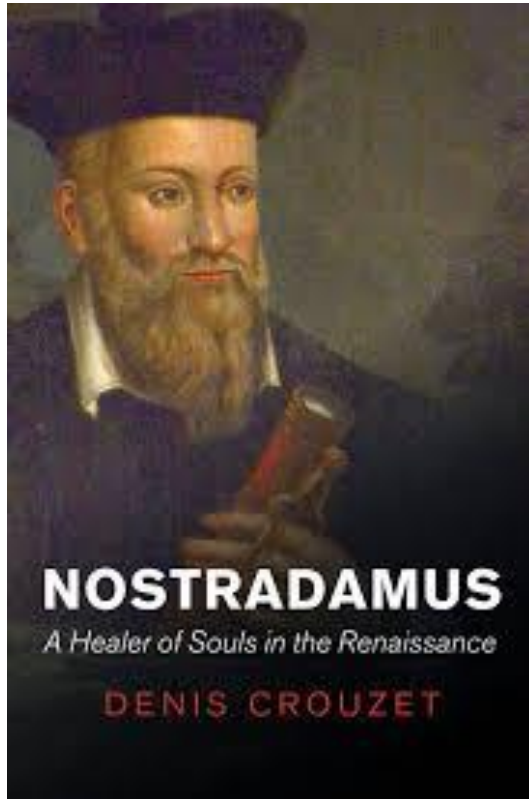
# Takeaways from these 2 studies

- Personalization is key
- Training matters
- **Teamwork and trust are important**
  - Making the system work better is a priority
  - Providers want interoperability (preferably transparently)





# Could we see the future? No... but we were on the right track.



Nostradamus, was a French astrologer, physician and reputed seer, who is best known for his book *Les Prophéties*, a collection of 942 poetic quatrains allegedly predicting future events.

# MetroHealth Programs

- Provider Informatics Team
- Emphasis on Interoperability
- Providers training providers
- Provider Liaison





# Provider Informatics Team

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# Clinical Informatics Functions

- *Strategic Guidance* - Provide strategic guidance for clinical information systems.
- *Project Leadership* - Provide project leadership for specific clinical information system related issues/projects.
- *Tactical Technical Support* - Provide tactical technical support for specific clinical information system related issues/projects.
- *Consultative Services* - Provide consultative services for IS and/or clinical end-users related to use of clinical information systems.
- *Key Contacts* - Serve as key contacts between Information Services and end-users for IS related projects and significant end-user support issues related to clinical information systems.
- *Training and End User Support* – Provide initial and on-going face-to-face/elbow-to-elbow training and support for end users.

“At least 50% of the Clinical Informatics team’s activities should be are ‘revenue impacting’.”

In 2018, ~\$5 million budget, but our Clinical Informatics team goals achieved ~\$11 million revenue impact

# Provider Informatics Team – Engagement Strategy

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**Need to have small team of VERY ENGAGED practicing provider informaticists in order to engage “all” providers and improve provider satisfaction with the EHR.**

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Providers learn best from other providers and gain trust and acceptance by having a go to PERSON who walks in their shoes

Program should include:

- Multiple levels (3+)
- Appropriate titles, job descriptions, reporting, and accountability
- Appropriate training (security) and support

# Provider Team - Overview

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Enterprise Level Physician Roles (~3 FTEs) (>50% informatics, but still practicing)

- CMIO (special focus on MyChart, Health Information Exchange, Academic/Research Informatics)
- Associate CMIO (administers lower tiers of the program, focus on training, opioid, and regulatory issues)
- 5 Directors of Clinical Informatics: Clinical Decision Support, Infrastructure, Order Sets/SmartSets, Research, End User Experience (20%)

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## Service Line Roles (~1.5 FTE)

- Associate Directors of Clinical Informatics (0.1 FTE)
- 1 hour/wk in meetings, 1 hour/wk in “elbow support”, 2 hours/wk on “projects”
- Need job description, quarterly meetings with service line and informatics leadership, and annual reviews



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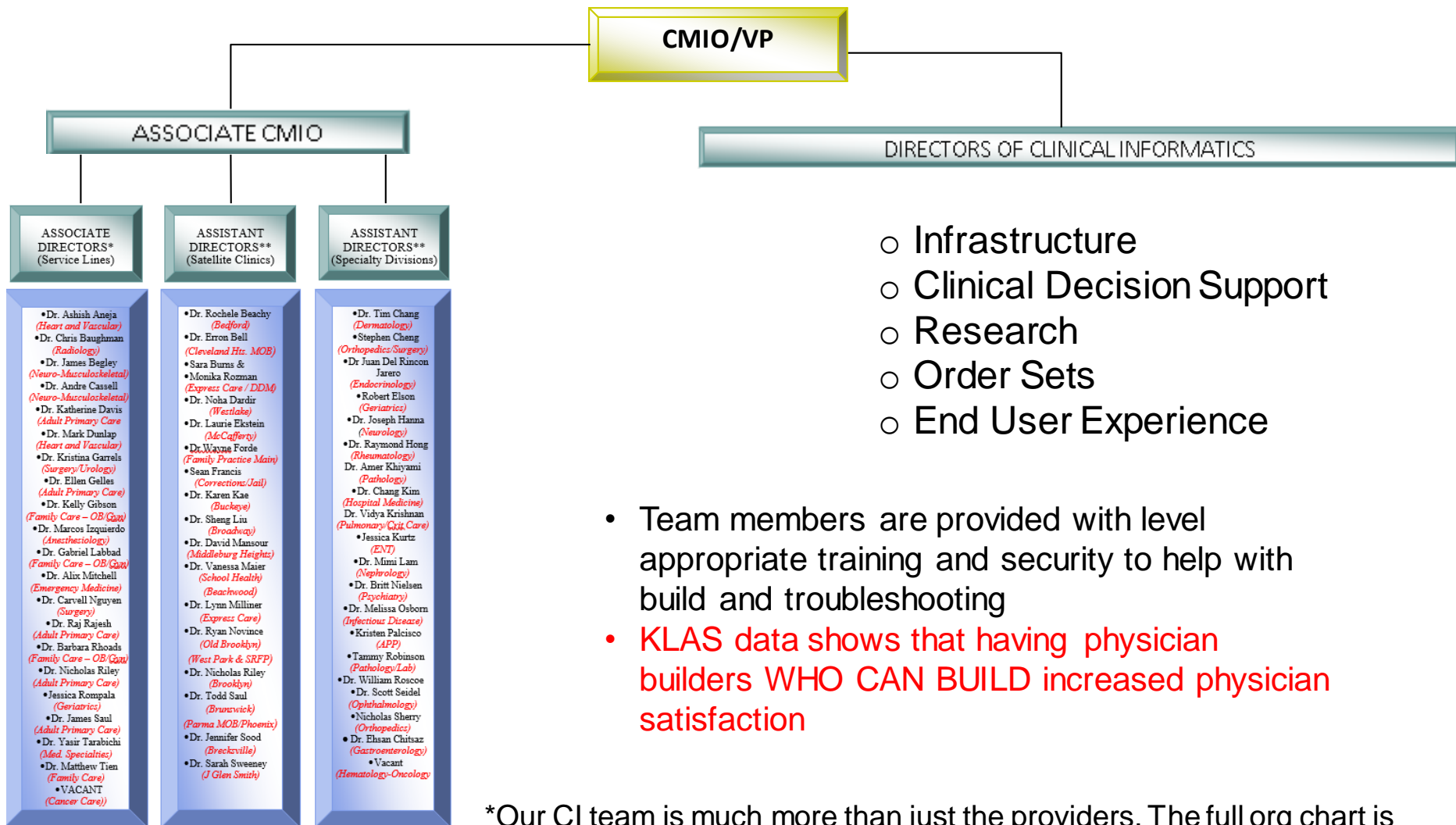
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## Division/Site Roles (“0” FTE)

- Assistant Director of Clinical Informatics (~2 hours/month – 1 informatics meeting, 1 division/site meeting)
- “By attending 1 hour meeting per month you will save AT LEAST 1 hour per month for yourself (and all peers)”



# Provider Team\*



\*Our CI team is much more than just the providers. The full org chart is included in the back of the presentation.

# Physician Engagement - Data, Information, and Analytics in our EHR

## Dashboards (live 2013)

283 dashboards

## Registries (live 2013)

32 live

## Benchmarking/KPIs (live 2013)




235 live

## Self service reporting (live 2009/2015)









~3,000 reports / ~300 daily runs

>400 users; >4,000 queries/yr

### Visit and Financial Statistics Dr. James Brown, MD

	Apr 18	May 18	Jun 18	Jul 18	Aug 18
> Work RVUs 	139	170	97	151	225
> New Patients 	3	6	4	2	7
> Visits 	85	115	73	123	178

### Select System Quality Goals Dr. James Brown, MD

	Apr 18	May 18	Jun 18	Jul 18
>  Colorectal Cancer Screening (%) 	71%	71%	71%	72%
>  Diabetes: Hemoglobin A1c Poor Control (>9%) or Not Up-To-Date 	30%	30%	28%	29%
>  Controlling High Blood Pressure (%) 	76%	76%	76%	75%
>  Diabetes: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (%) 	71%	71%	72%	71%



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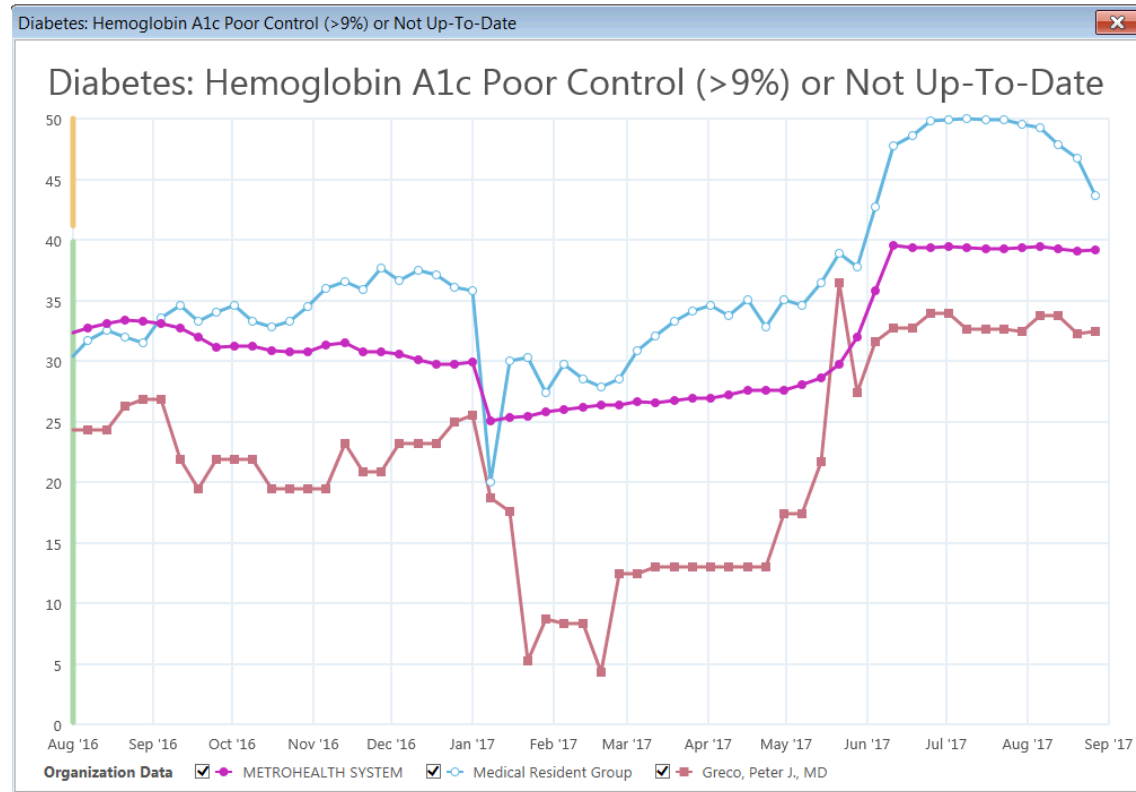
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235 live

## Self service reporting (live 2009/2015)

~3,000 reports / ~300 daily runs

>400 users; >4,000 queries/yr



KLAS data indicates that showing physicians how to get data “out of the EHR” is highly correlated with provider EHR satisfaction.

# How do I find these people?

- Many self select – ask leaders in each department
- Offer incentives financial and non-financial
  - Titles work well
  - Career path opportunity
- Clinically / workflow savvy, good with people, and technology comfortable
  - Often the best champions are not the “geeks”
  - Tech can be taught
- Offer training and support structure for team members
- Start small and build – successes will breed greater engagement



# Provider Informatics Team Challenges and Keys to Success

<b>Challenges</b>	<b>Keys to Success</b>
<ul style="list-style-type: none"><li>• Operational engagement</li><li>• Provider time</li><li>• Identifying the “right” team members</li><li>• “Justifying our existence”</li></ul>	<ul style="list-style-type: none"><li>• Executive support</li><li>• Strong informatics leadership</li><li>• Wins = better understanding and engagement with program so publicize</li><li>• Give provider team appropriate training and support</li><li>• Pick team for people and clinical skills first – computer skills second</li><li>• APP can be great team members and are generally well accepted</li><li>• Calculate and promote the financial impact of the team</li><li>• Promote getting information to providers</li></ul>



# Interoperability and Health Information Exchange



# Benefits to Providers of HIE

- Health Information Exchange (HIE)
- Enhances care
- Reduces unnecessary testing
- Reduces cost
- Provides an intellectual boost to providers seeing technology in action
  - This really excites them
- Speeds up care
- Can engage patients more in their care
- Improved quality





# HIE Focus Areas

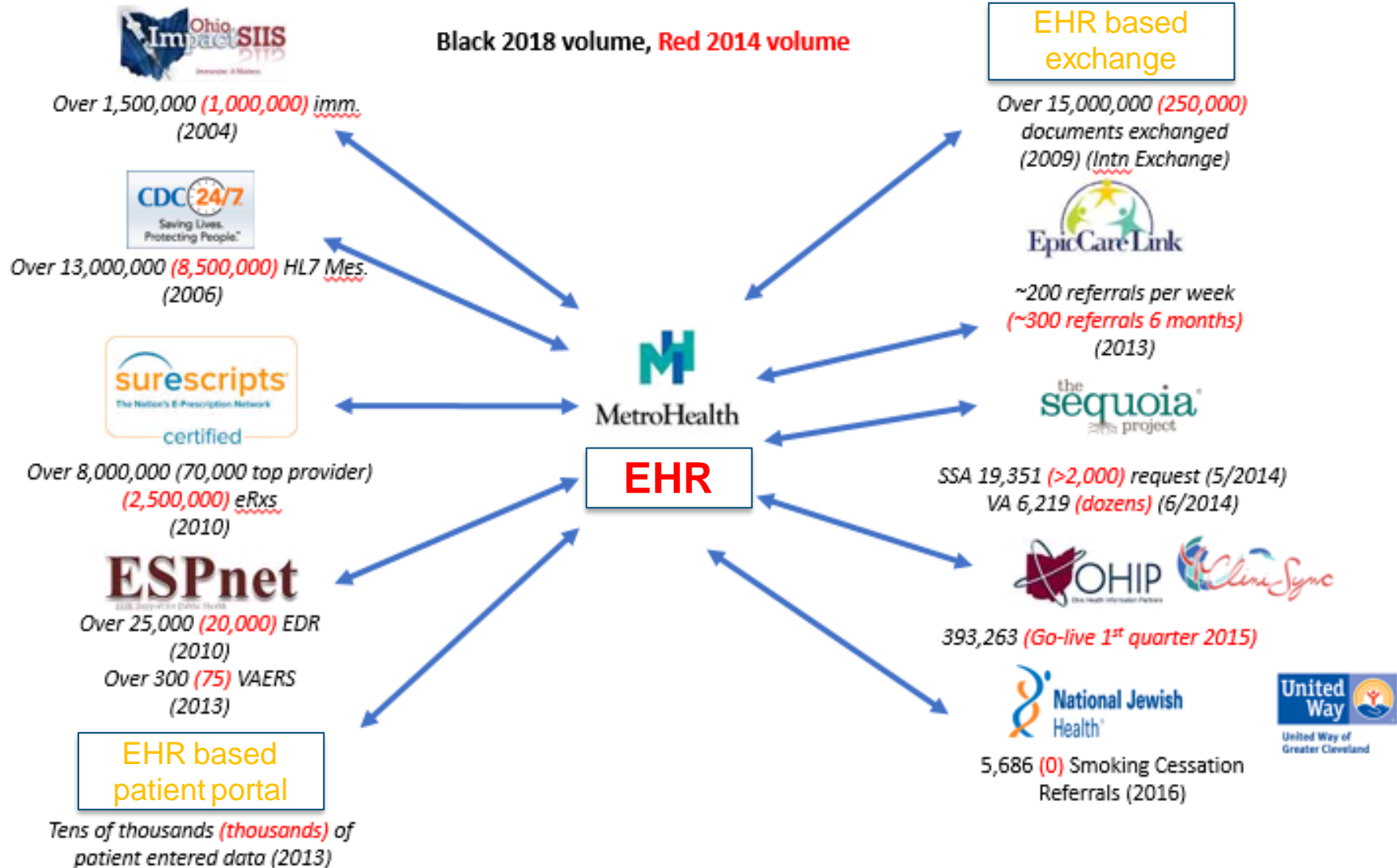
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- Exchanges with other Health Systems
- Exchanges with clinical partners
- Enhancing accessibility of HIE data
- Discrete data integration
- Exchanges with patients
- Advanced Integrations

MetroHealth has focused on all of these areas in descending order of priority over the past 10 years

# Health Information Exchange

Black 2018 volume, Red 2014 volume



# HIE / Interoperability Challenges and Keys to Success

<b>Challenges</b>	<b>Keys to Success</b>
<ul style="list-style-type: none"><li>• Potential partners not ready<ul style="list-style-type: none"><li>– Do not have skills to participate</li><li>– No funding</li><li>– No interest</li></ul></li><li>• Technical challenges<ul style="list-style-type: none"><li>– Far bigger here than other areas</li></ul></li><li>• Heavy reliance on groups outside of EHR team / Informatics</li></ul>	<ul style="list-style-type: none"><li>• Informatics as Champion for Clinicians</li><li>• Persistence<ul style="list-style-type: none"><li>– Don't give up it may take years</li></ul></li><li>• Financial benefits – be sure to publicize</li><li>• Promote wins to providers – they love stories like this</li></ul>

# Provider Training

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# Provider Training History

- All classroom
- Taught by non-clinical, IS team members
- Button push based
- Emphasized system modules and pieces not patient care
- Poor experiences for providers and teams
- Particularly poor for new residents
- **In 2012 training duties assumed by informatics**



# Provider Training - Improved

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- Trainers transitioned to staff with clinical experience (mostly RN's)
- E-learning and asynchronous prerequisites
- Classroom time maintained with new focus
  - Workflows emphasized
  - Concrete patient examples tailored to users specialties
  - Personalization when time allowed
- Much better but not ideal provider experience
  - Trainers still unable to answer many questions which were clinically focused
  - Residents still finished training without adequate knowledge of workflows and how teams really functioned

# Provider Training – New Model

- ED physicians trained their own residents – worked very well
- Expanded providers teaching their own new house staff and faculty to all departments to various degrees
  - Specialist teaching specialist themselves (ED, OB, IM, FM, anesthesia)
  - Specialists participate in specialized training class as adjunct to initial classroom (psychiatry, trauma, PM&R, peds)
  - Specialists meet separately with new staff
  - Specialists give input on curriculum and supply lists of key tools for new providers
- Physician Liaisons meet with every new faculty provider at onboarding, complete personalization and provide first day elbow support

## **Current Initial Training**

- ~12 hours (need more than 6 hours based on KLAS)
- E-learning pre-requisites
- In classroom
- Done by physicians and RN trainers
- Meet with Physician Liaison Program at onboarding, first clinic day support and at 1 month
- First week schedule 50%
  
- Nursing staff noted huge improvements in ability of new house staff and faculty to function on floors and in clinics

# Physician Engagement – Ongoing Training, Support, and Communication

## Ongoing Support

- Meet with Associate Director within 1 month of onboarding
- Meet with Clinical Director within 1 month of onboarding
- Use Provider Efficiency Profile (PEP)/Signal reports to identify struggling physicians
- Yearly “focused” EHR road-show
- EHR Learning Dashboard
- **Provider liaison program**

## Communication (“shotgun approach”)

- Monthly Assistant/Associate Director meetings
- Monthly Biomedical Informatics Committee meeting
- EHR tips
- Corporate email announcements
- Regular presentations at Medical Staff meetings
- Regular presentations at Medical Executive Committee and Service Line Leadership meetings
- Regular presentations at Department/Division/Site meetings by Assistant / Associate Directors
- Upgrade PowerPoint
- On-line “mandatory” learning modules for upgrades
- HITS (Health Information Technology Successes)



# Training Challenges and Keys to Success

Challenges	Keys to Success
<ul style="list-style-type: none"><li>• Operational engagement<ul style="list-style-type: none"><li>– Making providers available</li><li>– Limiting first week schedule</li></ul></li><li>• Time for training</li><li>• Engaging providers to teach and/or develop curriculum</li><li>• Training resources – rooms and equipment</li><li>• Need for distributed training</li><li>• Identifying best channels for communications</li></ul>	<ul style="list-style-type: none"><li>• Maximizing provider engagement in the process</li><li>• Provider taught and/or developed curriculum</li><li>• Informatics team involved at the grass roots level to disseminate information</li><li>• Classes can address clinical questions as well as “computer”</li><li>• Never stop communicating – even if you don’t think anyone is listening</li></ul>

# Provider Liaison Program

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# Provider Liaison Program (PLP)

- Increasing frustration of providers with EHR related tasks
- Many new tasks due to regulatory / Meaningful Use requirements
- Increasing demands on providers
- Increasing burnout in hospital survey
- We went live with EHR in 1999
- Some providers with no EHR training other than PowerPoints since then!
- New providers got classroom training then thrown in the deep end



# Provider Liaison Program Goals

- Provide early elbow and personalization support to new providers
- Move new providers from novice users to efficient EHR “Masters” in a phased, supported approach
- Provide ongoing education to close gaps in EHR knowledge throughout the system – Power User Classes
- Serve as a key conduit to providers regarding changes and enhancements to the system
- Work with operations and informatics to provide remedial education for providers
- Agents for change through education and training



# Provider Liaison Team

- Expert, experienced trainers
- Clinical background
- Good rapport with providers
- Know MetroHealth workflows
- Only role is to support providers post classroom training

## The Team

- 2 Liaisons
- 0.1 FTE physician lead
- Liaisons report to training manager
- aCMIO and Director of Nursing Informatics oversee

# Provider Liaison Program Data

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- Use of data to help drive engagement
- EHR provides reports on provider usage and key burnout focused metrics
  - “Pajama time”
  - Total time in EHR and total time per patient in EHR
  - How users spend time in system vs expectations
  - Harder to interpret than we expected
- Proficiency scores
  - How well users use the system

# Provider Liaison Program Programs

- Onboarding personalization, first day clinic elbow support and 1 month follow up
- Power user classes offering various EHR topics to providers
  - CME offered
  - Points in employee wellness program offered
  - Navigation, Orders, upgrade preview were recent topics
- “Masters Classes”
  - Interested or struggling providers
  - Customized to provider needs / interested based on metrics and interviews
  - 2-4 hours – providers needs this protected from clinical time
  - “Top 25” list reviewed with each provider
- Departmental engagements

# Provider Liaison Program Results

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- 8% reduction in time per patient after masters class
- 155 masters sessions in first year
- 84% of new faculty had the new onboarding process
- Upgrade power user class attended by over 125 providers!
- Overwhelming support for the program
- Power user classes are overbooked routinely now
- Great leadership and executive support for the program
- Based on successes a third position was approved 2/2019

**“Fewer Clicks After Six”**



# PLP Challenges and Keys to Success

Challenges	Keys to Success
<ul style="list-style-type: none"><li>• Operational engagement</li><li>• Communications with providers</li><li>• Provider time to work with PLP</li><li>• Identification of first clinical day</li><li>• Socializing the program in the first 18 months</li><li>• Spelling liaison – really!</li></ul>	<ul style="list-style-type: none"><li>• Executive support</li><li>• Allow time for personalization before first clinical day</li><li>• Ensure follow up with providers</li><li>• Incentivize participation in ongoing education (CME, food)</li><li>• Use program as opportunity not punishment</li><li>• Have operational leads encourage PLP use</li><li>• <b>Limit first week schedule for new providers</b></li></ul>



# Results and a High Level Approach to Success

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# 10+ years of efforts we hoped were the right direction

## Overall EMR Satisfaction

Physicians and advanced practice clinicians only (n=13,691)

■ Very satisfied  
■ Satisfied  
■ Dissatisfied  
■ Very dissatisfied

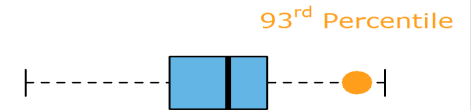
### MetroHealth System



All Organizations (n=98)



Our EHR ic Deployments (n=60)



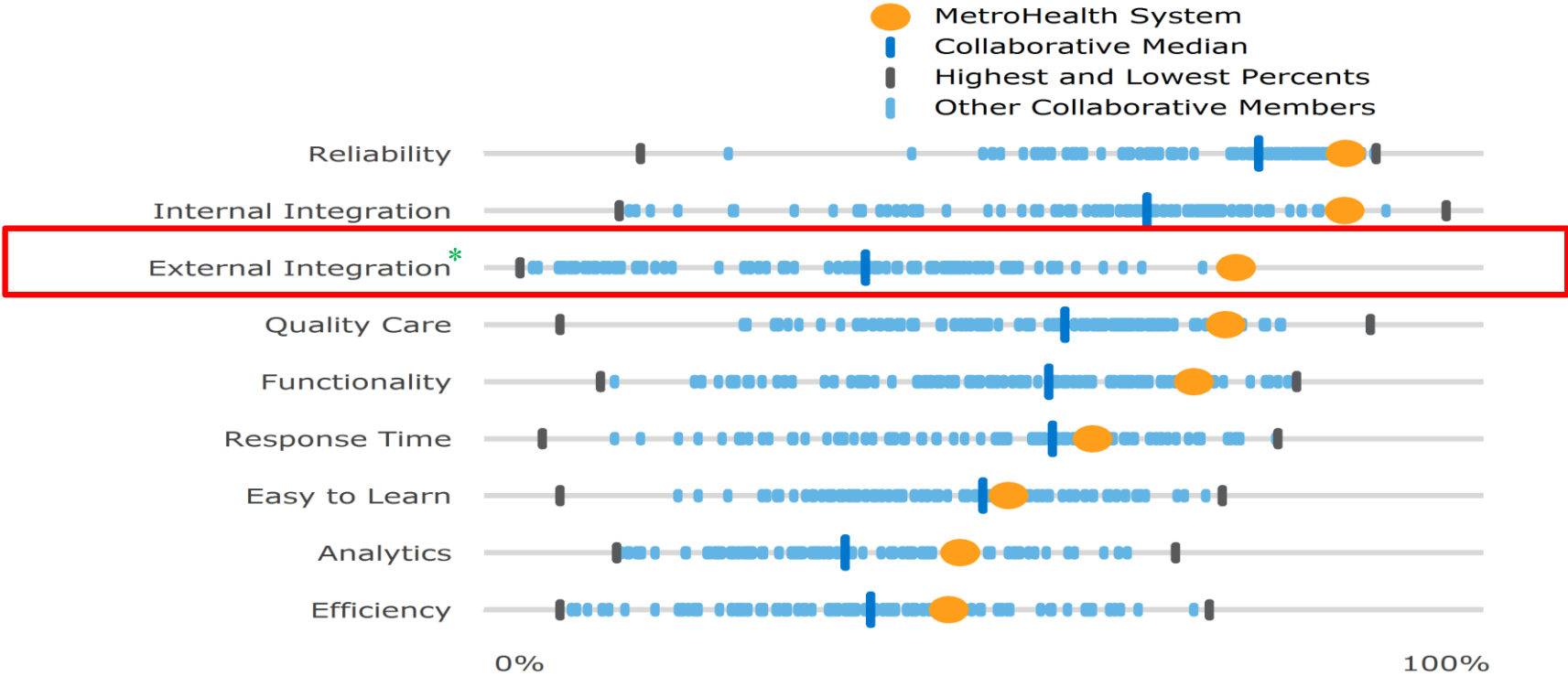
**97<sup>th</sup> percentile overall and 93<sup>rd</sup> among our EHR's deployments**

# KLAS Arch Satisfaction Feature/Function

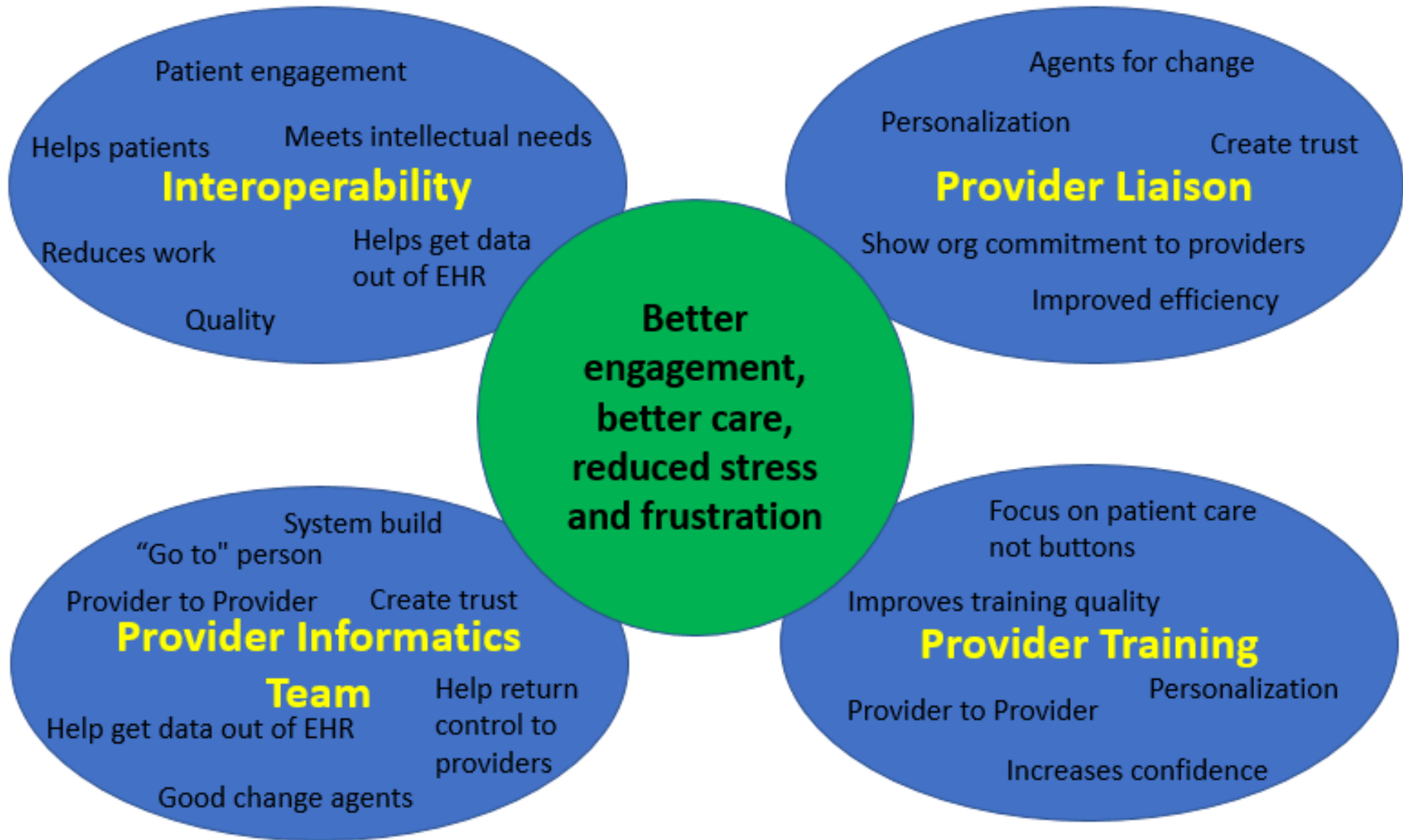
“You cannot improve what you do not measure”

## EMR Satisfaction Comparison

All clinicians. Percent of respondents reporting satisfaction.



\* - highest Collaborative respondent in the world



# What YOU can do!!!

1. Invest in core physician informatics team.
2. Enhance initial and on-going training and support for physicians.
3. Deploy EHR tools for data viewing and analysis
4. Measure and publicize EHR successes.
5. Maximize interoperability.
6. Track physician satisfaction (KLAS Arch Collaborative).
7. Align with revenue impacting activities and mission.



**What are you going to do differently based on this presentation?  
Develop a continuous plan to improve physician EHR satisfaction!!!!**



# Thank you

[jsiff@metrohealth.org](mailto:jsiff@metrohealth.org)

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# Q & A

Please insert all questions in the Q & A box located on the bottom right of your screen.



# Physician Community Website

Please visit [www.himss.org/physician](http://www.himss.org/physician) for more information on:

- Physician community activities
- How to get involved and membership
- Educational sessions
- Networking
- eNewsletters
- Physician Community Member Profiles

For more information on the Physician Webinar Series, please visit:

<http://www.himss.org/physician-community-webinar-series>

# Appendix

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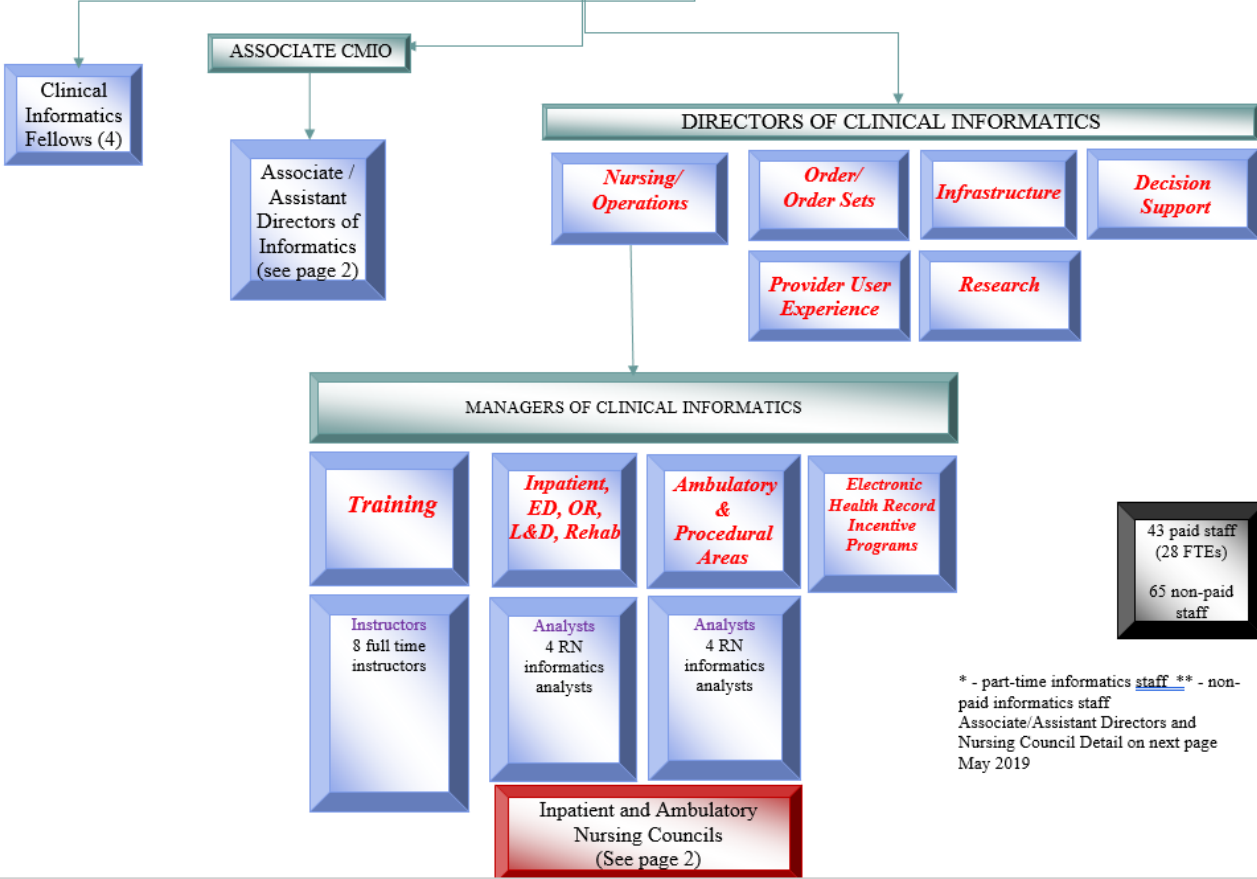
# Center for Health Informatics and Patient Engagement (CHIPE)

*Center for Clinical Informatics Research and Education (CCIRE)*

**CMIO/VP**

*Biomedical Informatics Committee (BIC)*

*Administrative Assistant*



\* - part-time informatics staff \*\* - non-paid informatics staff  
 Associate/Assistant Directors and Nursing Council Detail on next page  
 May 2019

# Center for Health Informatics and Patient Engagement (CHIPE)

(Page 2: Associate/Assistant Directors and Nursing Councils)

## ASSOCIATE CMIO

ASSOCIATE DIRECTORS (Service Lines)

21 Physicians representing each service line plus 2 additional for primary care service line (note some positions are shared)

ASSISTANT DIRECTORS\*\* (Satellite Clinics)

12 Physicians representing a number of ambulatory satellite clinics

ASSISTANT DIRECTORS\*\* (Specialty Divisions)

15 providers representing various specialties and APP's

## MANAGERS OF CLINICAL INFORMATICS

*Inpatient, ED, OR, L&D, Rehab*

*Ambulatory & Procedural Areas*

*Inpatient Nursing Informatics Council\*\**

About 30 RN and RN managers from a variety of IP units and areas including ED and OR

*Ambulatory Nursing Informatics Council\*\**

About 20 RN and RN managers from a variety of ambulatory specialties and sites