Update on University of Michigan Burden Reduction Efforts

Greta Branford MD

HL7 Reducing Clinician Burden Teleconference
HL7 EHR Work Group

18 October 2021
Agenda

Agenda - Monday, 18 October 2021 - 3PM ET (US/Canada)

- Welcome and Introductions
- Update on Continuing Burden Reduction Efforts at University of Michigan: Greta Branford MD
- Questions and Discussion
- Noting RCB Project Website, updated 4 Oct 2021
- Noting RCB Project Overview, updated 20 Sep 2021
- Noting RCB Progress Report, updated 15 Sep 2021
- Update on upcoming meetings
- Other business and meeting wrap-up
Today's Speaker: Dr. Greta Branford

- MD and Residency: U. of Cincinnati College of Medicine
- U. of Utah: work with Med – Peds Residency Program
- Assistant Professor Internal Medicine and Pediatrics, University of Michigan
- ACMIO, Associate Medical Director for Healthcare IT, Michigan Medicine

Previous Presentation August 2019

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

MiChart Boost

Reducing Clinician Burden Workgroup Update
Greta L Branford, MD
October 2021

MICHIGAN MEDICINE
Home For Dinner

MiChart Boost

Reducing Clinician Burden Workgroup Update
Greta L Branford, MD  October 2021

Why Customization/Efficiency Courses?

- The Problem
  - 42% of Providers indicating they experience burnout at Michigan Medicine and 52% reporting high or excessive use of the EHR at home.
  - There is a link between EHR use and Provider Burnout.
  - There is a link between EHR customization and Provider satisfaction.
  - Burnout comes at a high cost:
    - Provider dissatisfaction and turnover, patient dissatisfaction, errors, inefficiencies.
    - Estimates of this cost are over $24 million/year for the Boost target audience at Michigan Medicine.
Home For Dinner

MiChart Boost

Reducing Clinician Burden Workgroup Update

Greta L Branford, MD

October 2021
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  - There is a link between EHR use and Provider burnout.
  - There is a link between EHR customization and Provider satisfaction.
  - Burnout comes at a high cost:
    - **Provider dissatisfaction and turnover, patient dissatisfaction, errors, inefficiencies.**
    - **Estimates of this cost are over $24 million/year for the Boost target audience at Michigan Medicine.**
Over 80% of clinical faculty perceive they are proficient in MiChart

Faculty Self-Assessment of EHR Proficiency

- Optimal: 9%
- Good: 42%
- Satisfactory: 31%
- Marginal: 14%
- Poor: 4%

82% of faculty feel like they are proficient at using MiChart

Faculty Proficiency, Per Epic

- Optimal: 6%
- Good: 15%
- Satisfactory: 25%
- Marginal: 31%
- Poor: 23%

Per Epic algorithms, 46% of faculty are proficient at using MiChart

Source: Self-Assessment based on FPHI Survey 2018; includes faculty in clinical departments only. Faculty Epic proficiency per the May 2018 PEP Report.

Notes: Faculty proficiency is rated on a 10-point scale; 0-2 = poor; 2-4 = marginal; 4-6 = satisfactory; 6-8 = good; 8+ = optimal.
Overview and Update of our Efficiency Programs

Home for Dinner
A 2-day CME course aimed at personal customization opportunities and general use. Self-selected sign up.

Boost
A 6-month wave focused in department(s)/division(s) to help fix workflows and culture, tune-up build items and encourage customization and familiarity.
Home For Dinner

One class monthly since March 2018

- Two-day CME class
  - 2 full days, within the span of about 5 days
  - Was in-person in a computer training lab off-site, 18 spots
  - Lunch provided
  - Virtual since Covid19 restrictions, typically 6-10 attendees, able to ‘hop in together’
  - Certified for CME credit

- Focuses on basic functions, customizations, with progression to more advanced build on day two (smart lists, notes, preference lists)

- Trainers train modules of a specific topic from a slide set, interspersed with interactive questions, videos. After a topic, there is a break for providers to customize what was taught.

- Participation earned tickets for prize drawings (gift cards)—sounds corny but people typically got really into it!

- Usually about 3-4 trainers—one training the module and the others at the elbow to help during build breaks and at least one provider (typically myself or Jeff Terrell) to answer more cultural or clinical workflow questions

- Providers work in live environment
Home For Dinner—
Positive aspects

- This format seemed to work better with a variety of specialties together
  - Higher expectations/behaviors
  - Meet new people
  - Separate from usual environment
  - Hear ideas and workflows from other users.
  - Time to customize in live environment with at-the-elbow help

- Opened 6 mos of classes at a time, advertised via e-mail, sign up through our learning system
  - Often filled within a month
  - Word of mouth with marketing of ‘Home for Dinner’ has been excellent.
very comprehensive and facilitators were very knowledgeable

This was very helpful and the presenters were informative and interesting - lots of material but handled in an "efficient" manner

Awesome course. Provided SO much helpful information and tips. I loved the time allowed for personalization between each step.

Would highly recommend for MIChart users who are providers

helpful and practical. really appreciate the breaks to implement new knowledge immediately and discover where I needed help.
Home For Dinner—
Limitations

• Limited reach (~18/mo max)
• Ambulatory providers only
• Requires the provider have 2 days to devote to this
• A little overwhelming, hard to absorb everything over the two days
• Doesn’t address workflow issues
• Doesn’t provide ability to customize an entire group of similar providers
Why Boost?

- The Boost program provides both education and personalization support of the EHR.

- They also help with optimizing the EHR to the specific needs of department.
  - Focus on an entire department or division
  - Leverage this time to optimize workflows, build, pain points
  - Can focus on areas of need without singling out particular users
  - ‘Forced’ exposure to these topics in department meetings etc.
Boost Program—
A Collaboration between OCI, UMMG and HITS

- **Executive Lead**: Dr. Ranjit Aiyagari, CMIO
- **Supporting Team**:
  - Dr. Greta Branford, ACMIO
  - Marie Baldwin, HITS Director of Learning Design and Delivery
  - Preston Kelly, HITS Manager
- **Oversight Group**: UMMG Executive Cabinet
  - MiChart Usability leadership presents progress quarterly to Executive Cabinet

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Michigan Medicine
University of Michigan
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<thead>
<tr>
<th></th>
<th>Physician Trainers*</th>
<th>Training Coordinator</th>
<th>Provider Champion*</th>
<th>Super User**</th>
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<tbody>
<tr>
<td>1.</td>
<td>Perform assessments, observations, etc.</td>
<td>Coordinate and schedule internal and customer meetings, trainings, ATE support</td>
<td>Participate in identifying needed system optimizations and developing improvement plans</td>
<td>Collaborate with Provider Champion and Trainers as available to provide education and support for department</td>
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<tr>
<td>2.</td>
<td>Develop improvement plans</td>
<td></td>
<td>2.</td>
<td></td>
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<tr>
<td>3.</td>
<td>Create/modify curriculum</td>
<td>1.</td>
<td>3.</td>
<td></td>
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<tr>
<td>4.</td>
<td>Provide training/ATE</td>
<td>2.</td>
<td>4.</td>
<td></td>
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<tr>
<td>5.</td>
<td>Assist in evaluation</td>
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<td>5.</td>
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<td>3.</td>
<td>6.</td>
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Program Framework

Pre-Wave Planning (12-8 weeks prior to wave)
- Meeting with Key Department Leaders (including PC)
  - Complete Boost Questionnaire
  - Understand Dept
  - Training Delivery Cadence Decisions
- Department Kick-Off Meeting
- Schedule Training Sessions & Enroll Providers Complete at least 8w prior to kick-off

MiChart Efficiency Basics (3 months)
- Home For Dinner Sessions
  - Based on Delivery Cadence Decisions by Department
  - Customized with Department Specific Examples
  - Use some time for "build focus groups"
- "Build" Meeting with ACs, PC, and Boost
- Build Quick Wins

Specialty Training (2 months)
- Training on Specialty Build, Specific Workflows, and based on Dept Feedback
  - Job Aids
  - Videos
  - Presentations
  - Deep Dive ILT

Wrap-Up (1 month)
- Department Wrap-up Meeting

Weekly Tip Emails
- Weekly Provider Champion Meetings
- How to Fish" Review

New Workflows
- Boost Fuel

Customization Guide
Requirements of Departments / Divisions Undergoing MiChart Training

Individual departments and divisions have to commit to this program to make it successful, and support it by providing the following:

- Department/Division will identify a Provider Champion
  - PC will be able to commit up to 20% of their effort for 6 months –paid by UMMG.
  - The department/division will decide upon how to support the physician champion going forward after the 6-month time period.

- Faculty will be permitted and encouraged to attend training
  - Departmental/Divisional leadership (clinical offset, use of CME, meeting time etc.) to support required faculty participation

- Department/Division will assign an administrative coordinator to work with our trainers to set up training sessions.
Metrics to Measure the Success of MiChart Usability Program

Several metrics will be used to assess provider performance pre- and post- MiChart usability training.

**Key Metrics:**

- **Efficiency score**: Score derived by Epic that compares the efficiency of your performance—how quickly you work in Epic—to all other faculty at Michigan Medicine (it is curved within Michigan Medicine)

- **Proficiency score**: Score built by Epic that indicates how well the provider uses the system and its functionality (metric is not curved within Michigan Medicine)

- **Time Outside of Scheduled Hours**: Represents the total hours spent on MiChart outside of scheduled clinic hours

- **Pre-and post-self-assessment**: Represents faculty perception of their own performance

- **Variables**: did we accomplish goals—getting away from e-mail? More case-requests placed? Utilize new forms/questionnaires

- **Subjective/’Buzz’**

*Goal to be achieved by all faculty by end of MiChart usability training wave within the dept / division. Note: There cannot be an overall efficiency target set given that the score is graded on a curve against Michigan Medicine providers.*
Past Boost waves and their experiences

This is typically around 110-150 providers per wave.

- Wave 1—Dermatology, Urology, Vascular Surgery
- Wave 2—Allergy, ENT, Rheumatology
- Wave 3—Cardiology
- Wave 4—Hematology/Oncology
- Wave 5—Neurology/Sleep
- Wave 6—Transplant/Phoenix users (started this month)

Each group has specific things they may want to focus on in addition to usual efficiency training. Examples: eliminating e-mail workflows, improving use of case requests, form or questionnaire build, new implementation woes, etc.
<table>
<thead>
<tr>
<th></th>
<th>Mar 2018</th>
<th>Jun 2020</th>
<th>Percent Change</th>
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<tbody>
<tr>
<td>Overall</td>
<td>3.7</td>
<td>5.5</td>
<td>48.6%</td>
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</table>

**Proficiency:**

<table>
<thead>
<tr>
<th></th>
<th>Efficiency 0-4.9</th>
<th>Efficiency 5-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proficiency 0-4.9</td>
<td>29%</td>
<td>57%</td>
</tr>
<tr>
<td>Proficiency 5-10</td>
<td>14%</td>
<td>0%</td>
</tr>
<tr>
<td>Proficiency 0-4.9</td>
<td>6%</td>
<td>25%</td>
</tr>
<tr>
<td>Proficiency 5-10</td>
<td>12%</td>
<td>56%</td>
</tr>
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**Graph:**

- Allergy And Immunology
- X-axis: Mar '18 to Jun '20
- Y-axis: 0 to 6.0
- Trend line showing proficiency over time
Net Promoter Score

On a scale from 0-10, how likely are you to recommend this training session to a friend or colleague?

73.33

How would you rate the training session?

92%
Excellent

How would you rate the trainer?

100%
Excellent
I liked it a lot. It was educational and the instructor was responsive. Honestly, I wish I had gone through it when I first started at Michigan. I am happy to learn anything that helps with efficiency on MiChart. ~Dr. Sina Jame

It was great. I have another lined up for Tuesday and I will sign up for more! Tremendous idea. ~Dr. Rick Hennig

As we discussed, I had an hour-long personalized session with Tom Oldershaw a few weeks ago, and it was a pleasant surprise. He is a nice guy and extremely adept with MiChart. We went through the steps of a clinic visit and he helped me streamline. I found the session to be useful. ~Dr. Mark Benson

Val and the team did a fantastic job of providing an overview of pertinent hints and suggestions that I will now use on a daily basis when moving through my inbox. They went above and beyond by also covering order entry topics, something I missed last week due to system downtime. Excellent job! Thank you. ~Survey Feedback

Very practical and useful information. Great expertise and delivery. ~Survey Feedback

There is immediate benefit and increased efficiency. ~Survey Feedback
We were able to touch about 50% (50 providers out of ~100) of providers.

- 17 Providers have attended class, of those 10 have come to multiple classes.
- 19 providers have had a 1:1. Of those 6 have had multiple 1:1’s.
- 22 providers have attended a division meeting training.

Some feedback:

- VERY GOOD!!!!! Efficient & to the point! I signed up for the rest of the courses

- Very helpful overview of high-level customization and especially appreciated the breakout session at the end. Thank you!

- Appreciate the expertise, flexibility of the session, and consistent patience and affability of all the trainers. It makes MiChart almost enjoyable :)

app.gotomeeting.com is sharing your screen. Stop sharing Hide
“The physician champion role for the MiChart Boost program is an amazing opportunity to represent your colleagues and identify opportunities for improved usage of MiChart. You act as an interface between providers and MiChart trainers, which is critical since we often “don’t know what we don’t know” when it comes to Epic.

The Boost program’s inherent departmental specificity is key to faculty engagement as it really tailors the MiChart classes to your needs. We took this a step further by approaching subspecialties as a group at their division meetings, which would be incredibly beneficial early in the wave to demonstrate optimization strategies that are just the tip of the iceberg.

I think we are all greatly more efficient after the MiChart boost wave and I am proud to have been part of this wonderful program.”
Boost—Opportunities for Improvement

- Problem Recruiting Provider Champions
  - Not all departments/divisions are willing/able to commit funds for their continued effort after the wave is completed.
  - Takes away time from other clinical effort, surgeries etc.

- Sub-optimal Provider Champions
  - The department needs to select the provider champion. In at least one area, the provider champion decision chose a person not at all interested in even using MiChart as essentially a non-clinical effort 'gift' for political reasons.

- Limited scope
  - Includes providers and rarely some workflow-based help for others. We have been trying to get a larger proposal funded for 2 yrs without no luck given Covid/Economic Recovery Plan. Loss of 2 of our 4 trainers to other fields hasn’t helped.

- Transition to 100% virtual
  - Still very effective and perhaps better in some ways, but we lose some ability to see the culture/workflows and work collaboratively with audience.

- No Attendance Requirement
  - Leaders have been largely supportive and some have allowed for time in meetings etc, but most have stopped short of allowing them to block clinic time to attend or requiring attendance. In addition, better/more interested users tend to self-select for classes, leaving behind those who have worse performance.
Questions?
Boost—
Opportunities for Improvement

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Upcoming Teleconference Schedule

- **21 October 2021** - 4-5PM US ET - Reconciled medication List Focus Group
- **25 October 2021** - 3-4PM US ET - Problem Oriented Health Record Project Team
- **1 November 2021** - 3-4PM US ET - Reducing Clinician Burden Project Team (planned: Dr John Gachago - Potential for Burden Reduction enabled by Artificial Intelligence)
- **6 December 2021** – 3-4PM US ET - Reducing Clinician Burden Project Team (planned: Dr John Windle – A Roadmap To A More Useful and Usable Electronic Health Record)
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