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The Blueprint for Building an Effective Physician EHR Satisfaction Program

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Building Your Physician EHR Satisfaction Program:
The Model

Physician burnout is at an all-time high. At the start of 2020, physician burnout rates were hovering around 50 percent nationally. With the onset of the pandemic and the associated stressors on healthcare teams, most organizations that have recently surveyed their providers asking about perception of burnout pre- and post-COVID-19 indicate up to a 30 percent increase in burnout levels according to early results from the KLAS Arch Collaborative[1] One study found that, "physician burnout is associated with a reduced efficiency of healthcare systems to deliver high-quality, safe care to patients."[2] This same study also found that burnout resulted in a two-fold increased risk of low patient-reported satisfaction.

Physician burnout is affecting your entire organization, and EHR dissatisfaction is one of the leading causes of physician burnout. According to findings from the KLAS Arch Collaborative, "the more satisfied providers in a certain organization are with their EHR, the less likely it is that many providers in that organization are experiencing burnout." Similarly, during my time as CMIO at Rush University Medical Center in Chicago, we found that improved EHR satisfaction is directly correlated with a decrease in burnout and physician turnover, as well as their associated costs. Our findings at Rush were recently corroborated in the April 2022 KLAS Impact Report "Clinician Turnover and the EHR Experience."[3]

While the details for building an effective physician EHR satisfaction program will vary at each organization, the basic structure that has been borne out through studying the most successful organizations is consistent:

- Ensure your EHR is up-to-date, well-configured and supported by the necessary associated technologies
- Provide the needed onboarding and ongoing training and support
- Enact a governance structure that enables voices from key provider workflows at your organization to join those of operations and IT in EHR decision-making
- Provide resources and ample opportunities for providers to personalize the EHR to their unique personal and specialty workflows
- Communicate with your end-users frequently and through multiple channels to inform them and to show that their voices are being heard

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Communication

Training

Governance

Personalization

Epic and Supporting Technologies
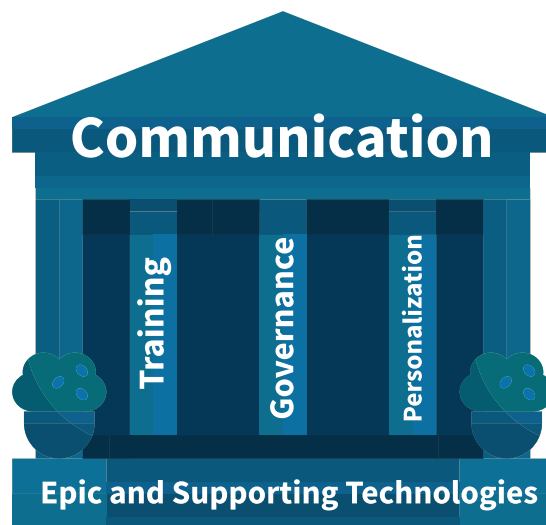
Physician EHR Satisfaction Program Model

I like to think of building a physician satisfaction program like building a house. First, you need to have a strong foundation made up of a well-designed, well-implemented, and continually optimized EHR. No EHR stands alone, and a complete set of associated technologies like voice, medication management, and single sign-on (SSO) need to be included. Second, the structure of the house should consist of training, governance, and personalization. Finally, the roof is composed of a well-balanced communication strategy.

Each section of this eBook is designed to dive into the strategies that join together to build a rock-solid physician satisfaction program. Piece-by-piece, I will be using my unique experiences and perspectives, along with the latest EHR research findings, to help guide your project on the way towards reduced burnout and improved physician satisfaction.

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Starting with a Strong
Foundation

First and foremost, if you don't start with a good foundation, no structure will be solid. Similarly, if you don't start with a well-implemented and well-maintained EHR, no physician satisfaction program will be successful.

Communication

Training

Governance

Personalization

Epic and Supporting Technologies
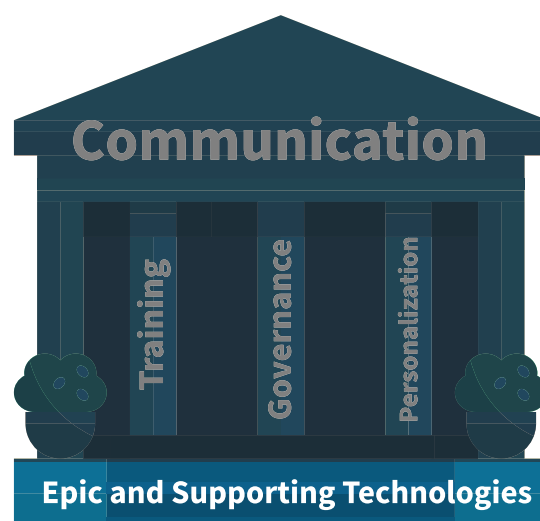
If you are implementing an EHR from a new vendor, listen to your EHR vendor! After all, they designed the software, and the best vendors have evolved their software and implementation strategies over many years with feedback from the countless installs prior to yours. With that said, get a second opinion! Engage an advisor who has been through implementations of your vendor's software before and therefore can guide you through the process to a great outcome. Finally, listen to your end-users; they know their workflows the best, and they are the best barometers for when tweaks to the standard workflows are needed. A good balance of those three voices should result in a solid initial build.

Continually Evolving Your EHR

Once you are live on your EHR, you will need a plan to continually evolve that EHR. Vendor software, end users' needs, regulatory requirements and organizational strategies change over time. Your EHR should evolve with those changes. Be strategic with your upgrade planning to make sure you prioritize features that align with organizational strategy and end-user desires. Also, vendors typically inform organizations of the software features they feel will make an impact. For instance, Epic has its Gold Stars measures; pay attention to these. If you fall below an 8 star rating in any area, use your governance teams to determine your strategies to get back on track.

There are two other techniques I like to use to make sure the EHR is evolving to meet end-user needs:

◎ *"Quick win"* **teams** to remove daily frustrations within local workflows
🕐 *Measurement* to identify larger projects to impact more global issues

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Quick Win Teams

For day-to-day "quick wins," I like forming small teams made up of an informed end-user (use Epic's Physician Builder and Clinical Informaticist courses or similar programs to develop these people), an analyst and a certified trainer. These triads are an excellent way to identify and remove the little nuisances that plague your end users but don't rise to "project" status. They can tweek the order sets, documentation templates, flowsheets and workflows to better meet the needs of your end-users. It is also a good way to knock out those pesky "quick wins" on your Gold Stars dashboard. Embed these teams into as many critical workflows in your organization as you can afford (ICU, ER, OR/Surgery, Peds, L&D/OB-Gyn, Primary Care, Specialty Clinics, etc.) and give them the latitude to make the needed changes unique to the workflows they know best.

Measurement

Measurement of both end-user satisfaction and areas of global inefficiency are also a must. Use externally benchmarked measures like the KLAS Arch Collaborative Survey whenever possible. Measuring takes courage. Measuring means that you are open-minded to the results and will invest in the activities needed to improve. It also shows your end-users you are listening and willing to make the changes they desire.

Satisfaction and Inefficiencies

When it comes to measuring satisfaction, there is no better tool than the KLAS Arch Collaborative Survey. While the cost may seem daunting at first, the data and insights provided, which are benchmarked against like-organizations, are invaluable. Plan on measuring on a minimum cadence of every 18 to 24 months. The first measurement will identify which areas of change you need to focus on and help you build an evidence-based EHR satisfaction improvement plan. The subsequent measurements will track the effect of the changes you put in place and identify adjustments needed in your plan. Keep measuring to keep improving!

For inefficiencies, consult your Epic Signal data or similar tool provided by your vendor. Signal is an excellent way to see both where individuals and groups as a whole are struggling. If one person is an outlier within your organization, make sure that person receives the needed attention. If there are areas in which your organization as a whole is an outlier when benchmarked against like-organizations, this represents some system work that needs to be done. Validate these findings with your governance groups in order to devise a strategy for getting back on track.

As with any construction project, building and maintaining a strong foundation on which the rest of your program will stand is key.

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3 Associated
Technologies

Before shifting focus from the initial foundation of a strong EHR build, it's important to touch on a few key technologies that significantly augment your program bedrock from a physician satisfaction perspective: voice technology, single sign-on (SSO) and medication management. While there are certainly others to consider, these three are critical to any physician satisfaction and efficiency efforts.

Voice Technology

Voice technologies have moved way past just transcribing voice to text. Adding functions like EHR navigation, digital assistants and AI-aided NLP extraction of free text into codified text, voice is now a critical piece of any EHR foundation. Strong vendors in this space will also provide computer assisted physician documentation and real-time clinical documentation improvement (CDI) solutions to round out a full suite of offerings. My guess is that EHR vendors will soon wade into this space, but currently you will need a third party vendor to meet these needs. Also available from a few vendors is real-time capture of the entire patient interaction which markedly decreases documentation time and increases face time with patients.
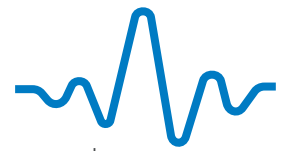
Single Sign-On (SSO)

SSO technologies can markedly speed up access to both your core EHR and the associated technologies end users need to complete their daily workflows. Top vendors in this space allow for badge tap log-in and log-out to make life easier for your care teams. Using SSO can reduce log-in times by 30-40 seconds per instance and also markedly simplify remote log-in to your system. Less time logging in means less time in the EHR as a whole!

Medication Management

Medication compliance is one of the most critical factors in determining patient outcomes and overall quality of care. A good medication management solution will offer a suite of functions including: gathering medication lists and fill rates from PBMs, local pharmacies and physician offices; deduplication of gathered med lists and codifying complete sigs; improving the ease and efficacy of ePrescribing; offering prior authorization details during the ordering process; and improving medication adherence through patient messaging and prescription affordability programs. A strong medication management third party solution will speed up the medication reconciliation process and also improve medication list accuracy.

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The Training Pillar

A complete EHR training program consists of a minimum of three key components:

- **Onboarding Training:** Training of users new to the organization
- **Ongoing Training:** Maintenance training done at least once a year to keep users up to date on EHR, workflow and policy changes
- **Field Support:** Just-in-time training for when issues arise at the point of care
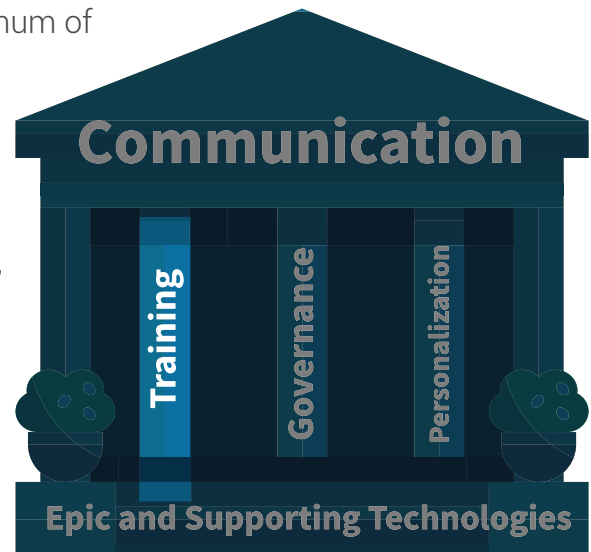
Onboarding Training

Onboarding training should be customized as much as possible to the needs of the individual EHR user in both content and duration. It should assess their prior knowledge of both the EHR and of the organization and then train to the learner's knowledge gaps. Most organizations are shifting to virtual training environments that can adapt as the learner moves through the session. One caveat to consider is that early studies from the KLAS Arch Collaborative are showing that, while instructor-led virtual training seems to be equivalent in outcomes to in-person training, self guided virtual training without an instructor shows far inferior learner satisfaction and results. Also, the closer organizations stay to the Epic Foundation build, the better they will be able to take advantage of Epic-provided virtual training courses. While large sessions may be efficient for the training team, they tend to be inefficient for advanced learners. Onboarding should address both the standard functionality of the EHR that is appropriate for the learner and the workflows, content and locations unique to the organization.

Ongoing Training

Ongoing training should be both time and need-based. Time-based training should keep the end-user up to date with EHR changes and upgrades, workflow changes and changes to organizational or governmental policies.This type of training can be accomplished through various means such as tip sheets, virtual training, newsletters, departmental or other regular meetings and scheduled personal sessions. The modality chosen should fit the magnitude of

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the change. Need-based training can be both on-demand or identified through observation or analytics. This type of training is typically done one-on-one via a trainer or superuser, via a link to training on a user dashboard or sent directly to the individual as a tip sheet or link to a specific virtual session. It is estimated that each provider should get about four hours of ongoing training annually via a combination of these methods to maximize and maintain their efficiency with the EHR.

Provider Field Support

Field support is critical to any training program. Providers are busy, and when a training issue arises, it is often in a time-critical clinical setting and far too complicated for the typical help desk. To this end, I recommend routing all provider help desk calls that are not password resets directly to a dedicated provider field support team. The field support team can be made up of provider superusers and/or dedicated trainers knowledgeable in both clinical workflows and provider EHR content. The field support team can also round with providers to observe workflows and train on the fly. This team should attend regularly scheduled physician meetings to deliver brief training sessions or observe and answer questions. The recommended ratio of this team to providers is between an optimal 1:100 to a minimum of 1:250, as found in research by myself and the KLAS Arch Collaborative.

The Governance Structure Pillar

Every successful physician satisfaction program is centered around a robust governance structure. The value of governance to physician satisfaction has been born out in the findings of the KLAS Arch Collaborative. Yet, according to a 2014 HIMSS Analytics study, only 60 percent of healthcare organizations have a formalized EHR governance structure in place![4]

Why Governance Matters

There are many benefits to good governance, but first and foremost is the sense of shared ownership. Integrating key stakeholders into the decision-making process fosters buy-in, adoption, and a sense of ownership; all of which lead to higher adoption and higher satisfaction with the EHR. When key stakeholders understand and are a part of the decision-making process, they become ambassadors and evangelists for the improved end product.

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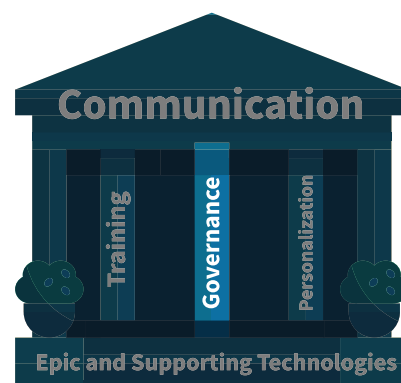
Building a Base of Knowledge

Your governance program needs to be focused on and have strong representation from the key workflows and Epic modules at your organization. Those who sit on your governance team should have a deep knowledge of Epic. This combination of workflow and Epic knowledge leads to better decisions. Organizations should strongly consider requiring the Epic Physician Builder certification or, at a minimum, completion of the Epic Power User course in order for individuals to be named voting members of any governance team

Each of the Epic modules has some unique workflows; therefore, building a team of experts in each area will improve the satisfaction of all of the physician workflows at your organization. Start at the core with representatives from inpatient, ambulatory, orders & decision support, surgery (Op Time) and ED (ASAP). Then, build with the key specialties at your organization like Peds, OB/GYN (Stork), Cardiology (Cupid), Radiology (Radiant), Orthopedics (Bones), Anesthesiology, Population Health (Healthy Planet), Oncology (Beacon), and Ophthalmology (Kaleidoscope). You should include specialties important at your organization that do not have their own Epic modules. It is good to have expertise in reporting and analytics on your team as well. My experience at Rush and data from the KLAS Arch Collaborative have shown that specialties at an organization that have an associated physician builder have up to ten points higher Net EHR Satisfaction than specialties without one.

Where to Get Started

One final point on governance is to invest in what you have first. Governance is about optimization and innovation, not maintenance. Make sure routine maintenance and upgrades are funded first, then focus your governance on the remainder of your budget. A typical IS organization spends 60 percent of its budget on routine operations, 25 percent on optimization and incremental improvement, and 15 percent on innovation. Governance is focused on the latter two buckets.

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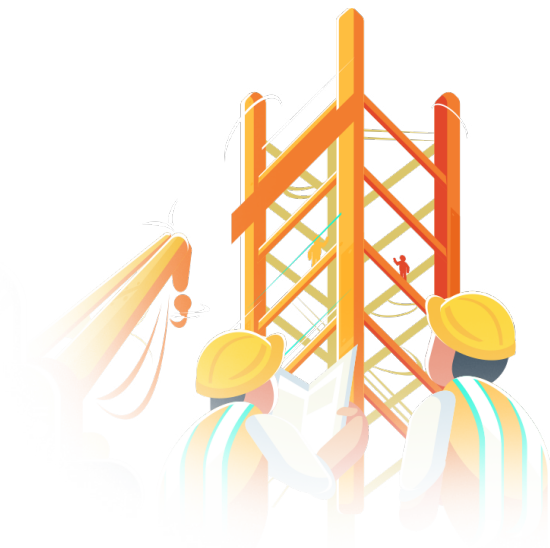
The Personalization Pillar

One of the best ways to improve EHR satisfaction is through the use of personalization tools. Ironically, most organizations tend to use this tactic sparingly. Personalization is the tweaking of the EHR to better match it to the practice style and workflows of an individual or group of providers. EHR personalization should start at the time of initial training. Most organizations that prioritize personalization follow up with providers at thirty, sixty and ninety days after their initial training because providers learn what their style of practice looks like in a new EHR gradually. Ongoing personalization can then occur as part of a provider's four hours of recommended annual training or through one-on-one sessions, at departmental meetings, during advertised "drop-in" labs or at kiosks. Personalization should evolve as the EHR evolves.
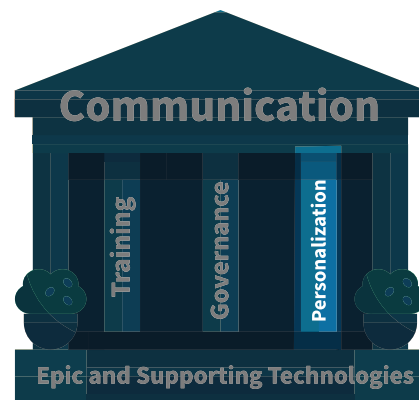
> **EHR personalization tools can be broken into five basic categories:**
> **documentation tools, ordering tools, reports, filters, and workflow optimization tools.**

Documentation Tools

Documentation templates are one of the best ways to speed up a provider's work in the EHR. Templates are typically designed around a disease or symptom in their most basic form. Templates should be designed to pull information already present in the EHR, like clinically relevant labs and vitals, medications, and physical findings. Picklists, smart phrases, and drop-downs can also be configured to capture data and findings typical to the disease or symptom. Macros can then be created to auto-fill a given provider's "typical normal exam." From there, the provider then just needs to document any changes from the normal present in the given patient.

Take care not to pull too much data into the note. Instead, pull in only what is necessary to get the point across clinically; the adage of "if it's not in the note, it can't be billed," is just not true. If providers acknowledge data relevant for billing in the record, it does not need to be pulled into every note! Provider's notes should be clinical communication tools, not billing tools.

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Ordering Tools

Ordering tools, such as order sets and picklists, also significantly speed up the process for finding and placing of orders.

- **Orders sets,** like documentation templates, are typically based on a given disease or presenting complaint, and group orders commonly used for that condition. Order sets can be based on a first presentation of a disease or complaint or based on the ongoing care of a disease. Like documentation templates, providers can expand upon this customization by saving their preferences within an order set, further speeding up the ordering process.
- **Picklists** are lists of orders a given provider regularly uses for rounds, clinic visits, consults, and the like. They make the finding of these frequently used orders faster and easier. Additionally, as an individual's practice patterns evolve, they can edit these picklists over time.

Reports

Reports are designed to pull data from disparate EHR sources into a consumable format in order to aid decision-making. The uses are endless, but typical reports can be based on a patient population (disease, location, treatment team, etc.), a given patient (all relevant info on their diabetes, for instance), or any other data set that can help with the providing of care.

Filters

Filters can typically be applied in many areas of the EHR and can help focus the endless data to consumable and appropriate data sets. Most EHRs allow the saving and sharing of particularly useful filters.

## Workflow Optimization Tools

As much as possible, plan to lay out the EHR to match the workflow of a given provider, clinic or specialty. Ordering tasks in the EHR in the sequence in which they are typically performed markedly improves the speed at which a provider can move through their tasks. Whether it is the order tasks are performed in a given clinic visit, on rounds or during a consult, or whatever the workflow is, if they follow the pattern of the provider, they will be easier to complete. Another advantage of workflow design is that they can remind providers to do things that might otherwise slip their minds on a busy day. Shortcuts can also be inserted into the workflow to take providers to other data or tasks they typically access or do at that point in the workflow. Taking advantage of the various workflow design engines in your EHR will speed up the work of providers.

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Investing in EHR Personalization

In all honesty, personalization takes a fair amount of time and effort on the part of the IT or Informatics teams, and time and effort mean resources. Unfortunately, underfunding of these resources at most organizations is likely the reason personalization tools are so underutilized. This is a classic example of "penny wise and pound foolish"; organizations that fail to spend money on relatively inexpensive trainers and analysts leave their most expensive personnel, their physicians, inefficient and unhappy.

Does Your Communication Plan
Have You Covered?

The final step in rounding out an effective physician satisfaction program is covering your structure with its roof - a robust communication plan. Keep in mind that while providers are your primary target here, your IS/informatics team and system administration each deserve their own place in your communication plan.

Communication

Training | Governance | Personalization

Epic and Supporting Technologies
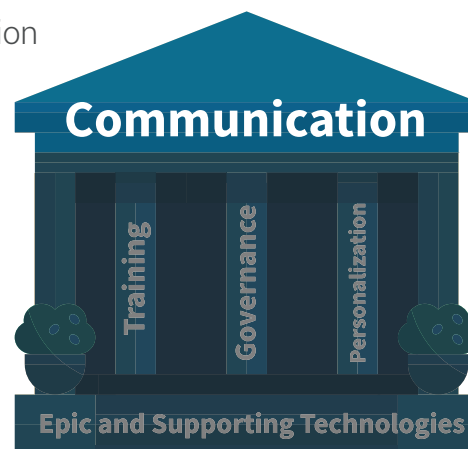
Providers

Don't assume "if you build it, they will come!" Keep your providers informed about everything you are doing to help them out. This will do two things for your program: It will ensure that all of the hard work you and your team are putting into provider efficiency and satisfaction actually gets used, and it will let your providers know their feedback is being heard.

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Any good communication plan is multifaceted. Use multiple modalities across multiple venues and multiple times.

- Modalities might include text, email, letters, dashboards, listservs, fliers, tip sheets, listen and learn sessions, bulletin boards (electronic and physical), kiosks and more.
- Venues for communication might include department or medical director meetings, lunch and learn sessions, visits to clinics or on rounds, medical staff lounges, directly in the EHR via dashboards or messaging tools to name a few.
- Times might include opportunities to match regular newsletter release schedules, before and after upgrades, after a significant fix or update, and during scheduled medical staff meetings.

Your Team

Communicating with your team is more about morale than anything else. Let your team know how valued they are by the providers. When you receive good feedback, pass it on. When a new feature helps reduce provider time in the EHR, let your team know the impact they are making. They are helping provide better patient care – make sure you recognize them for that!

Administration and Leadership

Don't be afraid to sing the praises of your team and their accomplishments to system leadership. This will have multiple benefits, including showing your value to the organization (think budget season!) and keeping administration informed can help them have more informed discussions with providers. After all, they can be your best allies if you help them talk in an informed way with providers.

Bottom Line:

Communicate, communicate, communicate!

Pro tip:

If your organization has a Marketing Department, make use of them. They can help with crafting messages, designing materials and sending communications out to providers. They can also help by nudging you to keep up a regular communication schedule.

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A Final Word on
Physician EHR Satisfaction

The ultimate goal of any provider satisfaction program is to allow providers to spend more time with their patients while at work and more time with their friends and family while at home. If we achieve this goal we will improve satisfaction and reduce burnout - guaranteed! Organizations that invest in strong physician satisfaction programs reap the rewards in reduced physician turnover, improved staff satisfaction, improved quality of care and outcomes, and increased patient satisfaction.

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About the Author

Dr. Brian Patty joined Medix Technology as Chief Medical Informatics Officer in 2020. As one of the nation's first CMIOs, he brings more than 40 years of medical and clinical informatics experience to the team. Dr. Patty partners with our clients at all stages of their Epic journey, from implementation to optimization. His areas of expertise include improving clinical workflows, simplifying EHR processes to improve end user satisfaction, reducing burnout and costly turnover, and maximizing technological investments.

Sources:
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2. "Physician Burnout Associated With Poorer Patient Outcomes." American Journal of Managed Care, September, 2018.
3. "Clinician Turnover and the EHR Experience." KLAS Research, April, 2022.
4. "HIMSS: 40% of organizations have no formal EHR governance." EHR Intelligence, April 2014.

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