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Optimizing the EHR Using the KLAS EHR Experience Survey: An EHR- Agnostic Training Series

Session 3- April 17, 2024

Agenda

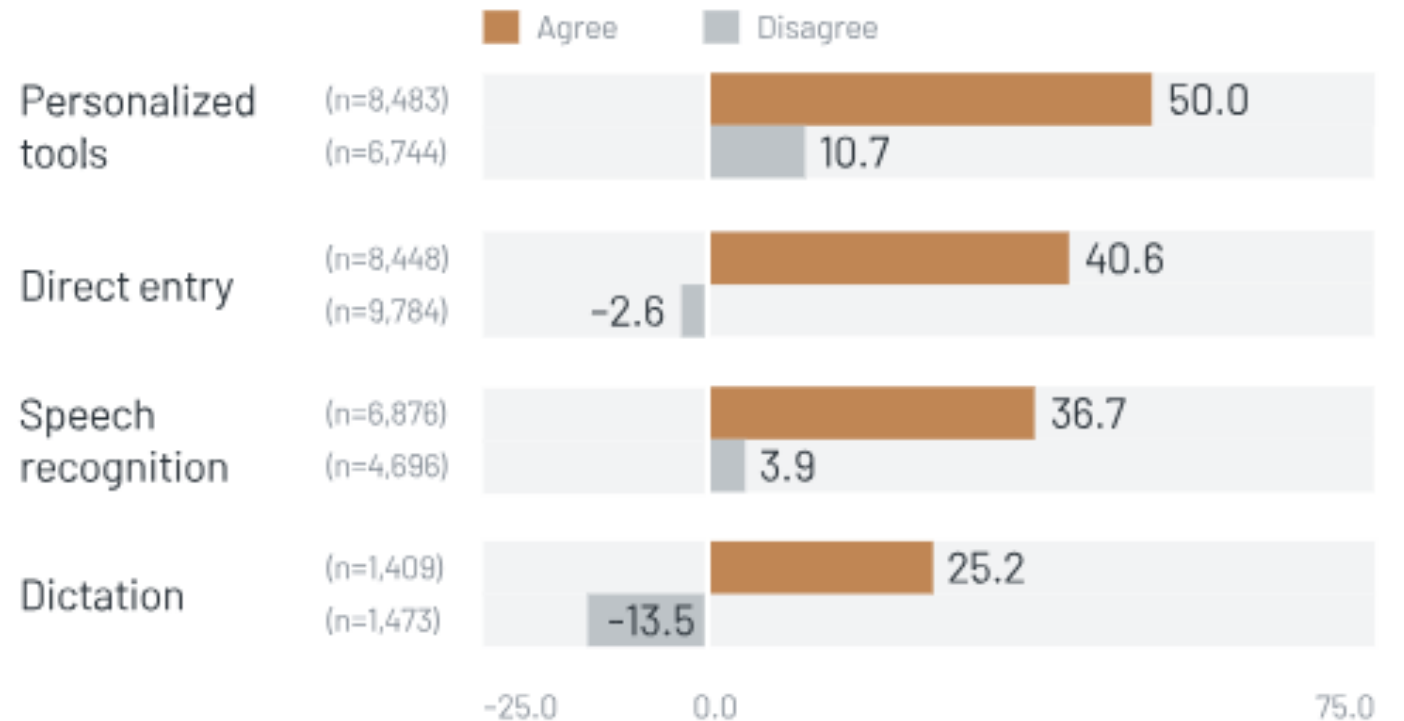
1. KLAS EHR Experience Survey Results- EHR Personalization Tools + Considerations When Adopting New Tools
2. KLAS Arch Collaborative Conference- EHR Training Formats + Promising Practices
3. Orlando Perez, Patricia Alisme, Shivangi Srivastava- Betances Health Center on EHR Personalization Tools




Why
personalize
your EHR?

Net EHR Experience Score—by Agreement That Documentation Training Was Satisfactory

Physicians only (-100 to 100 point scale)





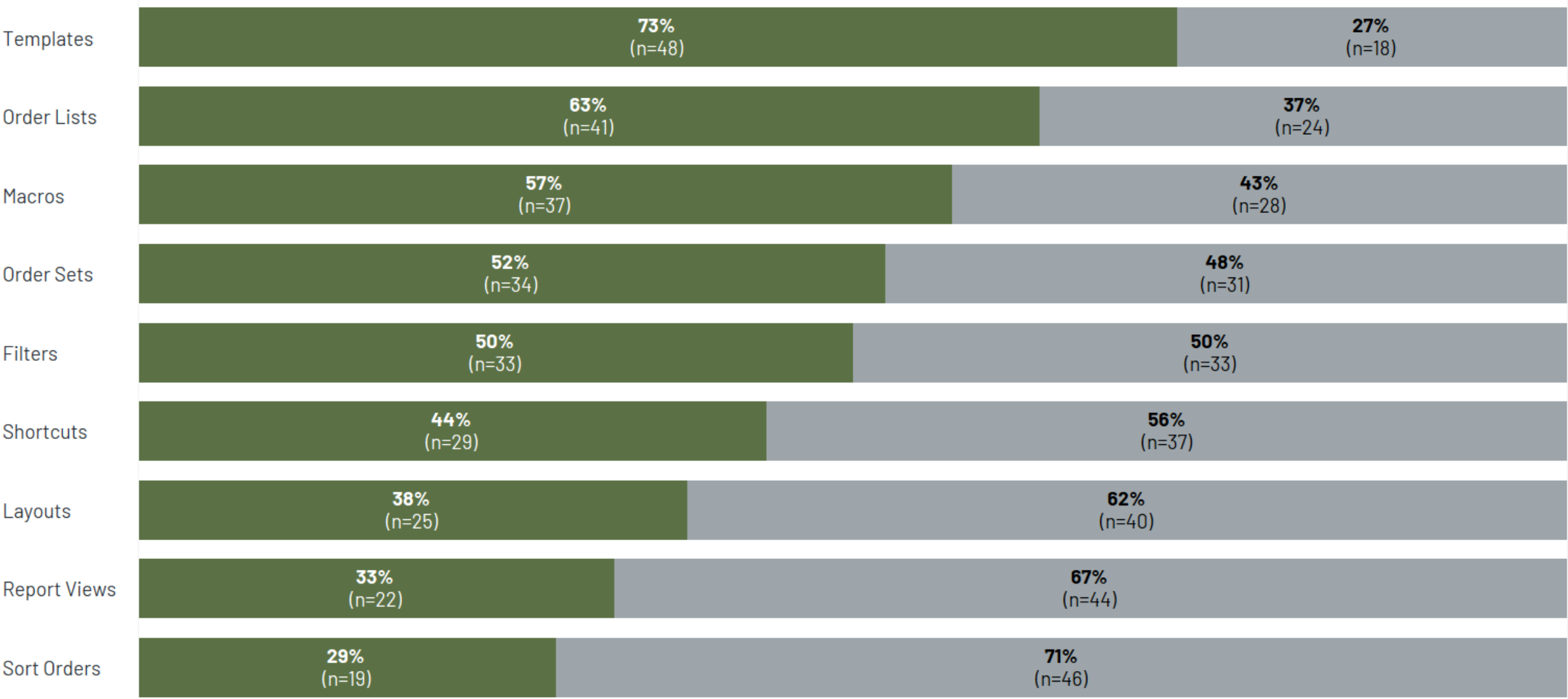
Why personalize your EHR?

- Majority of time spent on the EHR is because of documentation
- Better training + More personalization → Faster documentation, less burnout and more effective workflows
- Physicians who utilize personalized tools or speech recognition are the most likely to complete over half of their charting immediately after seeing the patient

Use of EHR Personalization Tools

CHCANYS 23; physicians only

■ Using
■ Not using



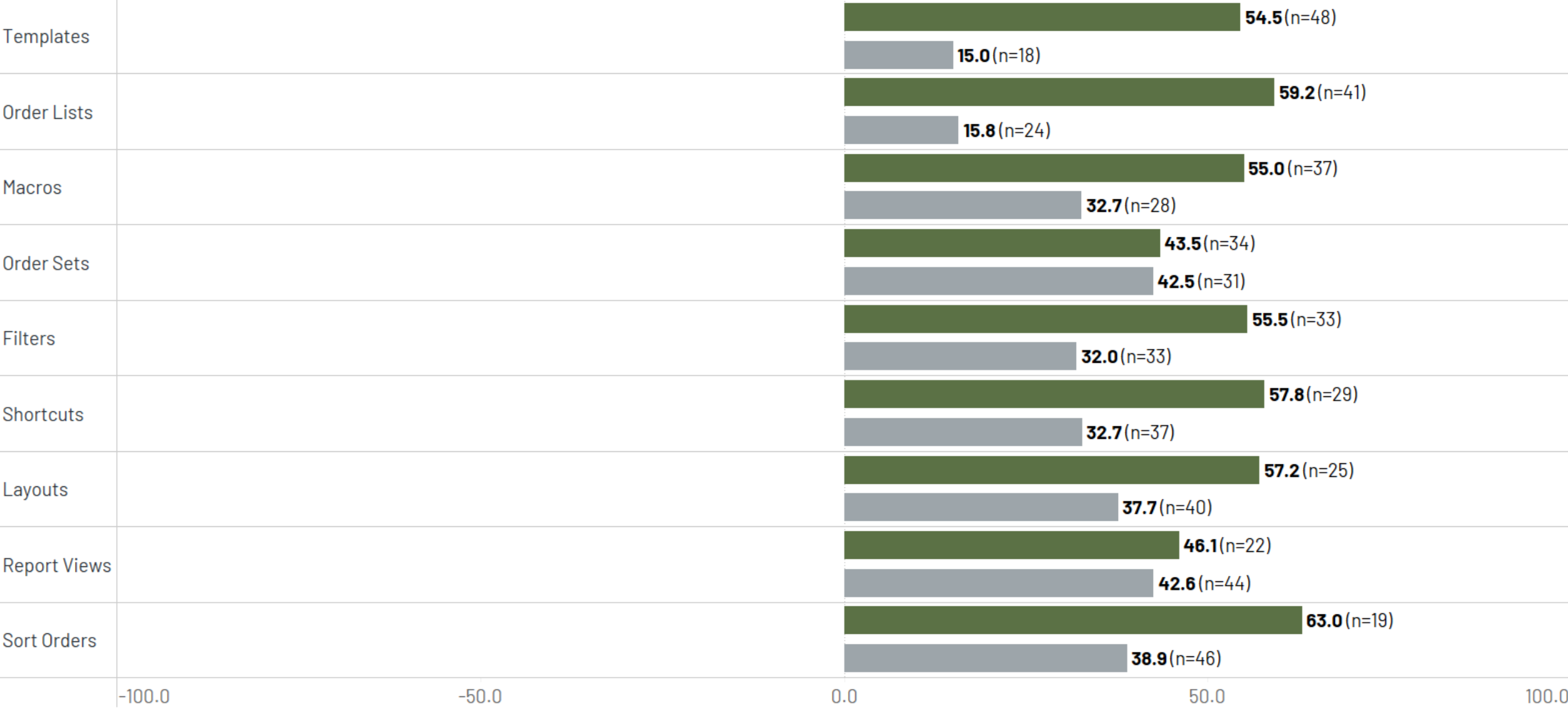
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Net EHR Experience Score—by Use of EHR Personalization Tools

CHCANYS 23; physicians only

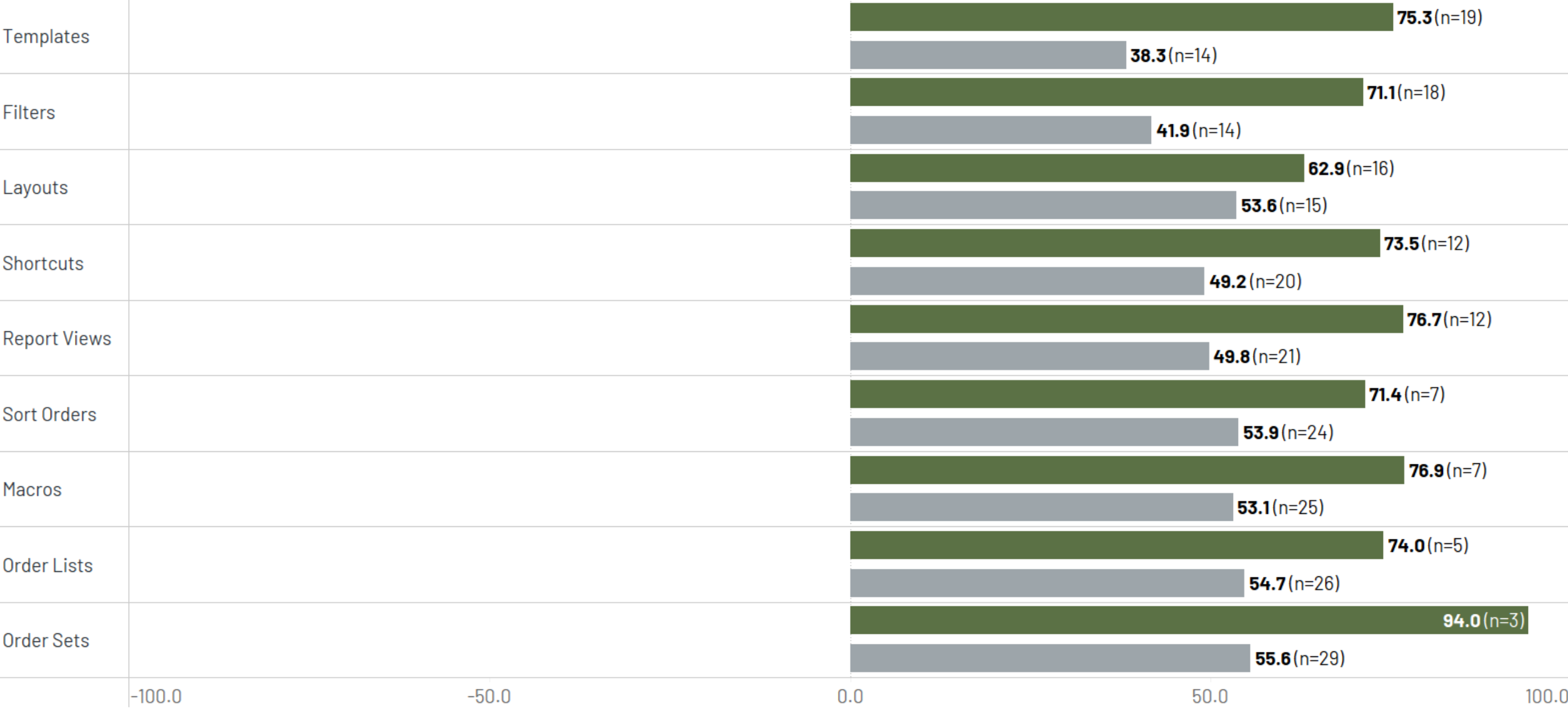
■ Using
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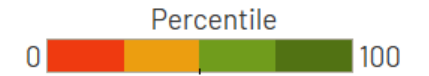
Net EHR Experience Score—by Use of EHR Personalization Tools

CHCANYS 23; allied health professionals only

■ Using
■ Not using



Overall Benchmark Personalization Metrics CHCANYS 23
 Included Clinical Backgrounds: **Physicians only at 178 Organizations**
 Similar Organizations: **15 HCCNs**



	Percent Agree	Rank: Collaborative	Rank: Similar Organizations
Using Templates	73% (n=66)	32nd Percentile	83rd Percentile
Using Macros	57% (n=65)	37th Percentile	58th Percentile
Using Order Sets	52% (n=65)	29th Percentile	75th Percentile
Using Order Lists	63% (n=65)	40th Percentile	85th Percentile
Using Report Views	33% (n=66)	36th Percentile	92nd Percentile
Using Shortcuts	44% (n=66)	72nd Percentile	82nd Percentile
Using Filters	50% (n=66)	44th Percentile	85th Percentile
Using Sort Orders	29% (n=65)	57th Percentile	77th Percentile
Using Layouts	38% (n=65)	26th Percentile	69th Percentile

Personalization Metrics Measurement Comparison CHCANYS 23 vs. CHCANYS 22

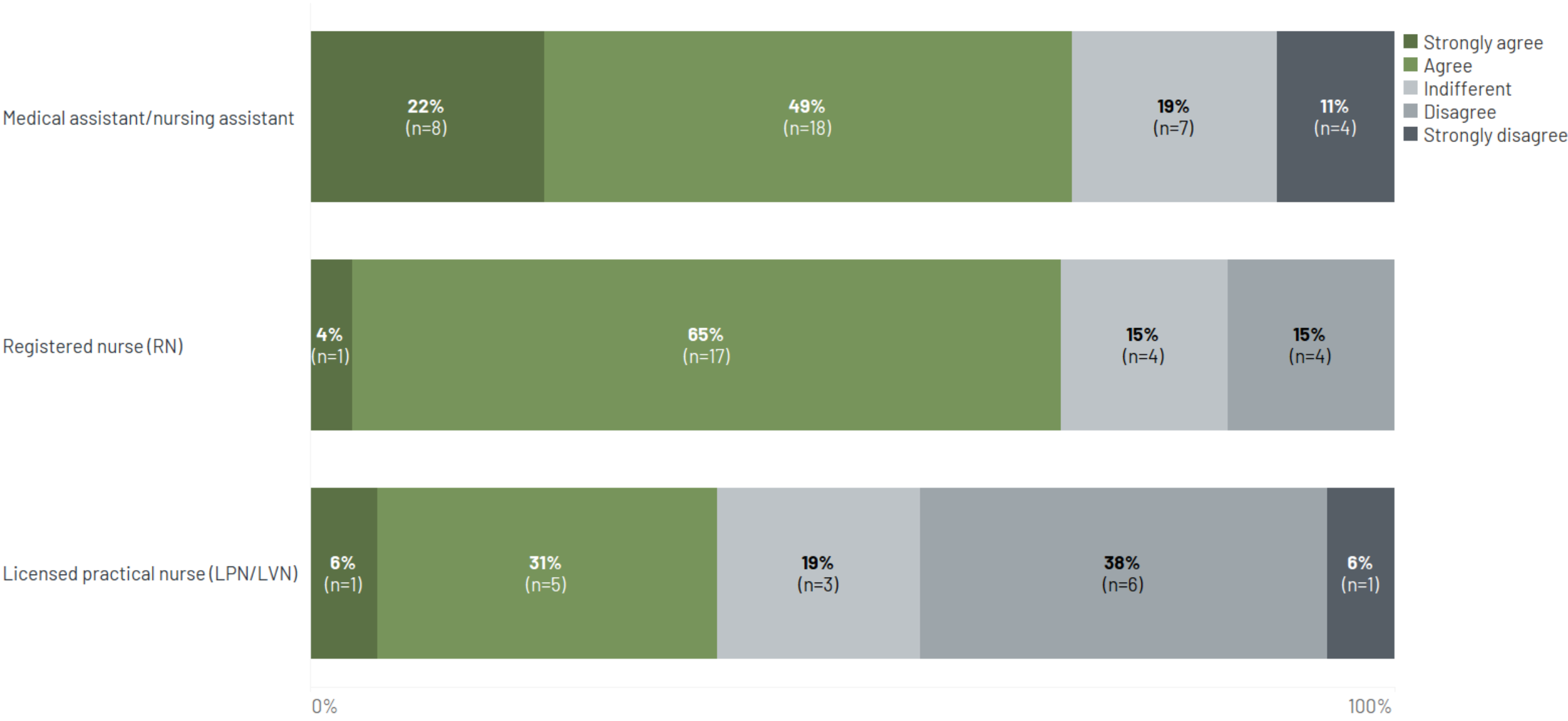
Included Clinical Backgrounds: **Physicians only**



	Current Percent Agree	Previous Percent Agree	Change
Using Templates	73% (n=66)	68% (n=169)	+5%
Using Macros	57% (n=65)	43% (n=165)	+14%
Using Order Sets	52% (n=65)	40% (n=166)	+12%
Using Order Lists	63% (n=65)	46% (n=167)	+17%
Using Report Views	33% (n=66)	22% (n=167)	+11%
Using Shortcuts	44% (n=66)	25% (n=167)	+19%
Using Filters	50% (n=66)	36% (n=165)	+14%
Using Sort Orders	29% (n=65)	16% (n=165)	+13%
Using Layouts	38% (n=65)	31% (n=166)	+7%

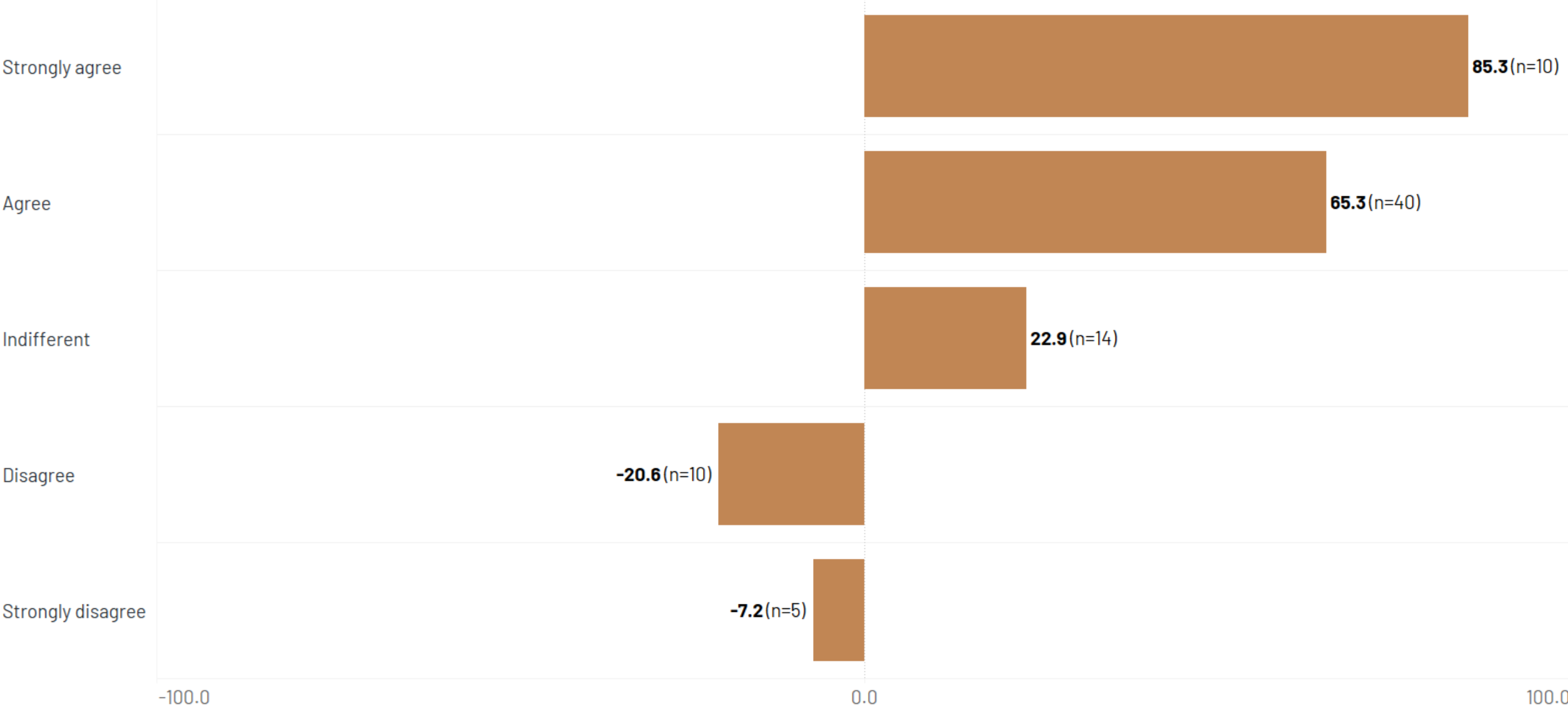
Agreement That I Have Personalized the EHR to Best Support My Workflow

CHCANYS 23; nurses and medical assistants/nursing assistants only



Net EHR Experience Score—by Agreement That I Have Personalized the EHR to Best Support My Workflow

CHCANYS 23; nurses and medical assistants/nursing assistants only



What To Consider When Adopting a New Personalization Tool



Understand Your Workflow



Involve Stakeholders



Customization Options



Training and Support



Vendor Support and Compatibility



Data Security and Compliance



Interoperability



Cost and ROI



Feedback and Iteration



Scripps Health

- Identify the workflows that need to be streamlined by tracking those with the most clicks
- Create an approval process that enables rapid implementation of changes
- Translate clicks saved into time and money saved to generate buy-in and keep clinicians and organization leaders engaged in workflow optimization

Best Practices – Scripps Health

- Shared ownership and governance
- Clinician efficiency and personalization

UCSF Health

- Provide opportunities for new Advanced Practice Providers (APP) to personalize the EHR with guidance from another provider in their specialty
- Focus on establishing optimal workflows and overall efficiency, not just high personalization rates
- Provide personalized, ongoing training for APPs

Best Practices – UCSF Health

- Extensive onboarding for new hires that includes at-the-elbow EHR training with experienced providers to accumulate SmartTools and personalize their workflow
- Initiatives within the organization address efficiency and optimization, leading to personalized solutions for providers
- Ongoing EHR training is conducted through tailored courses based on individual APPs' (Advance Practice Providers) needs, and feedback is collected to refine the program

[Perspect Health Inf Manag](#). 2022 Winter; 19(1): 1f.

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PMID: [35440924](#)

Factors That Influence Clinician Experience with Electronic Health Records

[Vimal Mishra](#), MD, MMCI, [David Liebovitz](#), MD, [Michael Quinn](#), PhD, [Le Kang](#), PhD, [Thomas Yackel](#), MD MBA, and [Robert Hoyt](#), MD, FACP, FAMIA

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Abstract

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Objectives

To report quantitative and qualitative analyses of features, functionalities, organizational, training, clinical specialties, and other factors that impact electronic health record (EHR) experience based on a survey by two large healthcare systems.



Methods

- VCU MC - 830 physicians, 750 residents and fellows, 400 advanced practice providers using Cerner
- UCM - 848 attending physicians, 1132 residents and fellows using Epic
- Used the KLAS EHR Experience Survey
 - General background
 - Training
 - EHR personalization
 - Satisfaction with EHR features
 - Satisfaction with the organization
 - Free text comments/ desired improvements



Personalization tools data

Questions were presents to all clinicians at VCU MC but to staff physicians, residents, fellows, NPs and PA at UCM

- 42% at VCU and 30% at UCM reported very low/no personalization
- Clinical templates were the most frequently used data input personalization tool at both centers
 - 58% at VCU and 62% at UCM found templates useful
- Order sets not utilized by 47% at both institutions
- Over 50% at VCU did not use report views, shortcuts, filters, sorting orders or layouts; UCM ranged between 39% - 59% for this category



Net EHR experience

- VCU was 6.2 [Slightly positive]
 - Physicians was -6.2
 - Nursing was 14.92
- UCM was 19.7
 - Physicians was 10.36
 - Nursing was 10.19



Most Valuable Features

- Communication
 - Electronic consults, updates of patient information & discharge instructions
- E-prescribing
 - Prescribing Schedule II drugs and access to medication fill history
- Training and support
- Vendor responsiveness
 - Weekly updates and relevant tutorials
- Efficiency



Results

- Noted differences in physician and nursing EHR experience
- EHR personalization, years of practice → Impacted efficiency, quality of care and satisfaction with EHR training
- Specialties like family medicine, infectious diseases, pulmonology, endocrinology VERY low



Conclusion

- Better EHR training
- Increasing utilization of personalization tools
- Decreasing documentation burden



Health Center Spotlight:

Betances Health Center

Orlando Perez

Patricia Alisme

Shivangi Srivastava





BETANCES HEALTH CENTER

EHR BEST PRACTICES

Orlando Perez - Director of Information Technology
Patricia Alisme - Clinical Integration Manager
Shivangi Srivastava - Clinical Informatics Specialist

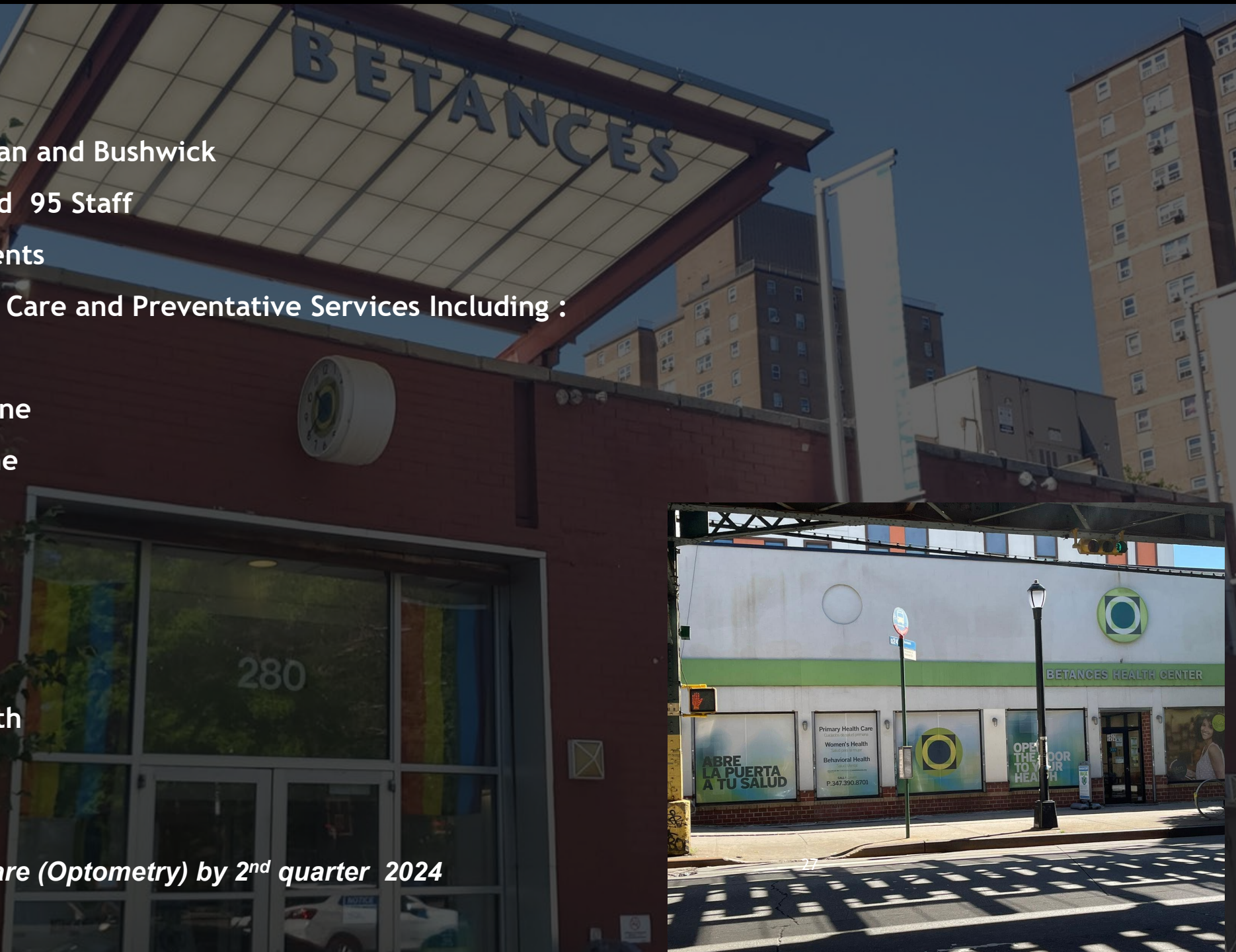
AGENDA

1. About Us
2. EMR and Pop Health Solutions We Use
3. Challenges and Solutions
4. Q & A



ABOUT US

- ▶ FQHC - 2 Locations - Manhattan and Bushwick
- ▶ 12 Providers , 7 Specialist and 95 Staff
- ▶ In 2023 we served 7,377 Patients
- ▶ We offer full range of Primary Care and Preventative Services Including :
 - ❑ Family Practice
 - ❑ Pediatric Medicine
 - ❑ Internal Medicine
 - ❑ Women's Health
 - ❑ Prenatal Care
 - ❑ HIV/AIDS Care
 - ❑ Dental
 - ❑ Behavioral Health
 - ❑ Podiatry
 - ❑ Nutrition
 - ❑ *Adding Vision Care (Optometry) by 2nd quarter 2024*





EMR & POP HEALTH SOLUTIONS WE USE

EMR AND POP HEALTH SOLUTIONS

▶ EMR: eClinicalWorks

Pop Health Solution

▶ Patient Outreach: Healow Messenger Campaigns

▶ Clinical Transcription: Scribe

▶ Care Management:

- ❑ Care Planning Module
- ❑ Chronic Care Management
- ❑ Transition Care Management

▶ Medical Home Recognition:

- ❑ PCMH Analytics Reports
- ❑ Screening Forms

▶ Reporting & Data Analysis:

- ❑ eCW Registry Reports
- ❑ Custom ebo Reports
- ❑ Healow Analytics
- ❑ eCW UDS eBO reports
- ❑ Azara DRVS



CHALLENGE

SOLUTION

CHALLENGES

- ❑ Streamlining clinical documentation to avoid discrepancy and missed tracking opportunities because of limited community mapping options.
- ❑ Diverse documentation requirements based on the quality programs (NCQA Measures VS UDS reporting VS Payers requirements).
- ❑ Continuous Training & Education on EMR features based on frequent vendor updates/enhancements.

PCMH & UDS Use Case

- 1.) Identify measures/ concepts to be reported.
- 2.) Review with clinicians and key decision makers
- 3.) Complete the system setup.
- 4.) Build templates/ Order sets

- 1.) Custom workflow needs are assessed and supporting templates are created.
- 2.) Reports are run to determine the baseline performance.
- 3.) Azara reports are reviewed against the program requirements and EMR workflows.

PDSA

- 1.) Monthly Clinical champion meetings to review the progress.
- 2.) Reports are run before the meetings, and gaps are reviewed during the call.
- 3.) Action plans are set and reviewed during monthly provider meetings led by CMO.

- 1.) Team members are enrolled into webinars conducted by eCW.
- 2.) Clinicians and staff are provided with educational video/document repository within eCW & Azara portals.
- 3.) CMO does peer reviews with providers to minimize gaps.



Monthly Population Health Team Meetings

Pediatrics

Diabetes

Hypertension

Women's Health



The power of communication: Goals of the Population Health Team meetings



Leverage the use of eCW and Azara DRVS

Workflows
Orders sets
Templates
Data Analysis



Workflow mapping and highlighting key decision points embedded with structured fields in our EMR. Reviewing key processes within eCW



Discussing and reviewing the importance of key standardized order sets



Analyzing and reviewing key reports from DRVS. Key information placed in eCW and then pulled from Azara DRVS.



Listen to the clinical team, present findings often and implement changes swiftly.



Question & Answers



Thank you

Upcoming EHR Agnostic Training Session



June 26, 2024
12-1 PM

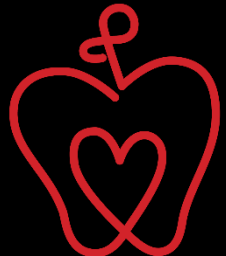




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Appendix

Additional KLAS EHR Experience Findings related to EHR personalization tools broken down by role: advanced practice providers and allied health professionals



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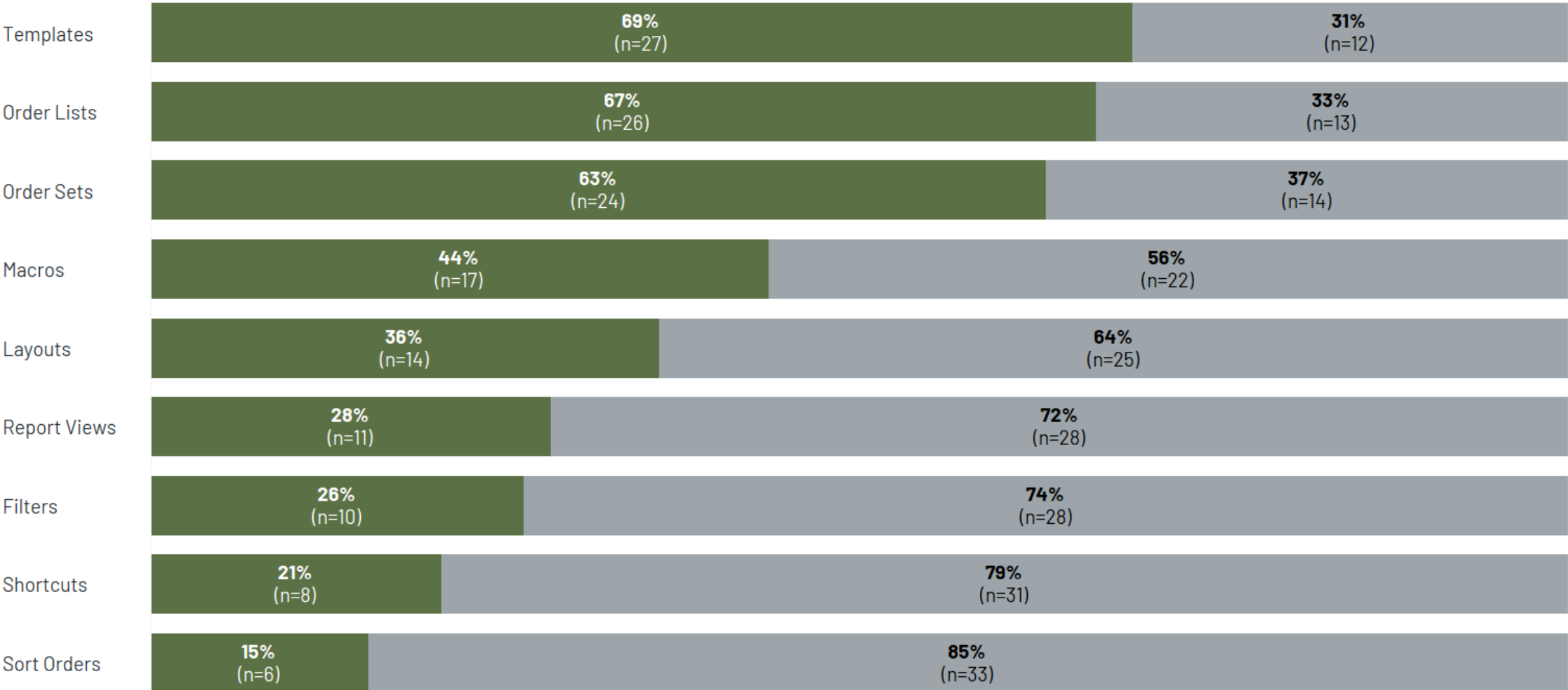


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Use of EHR Personalization Tools

CHCANYS 23; advanced practice providers only

■ Using
■ Not using



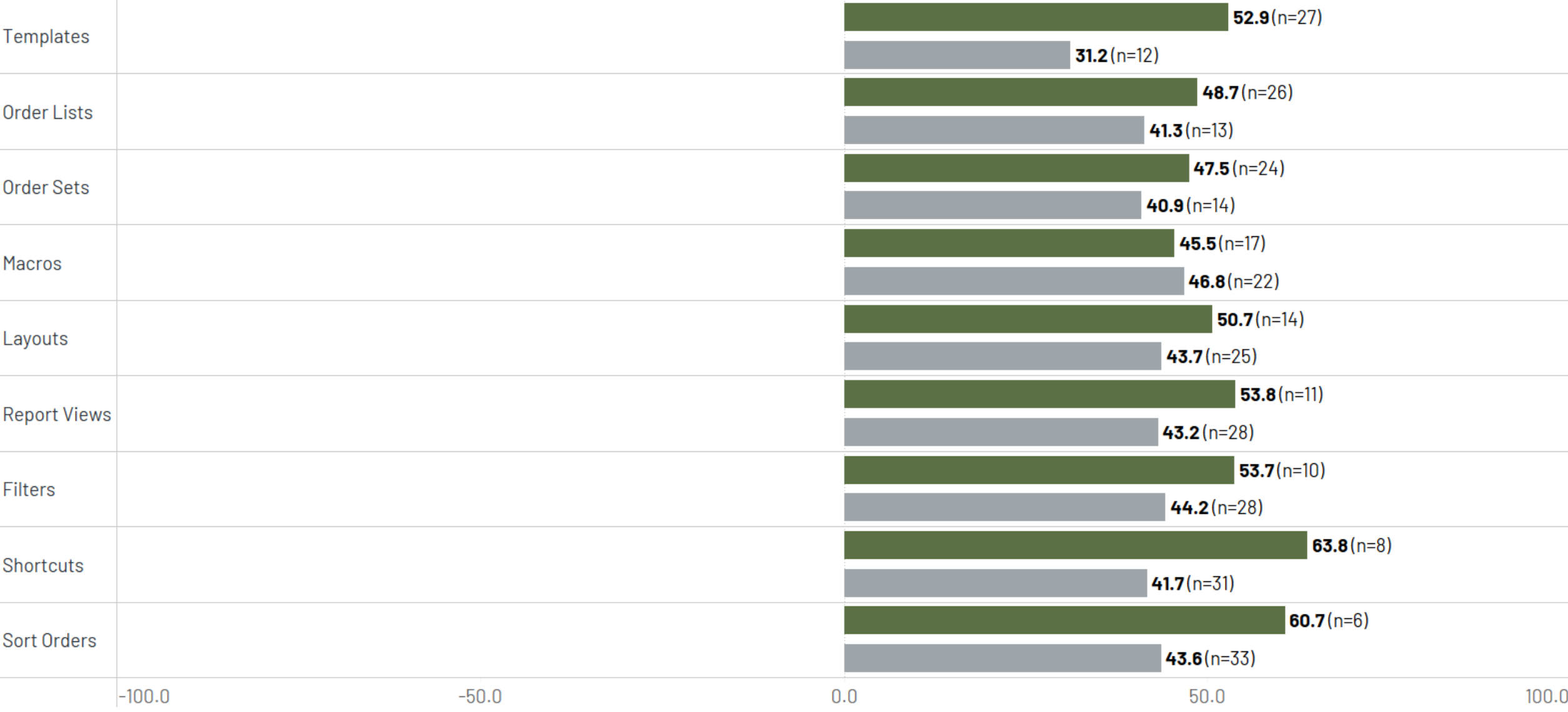
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Net EHR Experience Score—by Use of EHR Personalization Tools

CHCANYS 23; advanced practice providers only

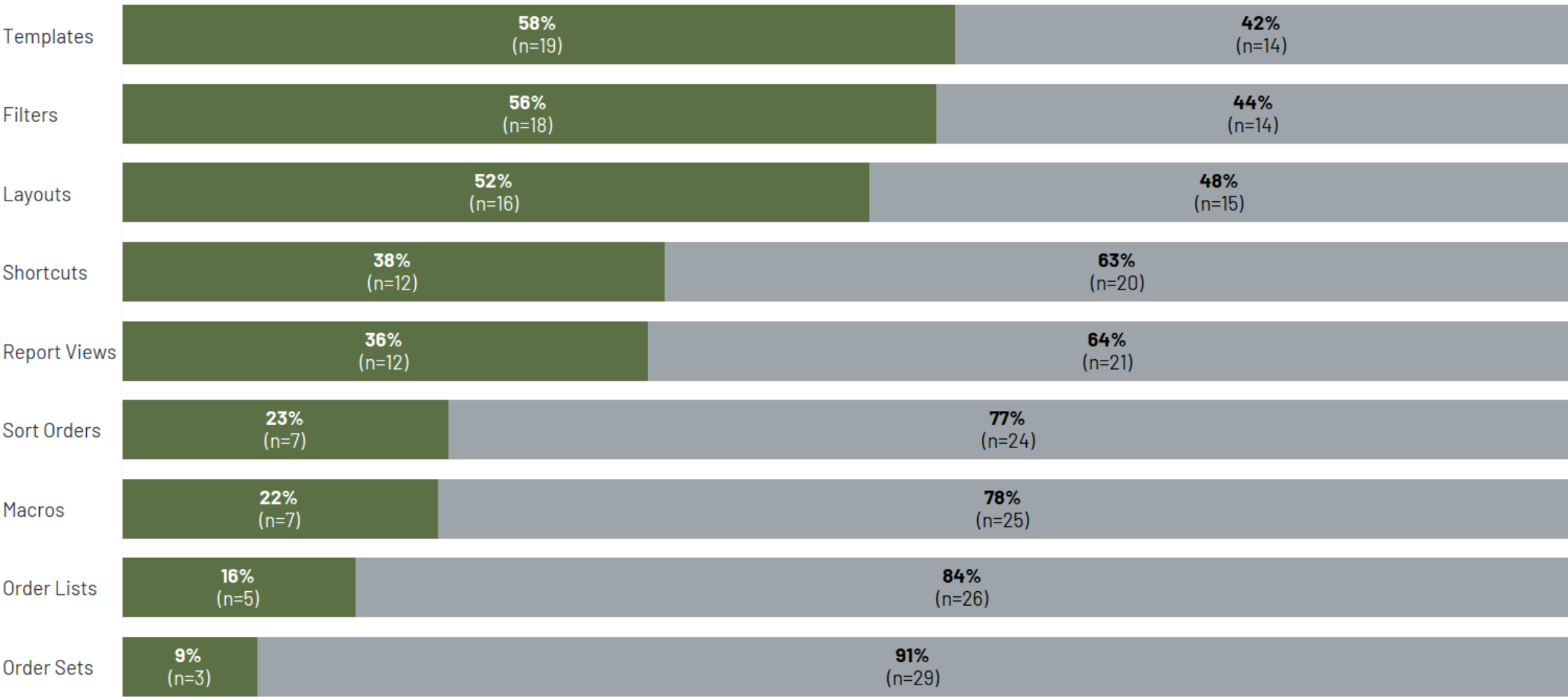
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Use of EHR Personalization Tools

CHCANYS 23; allied health professionals only

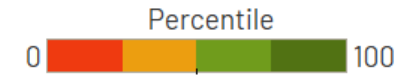
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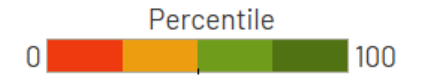
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Overall Benchmark Personalization Metrics CHCANYS 23
 Included Clinical Backgrounds: **Advanced practice providers only at 178 Organizations**
 Similar Organizations: **15 HCCNs**



	Percent Agree	Rank: Collaborative	Rank: Similar Organizations
Using Templates	69% (n=39)	17th Percentile	36th Percentile
Using Macros	44% (n=39)	21st Percentile	27th Percentile
Using Order Sets	63% (n=38)	66th Percentile	82nd Percentile
Using Order Lists	67% (n=39)	46th Percentile	91st Percentile
Using Report Views	28% (n=39)	22nd Percentile	73rd Percentile
Using Shortcuts	21% (n=39)	15th Percentile	10th Percentile
Using Filters	26% (n=38)	8th Percentile	27th Percentile
Using Sort Orders	15% (n=39)	10th Percentile	9th Percentile
Using Layouts	36% (n=39)	21st Percentile	55th Percentile

Overall Benchmark Personalization Metrics CHCANYS 23
 Included Clinical Backgrounds: **Allied health professionals only at 178 Organizations**
 Similar Organizations: **15 HCCNs**



	Percent Agree	Rank: Collaborative	Rank: Similar Organizations
Using Templates	58% (n=33)	62nd Percentile	45th Percentile
Using Macros	22% (n=32)	64th Percentile	45th Percentile
Using Order Sets	9% (n=32)	9th Percentile	18th Percentile
Using Order Lists	16% (n=31)	12th Percentile	50th Percentile
Using Report Views	36% (n=33)	39th Percentile	83rd Percentile
Using Shortcuts	38% (n=32)	73rd Percentile	60th Percentile
Using Filters	56% (n=32)	48th Percentile	100th Percentile
Using Sort Orders	23% (n=31)	37th Percentile	83rd Percentile
Using Layouts	52% (n=31)	60th Percentile	100th Percentile

Personalization Metrics Measurement Comparison CHCANYS 23 vs. CHCANYS 22

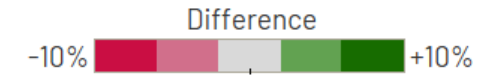
Included Clinical Backgrounds: **Advanced practice providers only**



	Current Percent Agree	Previous Percent Agree	Change
Using Templates	69% (n=39)	70% (n=94)	-1%
Using Macros	44% (n=39)	30% (n=92)	+14%
Using Order Sets	63% (n=38)	29% (n=94)	+34%
Using Order Lists	67% (n=39)	36% (n=94)	+31%
Using Report Views	28% (n=39)	22% (n=94)	+6%
Using Shortcuts	21% (n=39)	22% (n=94)	-1%
Using Filters	26% (n=38)	29% (n=94)	-3%
Using Sort Orders	15% (n=39)	13% (n=92)	+2%
Using Layouts	36% (n=39)	28% (n=94)	+8%

Personalization Metrics Measurement Comparison CHCANYS 23 vs. CHCANYS 22

Included Clinical Backgrounds: **Allied health professionals only**



	Current Percent Agree	Previous Percent Agree	Change
Using Templates	58% (n=33)	57% (n=70)	+1%
Using Macros	22% (n=32)	13% (n=69)	+9%
Using Order Sets	9% (n=32)	13% (n=69)	-4%
Using Order Lists	16% (n=31)	13% (n=68)	+3%
Using Report Views	36% (n=33)	26% (n=69)	+10%
Using Shortcuts	38% (n=32)	20% (n=69)	+18%
Using Filters	56% (n=32)	38% (n=68)	+18%
Using Sort Orders	23% (n=31)	15% (n=68)	+8%
Using Layouts	52% (n=31)	24% (n=68)	+28%