

CHANGING THE EHR FROM A LIABILITY TO AN ASSET TO REDUCE PHYSICIAN BURNOUT

The Reliant Medical Group Story

April 2019



MASSACHUSETTS
MEDICAL SOCIETY

*Every physician matters,
each patient counts.*



In 2015, Press-Ganey surveyed approximately 100 EHR users to assign an Electronic Health Record (EHR) usability score to their EHR. Reliant Medical Group's EHR implementation scored among the highest in the country, 59% above the national average. In their 2016 survey, Reliant Medical Group's EHR was ranked in the 97th percentile nationally for usability. The MMS-MHA Joint Task Force on Physician Burnout listened to Reliant's Medical Director for Informatics Dr. Larry Garber explain how his team optimized their EHR to improve physician usability. As Dr. Garber is a practicing physician, he was incented to make their EHR usable, because as he put it, "I have to eat my own dog food."

Reliant Medical Group realized improving their EHR/workflows could improve their physician experience, staff experience, and the patient experience. The following is a list of EHR-optimization techniques Dr. Garber shared with the task force, which we would urge our members to consider for implementation. If your institution has optimized EHR usability in other ways not captured here, we would be delighted to learn from you and share your best practices in a future communication.

- ♦ **Key innovation: Reliant Medical Group subscribes to information** on all of their patients from their affiliated hospitals and home health agencies. If a patient has a Reliant physician listed, the hospital will automatically send all laboratory results, x-ray reports, transcribed notes, and Continuity of Care Documents directly into Reliant's EHR made by Epic Systems Corporation. Reliant Medical Group can also query the hospital EHR systems directly through Care Everywhere (Epic to Epic) or Carequality for other EHRs such as athenahealth and eClinicalWorks.
- ♦ **Connected to health plans:** Claims data on their patients from outside offices as far away as Florida or California will flow into Reliant Medical Group's EHR. The physician knows about activity at other sites, such as whether the patient has had necessary and required preventive procedures such as mammography at another system, based on claims data. This automatically satisfies health maintenance requirements for pay for value plans regarding quality metrics for preventive health measures such as immunizations, mammography, and Pap smears — even if they were done at outside institutions.
- ♦ **Key innovation: The laboratory or x-ray data which flows into Reliant Medical Group's Epic EHR are almost indistinguishable** within the EHR from Reliant's own data. For example: when a Reliant physician looks up mammography reports, they see a list of all of the mammography reports on this patient regardless of where the mammogram was performed. (However, it should be noted that they only see x-ray reports from outside institutions. X-ray images from outside institutions are not included.)
- ♦ **Key innovation: Inbox management:** Systems were put in place to make it faster to process in-basket messages and reduce the number of physician inbox messages, including re-routing notes to associated staff which previously first went to physicians. Reliant Medical Group developed guidelines for staff to help decompress the physician's in-basket without having to check with the physician first.
 - **For example:**
 - » Not all inpatient hospital results will automatically be sent to the PCP's inbox.
 - » Hospital labs which were in the hospital EHR at the time of the patient's discharge (and were presumably reviewed by the hospitalist) are filed silently into the Reliant EHR without Reliant physician inbox notification.
 - » Hospital inpatient lab results that come in after the patient was discharged will go to the PCP's inbox.
 - » Incidental findings on imaging studies are highlighted in the physician's inbox, even if they were done at the hospital as an inpatient.
 - » Discharge summaries and emergency room visit notes are first sent to a nurse's or care manager's EHR inbox for triage and contacting the patient. If they have significant findings or require action by a physician, they will be forwarded to the physician's inbox.
 - » Many routine consult notes, such as ophthalmology and podiatrist notes, no longer automatically go to the PCP's inbox.
 - » Staff monitor physician in-baskets and use guidelines to automatically send out letters or patient portal messages for normal test results.
 - » For chronic medications, there could be automatic medication renewal protocols. In the meantime, the EHR gathers medication-specific information to assess appropriate medication monitoring and suggests to a medical assistant how many refills are appropriate and what monitoring tests, if any, need to be ordered. The physician can then assess and sign the renewals with one click and no scrolling.
 - These system changes increased trust between physicians and staff and resulted in a 25% reduction in physician in-basket message volume over an 18-month period of time.
- ♦ **Key innovation: No-show recalls without physician inbox notification:** No-show policies now maximize effort to contact the patient without notifying the physician until after a month of trying to reschedule the patient.
 - If a patient does not show at a specialist's office, it is now the specialist's office staff's responsibility to rebook the patient, not the referring primary care physician's responsibility.
 - If a patient does not show up for an appointment for a relatively minor ailment, such as a dermatology appointment for acne, there is no notification to the PCP's inbox. However, if they don't show up at the dermatologist for a major concern, such as a suspected melanoma, a PCP inbox notification is sent if unable to reschedule.
- ♦ **Key innovation: Staff place EHR-suggested draft orders on behalf of physicians, prior to appointments,** so that appropriate patient-specific labs are available at the time of the physician appointment, based on the patient's age, gender, diagnosis, medications, and prior laboratory results. The scheduling staff sends these draft orders for these tests to the physician and the provider can edit or cancel if they disagree.

- **Key innovation: Abnormal lab results:** Flagging truly significant lab results to facilitate rapid resolution:
 - “Critically high” or “critically low” results are always flagged in the doctor’s inbox.
 - “Fairly high” or “fairly low” results that are significant changes are also flagged in the doctor’s inbox.
 - “Chronically abnormal” or “minimally abnormal” results are not flagged in the physician’s in-basket.
 - **Key innovation: Provider-specific guidelines/orders for triage staff to handle phone calls:** Staff take a phone call from the patient; if it fits a standard clinical scenario, such as sinusitis, a tick bite, poison ivy, etc., the staff follows templated documentation and advice, and, if appropriate, pends the prescription; the physician approves it or changes it in a timely and efficient manner.
 - **Central anticoagulation clinic: automatic alerts are sent to anticoagulation staff if:**
 - Someone has prescribed an antibiotic to one of the patients
 - A patient misses a scheduled follow-up INR testing
 - A dose of anticoagulant during renewal doesn’t match what the anticoagulation clinic has recorded
 - **Key innovation: Offload physician work, patient rooming:**
 - Medical assistant rooms the patient and enters into the EHR (based on individual physician preferences and appointment type):
 - » Chief complaint(s)
 - » Allergies/medications (including OTC)
 - » Preferred pharmacy
 - » Pends medications that need renewals
 - » Full social and family history
 - » Vital signs
 - » Rooming note
 - » Screening questions (e.g., fall risk or depression)
 - » Review of systems and starts MD’s note
 - **Key innovation: Incidental radiology findings:** EHR automatically populates registries to track radiology incidental findings.
 - **EHR interacts directly with the patients to reduce physician/staff clerical work:**
 - Patient portal alerts patients to health maintenance and disease management reminders, and if they have overdue labs that have been ordered already.
 - Patients automatically receive a “Happy Birthday” letter each year reminding them of due or overdue health maintenance and disease management tests/procedures (e.g., on their 50th birthday, patients are notified they are due for colon cancer screening).
 - Automated interactive voice response *phone calls* to patients to remind them of upcoming lab tests just prior to the expected date.
 - *Letters* are automatically sent to patients who no-show at the lab.
 - **Reduce risk during transitions of care:**
 - Patient summaries are automatically sent to local ERs as a direct message through the MA HIway when a Reliant Medical Group patient registers there. This also happens for VNA and SNF.
 - Patients started on high-risk meds at the time of their hospital discharge automatically trigger an alert for a pharmacist to contact the patient.
 - Patients started on new meds in the hospital automatically trigger a message to their PCP if lab monitoring is missing or dosage of other meds needs adjustment.
 - Automatic message three days after hospital discharge for appointment staff to schedule a PCP appointment if a follow-up appointment has not already been scheduled.
 - **One-click radiology orders** improve efficiency and reduce radiology department phone calls with requests for more clinical information or study changes. For example, instead of just clicking “CT the abdomen and pelvis,” prescribers have a choice of CT of the abdomen and pelvis with appropriate contrast for:
 - Kidney stone
 - Hematuria
 - Unexplained weight loss
 - Cancer staging, etc.
 - **Key innovation: Limit physician documentation in the EHR:**
 - **Who should do documentation, in order of preference:**
 - » The computer (last note, history, results, keyboard macros)
 - » The patient (patient portal or forms)
 - » The nurse triaging problem on the phone
 - » The medical assistant that rooms patient
 - » The doctor assisted by speech recognition
 - » The doctor assisted by a transcriptionist
 - » The doctor typing
- Authors:** Steve Defossez, MD, EMHL, CPE, vice president, Clinical Integration, Massachusetts Health & Hospital Association; Larry Garber, MD, medical director for Informatics, Reliant Medical Group; Alain Chaoui, MD FAAFP, president, Massachusetts Medical Society
- The MMS and MHA would welcome your institution to share any key innovations you have adopted or developed that have helped combat physician burnout or clinician burnout more generally. Please contact Yael R. Miller, MBA, MMS Director of Practice Solutions and Medical Economics, at ymiller@mms.org and/or Steven M. Defossez, MD, at sdefossez@mhalink.org with any such innovations.
- This white paper was developed to provide the health care industry with general guidance related to utilizing an electronic health record system to help alleviate physician burnout due to increased administrative requirements being placed on clinicians. This white paper is provided as educational in nature and is based on one medical practice’s experience in developing internal policies and operational practices. As every facility and medical clinic differ in size and resources, this document is not intended to set forth actual operational, clinical, or legal requirements in any particular healthcare setting. If you require specific legal or operational advice, please consult an attorney or a practice consultant who can tailor their recommendations to your practice.*

