

A New Strategic Roadmap Addresses EHR Challenges, Leads to Revenue Cycle and Clinical Improvements

Background and Challenge

A California-based health organization successfully transitioning to Epic was merely the first chapter. With five hospitals, 19 outpatient facilities, half a million patients annually, and 2,600 affiliated physicians, the new system was a big deal—and a lot to manage. Over the first several months, discontentment regarding efficiencies and outcomes began to grow, prompting leadership to explore opportunities to address the challenges they were facing with their new EHR system.

Results

10-20

minutes/day
providers save

58+

tasks eliminated for
providers

34%

reduction in patient
confusion when scheduling

51

new WQs for auditing
upcoming encounters

20

custom metrics
created to track
progress

Solution

By assessing challenge areas and determining root causes, we were able to confidently recommend improvements. We discovered existing policies that were creating unnecessary administrative work and slowing down patient task turnaround time. Additionally, ordering delays and an unclear understanding of billing practices were creating confusion around scope of practice. Based on our findings, we developed a two to three-year strategic roadmap to address needed organizational and system changes—in doing do, the project intent extended well beyond optimizing Epic EHR build and enhancing the front-end of the revenue cycle.

Together, we aimed to achieve the following:

- Save clinicians time
- Redefine scope of practice and allow staff to work to the top of their license
- Improve patient experience
- Improve revenue tracking and accelerate authorization turnaround times
- Increase transparency into clinic operations through analytics

And so we rolled up our sleeves. Our integrated team collaborated on several different initiatives that would transform front end and clinical practices. Read on for the many iterative wins achieved along the way.

Execution

Clinical Transformation

Top of License

Due to restrictive daily roles and responsibilities, administrative work was falling to providers instead of support staff. Our partner reviewed and outlined daily tasks for 15 different support roles through communication with multiple medical boards, their existing internal policies, other California-based Epic organizations, and other individual practices. The review clarified tasks and immediately started saving time for their end users.

Together we:

- Updated scope of practice to include 70+ additional tasks for support staff
- Identified 58+ tasks providers would no longer need to do
- Created seven best practices to define Medication and Problem List etiquette, In Basket message routing, charging workflows, and patient communication with specific outcomes attached to each best practice

In Basket

In Basket—Epic’s messaging and daily task management application—was proving difficult to manage. Most clinicians were unclear on how to divide responsibilities among staff members and efficiently address messages that needed clinician input.

With our Information Services (IS) team, we removed 400 relegated pools, 74 unused message types, and decreased system message volume by nearly 1,000 messages per day. Additionally, Epic and the IS teams were able to restart their In Basket message cleanup effort with our spotlight on updating the system. This removed about three million messages that did not need provider intervention.

We also:

- Trained 103 users on In Basket in 1:1 sessions with a 96% satisfaction rate
- Mentored educators on In Basket best practices
- Collaborated with operations to help establish division-wide standards and allow support staff to address more messages
- Updated pool build for end users to improve response time

Reducing Clicks: Preference Lists and Charging Updates

Click-counting is a common practice in clinicians' minds for measuring success, and our partner wanted to find the quick wins that could save clicks. Changes were necessary to keep end users engaged. We worked together to update orders preference lists and charging workflows to reduce the number of clicks for providers, clinical support staff, and coders when entering information in their workspaces.

Those changes resulted in:

- A 33% increase in automated charging from Procedure Documentation within one month of updates to live environment
- More than 3,500 preference list changes to assist in order and charge entry, saving one to three clicks per update
- Automated charging logic for injection administration fees, saving about 1,100 manual charge entries per month

Patient Access Transformation

Through our assessment and data analysis, we discovered front end optimizations that could help reduce patient scheduling delays and ensure appropriate authorizations were collected. We focused on three primary objectives:

- Refresher education to reduce registration errors
- Visit type consolidation to streamline scheduling workflows and analytics
- Guardrails for referral processes to help decrease authorization-related denials

Those efforts resulted in:

- Adjusted 327 Epic registration confirmation records to ensure significantly greater consistency in what was being asked of staff to collect and correct
- Reduced average available specialty visit types by 34%
- Streamlined and trained referral escalation policies for front desk and central authorization staff
- Created a roadmap for further front end efficiencies, such as updates to the Benefits Engine

Outcomes

By focusing on a series of tangible projects across both operations and IT, our partner achieved many of their pre-project goals including:

1. Save clinicians time
 - Saved an estimated 10-20 minutes per provider per day
2. Define scope of practice
 - Updated scope of practice to include 70+ additional tasks and outlined 58+ tasks that providers would no longer need to do
3. Improve patient experience
 - Decreased In Basket turnaround time per provider
 - Reduced confusion with patient scheduling by decreasing visit types by an average of 34%
 - Created policies resulting in more accurate medication and problem lists
4. Improve revenue tracking and accelerate authorization turnaround times
 - Improved registration accuracy and created 51 new WQs for auditing upcoming encounters missing authorization
5. Increase transparency into clinic operations through analytics
 - Created dashboard with eight custom components and 20 custom metrics to track progress for each initiative
 - Created division-specific action plans with executive accountability

With a strategic roadmap in place—thanks to an experienced partner—the healthcare organization was able to fully commit to sustained organizational change. By letting data drive decisions with education serving as the backbone, our partner involved the right stakeholders at the right time to increase buy-in. Small, iterative wins throughout the process for front end users and clinicians empowered users to feel more in control of their use of Epic.



I am impressed with the professionalism and organizational skills in carrying out the workgroup meetings, Epic build, and education for the multiple initiatives that lead to an end goal. Each member of the team brings a wealth of technical and operational knowledge and truly partners with us on any challenges that arise. The team also has a vested interest in helping to develop metrics and processes to support the sustainment of changes implemented.

—AVP