

Burnout: Impact of EPIC Sprint

Background

- Burnout:

- “A syndrome of emotional exhaustion, loss of meaning in work, feelings of ineffectiveness, and a tendency to view people as objects rather than as human beings” ¹

- Maslach Burnout Inventory (MBI):¹

- Emotional Exhaustion
- Depersonalization
- Low sense of personal accomplishment

- Physician burnout:

- Currently estimated at 54% of physicians nationally ²
- Impact on provider, colleagues, families, organization....
- DOM: ~200 physicians, 54% burnout rate, 7%/year turnover = **4.9 physicians/year lost to burnout** ³
- Replacement cost/physician \$500,000 = **\$2.5M/year** ³
- Patients...

Faculty Practice physician engagement:

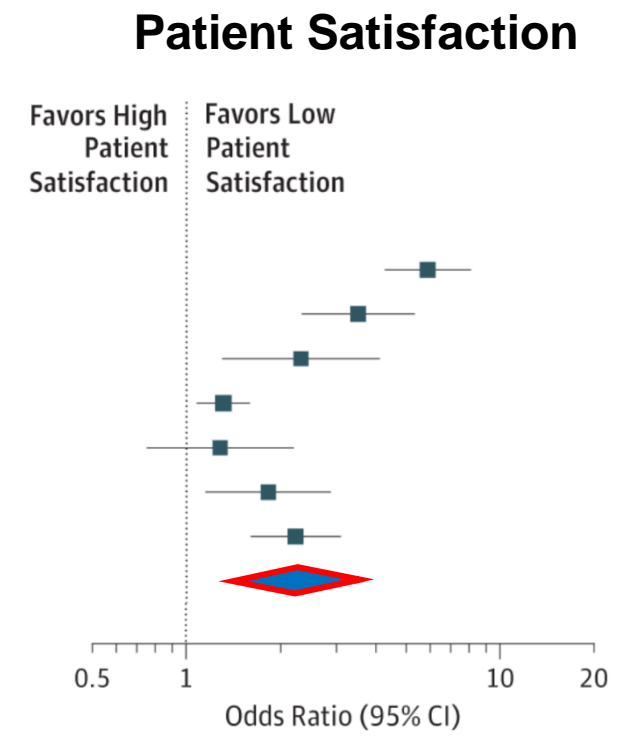
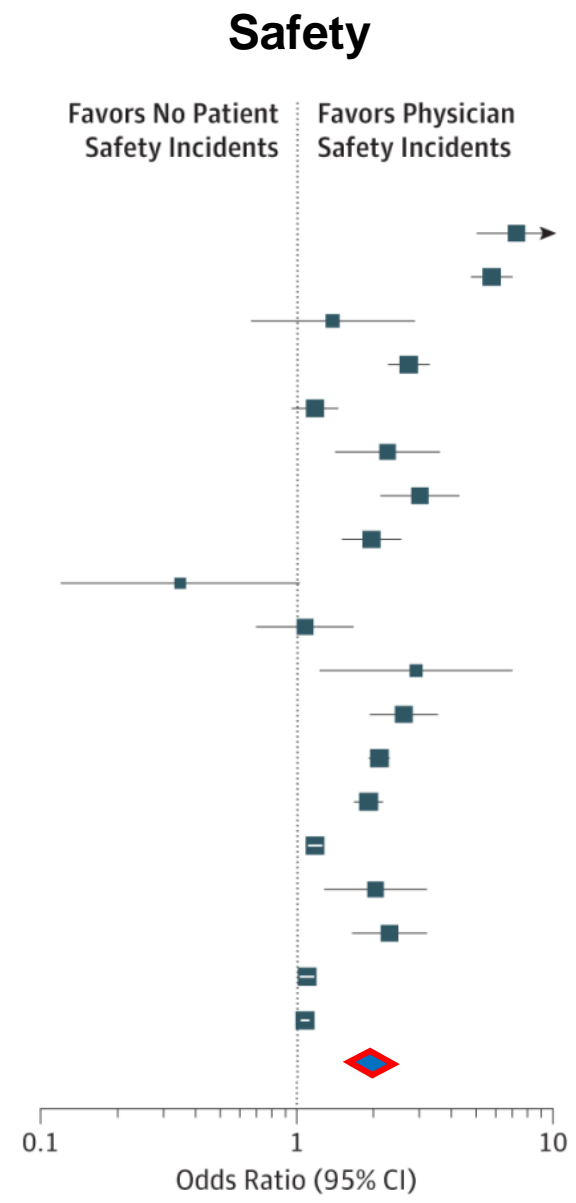
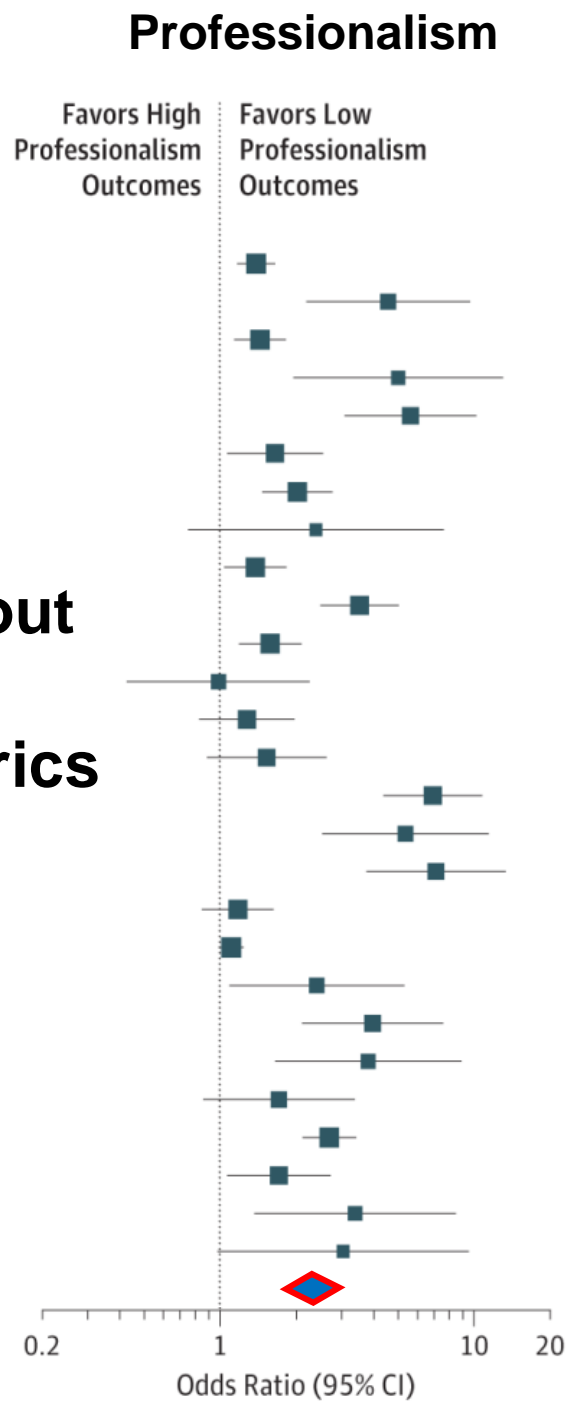
	2018	2014
“Highly engaged”	26.5%	41.5%
“Moderately engaged”	29.5%	30%
“Passive”	26.5%	14%
“Actively disengaged”	17.5%	15%

¹Maslach C, Jackson S, Leiter M. Maslach Burnout Inventory Manual. 3rd ed. Palo Alto, CA: Consulting Psychologists Press; 1996.

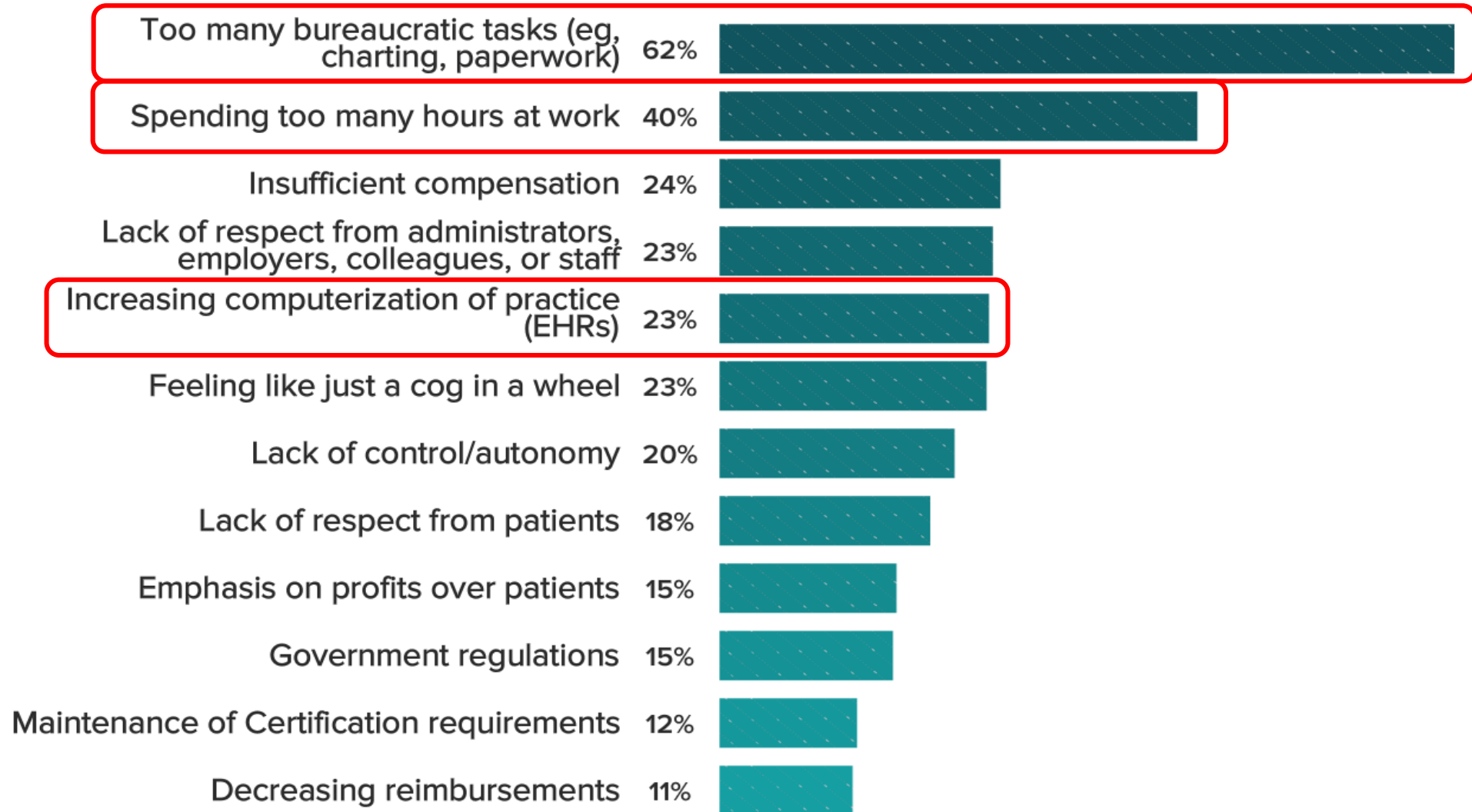
²Shanafelt, et al, Mayo Clinic Proceedings, 2015;90:1600-13

³<https://edhub.ama-assn.org/steps-forward/module/2702510>

Physician Burnout & Patient Care Metrics



What Contributes to Internists' Burnout?



Clinician EHR Burden and Burnout

- “Computer-based clerical work associated with patient care” ¹
- Major cause of clinician burnout ^{1,2,3,4}
- Physicians spend 2h on EHR and deskwork for every hour of direct patient care during the workday ¹
- Physicians routinely take 1–2h of EHR/paperwork home each night ¹

¹Arndt, et al, Ann Fam Med 2017;15:419-26

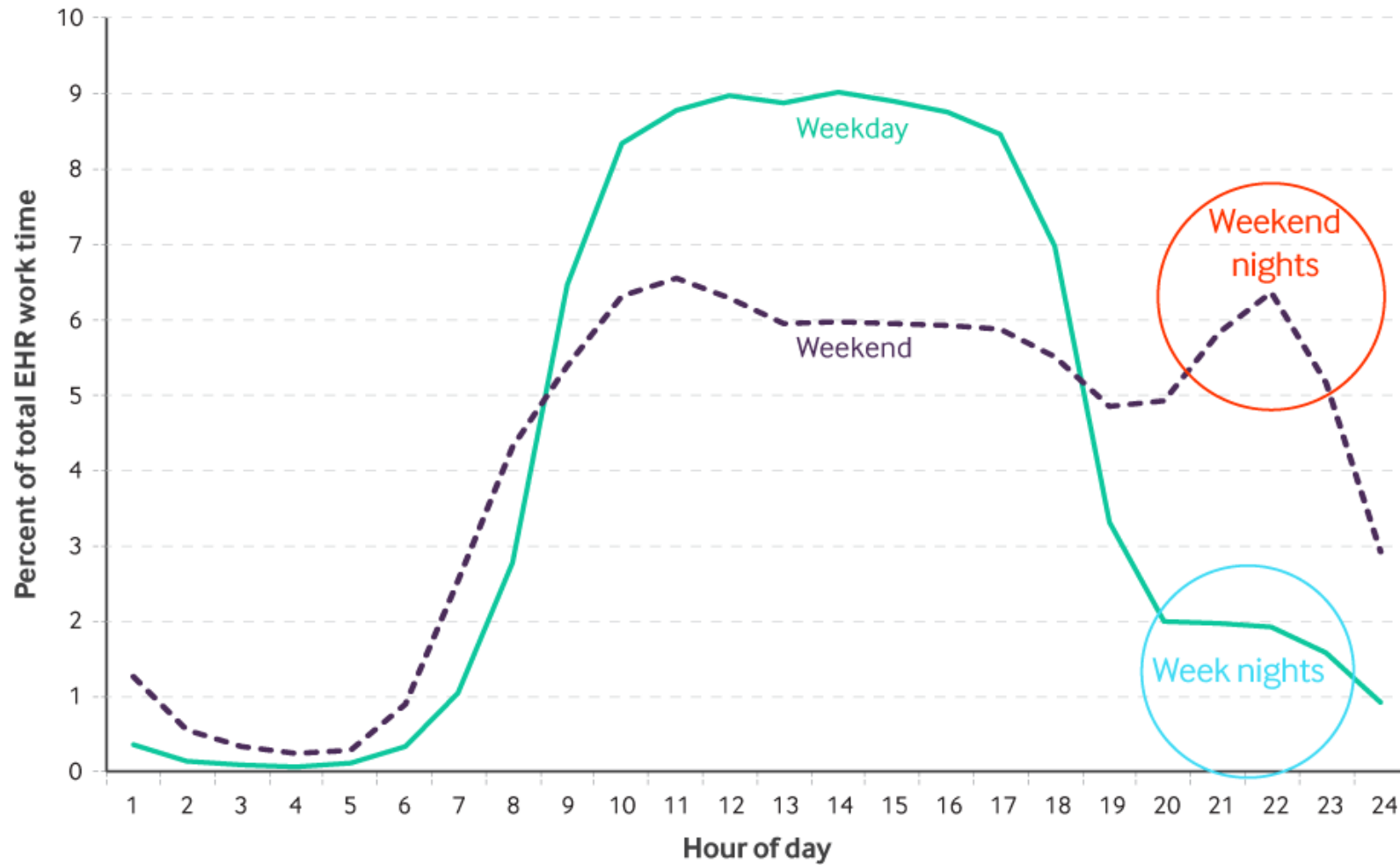
²Sinsky, et al, Ann Intern Med. 2016;165:753-60.

³Shanafelt, et al, Mayo Clinic Proceedings, 2015;90:1600-13

⁴Shanafelt, et al, Mayo Clinic Proceedings, 2016;91:836-48

Family physicians' EHR use by time of day.

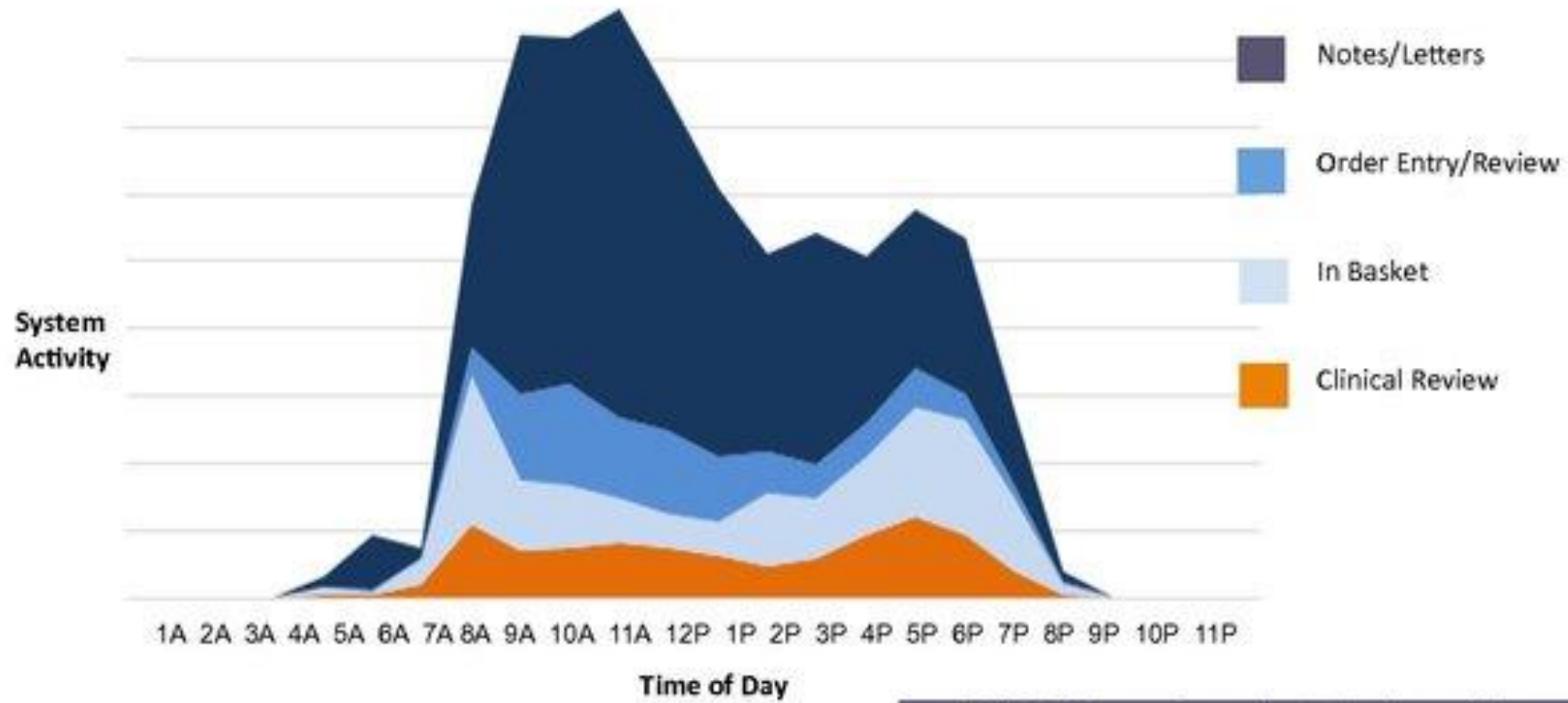
Date nights and the EHR



Modified from B. Arndt, et al., *Tethered to the EHR: Primary Care Physician Workload Assessment Using EHR Event Log Data and Time Motion Observations*, Annals of Family Medicine.

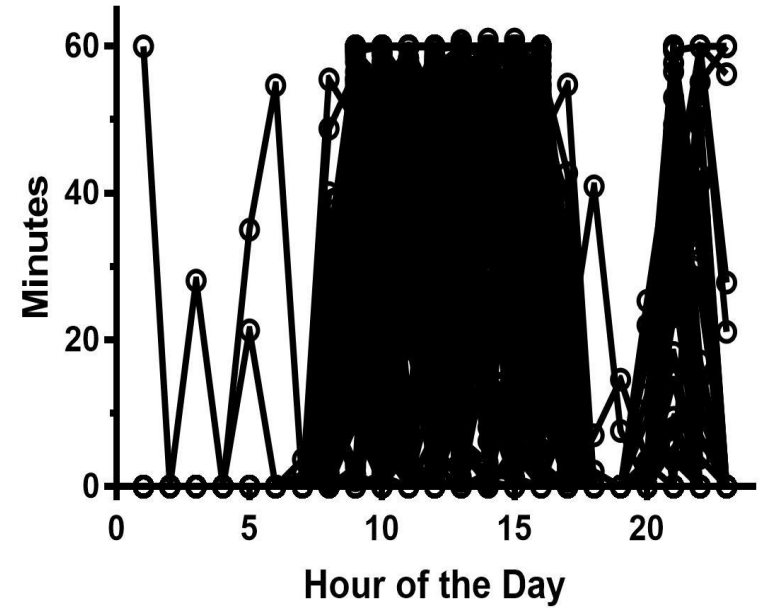
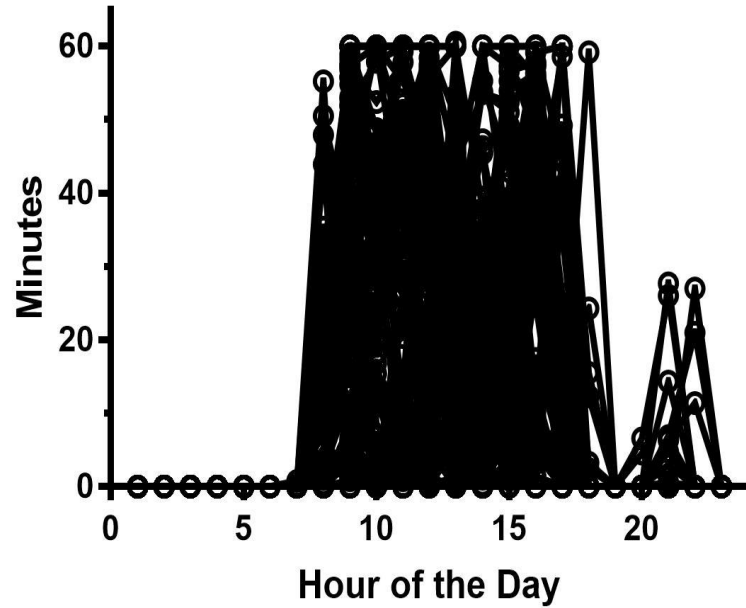
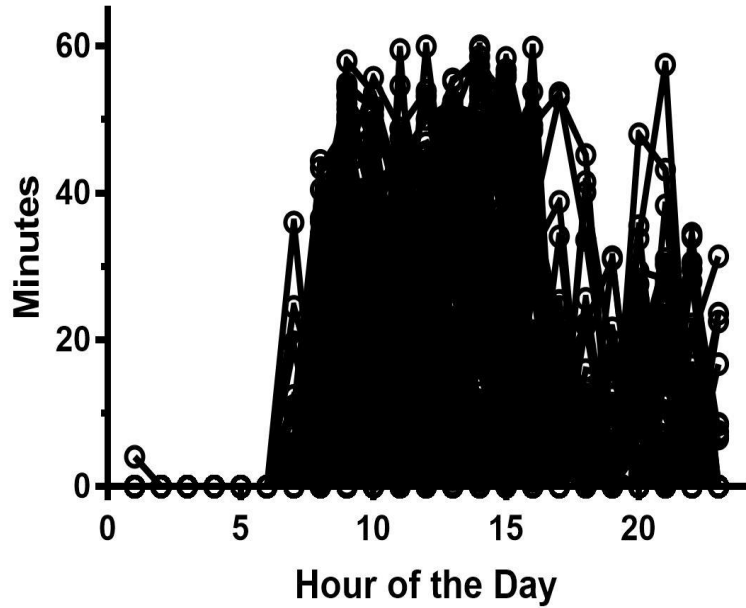
NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

Epic Usage Data



© 2017 Epic Systems Corporation. Used with permission

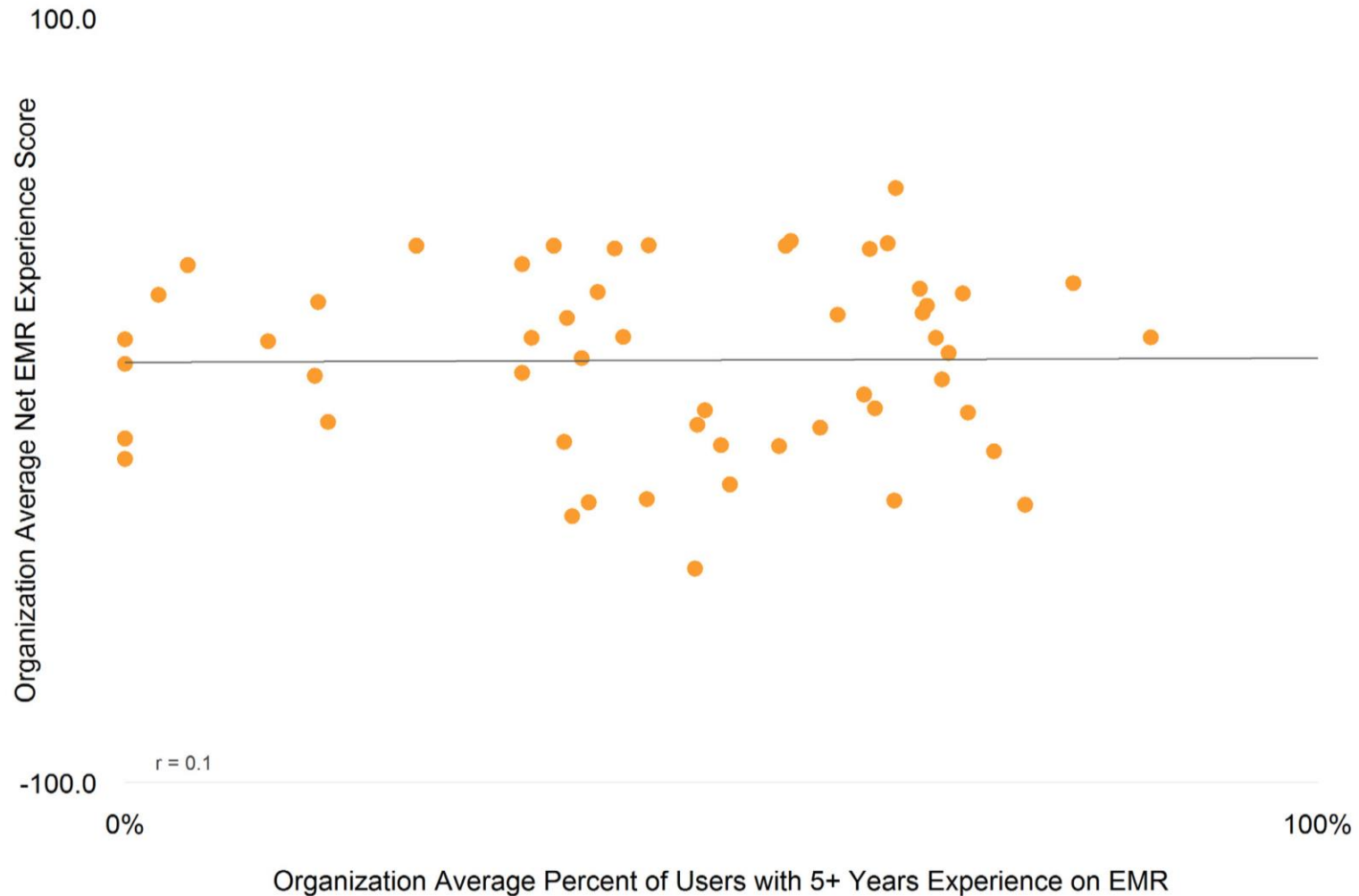
Department of Medicine: Epic Time of Use, April – Sept, 2017



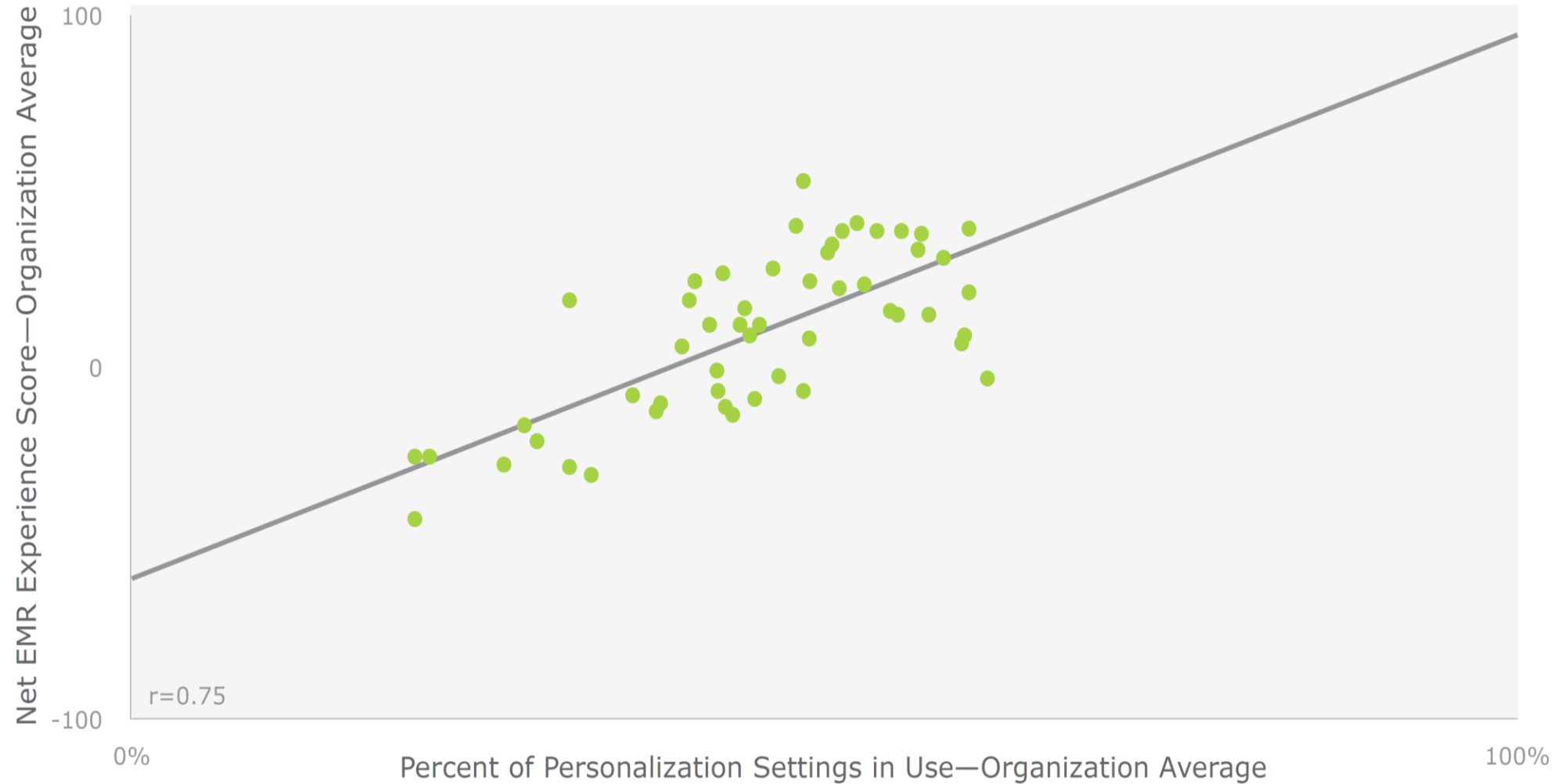
What can we do about this?

The KLAS Study...

Correlation between Satisfaction & Duration of User EMR Experience

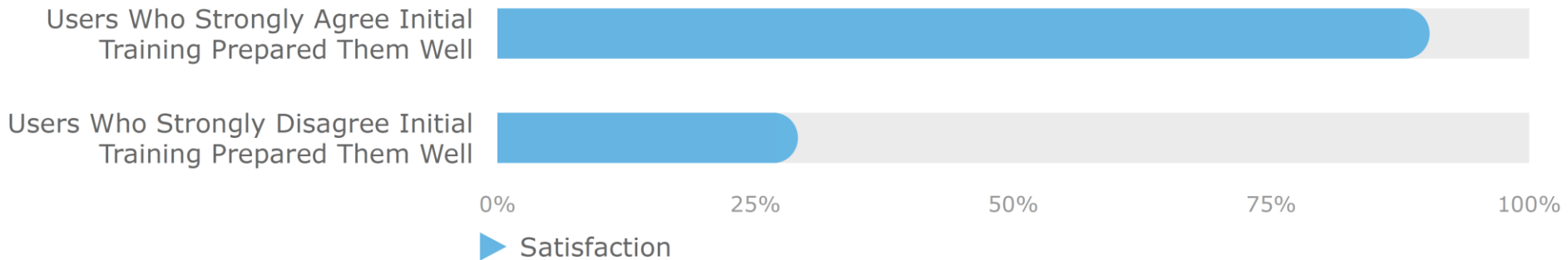


Correlation between User Satisfaction & Use of Personalized Settings

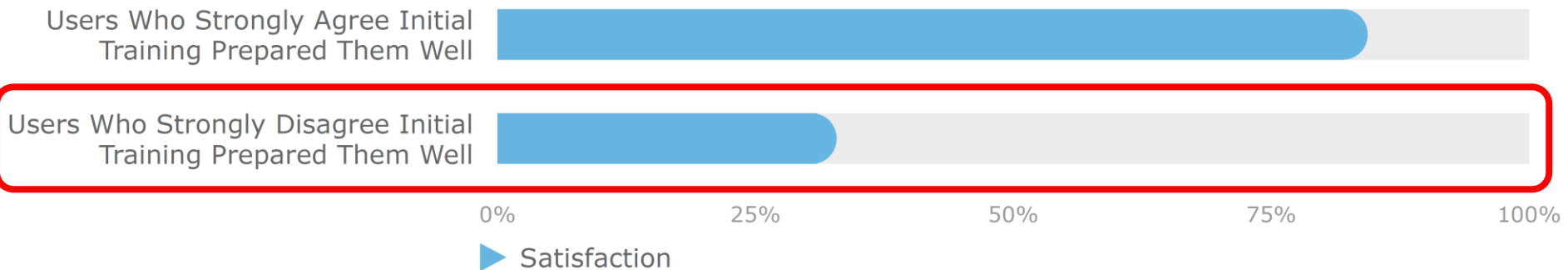


User Satisfaction and Effect of Upfront Training

User Satisfaction—After Less Than 12 Months



User Satisfaction—After 5+ Years



What can we do to help “legacy” users?

The University of Colorado Experience



- “EHR Sprints”:

- Intensive, on-site, in-context EHR training and workflow optimization

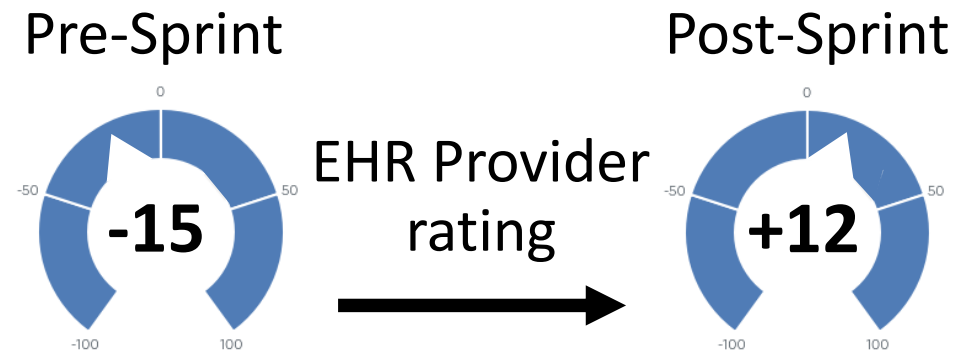
- Net promoter score (NPS): -100 to +100

- For provider satisfaction with EHR:

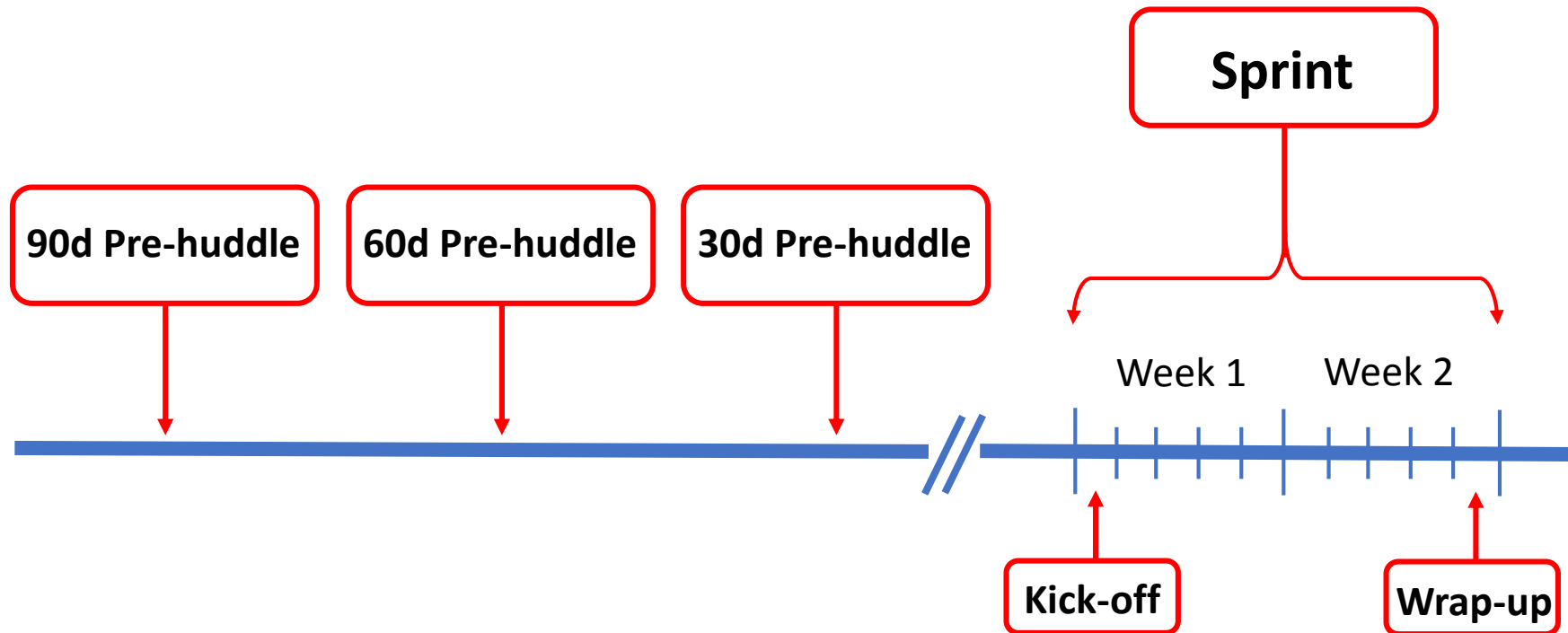
- NPS for Sprint itself was **+52**

- Clinician burnout: **39% → 34%**

- UVM DOM team visited UC in June ‘18



EHR Sprint Schedule

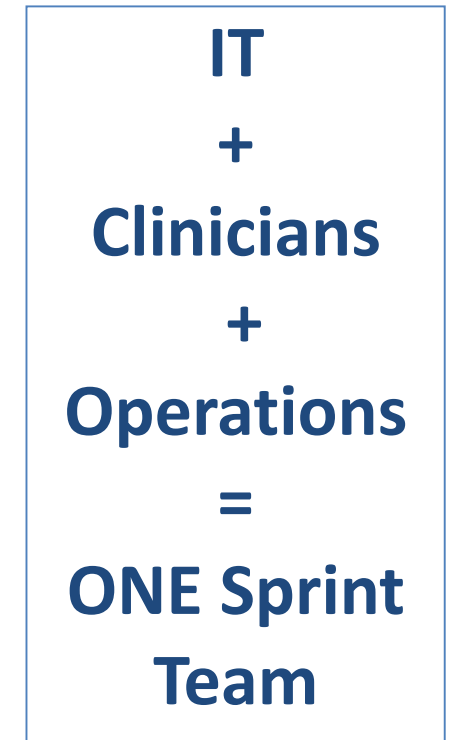


UVM EPIC Sprint: Structure

- Pre-huddles: Clinic workflow, Epic pain-points, decompression of schedules
- Kick-Off: 1.5h basic small group training/personalization
- Every clinician and staff member:
 - 3 x 1 hour 1:1 training sessions
 - Dragon, Haiku, Canto training (optional)
- Daily inter-professional huddles:
 - Clinic physician leadership & supervisor, super-users for each staff role led by Sprint team
 - Redesign and standardize Epic workflow and integrated team work
 - Identify priorities for Epic fixes/builds
- Drop-in question/training sessions available throughout
- Wrap-Up: 1h session to reinforce operational changes and highlight successes

UVM EPIC Sprint Team

- Physician Informativists (1-2)
- Operational Leader
- Epic and Medical Group Trainers (2)
- Project Manager
- Epic Ambulatory Analysts (1)
- Clinical Leaders (Clinic Director, Clinic Supervisor)
- Clinic-specific Super-Users (by job type)
- Providers and staff



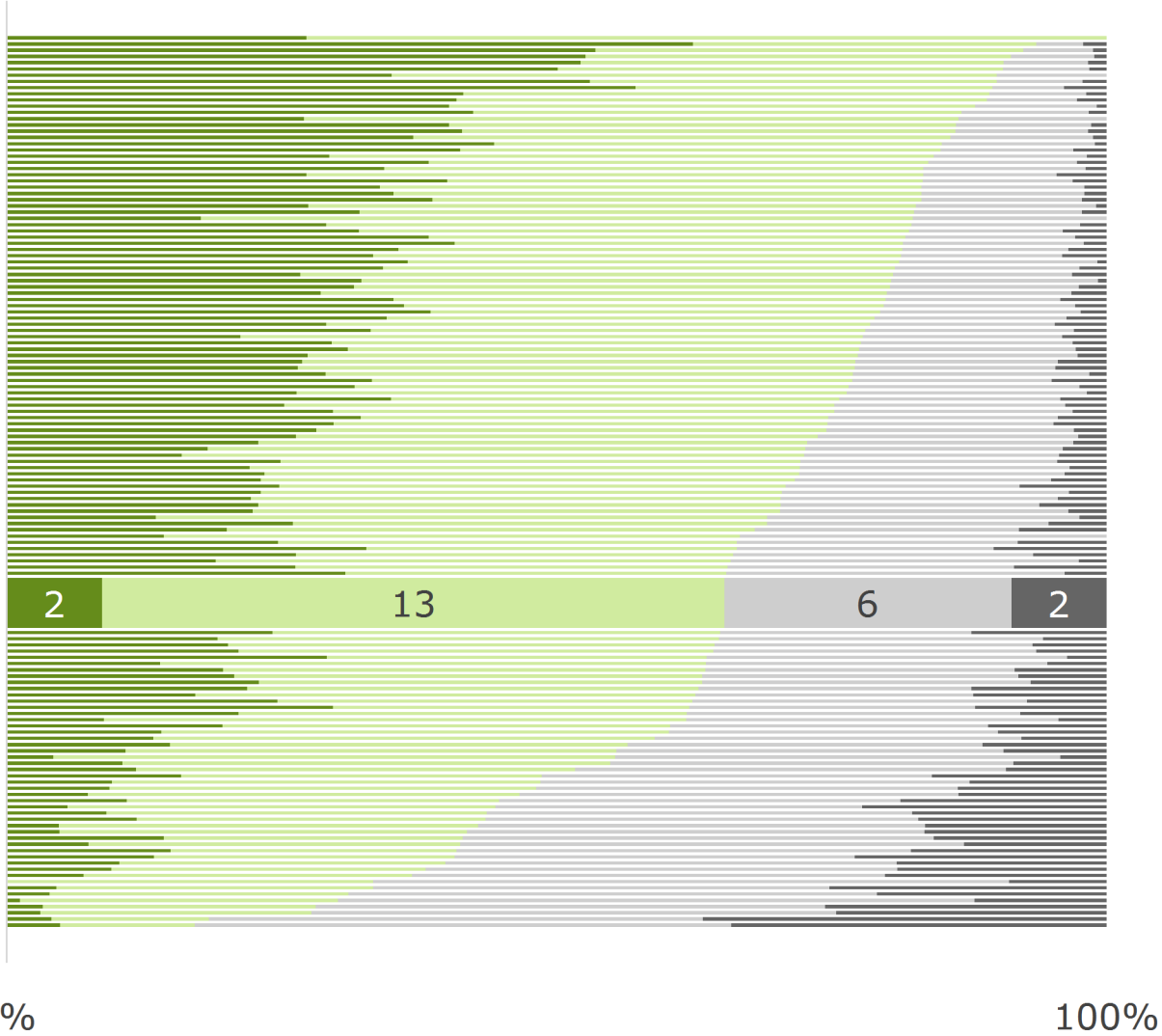
Where did we start?

Overall EMR Satisfaction

All clinicians (n=59,713)

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied

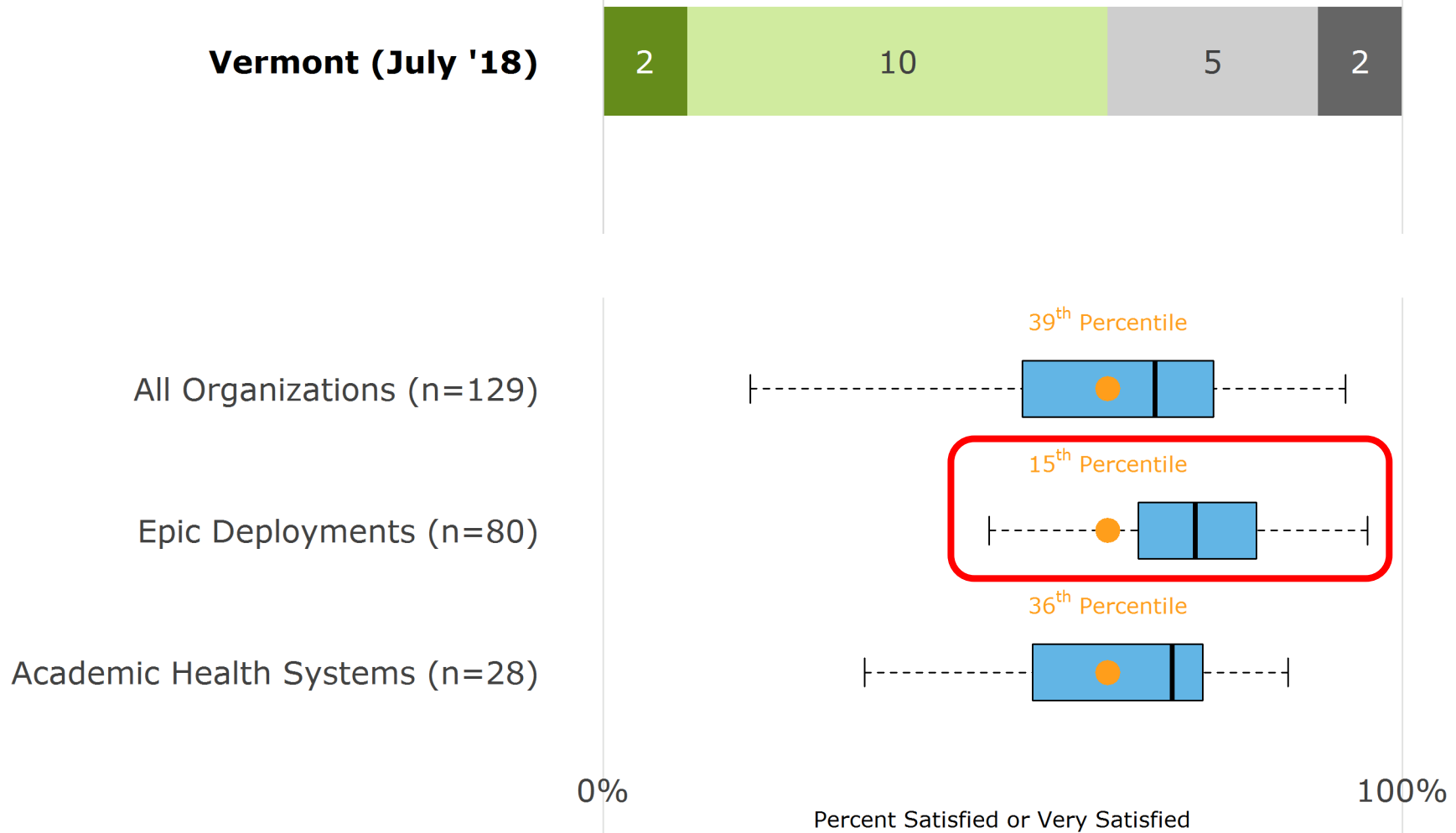
Vermont (July '18)



Overall EMR Satisfaction

Physicians and advanced practice clinicians only (n=27,427)

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied

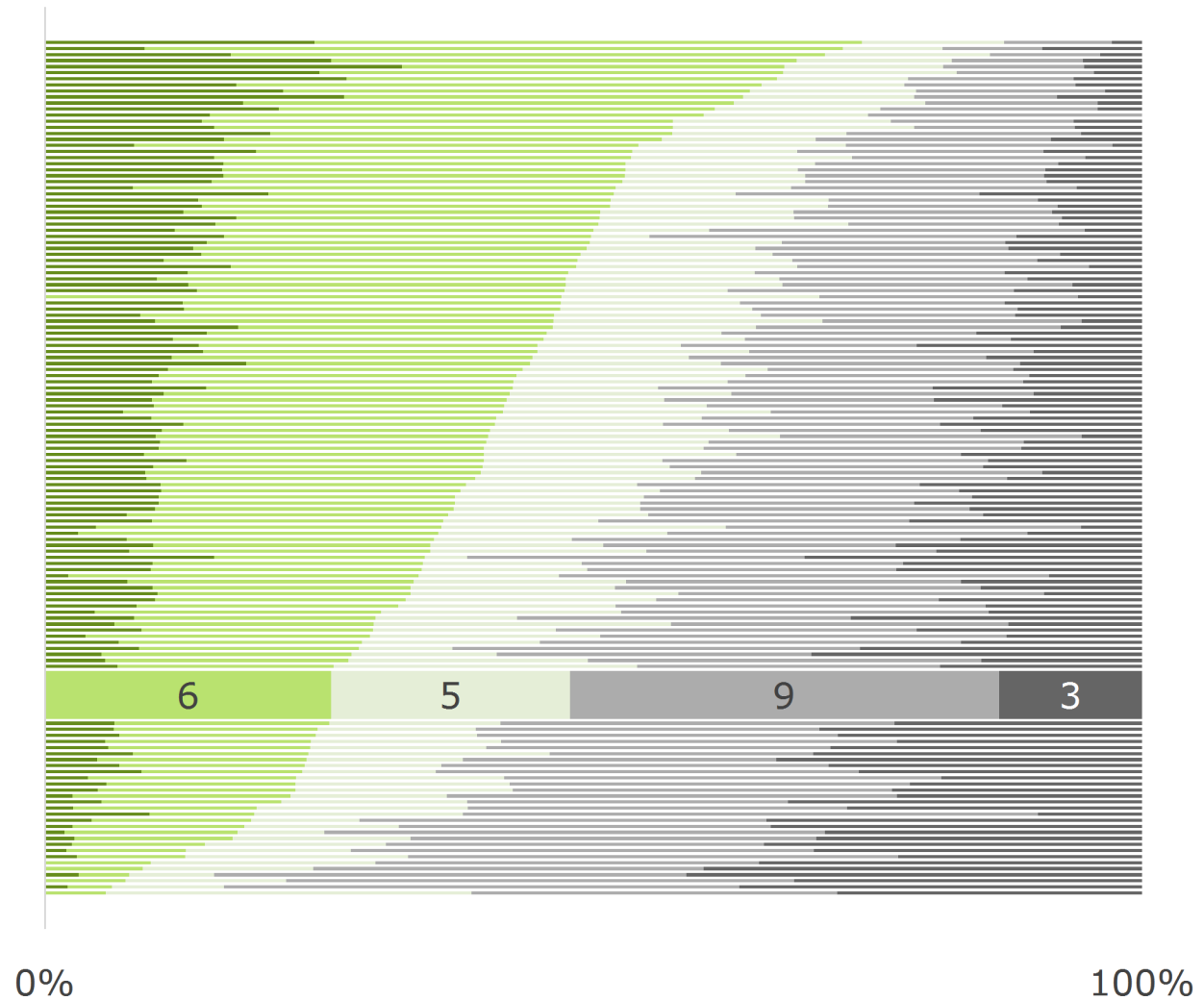


Agreement That EMR Enables Efficiency

All clinicians (n=58,801)

- Strongly agree
- Agree
- Indifferent
- Disagree
- Strongly disagree

Vermont (July '18)

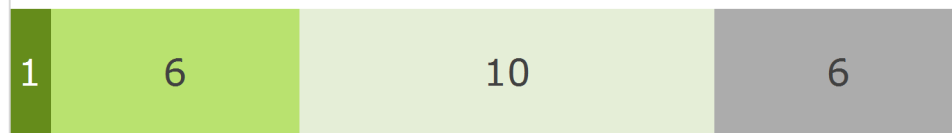


Agreement That User Has Learned EMR Well

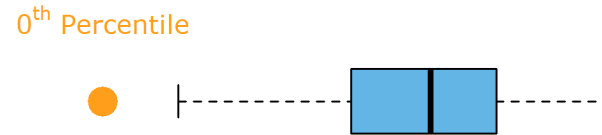
All clinicians (n=58,963)

- Strongly agree
- Agree
- Indifferent
- Disagree
- Strongly disagree

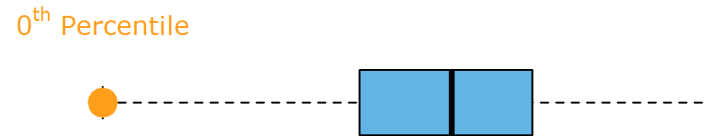
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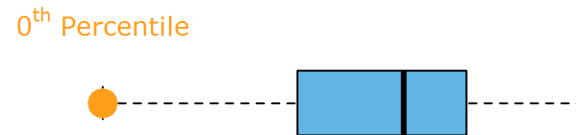
All Organizations (n=135)



Epic Deployments (n=83)



Academic Health Systems (n=31)



0%

Percent That Agree or Strongly Agree

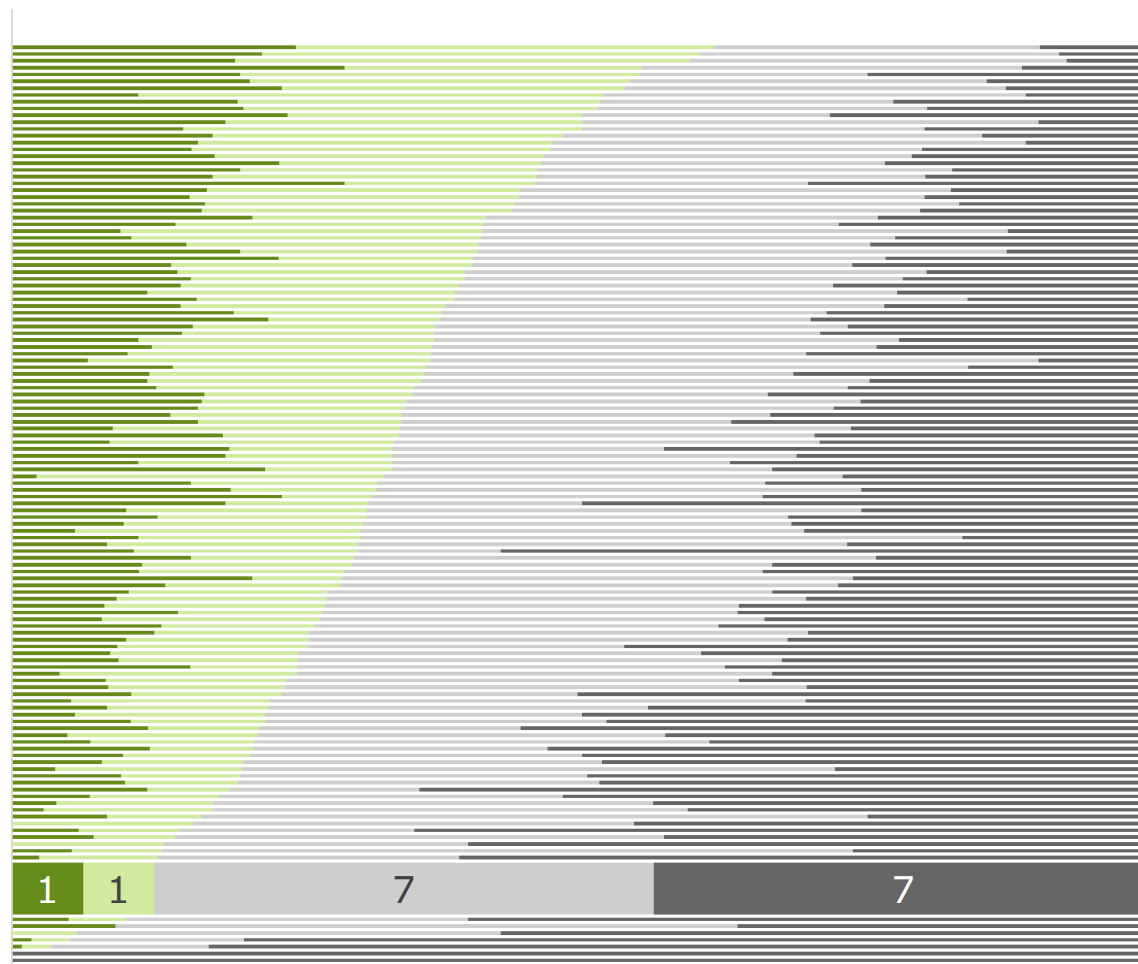
100%

Level of EMR Personalization

Physicians only (n=19,474)

- High personalization
- Moderate personalization
- Low personalization
- Very low/no personalization

Vermont (July '18)



0%

100%



Where did finish?

What we did...

- 157 training sessions + many informal sessions
- 20 Sprint huddles
- Personalized Epic for all users
- Improved Clinic Flow: Check-out, In-Basket, Refills, Scheduling...
- Worked to understand each other's roles

Overall EMR Satisfaction

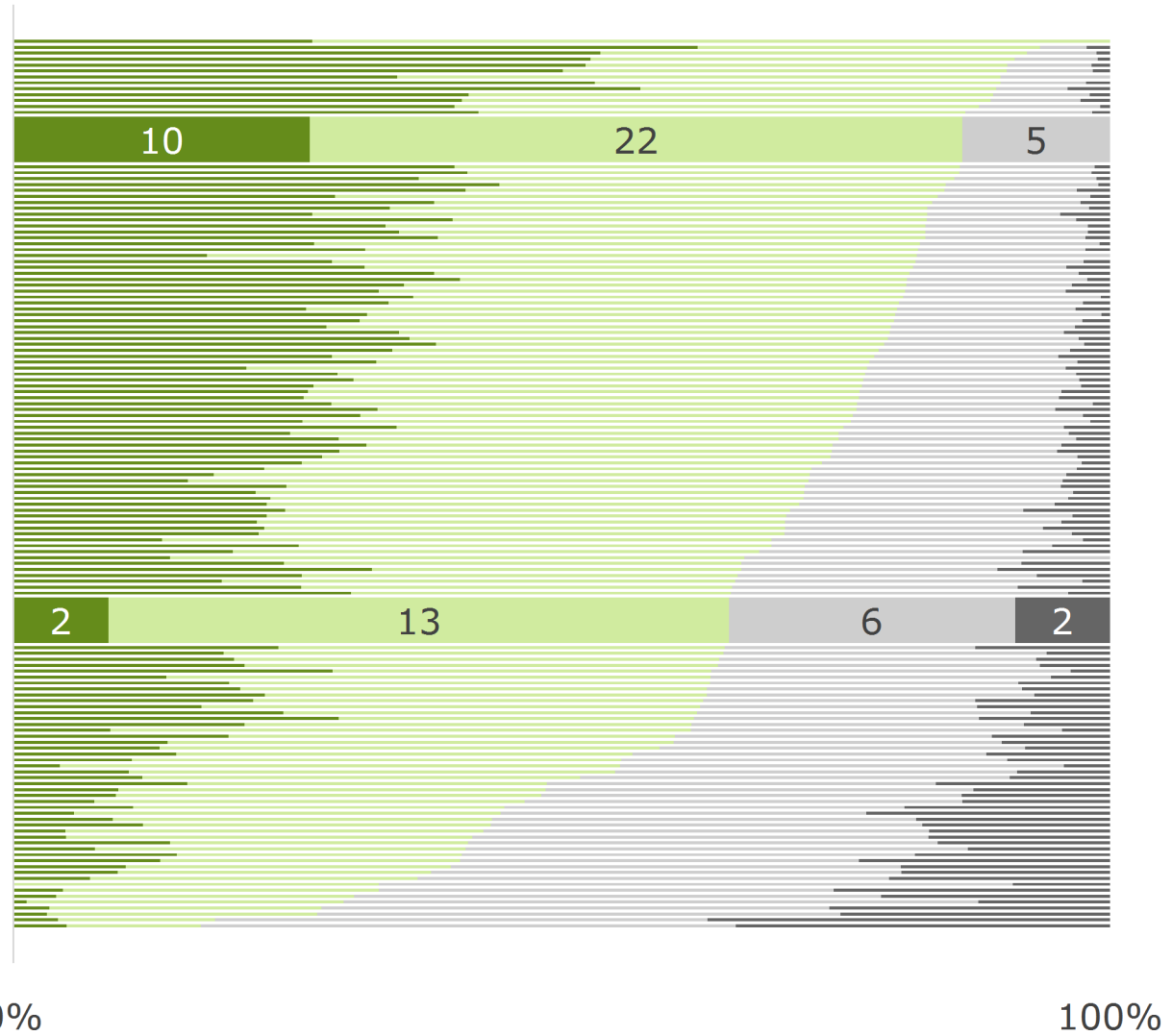
All clinicians (n=59,713)

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- Dissatisfied
- Very dissatisfied

Vermont (Sep '18)



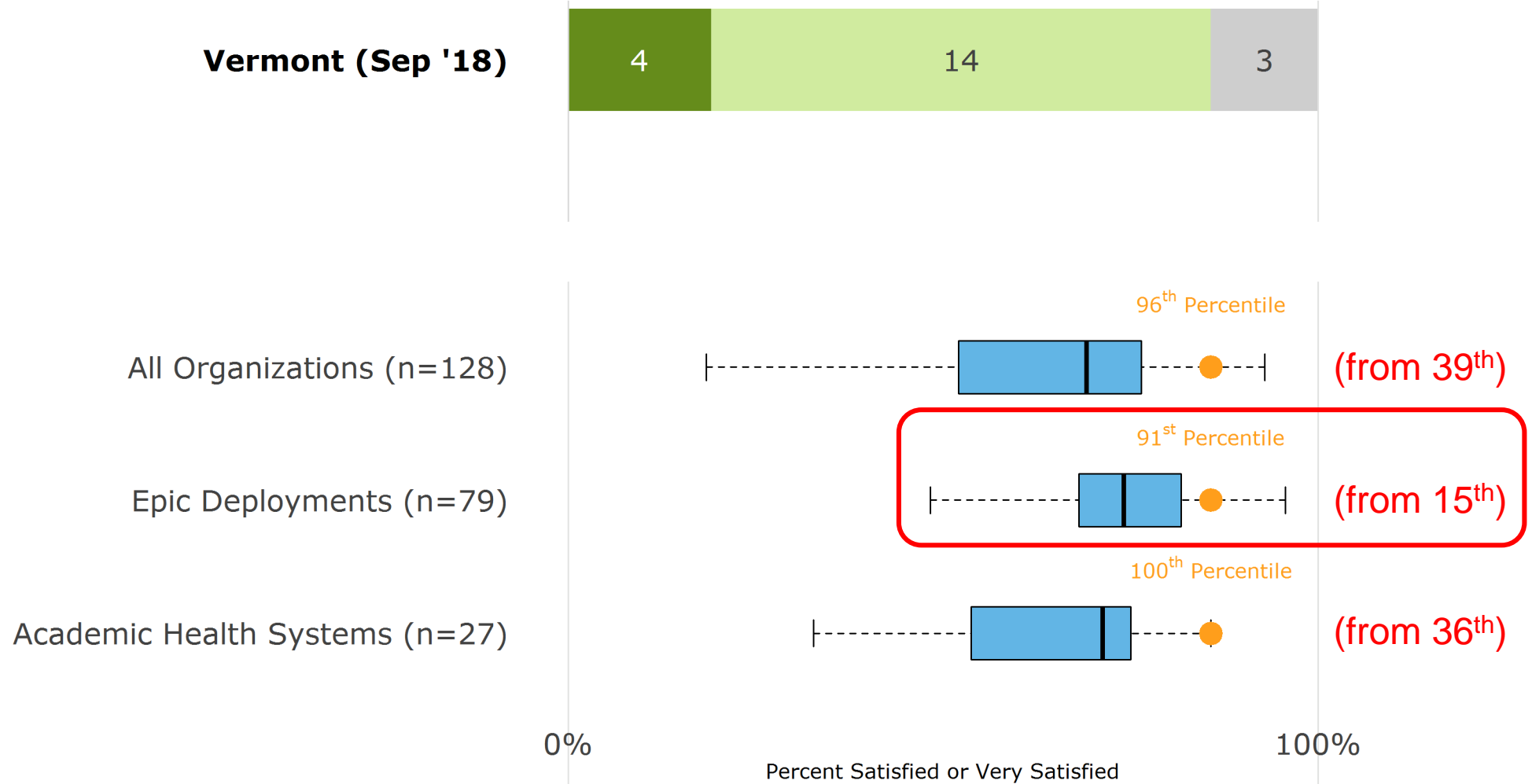
Vermont (July '18)



Overall EMR Satisfaction

Physicians and advanced practice clinicians only (n=27,408)

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied



Agreement That EMR Enables Efficiency

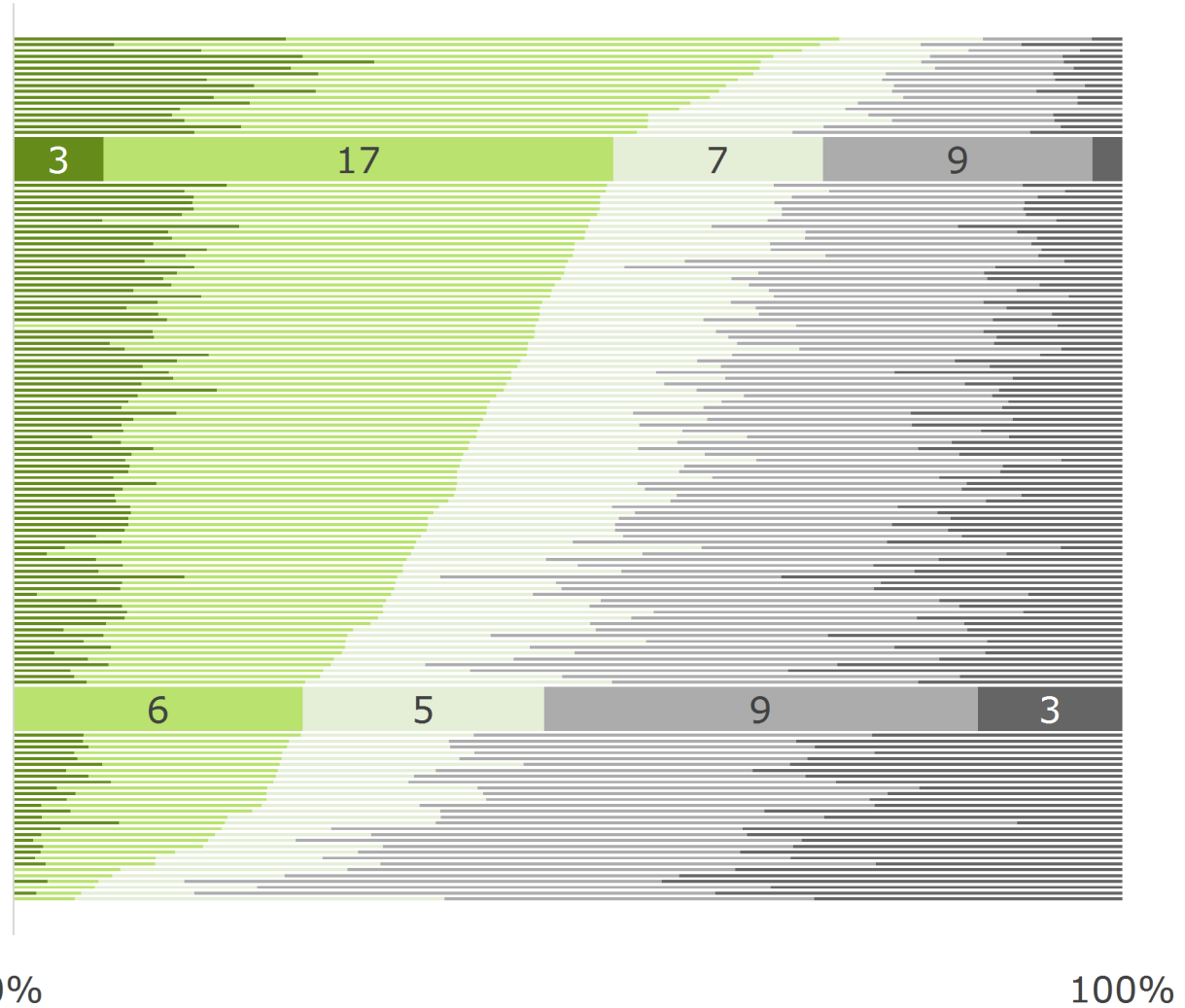
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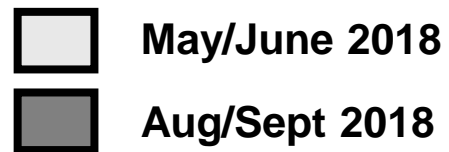
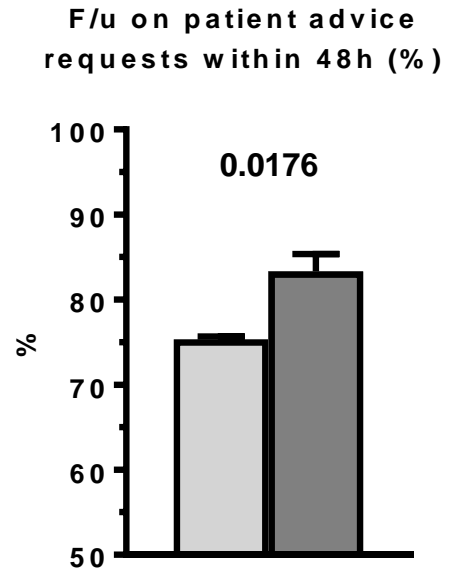
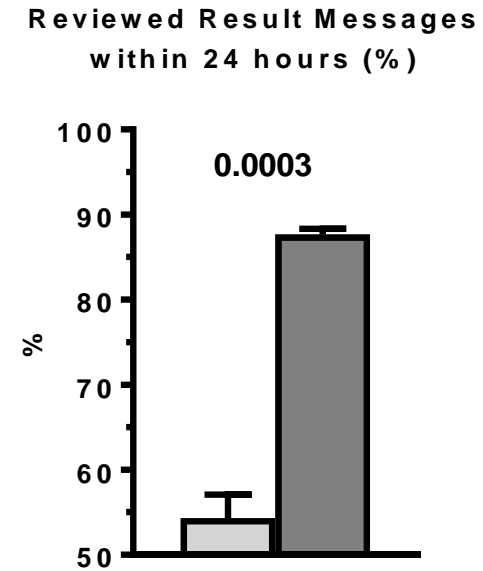
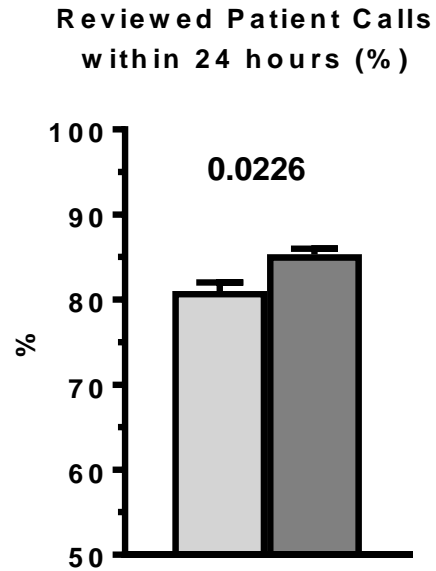
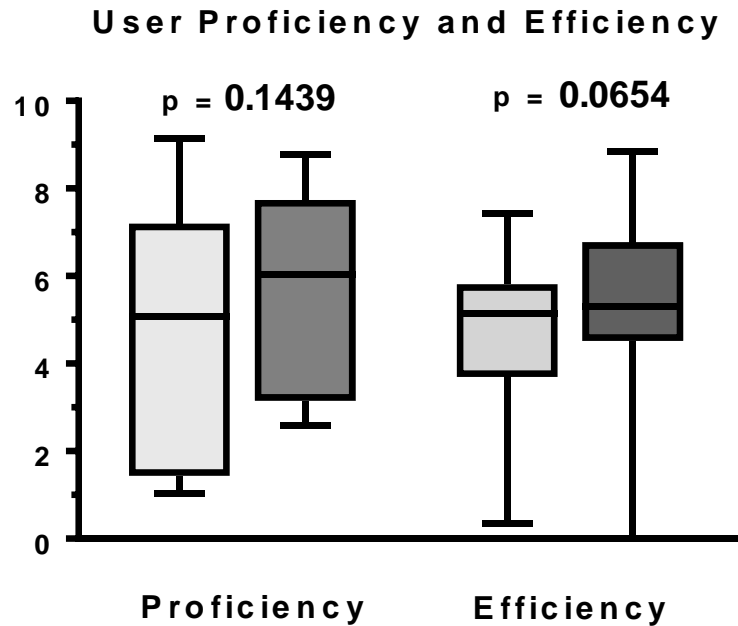
Vermont (Sep '18)



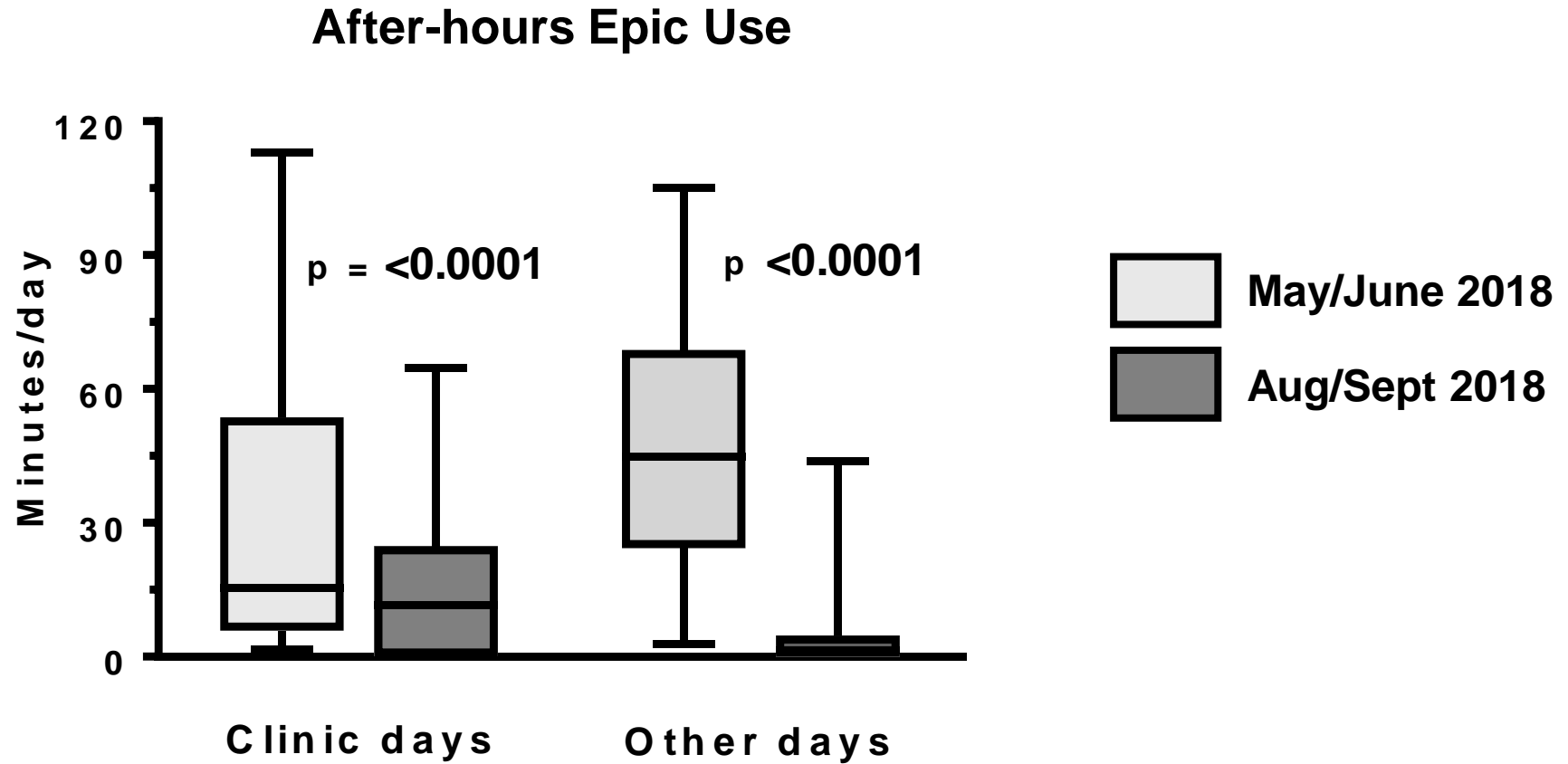
Vermont (July '18)



Epic Provider Metrics Improved



Afterhours Epic Use Was Reduced



Thanks to:

- Polly Parsons & the DOM
- Doug Gentile & UVMMC IT
- UVMMG
- SB PC: Especially Jen Gilwee, Marie Sandoval, and Malick Guisse
- ID Clinic: Especially Kemper Alston, Cindy Noyes, and Casey Darling
- All the SuperUsers and Ninjas
- Sprint Team: Rachel McEntee, David Ziegelman, Chelsey Carpenter, Scott Woytowick, Sue Lee, and Ben Suratt



The *Sprint* Team



South Burlington Adult PC



Infectious Disease Clinic

Quotes from Sprinters:

“The most useful aspect of the Sprint was that it increased **hope** about how the EMR can work for me instead of against me.”

“I think that we should **expand** this to other clinics because I really do think that the value added is great!”

“I feel I have much **more control** with using Epic, instead of feeling like Epic is controlling me!
Thank you everyone!”

“During the Sprint, I **enjoyed** coming in every day.”

“I like the fact that the whole team **enjoyed their time** in clinic and was engaged and ready to give feedback on how we could do better.”

“**Wow!** I just completed my first ever Dragon note! Thank you so much - so great!”