

SPECIALTY CHAMPION KICKOFF

September 23, 2020

Epic together.

Agenda

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Welcome	Rob Adamson
Our <i>Epic</i> Together. Journey thus far	Drs. Steve O'Mahony & Frank Sonnenberg
Review of the Champion Role <ul style="list-style-type: none">• Responsibilities• Time Commitment• Training & Timeline	Steve O'Mahony, MD Frank Sonnenberg, MD Maria Moffa
Q&A	All
What Happens Next?	TBD
Closing Remarks	Steve O'Mahony, MD Frank Sonnenberg, MD

Welcome & Thank You!

Dr. Robert T. Adamson, PharmD, FASHP
Senior Vice President & Operational Leader for Epic

Why We're Doing This: Driving Forces for Change

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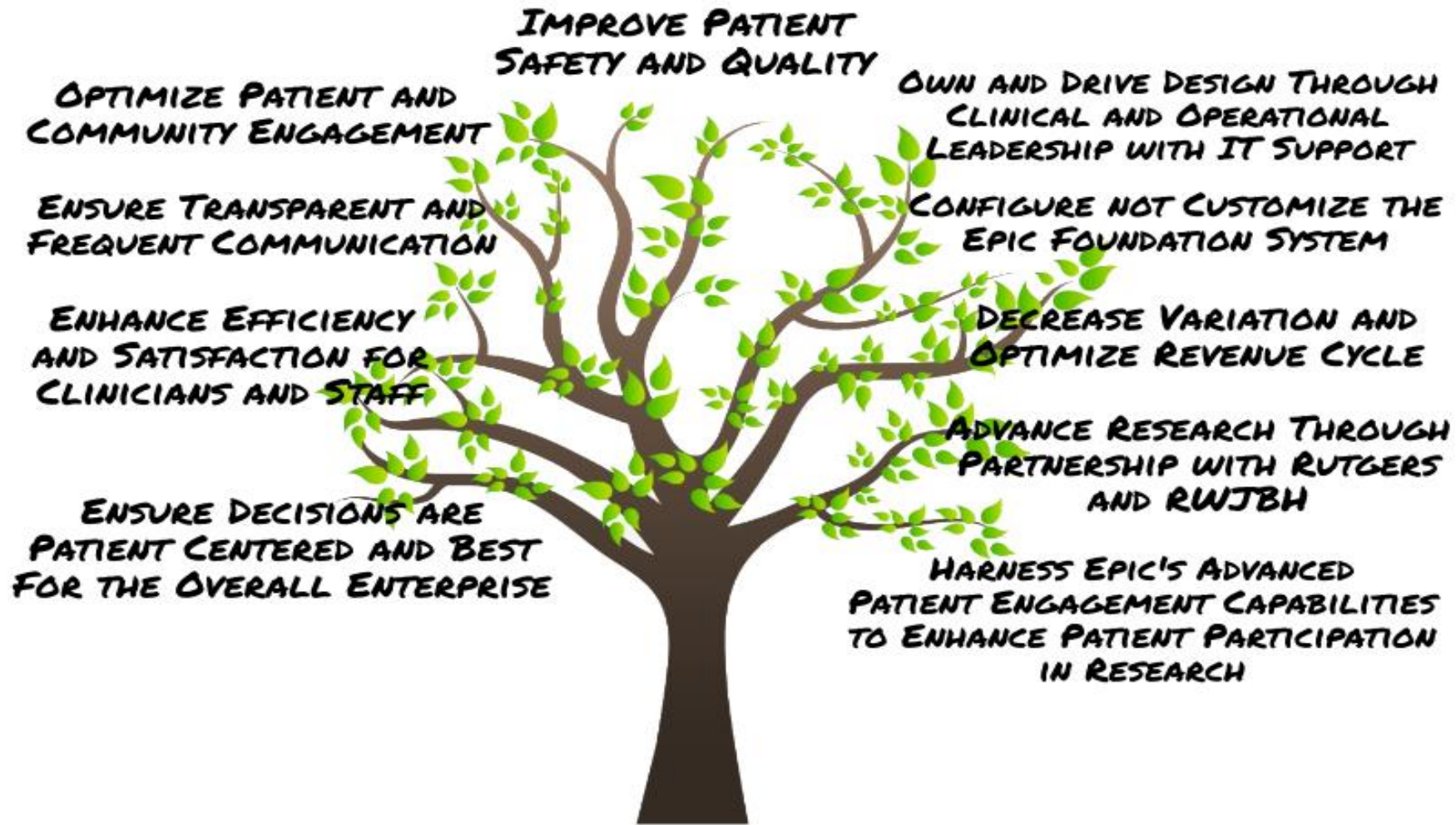
- RWJBH cannot deliver on the goals of our Strategic Plan without a uniform EHR.
 - Rutgers MAA is the catalyst to establish one EMR across all ambulatory sites to support our ability to manage our physicians as one integrated practice.
 - Time to set a “North Star” to focus all IT Investments
 - Need to modernize our end of life Revenue Cycle systems.
 - Provide patients with a user friendly seamless digital experience.
 - Create an IT clinical system that supports our staff and recruiting efforts.



Epic together.

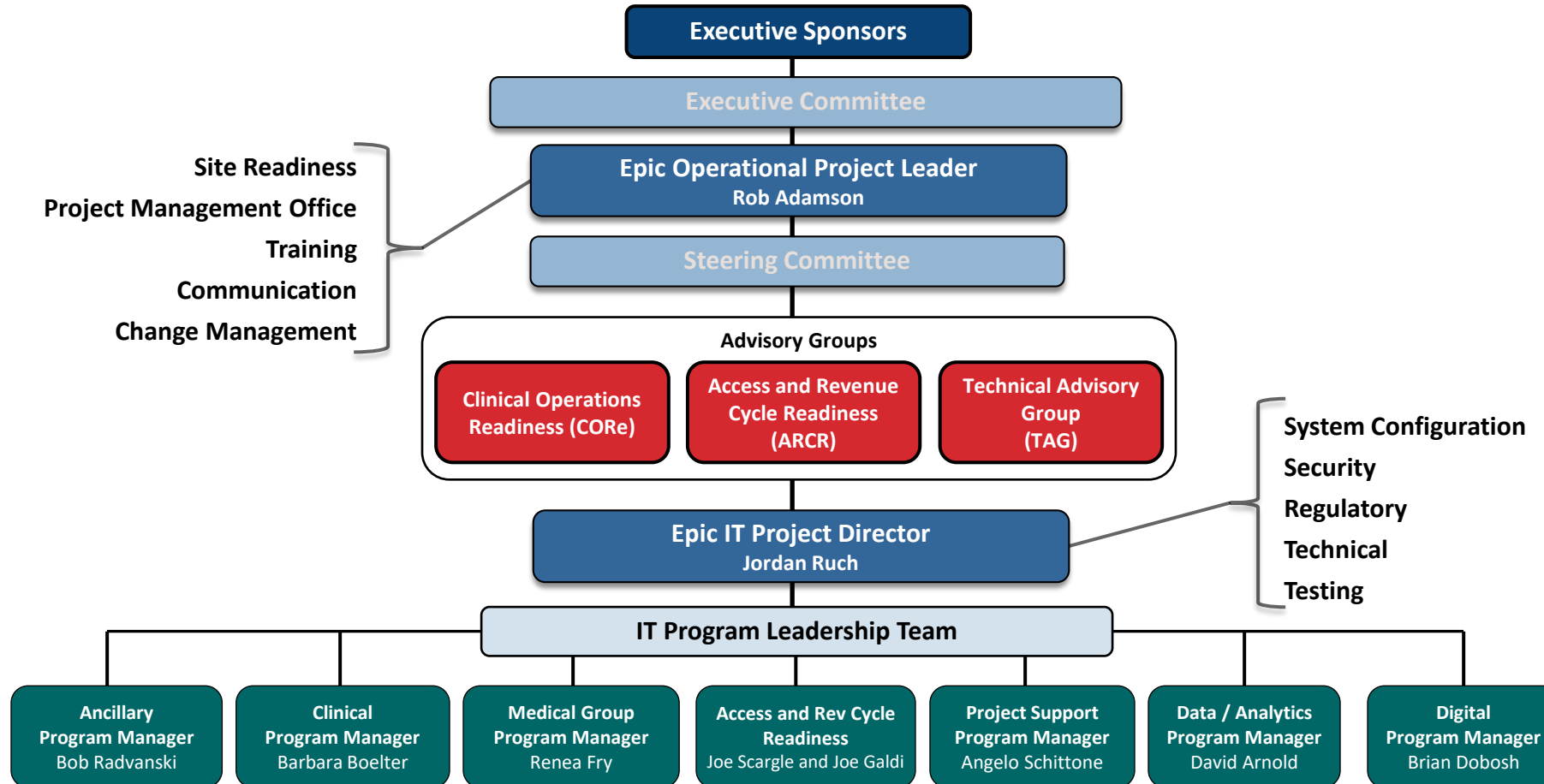
Why We're Doing This: Our Guiding Principles

5



How We're Doing This: Project Governance Structure

6



How We're Doing This: Executive Members

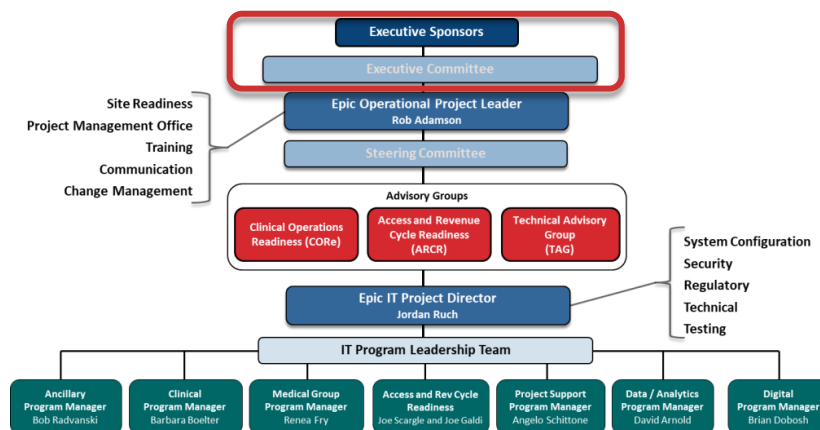
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Executive Sponsors

- Dr. Andy Anderson, CEO Combined Medical Group
- Dr. Jack Bonamo, Chief Medical Officer
- John Doll, Chief Financial Officer

Executive Committee

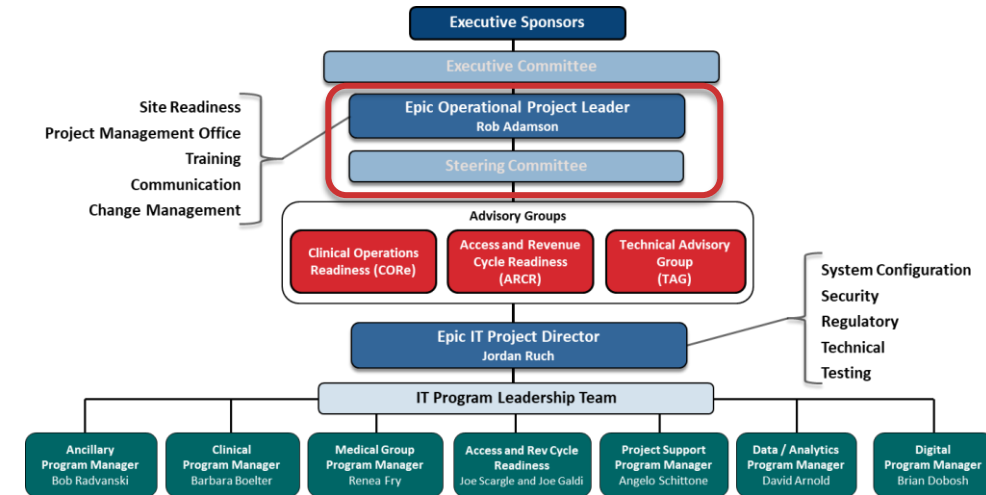
- Dr. Rob Adamson Operational Leader (Chair)
- Dr. Andy Anderson, CEO Combined Medical Group
- Dr. Jack Bonamo, Chief Medical Officer
- John Doll, Chief Financial Officer
- Tom Biga, President Hospital Division
- Bob Irwin, CIO
- Dr. Steve O'Mahony, CHIO
- Jordan Ruch IT Project Leader



How We're Doing This: Steering Committee Members

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Dr. Rob Adamson	SVP Operational EPIC Project Leader (Chair)
Dr. Paul Alexander	SVP Chief Transformation Officer
Jim Andrews	VP Cardiovascular Administration
Lori Colineri	SVP & Chief Nursing Officer Southern Region
Marty Everhart	Chief Human Resources Officer
Tip Ford	COO Combined Medical Group
Frank Ghinassi	President & CEO UBHC
Nancy Holecek	SVP and Chief Nursing Officer, Northern Region
Michael Knecht	SVP, Strategic Marketing and Communications
Laura Lark	VP Emergency Services
Deb Larkin-Carney	VP of Quality
Dr. Indu Lew	SVP and Chief Pharmacy Officer
Dr. Sal Moffa	CMO RWJ Somerset (rotate with go live Cadence)
Dr. Steve O'Mahony	VP, CMIO
Jordan Ruch	IT Project Leader
Joe Scargle	SVP of Revenue Cycle
Susan Solometo	VP of Oncology Services
Dr. Frank Sonnenberg	CMIO, Professor of Medicine
Deanna Sperling	CEO, Barnabas Health Behavioral Health Center
Susan Sernal	VP Women's Health



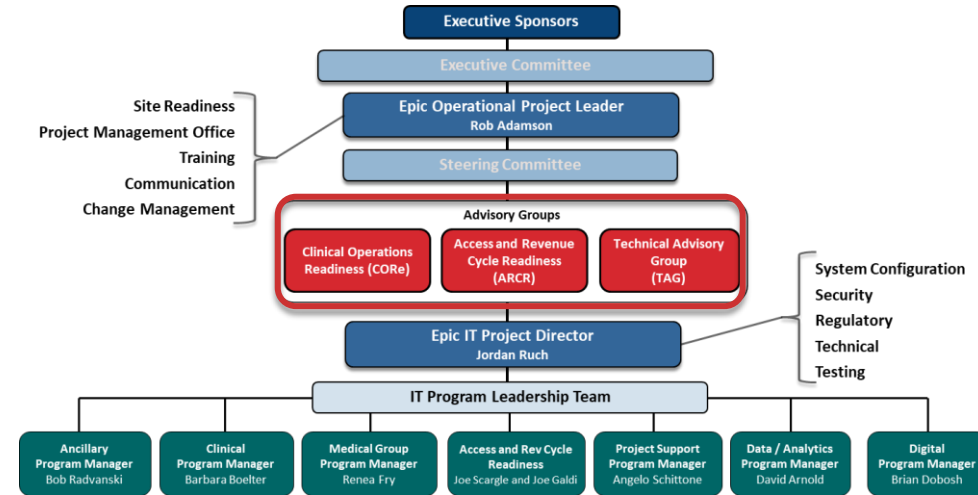
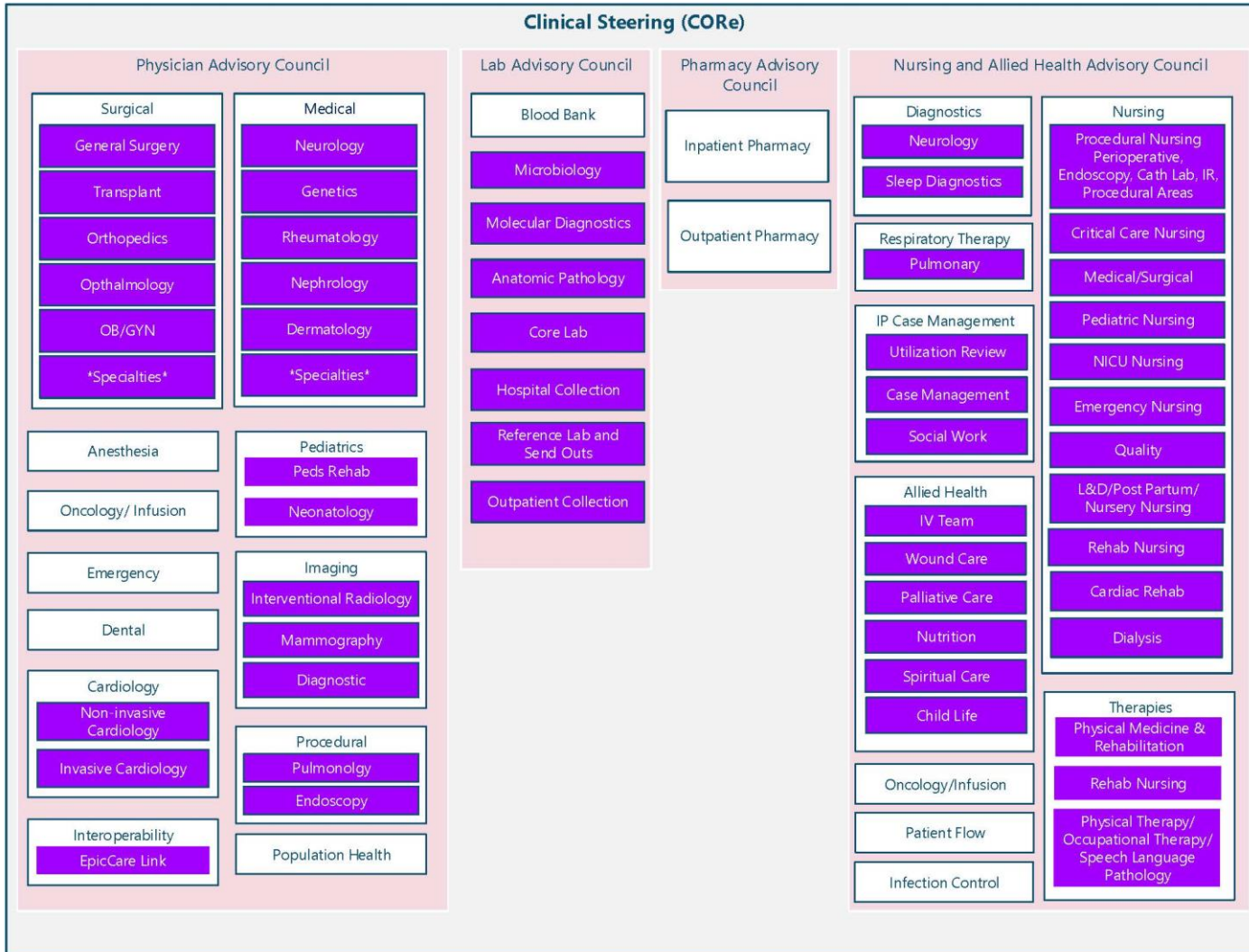
How We're Doing This: Operational SMEs from All Care Delivery Models

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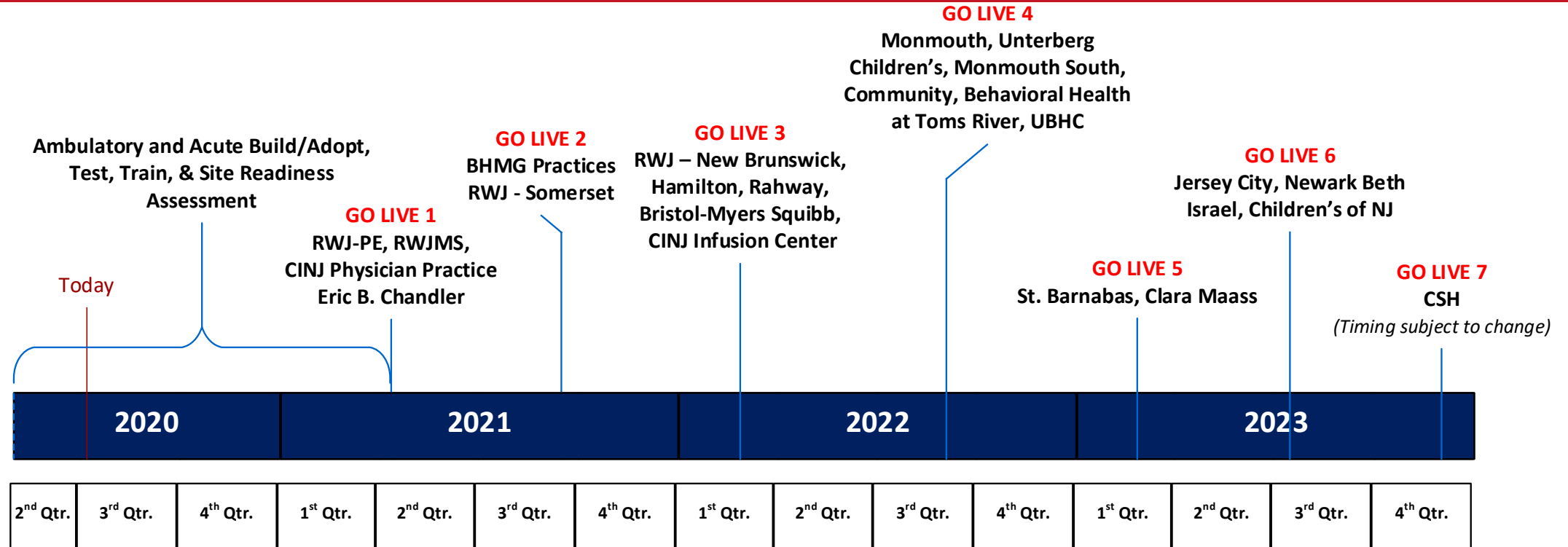
Ensuring program leadership/representation across four models of care so our teams know they are represented in every decision



How We're Doing This: Advisory Councils, Workgroups & Interest Areas



When We're Doing This: Go Live Timeline



Practice Acquisition Team
NJMS & Other Practices

Go Live 1: Friday April 30, 2021
Go Live 2: Friday October 1, 2021
Go Live 3: Saturday April 2, 2022

Key Messages

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- In spite of the Coronavirus Pandemic, we have stayed on track!
 - ▣ Strategic Pauses
 - ▣ Tremendous sacrifices
 - ▣ New ways of doing work
 - ▣ Leadership and dedication
- We're at a very exciting "pivot point" in the project
 - ▣ Build is nearly complete
 - ▣ Testing has begun
 - ▣ Focus on helping our colleagues be prepared & enthusiastic about Go Live

Thank you

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- For the work you have already put into the **Epic** together. Project
- For the work you will do in your new role as Provider Specialty Champions!

Our **Epic** together. Journey thus far



















Stephen O'Mahony, MD, FACP
VP & Chief Health Information Officer
RWJBarnabas Health

Frank A Sonnenberg, MD, FACP, FACMI
Chief Medical Informatics Officer
RWJBarnabas-Rutgers Medical Group

The EHR is a key enabler of the RWJBH Strategy







Provide extraordinary care and be a trusted partner to our patients, physicians and employees in improving the health of our communities

Strategic Responses

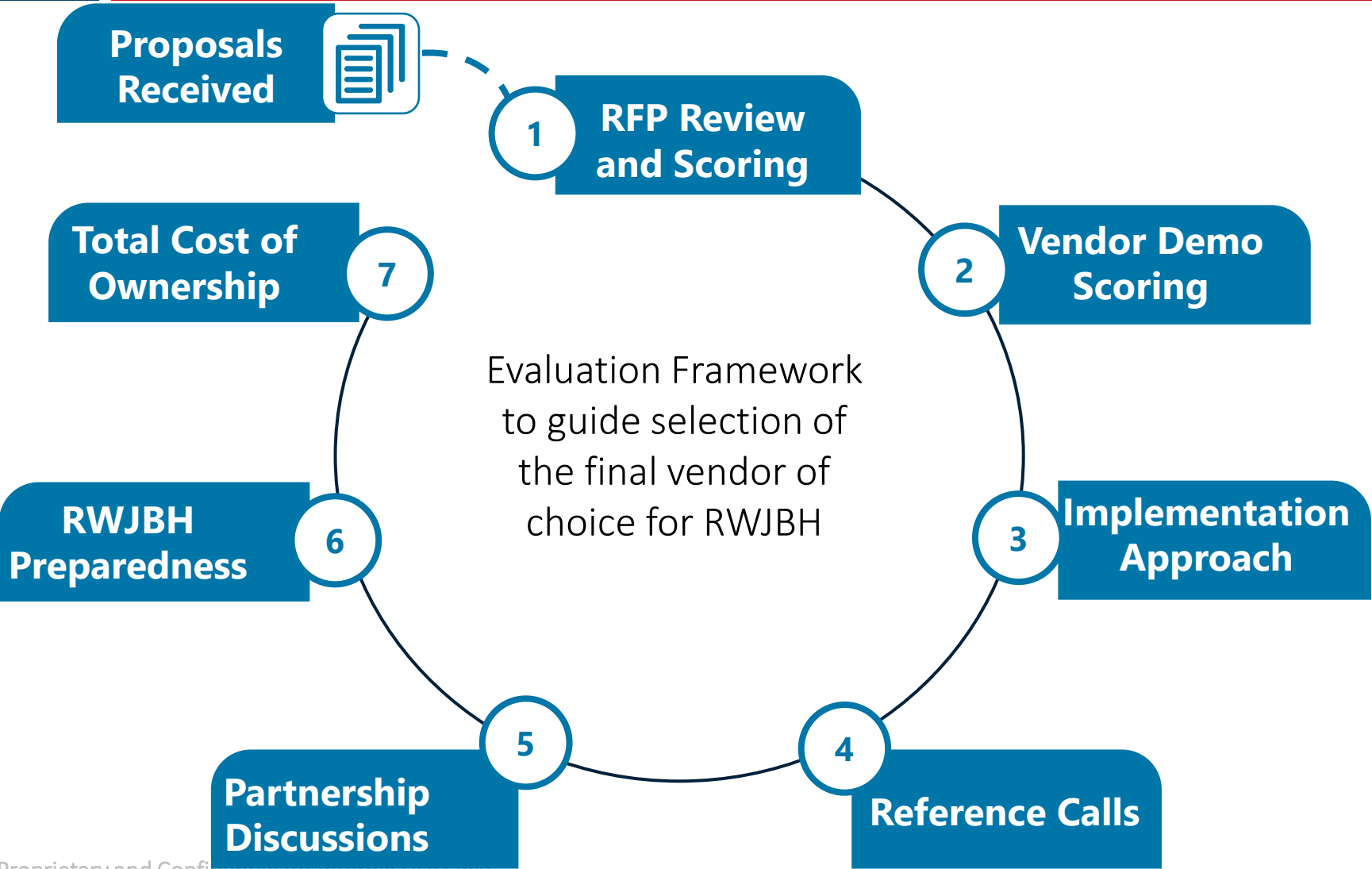
1. Quality	2. Population Health	3. Finance	4. Academics	5. Consumerism	6. Social Impact
<i>Consistent, high-quality care:</i>	<i>Expanded access to care & health improvement:</i>	<i>Sustainable Margin improvement:</i>	<i>Improving care delivery & outcomes:</i>	<i>Attract/retain patient throughout their care:</i>	TBD
 Top tier safety and outcomes	 Clinically Integrated Network	 Synergy capture	 Enhanced Rutgers relationship	 Network Redesign	 Employment Initiatives
 Reduced unnecessary clinical variation	 Care delivery redesign and excellence	 Revenue Optimization	 Top-tier training programs	 Leading consumer engagement	 Investing In Our Communities
 Leading Patient Satisfaction	 Value based contracting	 Top quartile cost performance	 Research	 Employee engagement	 Procurement Initiatives

RWJBarnabas Health Values

EHR Imp.

 <i>Better tools for clinicians to collaborate on care</i>	 <i>Easier process to direct patients to the most appropriate care</i>	 <i>Improved process for patients to access care and understand their bills</i>	 <i>Support our clinicians in their research into new therapies</i>	 <i>Digital enabled process for patients to manage their health</i>	 <i>Link with the communities we serve to improve their health</i>
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The Vendor Selection Process



- Over 1000 participants throughout the process
- ALL sites included
- Final vote was UNANIMOUS....



Why **Epic**?



... to give our patients a voice.

Why **Epic**?

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Inpatient

Cadence Scheduling
Grand Central Patient Flow
Health Info Mgmt
Willow Inpatient Pharmacy

EPIC CARE CLINICAL SYSTEM

Comprehensive Health Record
Care Plans & Education
Clinical Documentation
Clinician Order Entry
Clinical Pathways
Decision Support
Device & Pump Integration
ICU
Infection Control
MAR
Mobile app for nurses
Results Review
Room Monitor
Secure Chat

Specialties

Anesthesia
Beaker *Lab*
Beacon *Oncology*
Bones *Orthopaedics*
Cupid *Cardiology*
Dermatology
ENT
Genetics
Genomics
Infertility
Kaleidoscope *Ophthalmology*
Lumens *Endoscopy*
OpTime *OR Management*
Nephrology
Phoenix *Transplant*
Radiant *Radiology*
Rheumatology
Stork *OB Labor/Delivery*
Urgent Care
Wisdom *Dental*

Ambulatory

Prelude & Cadence
Registration & Scheduling
Call Management
Nurse Triage
Willow Ambulatory *Pharmacy*

EPIC CARE CHR
Charting
Clinician Order Entry
e-Prescribing
Decision Support
Results Review
Coding & Benefits
Voice Assistant/NLP

Education

Medical Student Training
Residency Workflows
Supervisory Support
for Attendings

Pop Health

Care & Case Management
Community Resource Directory
Cost & Utilization Dashboard
Healthy Planet Link *Web Portal*
Longitudinal Plan of Care
Registries
Risk Stratification

Research

Cosmos
Recruitment &
Participant Tracking
Research Billing
Study Ordering &
Documentation

One Unified Platform

POPULATION HEALTH
ACCESS
CLINICAL
REVENUE
AMBULATORY
INPATIENT
SOCIAL CARE
HEALTH PLAN

PATIENT EXPERIENCE
EPIC SOFTWARE

Analytics

Benchmarking
Caboodle *Data Warehouse*
Cognitive Computing
Dashboards
Predictive Models
SlicerDicer

Telehealth

Telestroke
Teledermatology
Telepsych
E-Visits
Remote Monitoring
Specialty E-Consults
Video Visits
*Patient-to-provider or
provider-to-provider*

Rev Cycle & Access

Resolute Hospital Billing
Resolute Professional Billing
Charge Router
Contract Modeling
Eligibility
Estimates at Ordering
Financial Assistance
Patient Estimates
Referrals & Auths

Health Plans

Claims/Capitation
Enrollment/Eligibility
Premium Billing
Tapestry Link
Utilization
Management

Patient Experience

MyChart *patient portal*
MyChart Bedside *hospital*
MyChart Care Companion
chronic conditions
MyChart Health Coach *wellness*
Lucy *standalone personal health record*
Welcome *patient kiosk*

Clinician Mobile

Haiku *for smartphone*
Canto *for tablet*
Limerick *for watch*

Interoperability

Care Everywhere
Chart Gateway
Connect
EpicCare Link
Payer Exchange
Share Everywhere

Continuing Care

Community Care
Dorothy Home Health
Hospice
Long Term Care
Rehab
Social Care
Wound Care

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Why **Epic**?

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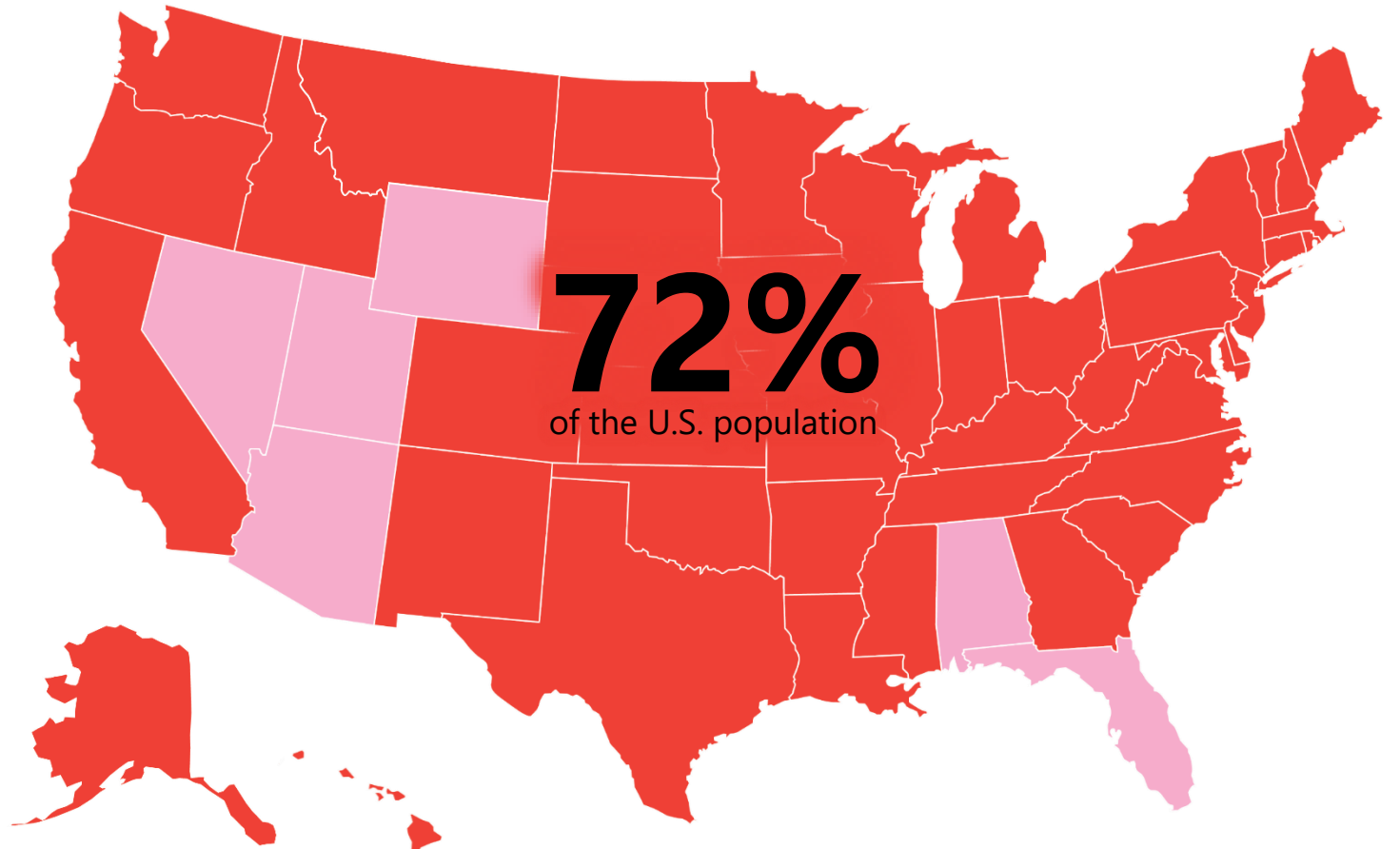
**Approximately 235M
people will be cared for
by EpicCare when current
rollouts are complete**

44 RED

40 to 95% of patients are or will
be covered by EpicCare

6 PINK

1-39% of patients are or will
be covered by EpicCare



Epic together.

Why **Epic**?



20 out of 21 of the Best Hospitals in 2019 use Epic

- 1 Mayo Clinic (Rochester)
- 2 Massachusetts General Hospital
- 3 Johns Hopkins Hospital
- 4 Cleveland Clinic
- 5 New York-Presbyterian Hospital
- 6 UCLA Medical Center
- 7 UCSF Medical Center
- 8 Cedars-Sinai Medical Center
- 9 NYU Langone Hospitals
- 10 Northwestern Memorial Hospital
- 11 University of Michigan Hospitals
- 12 Stanford Health Care
- 13 Brigham and Women's Hospital
- 14 Mount Sinai Hospital
- 15 UPMC
- 16 Keck Hospital of USC
- 17 University of Wisconsin Hospitals
- 18 Hospitals of the University of Pennsylvania
- 19 Mayo Clinic (Phoenix)
- 20 Houston Methodist Hospital
- 21 Yale New Haven Hospital

Why **Epic** ?

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If you want to
go fast, go alone.

If you want to
go far, go together.



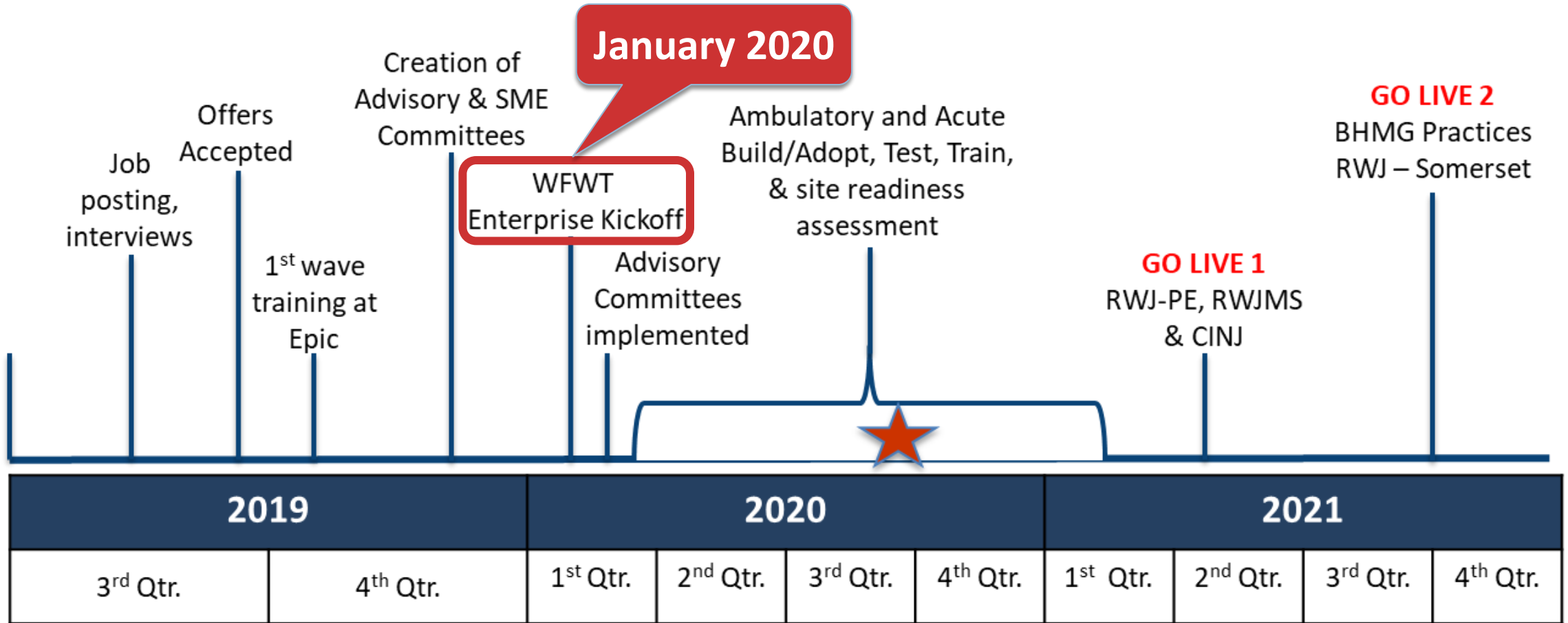
Epic together.

Epic together.

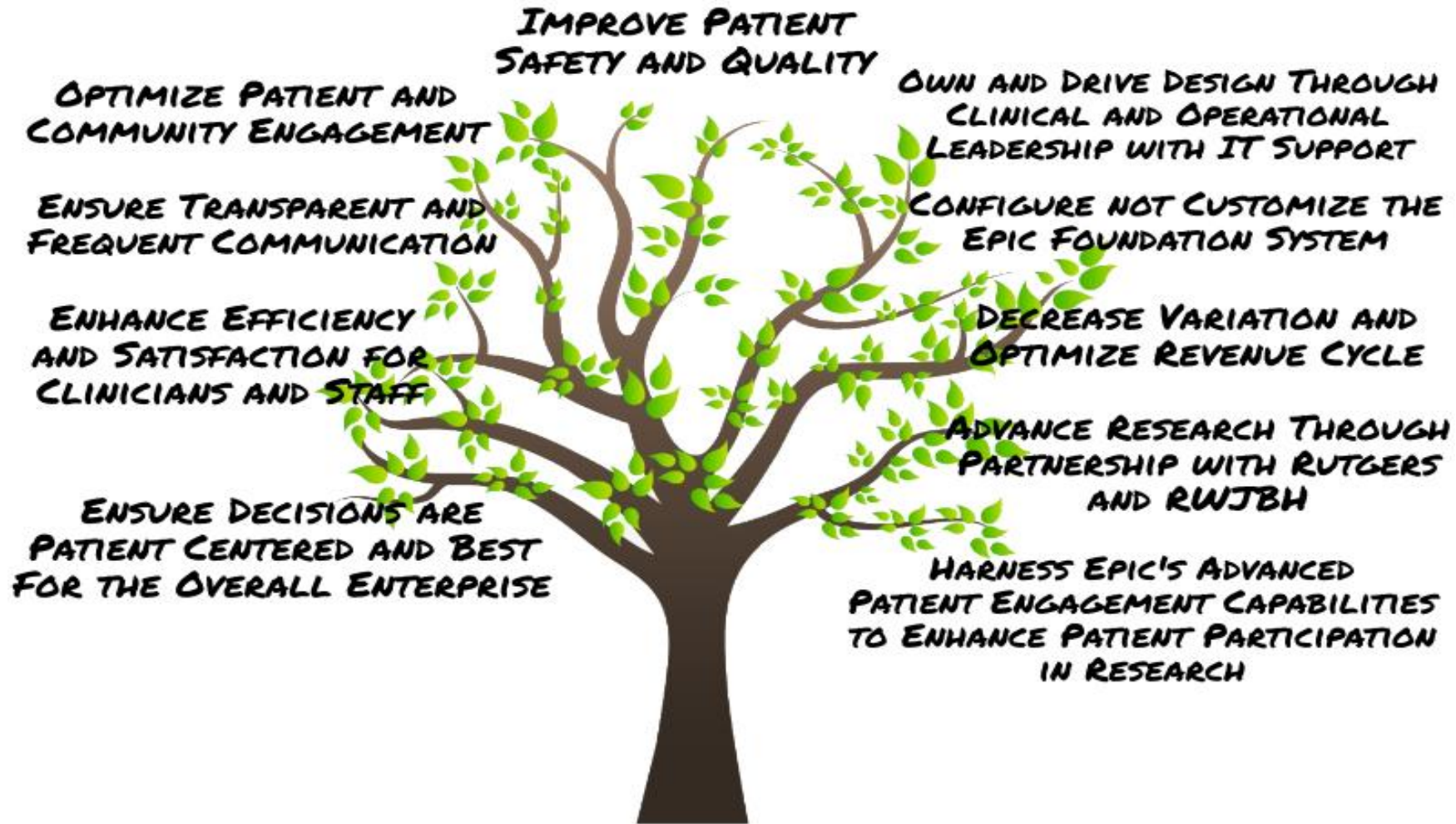
RWJBarnabas
HEALTH



And so it began....



Our Guiding Principles are Introduced at WFWT



Desired Impact of Our Guiding Principles

25

- ▣ Standardization of care
- ▣ Alignment of practices
- ▣ Optimized workflows
- ▣ Quality improvement
- ▣ Streamlined Access/Scheduling
- ▣ Enhanced revenue cycle management
- ▣ Ancillary department integration

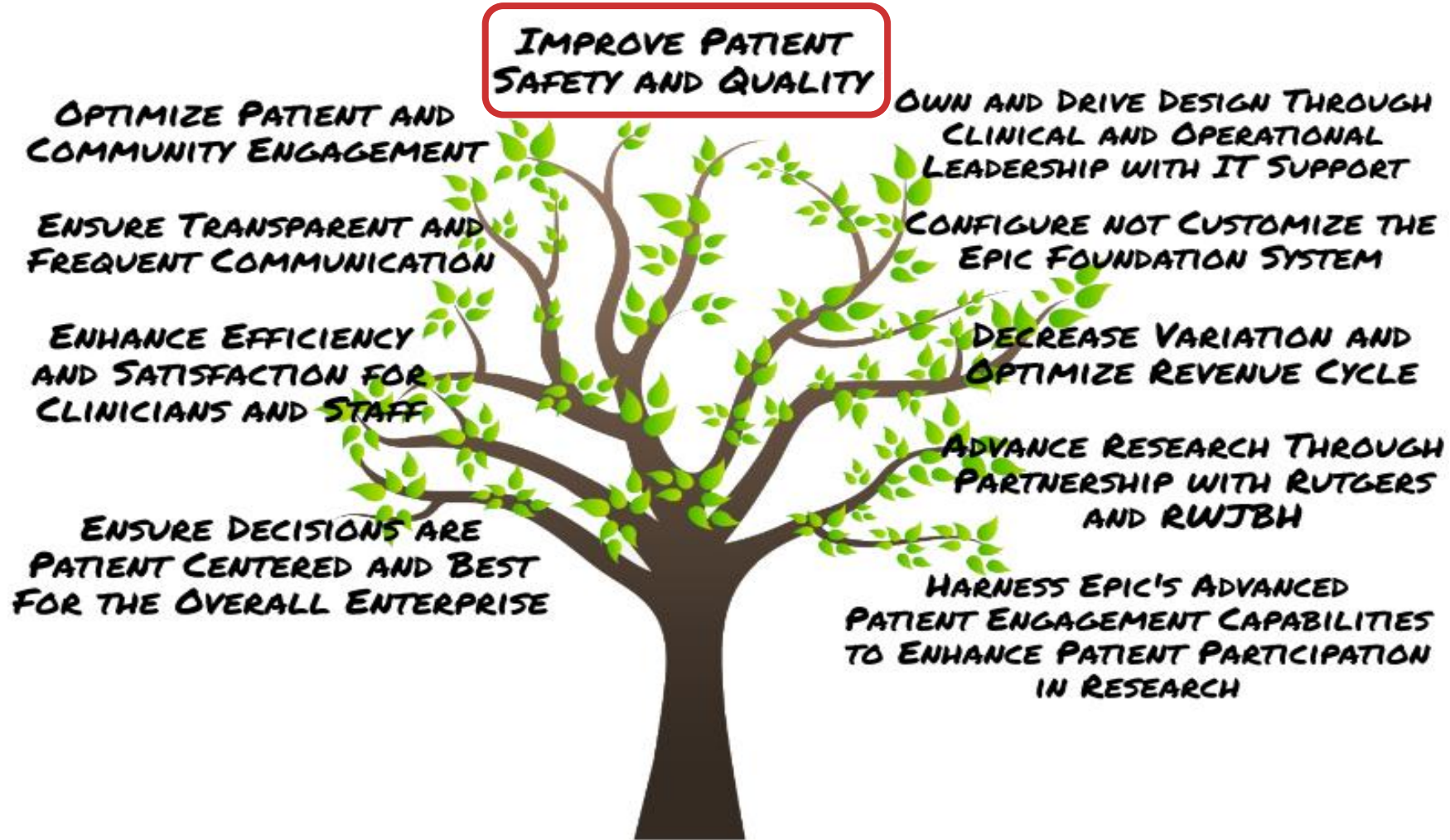


Provide extraordinary care and be a trusted partner to our patients, physicians and employees in improving the health of our communities.

Epic together.

Our Guiding Principles: Improve Patient Safety & Quality

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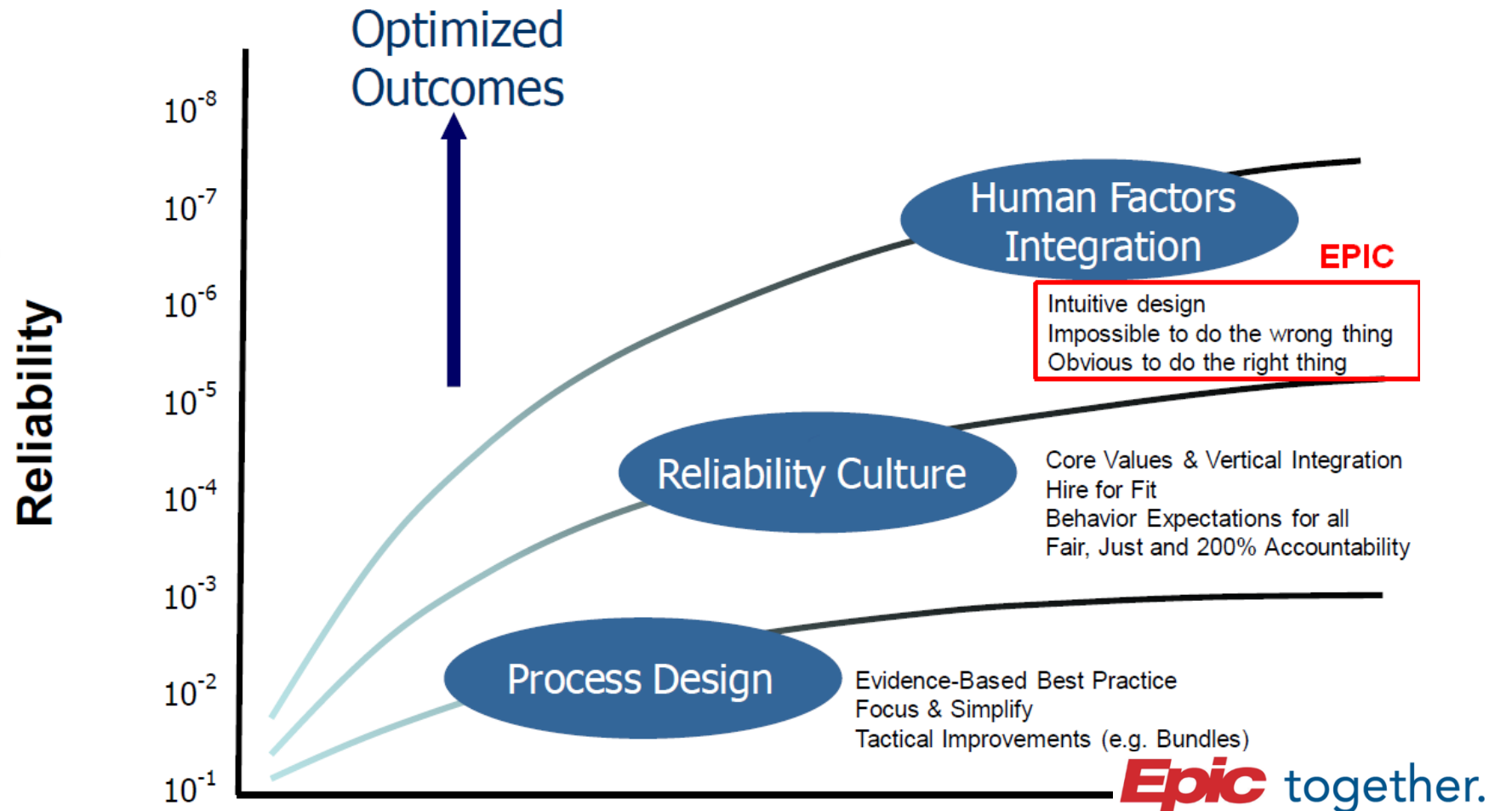


Our Guiding Principles: Improve Patient Safety & Quality

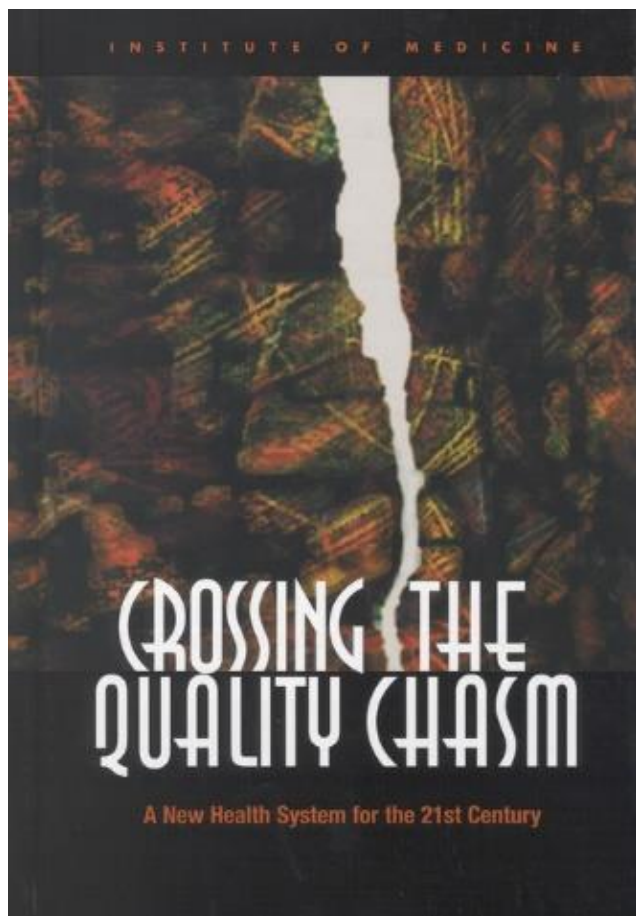
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HRO and the EHR

Journey to improving reliability – the next zero



Our Guiding Principles: Improve Patient Safety & Quality...a long time coming!



Current Approach

Care is based primarily on visits.

Professional autonomy drives variability.

Professionals control care.

Information is a record.

Decision making is based on training and experience.

Do no harm is an individual responsibility.

Secrecy is necessary.

The system reacts to needs.

Cost reduction is sought.

Preference is given to professional roles over the system.

New Rule

Care is based on continuous healing relationships.

Care is customized according to patient needs and values.

The patient is the source of control.

Knowledge is shared and information flows freely.

Decision making is evidence-based.

Safety is a system property.

Transparency is necessary.

Needs are anticipated.

Waste is continuously decreased.

Cooperation among clinicians is a priority.

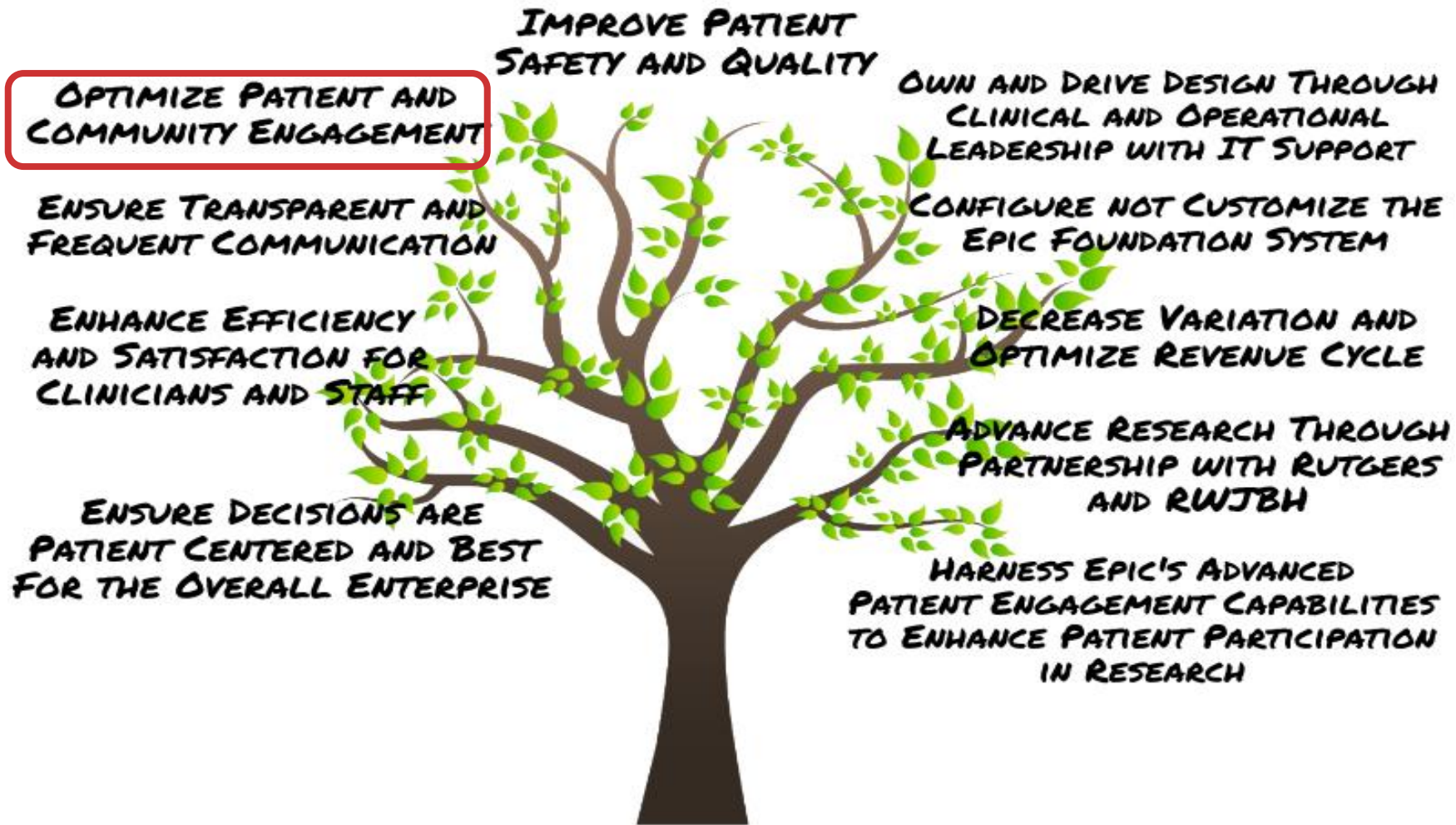
Institute of Medicine 2001. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC: The National Academies Press.

<https://doi.org/10.17226/10027>

Epic together.

Our Guiding Principles: Optimize Patient & Community Engagement

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Our Guiding Principles: Optimize Patient & Community Engagement



“I would like to connect to the portal to see my info”

Our Guiding Principles: Optimize Patient & Community Engagement

This Facility has...

New Brunswick
Somerset
Rahway
Hamilton
RWJ Physician Enterprise



Saint Barnabas
Jersey City
Monmouth & South
Community
Newark Beth
Clara Maas
BH Medical Group



Children's Specialized locations



Rutgers RWJ Medical School
Eric B. Chandler Health Center
Rutgers Community Health Center



University Hospital
Doctors Office Center
Ambulatory Care Center



This EHR which uses....

Allscripts

Cerner

Meditech

GE Centricity

EPIC

This Portal

CHANGE
HEALTHCARE

CernerHealth

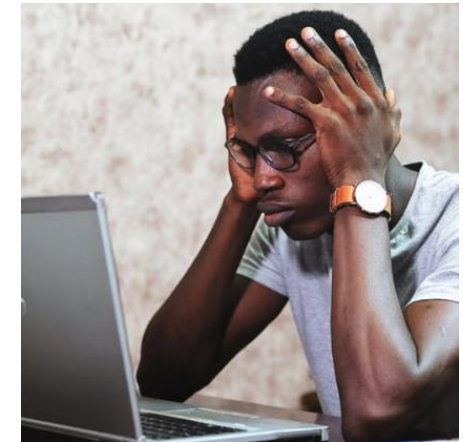
IQHealth

IATRIC
systems

RWJMedconnect

MyChart

Portal Palooza!!



Which do I pick???

Epic together.

Our Guiding Principles: Optimize Patient & Community Engagement

Future State

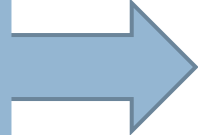


“I would like to connect to the portal to see my info”

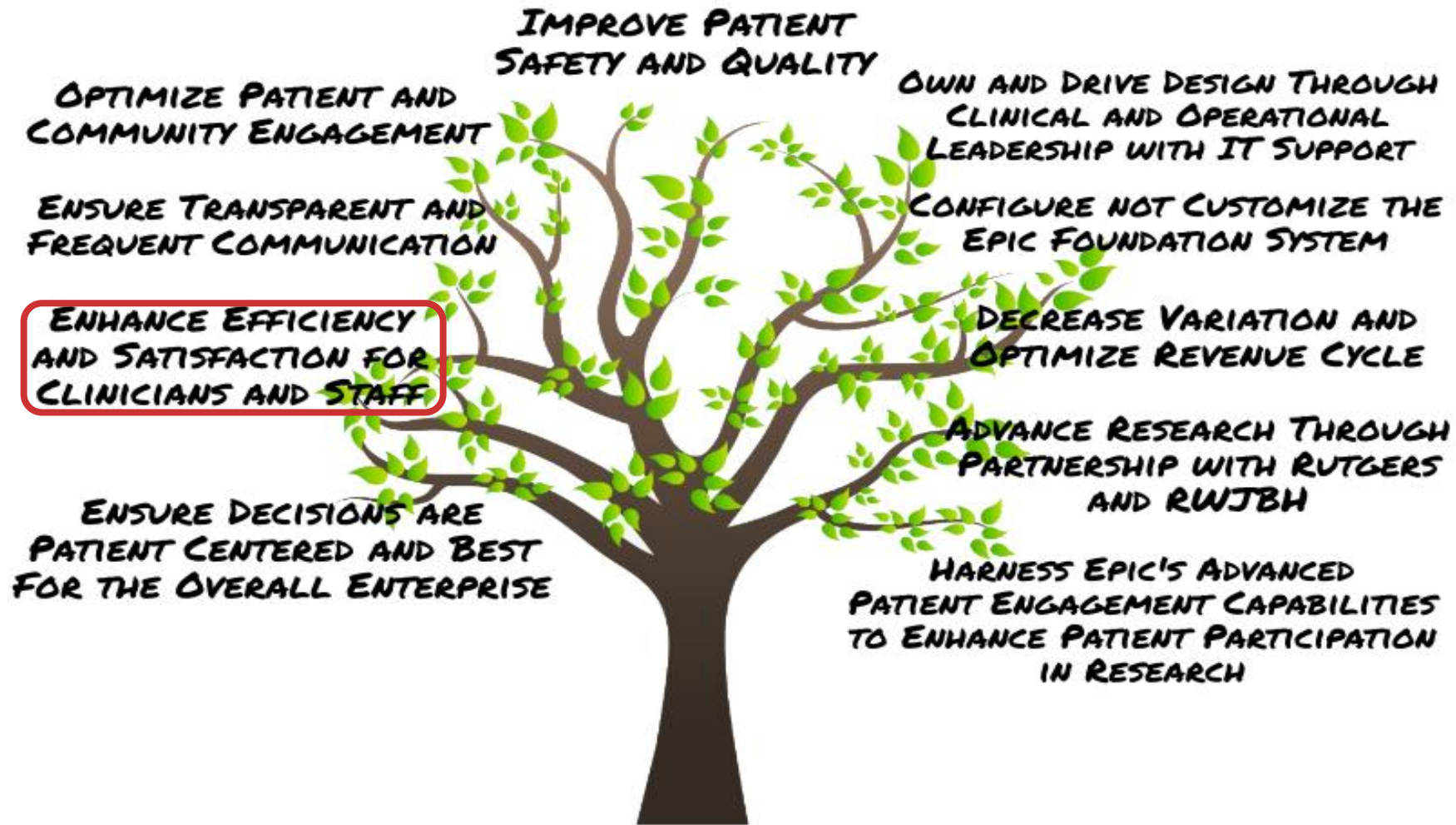
Our Guiding Principles: Optimize Patient & Community Engagement

If I went to one of these facilities → One EHR and One Portal

- New Brunswick
- Somerset
- Rahway
- Hamilton
- RWJ Physician Enterprise
- Saint Barnabas
- Jersey City
- Monmouth & South
Community
- Newark Beth
Clara Maas
- BH Medical Group
- Children's Specialized locations
- Rutgers RWJ Medical School
- Eric B. Chandler Health Center
- Rutgers Community Health Center
- University Hospital
- Doctors Office Center
- Ambulatory Care Center



Our Guiding Principles



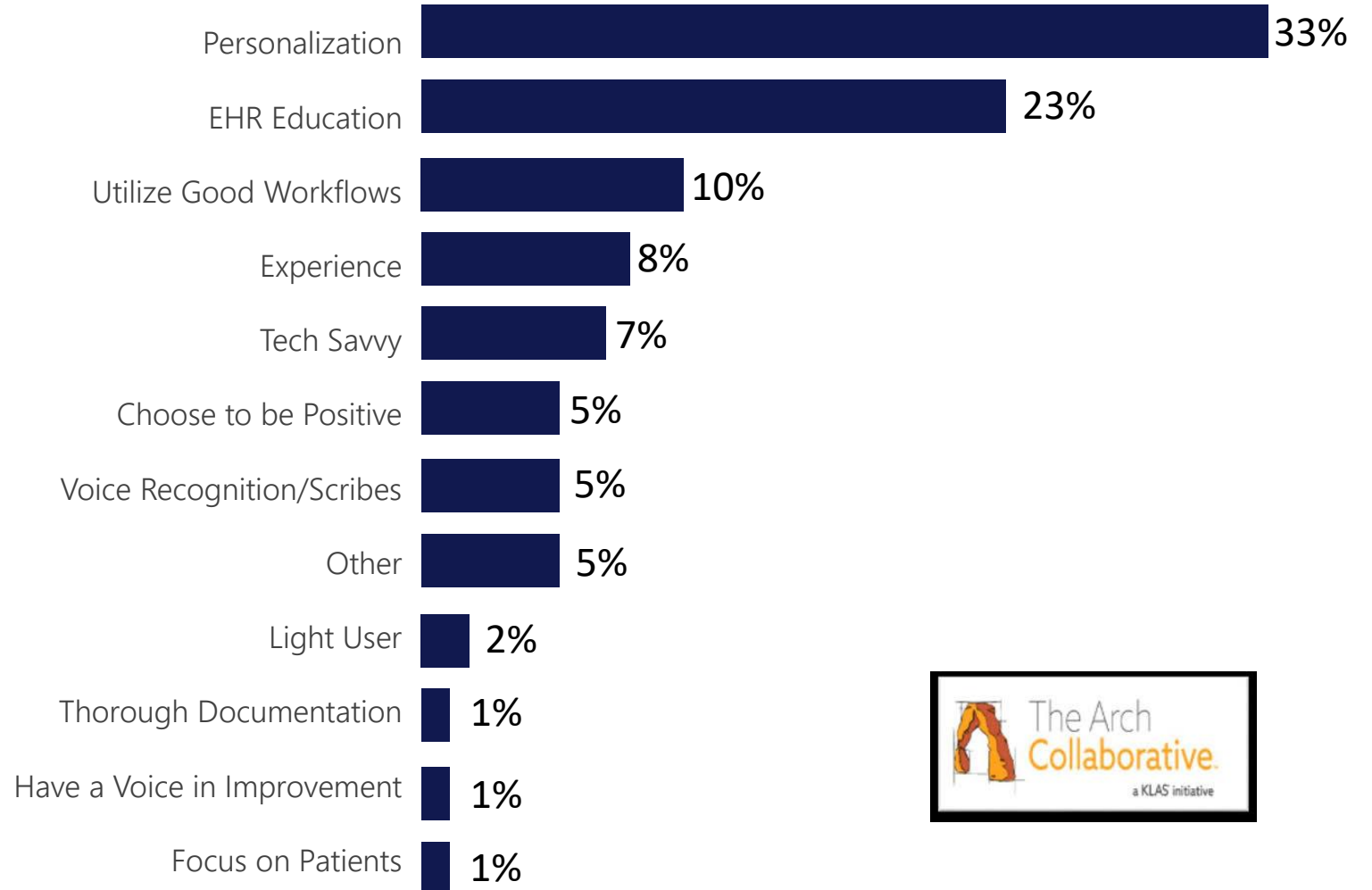
Enhance Efficiency & Satisfaction for Staff: The KLAS Arch Collaborative

The Arch Collaborative:

- Is a provider-led effort to unlock the potential of EHRs in revolutionizing patient care;
- Has helped over **200 provider organizations** learn from feedback of their clinician EHR users;
- Has studied insights from over **100,000 clinician respondents** to find solutions to physician and clinician frustration with the EHR.

[Click to visit the Arch Collaborative website](#)

Epic Clinicians Only: What Drives Your Success?

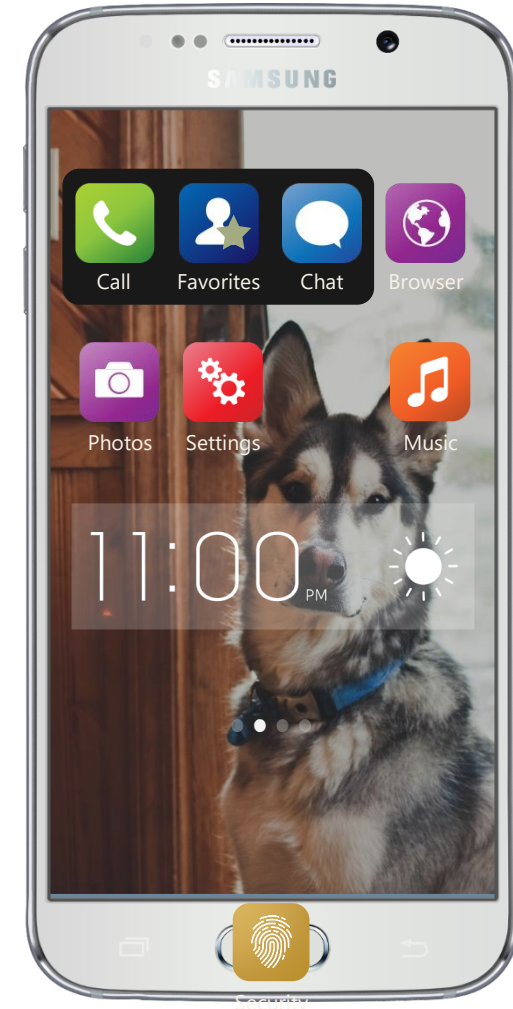


Enhance Efficiency & Satisfaction for Staff: EMR User Setting Labs to set Preferences

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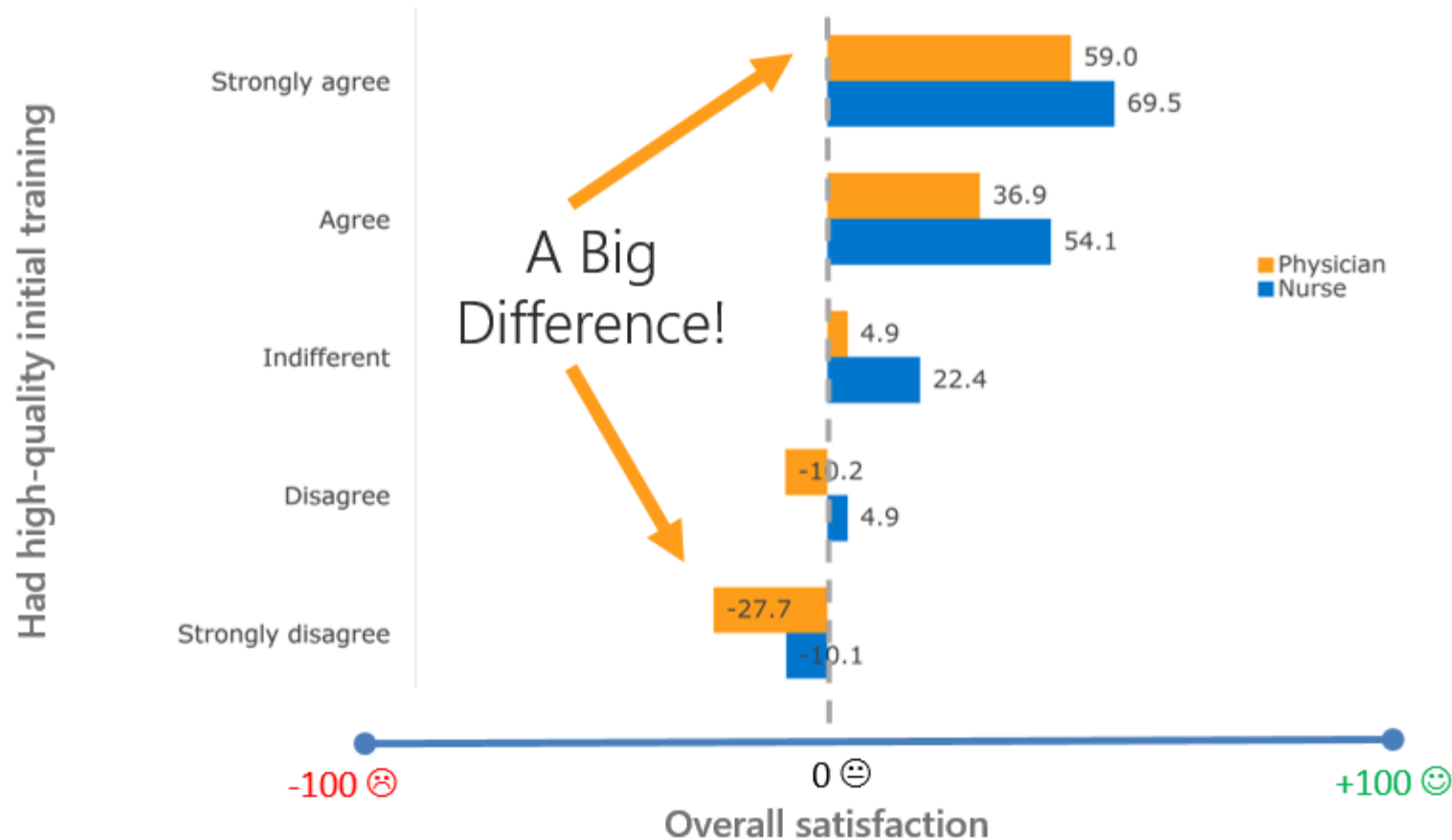
Setting your EMR user preferences is correlated with **higher clinician satisfaction**

2.1 TIMES more likely to be highly satisfied with their EMR



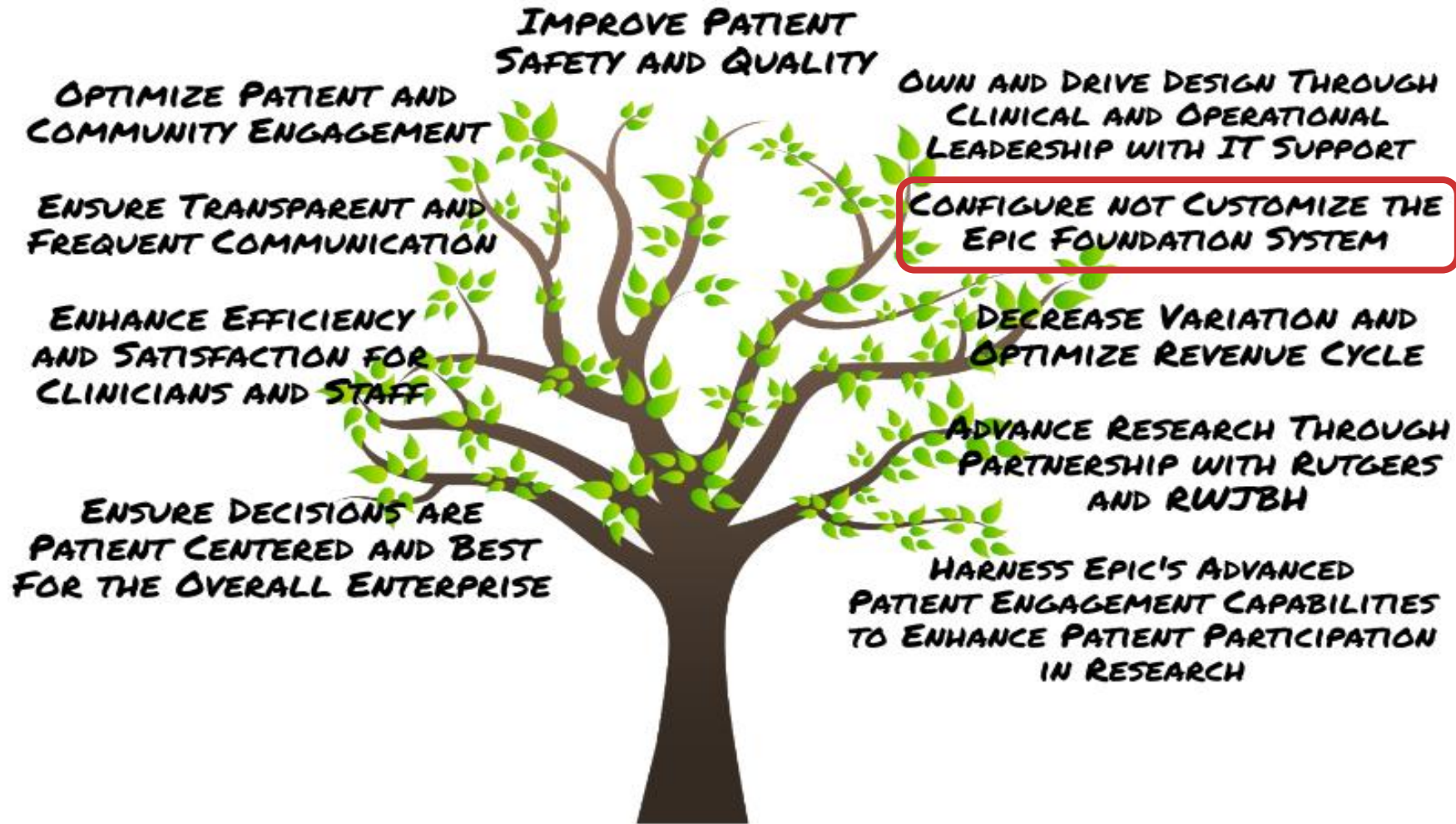
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Enhance Efficiency & Satisfaction for Staff: Initial & Ongoing Education



Our Guiding Principles

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Benefits of the Foundation System



Guiding Principle: Configure not Customize Foundation System

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Configuration:

Choosing from multiple existing options for final “behavior” of the system

- Cosignature requirements
- VTE scoring



Setting Preferences:

Pre-setting personal preferences and/or content to support personal workflows.

- Preselecting favorites
- Documentation content

Epic Foundation System



Localization:

Adjusting content to accommodate local variations.

- Removing PET scan order for location that does not provide this service

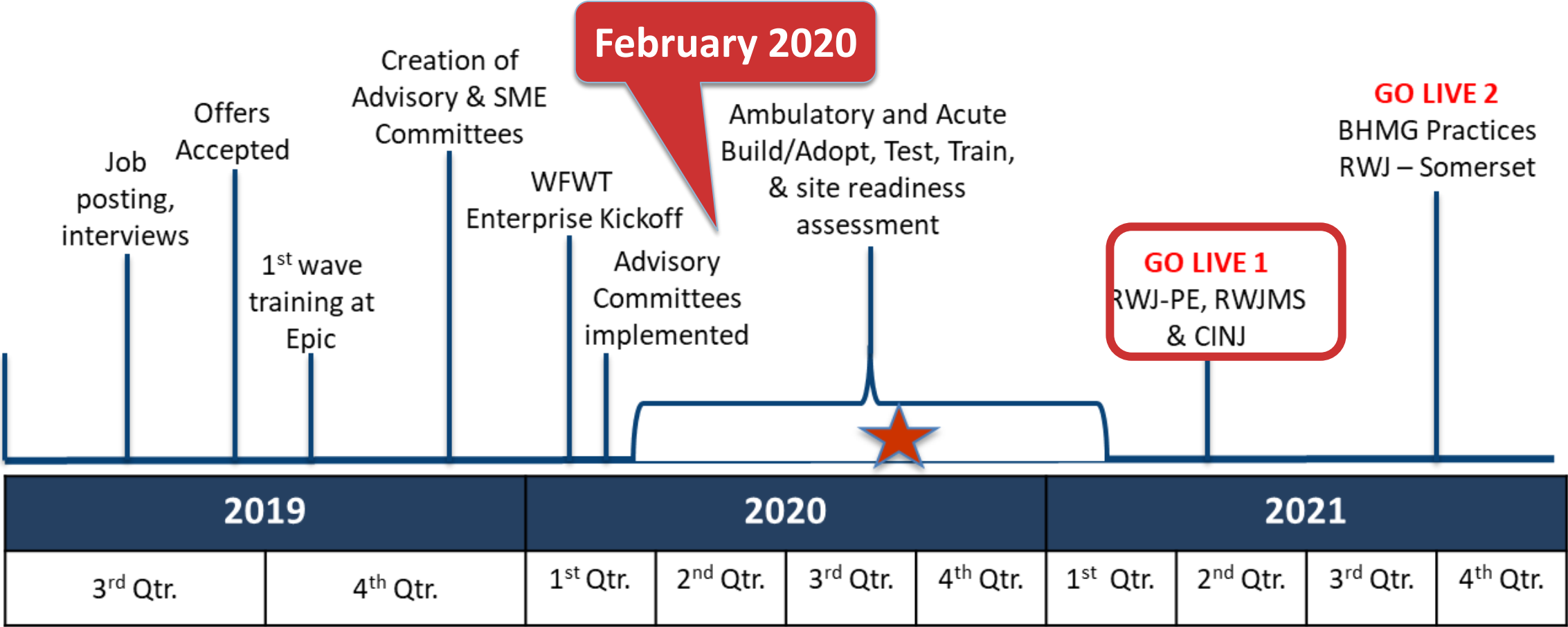


Customization:

Fundamentally “changing” foundation to support a non-standard workflow.

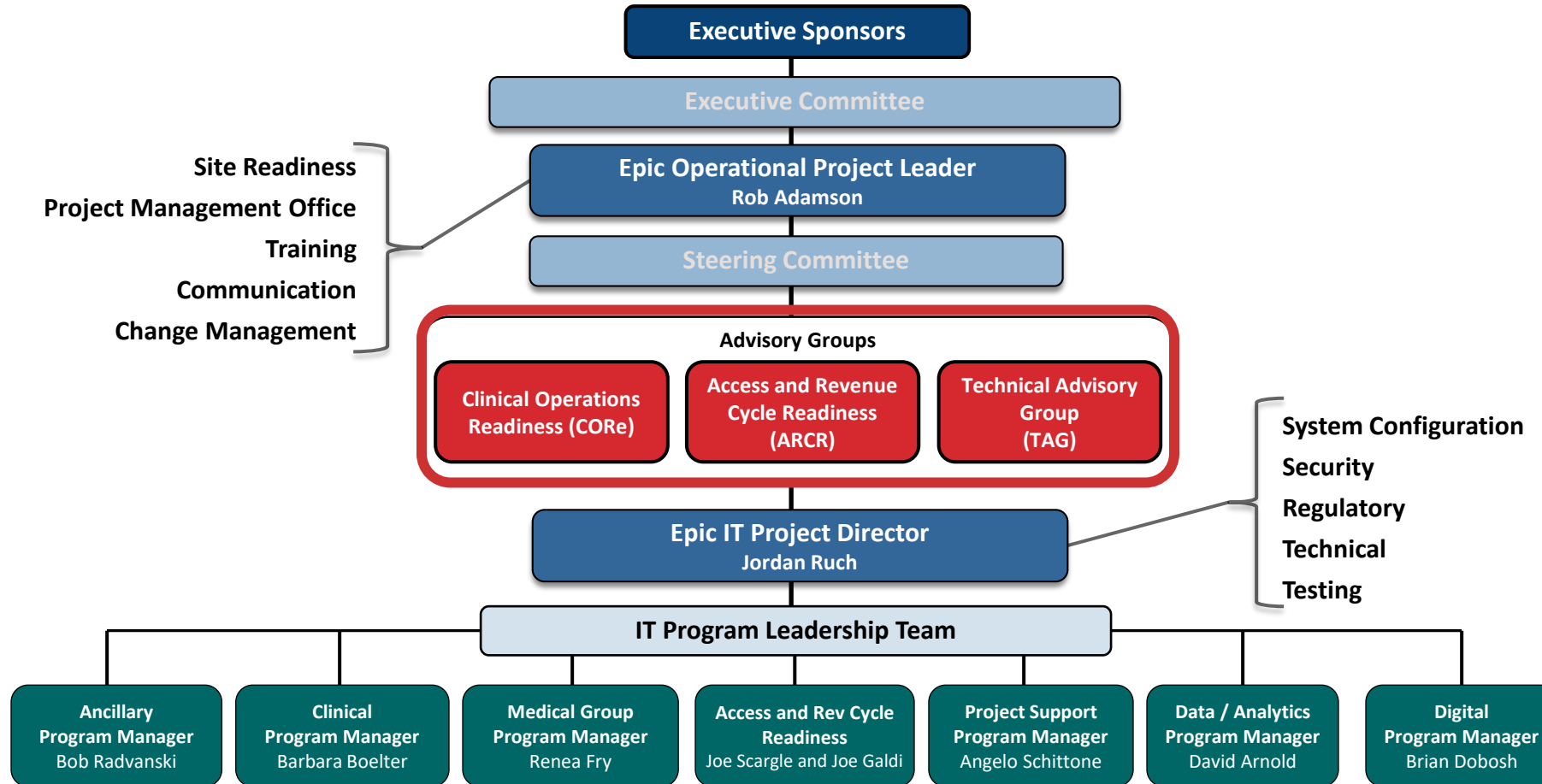
- Requesting custom code changes that fundamentally alter foundation system.

And now we make decisions and build....

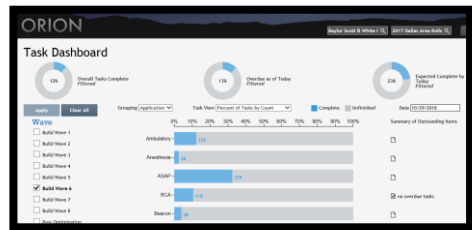
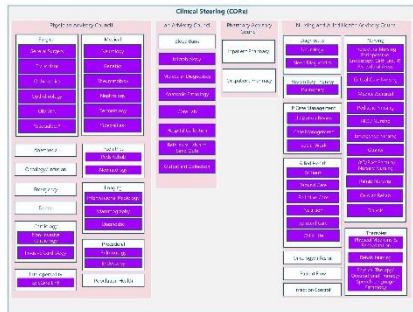


Building the Epic Foundation System for RWJBH

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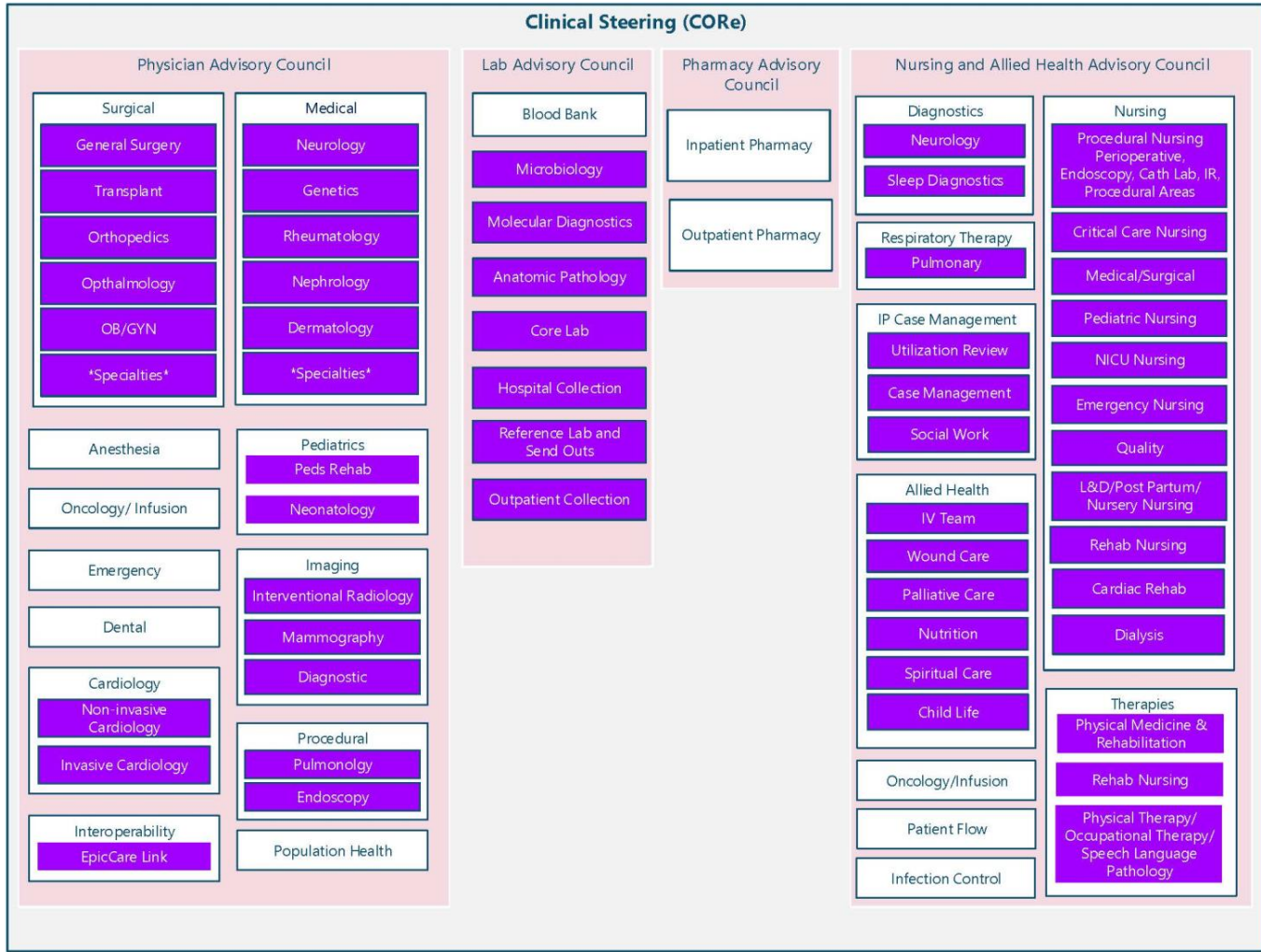
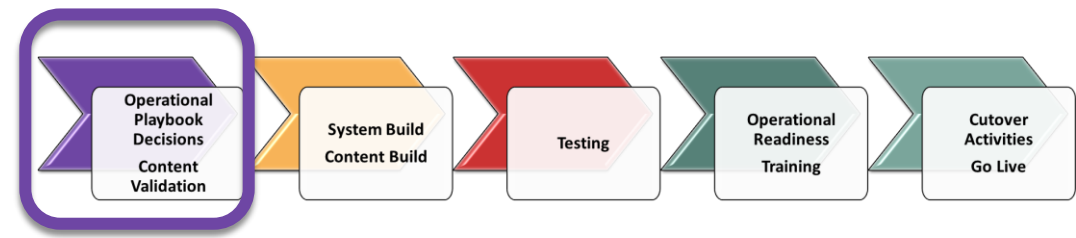
Building the Epic Foundation System for RWJBH



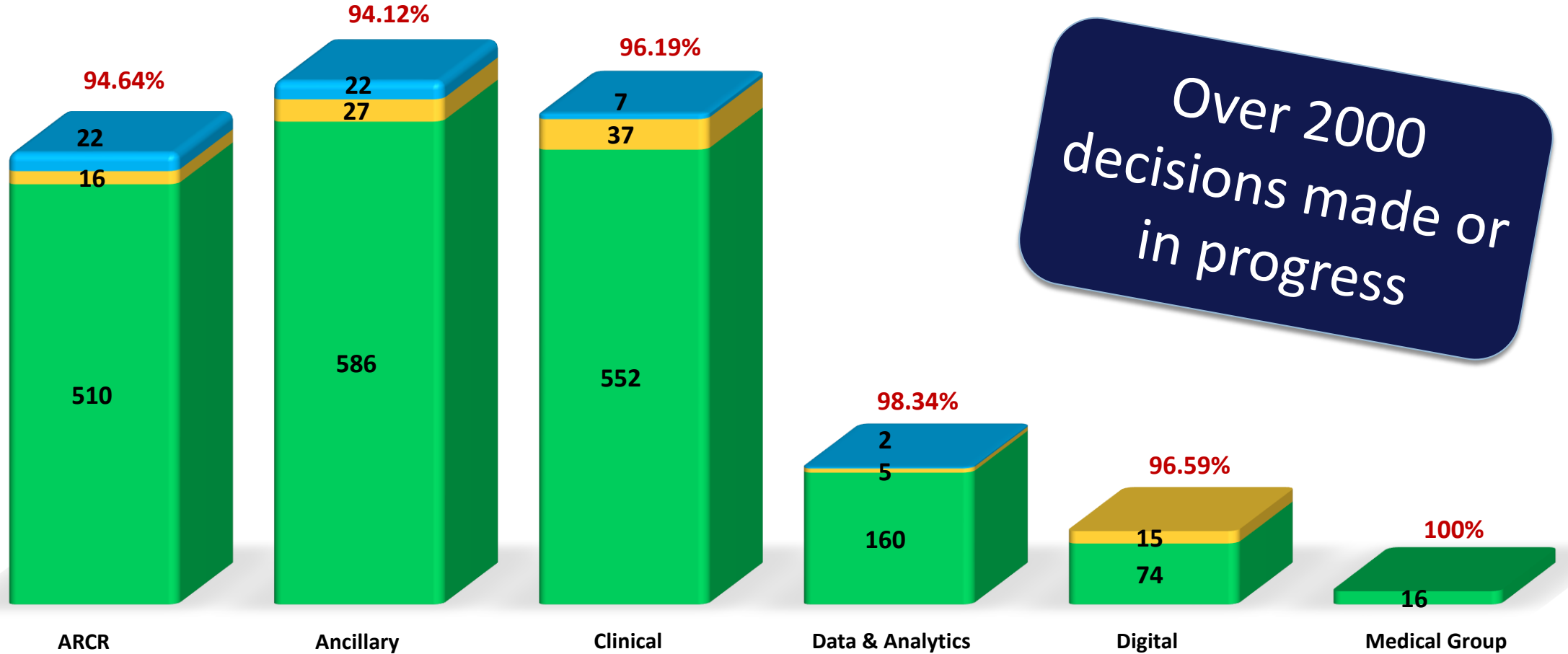
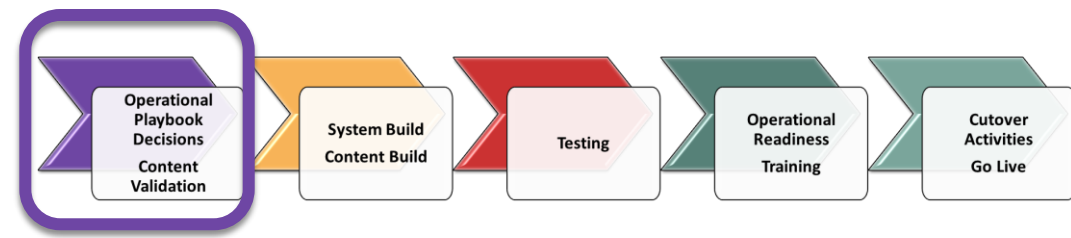
We are here!

All about YOU!!

Building the Epic System: Operational Decision Structure



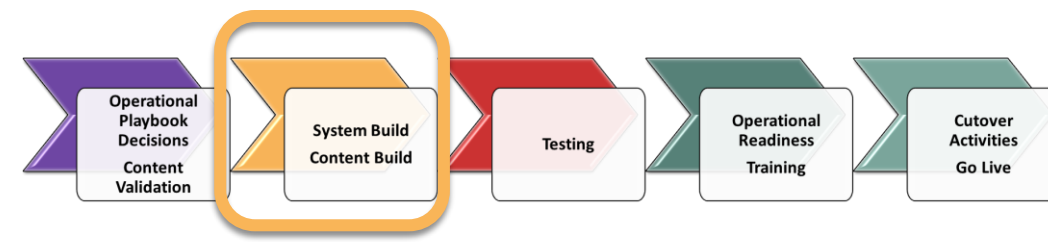
Building the Epic System: Operational Decision Summary



Over 2000 decisions made or in progress

■ Complete
 ■ In Progress
 ■ New
 Playbook Decision Completion %

Building the Epic System: Technical Build Tasks



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Breakdown

Pre-Work	55 Teams
Build Wave 1	57 Teams
Build Wave 2	57 Teams
Build Wave 3	48 Teams
Build Wave 4	33 Teams
Build Waves 0, 1, 2, 3, & 4	38 Teams

90 – 100% Task Completion For All Applicable Build Waves

- Ambulatory
- ASAP
- Beacon
- Bones
- Cadence
- Case Management
- Claims & Remittance HB
- Claims & Remittance PB
- Clin Doc
- Cogito
- Data Migration
- Dermatology
- Facility Structure
- Genomics
- Grand Central
- Healthy Planet
- LTC Rev Cycle
- Lumens
- Orders
- Patient Experience
- Payer Plan
- Phoenix
- Prelude
- Project Management
- Referrals & Authorizations
- Regulatory and Quality Reporting
- Rehab
- Rehab Rev Cycle
- Research
- Security
- Social Care
- Specialty Pharmacy
- Surgical & Procedural Orders Mgmt (SPOM)
- Urgent Care
- Welcome
- Willow
- Willow Ambulatory
- Willow Inventory



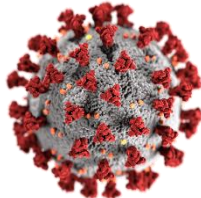
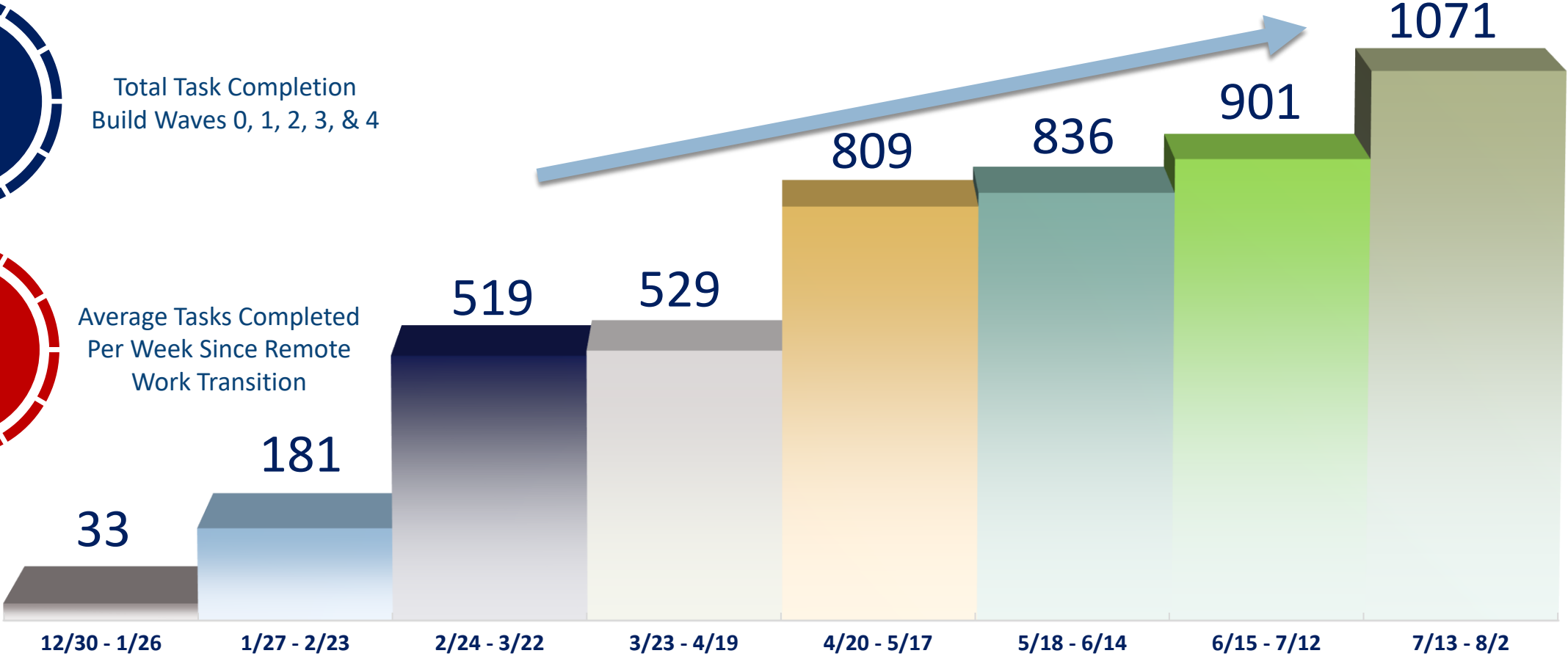
Average Build Tasks Completed by Week

95%

Total Task Completion
Build Waves 0, 1, 2, 3, & 4

813

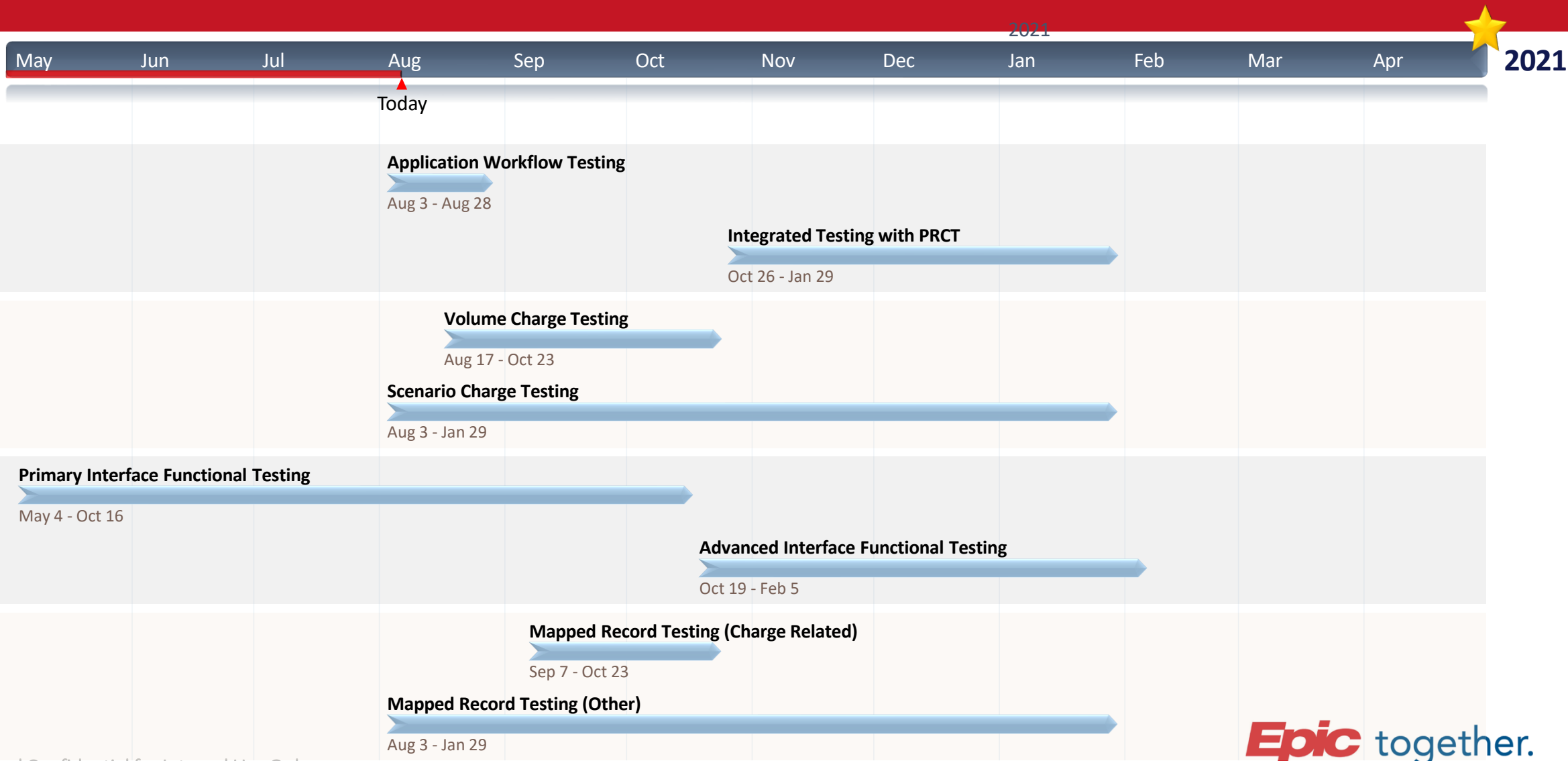
Average Tasks Completed
Per Week Since Remote
Work Transition



Building the Epic System: Testing Program



Go-Live Wave 1



We're Knockin' It Out of the Park!!!

Epic's Gold Stars Rating Program

49



Based on initial assessment and not yet verified formally.

Gold Stars helps you monitor your progress based on your adoption percentage of the over 700 Gold Stars features.

Tier 1-4

Core components and fundamental functionality

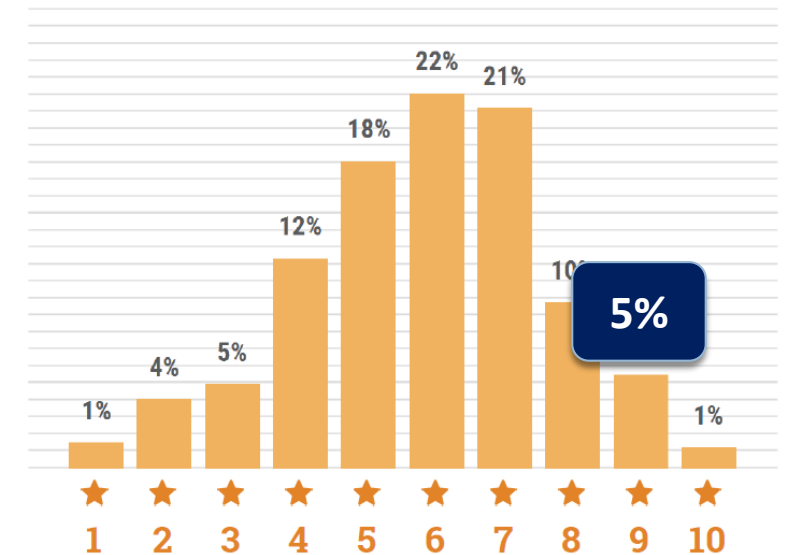
Tier 5-7

Optimized use of Epic

Tier 8-10

Cutting-edge and leading practices in EHR use

Participating Organizations Distribution (by Gold Stars)



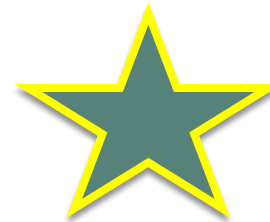
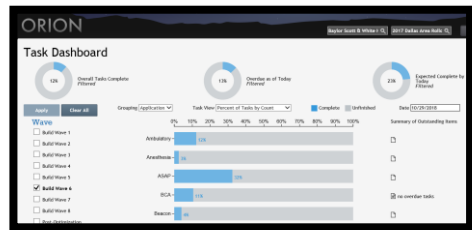
We are here!

Epic together.

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Role of the Specialty Champion

Building the Epic Foundation System for RWJBH



We are here!

All about YOU!!

Duties of the Specialty Champion (1 of 2)

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- The **Epic together** Specialty Champion will serve as the **key contact for his/her specialty** throughout the pre-implementation, go live and stabilization phases of this project. **Accountable to the RWJBH System CHIO and Medical Group CMIO**, duties for this role will include:
 - ▣ **Providing leadership and oversight within his/her specialty** related to the Epic together project to ensure awareness, engagement and readiness for adoption of the new system
 - ▣ **Working closely with Epic together project members** to coordinate the responsibilities of physician and other provider SMEs from his/her specialty
 - ▣ **Serving as provider spokesperson** via written and verbal mechanisms to communicate between physician/clinical audiences, project team and executives
 - ▣ **Negotiating consensus** to enable RWJBH to maximize the potential of the Epic Foundation System and achieve applicable process standardization through the use of technology.

Duties of the Specialty Champion (2 of 2)

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- Continued...
 - ▣ **Advising the Project Team on appropriate training and support** models to ensure physician/provider needs are adequately met
 - ▣ **Participating in special events** designed to inform and prepare providers for optimal adoption of the new Epic EHR
 - ▣ Performing such individual assignments as management may direct such as participation in testing, workflow validation sessions, training “dry runs”, etc...
 - ▣ **Participating on various committees** to ensure provider needs are addressed while upholding the Guiding Principles of the Epic together project
 - ▣ Effectively **managing the balance** between patient care and project responsibilities

Operational Readiness Approach & Activities

Communication Program – Global and Targeted Messaging

Change Management Program - Project Plans and Policy Alignment

<<<<<< **PRE GO-LIVE CHANGE** >>>>>> <<< **GO-LIVE MODEL** >>> <<< **OPTIMIZATION** >>>

SITE READINESS

- Change Readiness Survey
- Go-Live Readiness Assessment
- Operational Leadership Summit
- Readiness Checklists
- Go-Live Dress Rehearsal
- Technical Dress Rehearsal
- Charging Workshops
- Patient Flow Days
- Mock Month End

END USER READINESS

- Training
- Login Lab
- User Setting Labs
- After Class Work
- Supplemental Training
- Tips & Tricks
- Lunch & Learn
- Epic Previews (demo)
- Super User Program
- Shadow Charting

CUTOVER/GO-LIVE

- Template Workshop
- Appt/Case Conversion
- Treatment Plan Conversion
- Outpatient Abstraction
- Cutover Dry Run/Training
- Command Center Support
- At The Elbow Support
- Go-Live Logistics
- Revenue Forecasting / Tracking

POST GO-LIVE

- Support Visits
- Refresher Training
- Issue Tracking
- Site Surveys
- Optimization
- Thrive after Go-Live

OPERATIONS

LEADERS

WORKGROUPS

STAFF

PATIENTS

Program events and activities, standing dept meetings, other engagement platforms

Foundation Epic Readiness Programs (ARCR & CORE)

Key Activities & Timeline

55

Communication Program – Global and Targeted Messaging

Change Management Program - Project Plans and Policy Alignment

<<<<<< **PRE GO-LIVE CHANGE** >>>>>> <<< **GO-LIVE MODEL** >>> <<< **OPTIMIZATION** >>>

SITE READINESS

- Change Readiness Survey
- Go-Live Readiness Assessment
- Operational Leadership Summit
- Readiness Checklists
- Go-Live Dress Rehearsal
- Technical Dress Rehearsal
- Charging Workshops
- Patient Flow Days
- Mock Month End

END USER READINESS

- Time Commitment
- Tips & Tricks
- Lunch & Learn
- After Class Work
- Supplemental Training
- Epic Previews (demo)
- Super User Program
- Shadow Charting

CUTOVER/GO-LIVE

- Template Workshop
- Appt/Case Conversion
- Treatment Plan Conversion
- Outpatient Abstraction
- Cutover Dry Run/Training
- Command Center Support
- At The Elbow Support
- Go-Live Logistics
- Revenue Forecasting / Tracking

Go-Live - Wave 1

POST GO-LIVE

- Support Visits
- Refresher Training
- Issue Tracking
- Site Surveys
- Optimization
- Thrive after Go-Live

OPERATIONS

LEADERS

WORKGROUPS

STAFF

PATIENTS

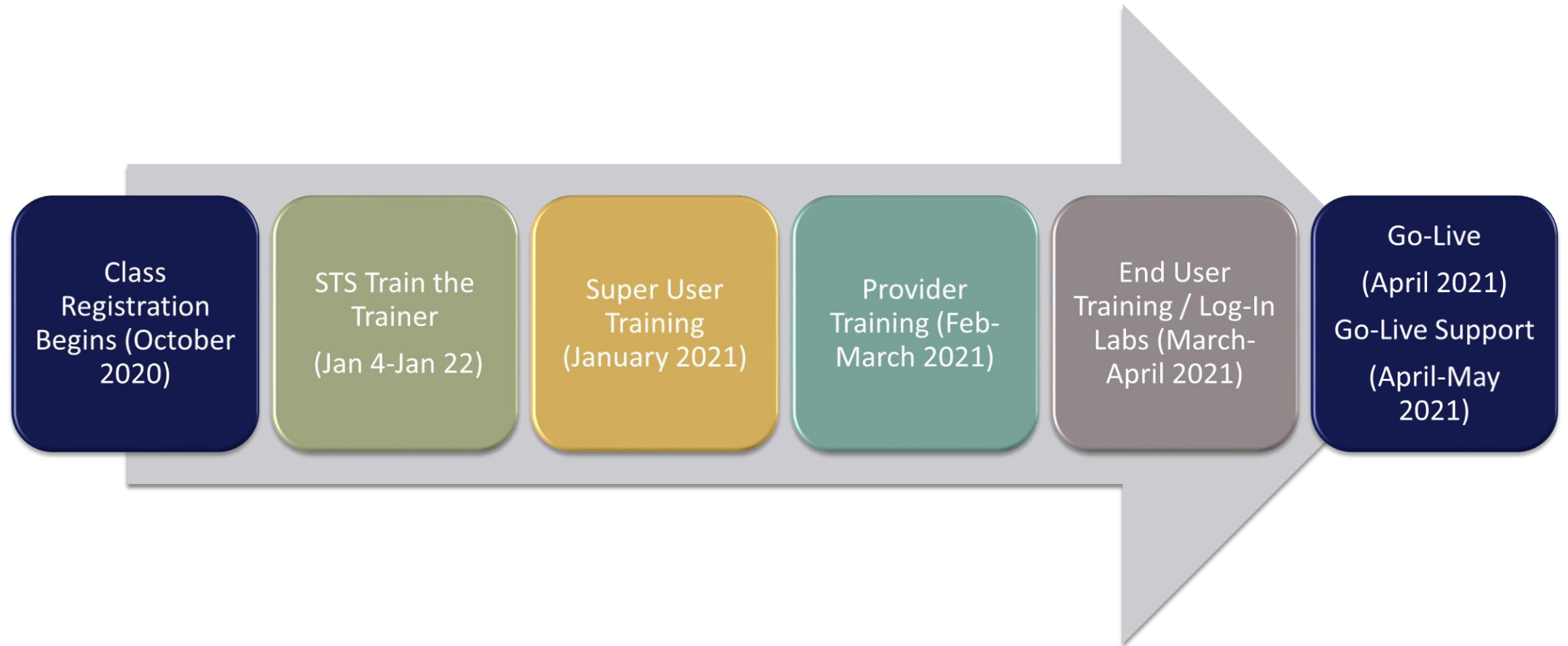
Program events and activities, standing dept meetings, other engagement platforms

High

Low

Training Timeline

56



VILT

57

- **Covid19 Safety Requirements**

- *Masks*

- *6 Feet Social Distancing*

- **VILT = Virtual Instructor Led Training (Environment)**

- *Instructor will be in a separate location from End Users*

- *End Users will have 2 Monitors – (Virtual Classroom / Training Environment)*

- **On-Site Locations**

- *Oceanport*

- *TBD*

- **End Users will have a Virtual Location and a Physical Location**

Champion Training Hours and Timelines

Activity	Timeframe	Specialty Champion
Attend Specialist Champion Kick off	September 23, 2020	1 hour
Attend Curriculum Review Boards	Completed	4-6 hours
Watch core e-Learning and pre-class assessment	November 2020	2-4 hours
Attend Specialty Training Kick Off	October 2020	1 hour
Attend Train the Trainer “Classroom” Sessions	1-2 days per person week of January 4 or 11	4-7 hours
Total time outside of classroom training*		~20 hours

*Actual classes will be approximately 4 hours 

Agenda

Welcome	Rob Adamson
Our <i>Epic</i> Together. Journey thus far	Drs. Steve O'Mahony & Frank Sonnenberg
Review of the Champion Role <ul style="list-style-type: none">• Responsibilities• Time Commitment• Training & Timeline	Steve O'Mahony, MD Frank Sonnenberg, MD Maria Moffa
Q&A	All
What Happens Next?	TBD
Closing Remarks	Steve O'Mahony, MD Frank Sonnenberg, MD

Discussion / Q&A



61

What Happens Next?

Next Steps

62

- Set a standing meeting for this group
 - ▣ Monthly for now with increase as we get closer
- Block your schedule for the January Training session
 - ▣ Maria will send the details soon
- Review the Job Description and send questions
- Never hesitate to reach out to us

Appendix

This section contains details for some of the items covered in the presentation. There are links to and from the presentation overview slide to these slides and then back to the presentation. Enjoy!

Adhering to Epic's Foundation System: So what if we think we need something different?

64



Configuration:

Choosing from multiple existing options for final "behavior" of the system

- Cosignature requirements
- VTE scoring

Epic Foundation System

Localization:

Adjusting content to accommodate local variations.

Fundamental support a non-standard workflow.

- **WHEN:**
 - Is actively occurring NOW
- **WHO / WHERE:**
 - Advisory Councils
 - Operational Workgroups
 - Specialty Focus Areas
- **WHAT IF GROUP CANNOT DECIDE:**
 - Escalation to next "higher" group and further if necessary

Adhering to Epic's Foundation System: So what if we think we need something different?

65

Configuration:

Choosing from multiple existing options for final "behavior" of the system



Localization:

Adjusting content to accommodate local variations.

- Removing PET scan order for location that does not provide this service

Epic Foundation System

Personalization:

Pre-setting p
content to s

- **WHEN:**
 - Usually after initial build complete
 - Based on rollout sequencing
- **WHO / WHERE:**
 - "Local" Operational Leaders
 - Advisory Councils
- **WHAT IF GROUP CANNOT DECIDE:**
 - Escalation to next "higher" group and further if necessary

Fundamenta
support a non-standard workflow.

Adhering to Epic's Foundation System: So what if we think we need something different?

66

- **WHEN:**
 - Following completion of training
- **WHO / WHERE:**
 - Clinical Users (largely providers)
 - Proctored "labs"
- **WHAT IF GROUP CANNOT DECIDE:**
 - N/A unless user wants to "change the system"
 - First escalation to Specialty Champion

Existing options
the system

Epic Foundation System

Accommodate local

Personalization:



Pre-setting personal preferences and/or content to support personal workflows.

- Preselecting favorites
- Documentation content

Customization:

Fundamentally "changing" foundation to support a non-standard workflow.

Adhering to Epic's Foundation System: So what if we think we need something different?

67

- **WHEN:**
 - May occur at any time
- **WHO / WHERE:**
 - May arise from any group or individual
- ~~**WHAT IF GROUP CANNOT DECIDE:**~~
 - **Must be escalated**
 - Will require an SBAR to “state the case”
 - Often will require input from Executive Steering as these usually require scope change

Existing options
in the system

Personalization:

Pre-setting personal preferences and/or content to support personal workflows.

Epic Foundation System

Accommodate local

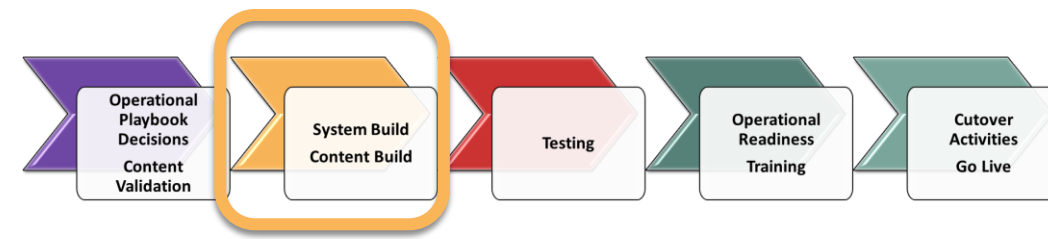
Customization:



Fundamentally “changing” foundation to support a non-standard workflow.

- Requesting custom code changes that fundamentally alter foundation system.

Build Tasks Completed by Tower



All Towers Surpassed 90% Completion!!

Medical
Group

Data &
Analytics

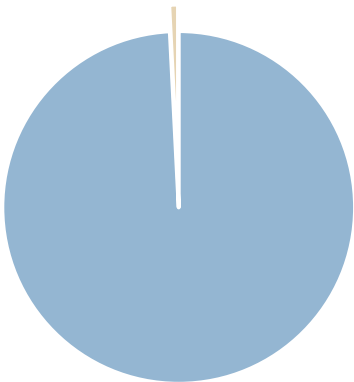
Access &
Revenue
Cycle

Acute

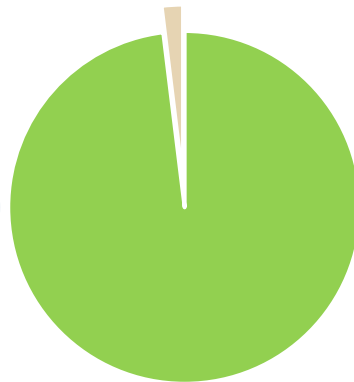
Project
Support

Ancillary

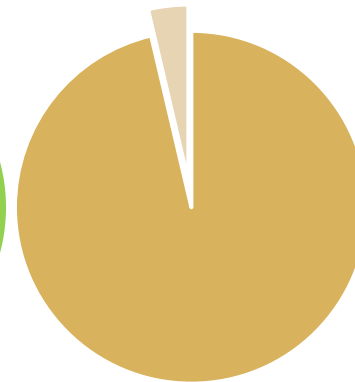
Digital



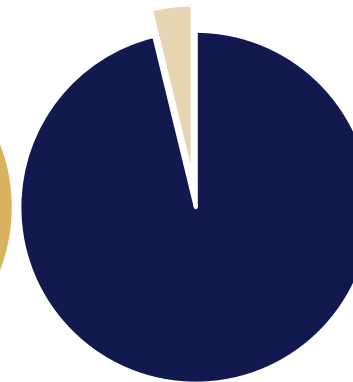
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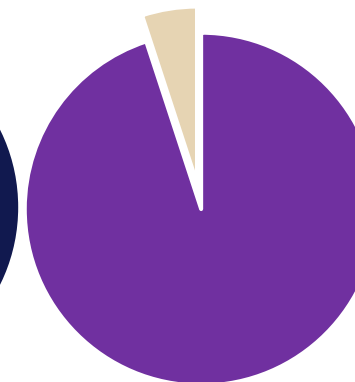
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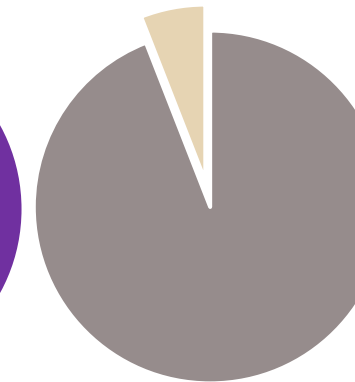
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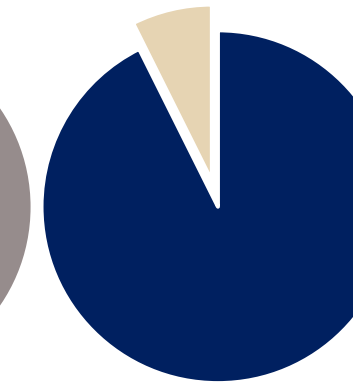
96.20%



94.96%



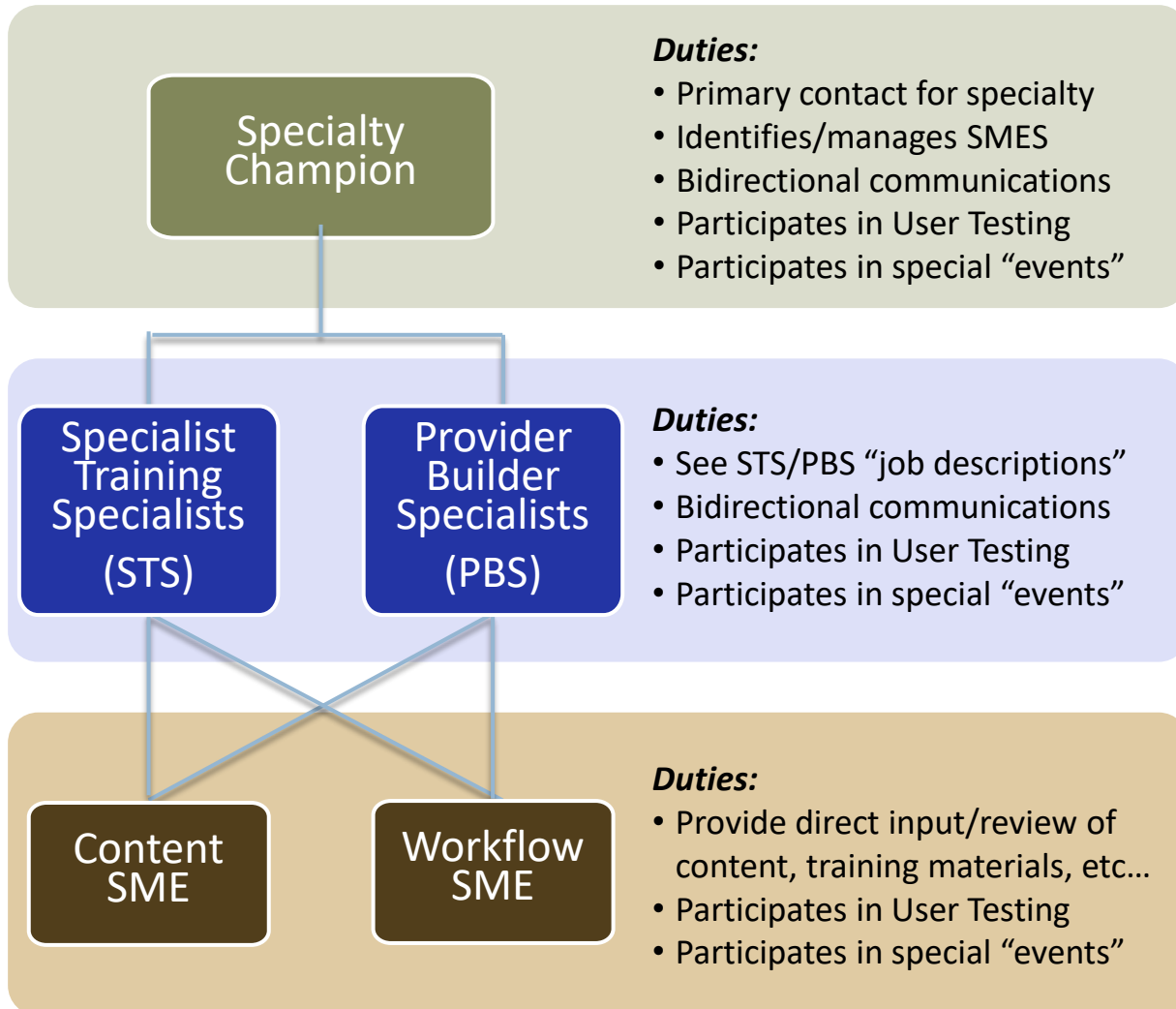
94.07%



92.63%

Epic together.

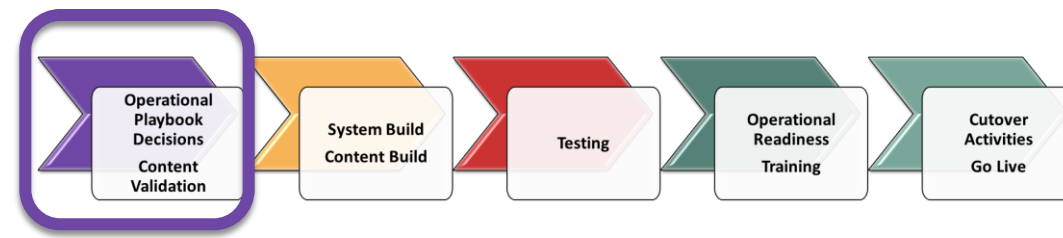
Provider Roles during an Epic Implementation



Currently working on filling the STS positions.



Building the Epic System: Operational Decision Processes



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GOVERNANCE GROUPS		ROLES	EXAMPLES
Escalation Path 	Advisory Groups 3	<ul style="list-style-type: none"> Organizational scoping and strategy decisions 	Clinical-CORE Rev Cycle-ARCR Technical - TAG
	Advisory Councils 9	<ul style="list-style-type: none"> Operational scoping decisions Evaluates Foundation System (impacts/issues) 	Physician Advisory Nursing Advisory Pharmacy Advisory
	Workgroups and Specialty Design Session Groups 52	<ul style="list-style-type: none"> Evaluates Foundation System "content" & workflows 	Surgical Medical Pediatric
	Interest Area 170+	<ul style="list-style-type: none"> Represents specialty departments and service lines 	Invasive Cardiology Interest Area

Our Guiding Principles: Optimize Patient & Community Engagement

71



- Open access to scheduling
 - ▣ From apps, websites, and all locations
- Integrated patient portal
- Ability to pay bills
- Upgraded tools for patients to ask questions and communicate with providers
- Pre-visit questionnaires
- Mobile check-in
- Integrated Televisits