



Health Information Technology and Provider Satisfaction

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Objectives

- Overview of Provider Satisfaction Survey Results
- How HIT can positively and negatively impact provider satisfaction
- Strategies to maximize satisfaction with HIT

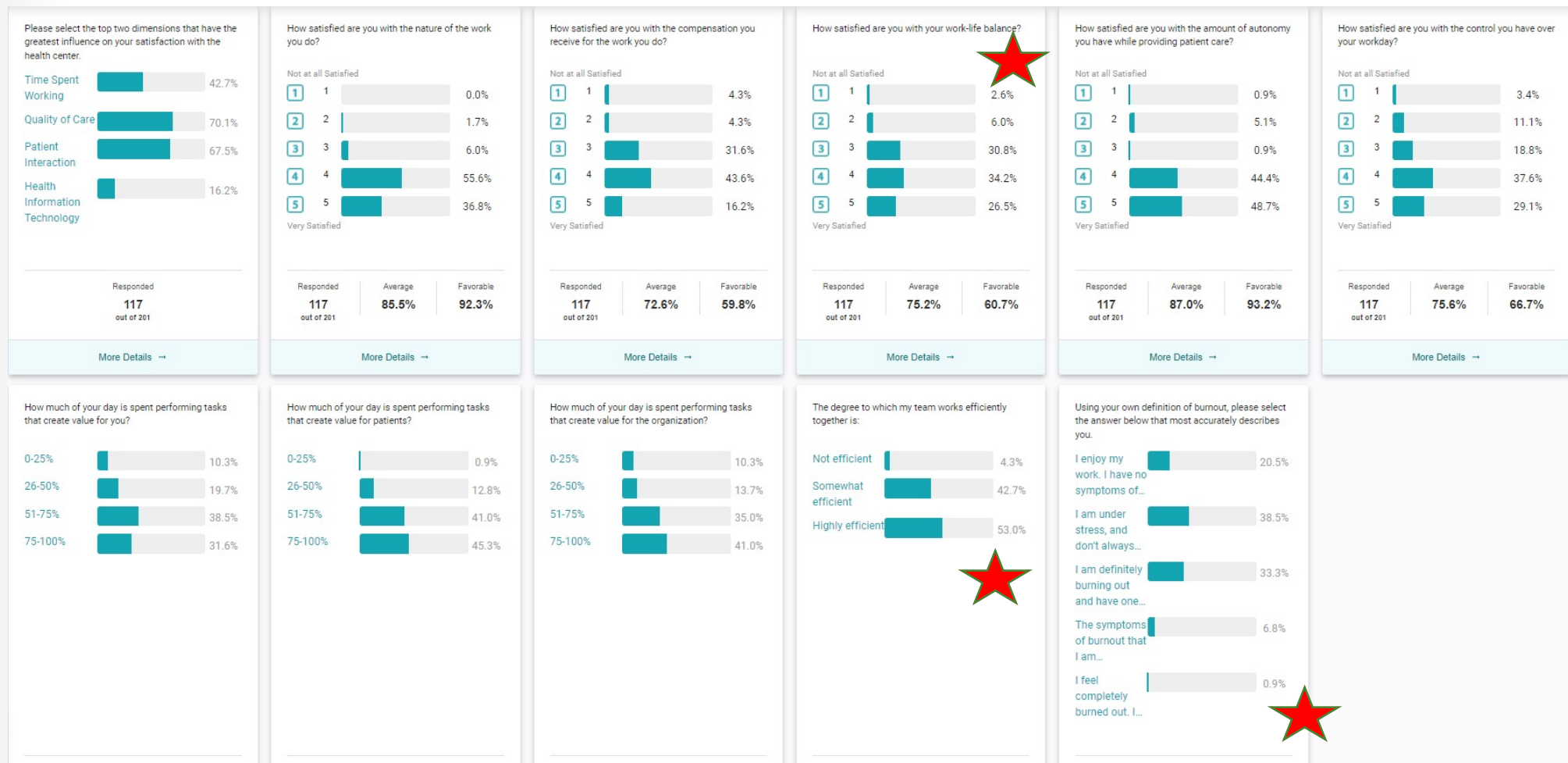


GPHDN: Survey Overview

- 9 Health Centers
- 31 Core Questions
- 12 Optional Questions
- 117/201 responses = 58.2%
 - Max= 100%
 - Min = 41.2%

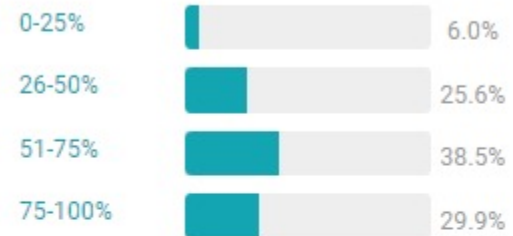


GPHDN: Time Spent Working



GPHDN: Patient Interaction

What percentage of your time spent with a patient would you consider value-add time?



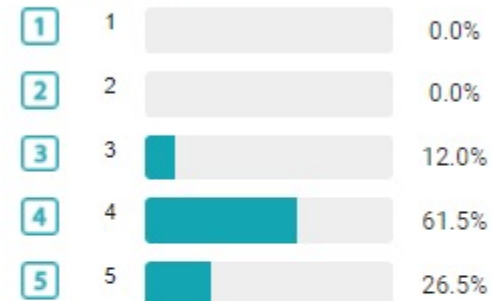
Responded

117
out of 201

[More Details →](#)

How satisfied are your patients with the quality of time spent with you?

Not at all Satisfied



Very Satisfied

Responded

117
out of 201

Average

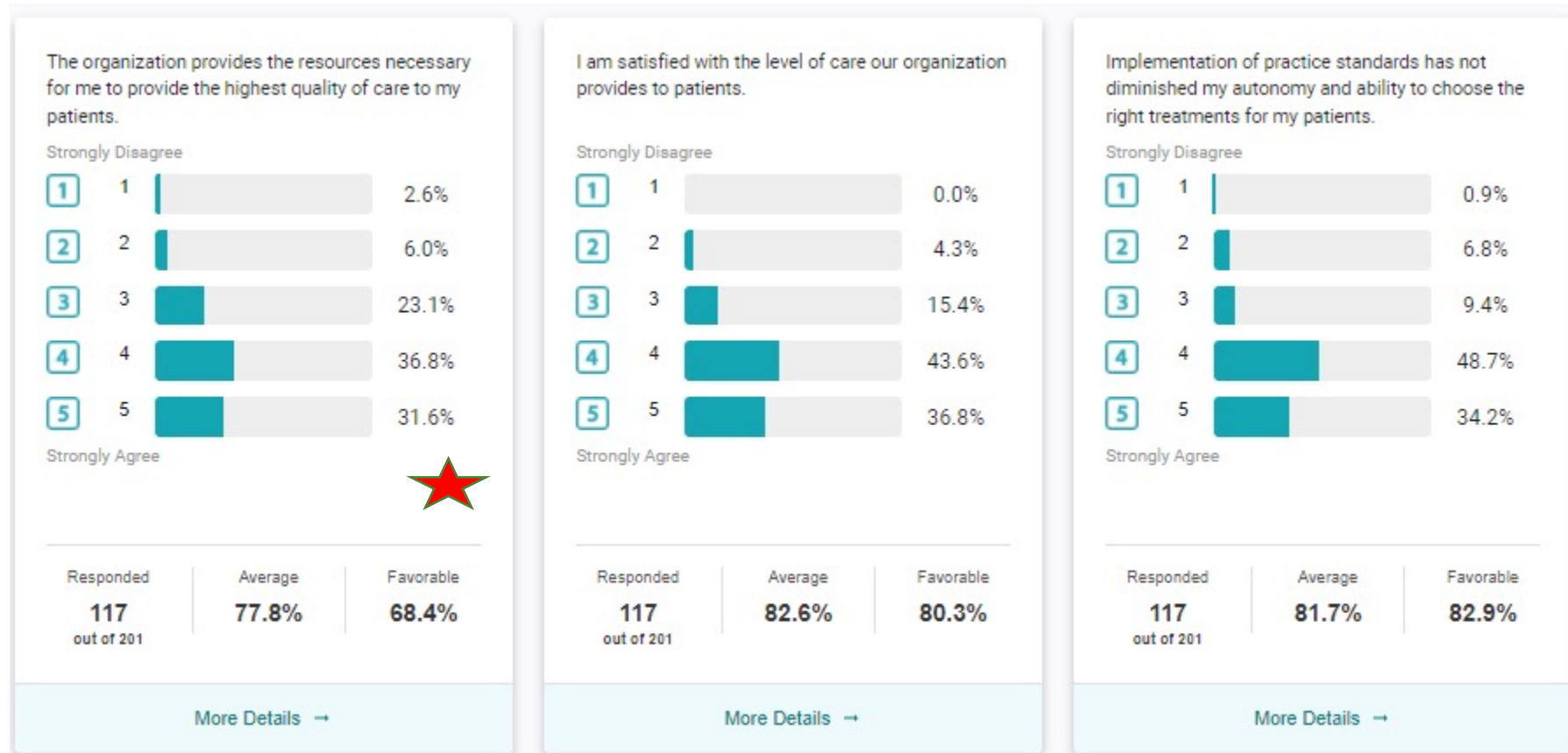
82.9%

Favorable

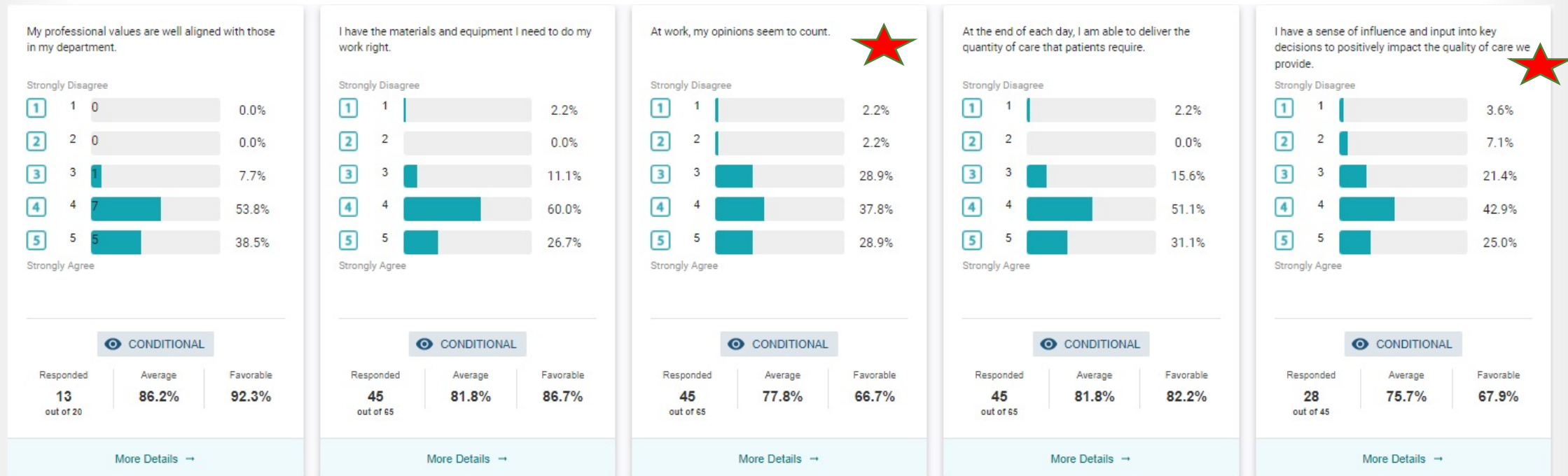
88.0%

[More Details →](#)

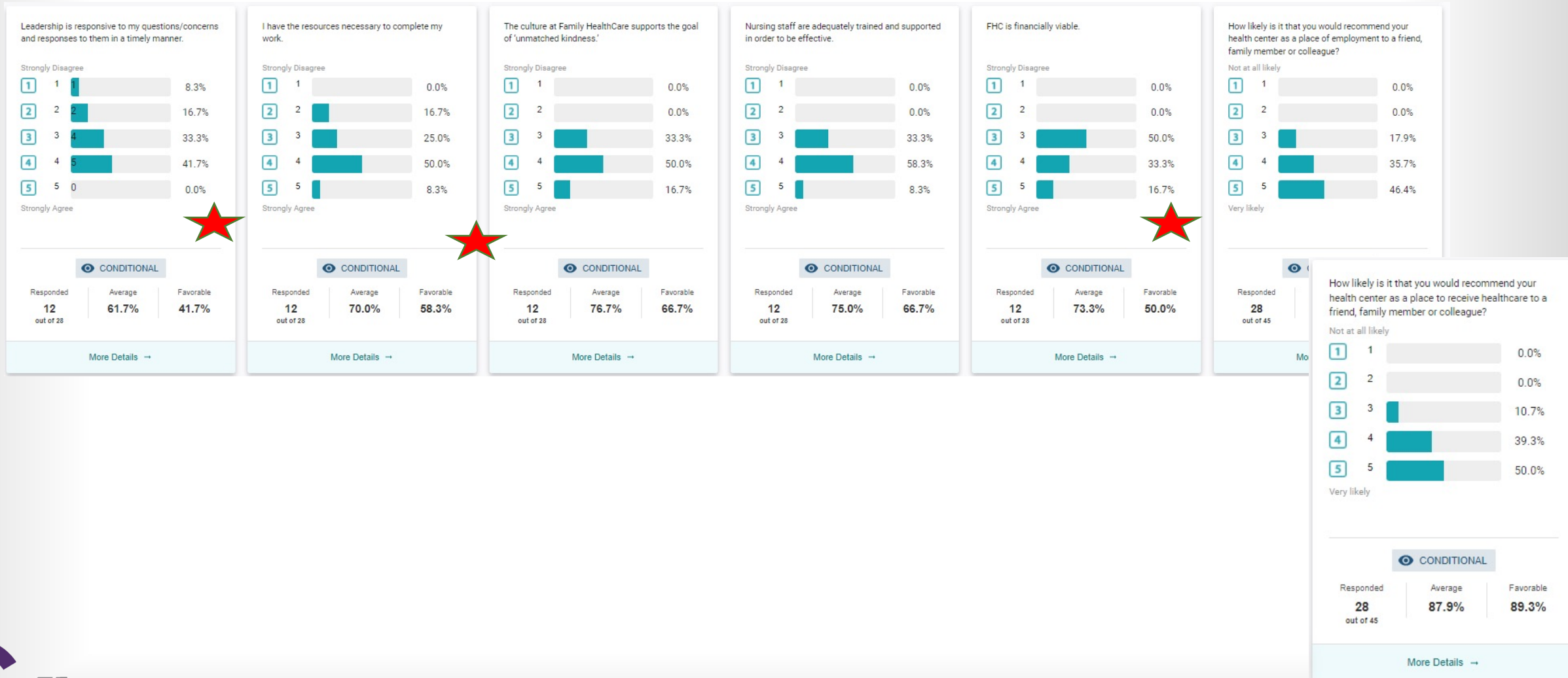
GPHDN: Quality of Care



GPHDN: Conditional Questions



GPHDN: Conditional Questions



GPHDN: Satisfaction Results

Factor Summary

Factors		Score	Since Last Survey	Compared to Org Wide
1. Patient Interaction	<div><div></div></div>	88.0%	n/a	n/a
2. Quality of Care	<div><div></div></div>	77.2%	n/a	n/a
3. Time Spent Working	<div><div></div></div>	74.5%	n/a	n/a
4. Optional Questions	<div><div></div></div>	62.6%	n/a	n/a
5. HIT	<div><div></div></div>	45.5%	n/a	n/a

[See all Factors →](#)

Question Summary

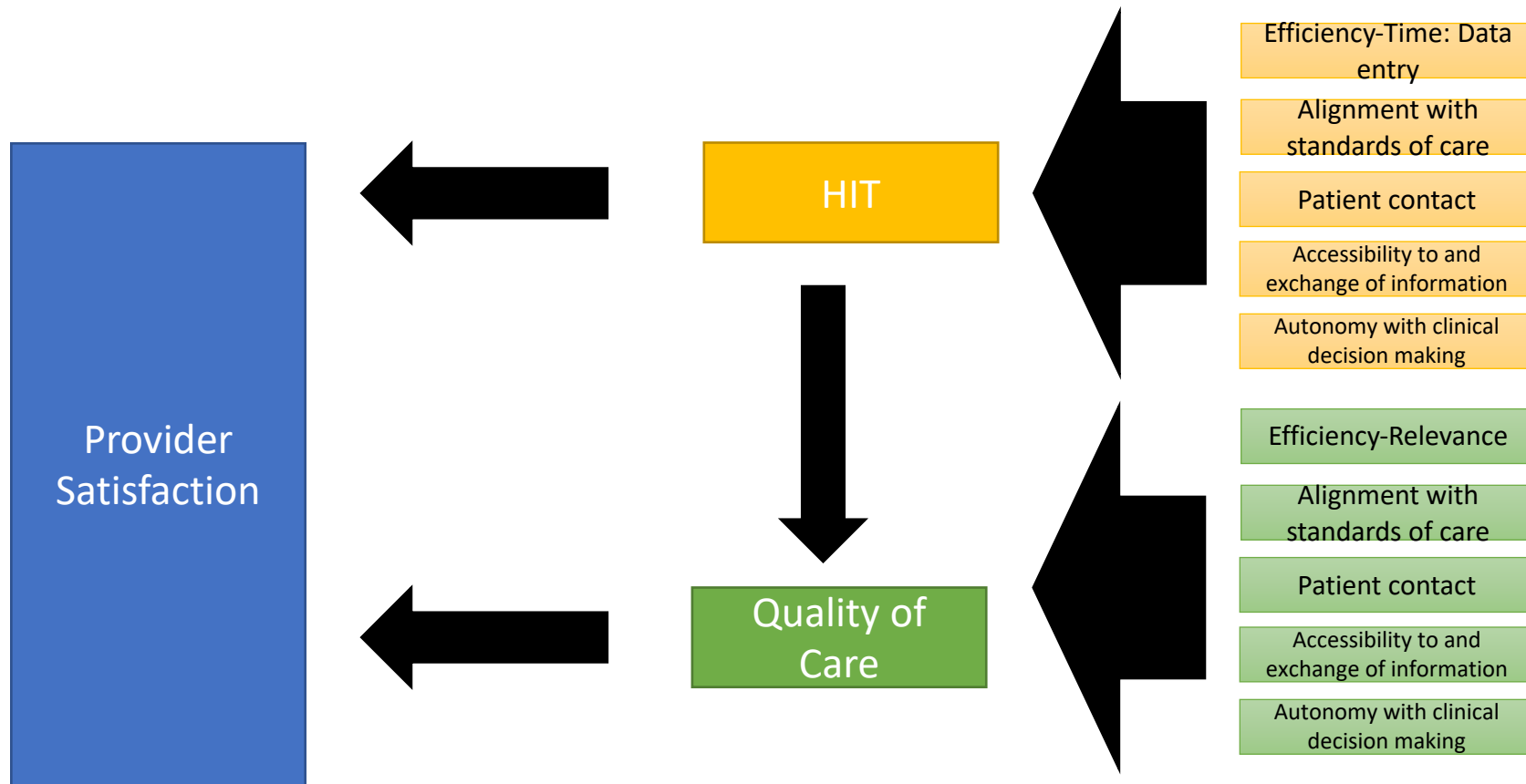
Top Questions		Score	Since Last Survey	Compared to Org Wide
1. How satisfied are you with the amount o...	<div><div></div></div>	93.2%	n/a	n/a
2. How satisfied are you with the nature of ...	<div><div></div></div>	92.3%	n/a	n/a
3. My professional values are well aligned ...	<div><div></div></div>	92.3%	n/a	n/a

GPHDN: HIT

Let's Dig In...



The linkage between HIT and Provider Satisfaction



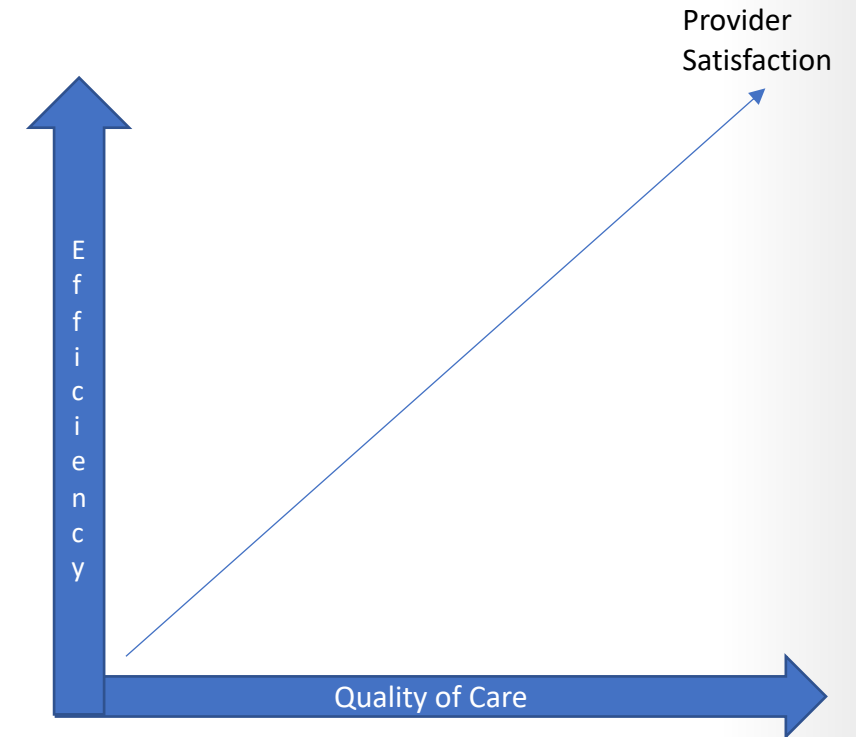
Needs as Humans – The Big Four

- Physical & Psychological Safety
 - Safe and Fair
- Meaning & purpose
 - Why I do this work; what makes a good day
- Choice
 - Some control over daily work & my life
- Camaraderie
 - Teamwork; how we work together; respect; civility

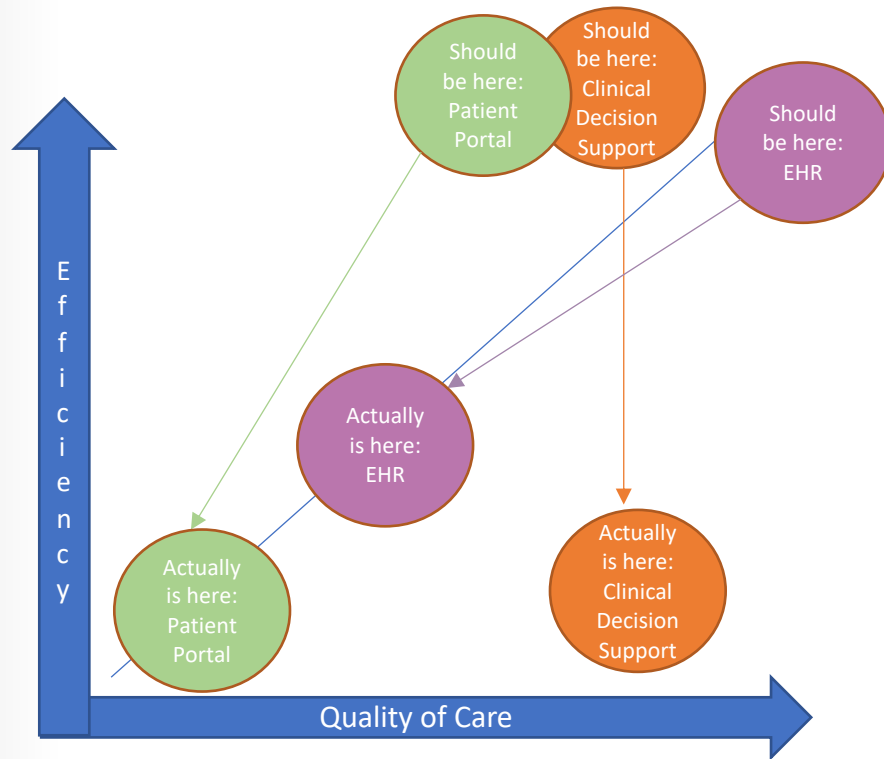


Types of HIT

- Electronic Medical Records
- Electronic Health Records
- Computer Provider Order Entry
- Patient Portals
- Electronic Prescribing
- Telehealth
- Clinical Decision Support
- Disease Registries
- Remote Patient Monitoring
- Billing Software



How is your HIT impacting provider satisfaction?



- How *should* the solution improve quality of care?
 - How *does* the solution improve quality of care?
- How *should* the solution improve efficiency?
 - How *does* the solution improve efficiency
- What would it take to improve efficiency or quality?

How is value of HIT measured?

- Utilization of HIT solutions
- Increased productivity *and* improved patient outcomes
 - Just because you build it doesn't mean they will come
- What problem does it solve?
- Patient engagement and empowerment



Clinicians: Value Add of HIT

Direct

- Exchange of information
- Patient safety
- Population health management
- Care team communication
- Consistency

Indirect

- Improved access to care
- Provider and staff engagement
- Performance measurement
- Revenue
- Relevant productivity



HIT Planning

Why we get it

- Someone wants it
- Someone told us to get it
- It solves a current problem

Why we *should* get it

- It solves a current problem that is relevant in the future
- It solves an anticipated problem
- There is an expected ROI and we will measure it
- People want it and people will use it



HIT: Vetting the WHY

- What will the solution solve?
- How will you know it is doing it?
- Who is expected to use it?
 - Do they want to use it?
- When will it be utilized?
- How does the solution improve efficiency or effectiveness?
- Who will it help?
- Does the user know there is a problem?



HIT: Strategies for Promoting Clinician Satisfaction

- ✓ Transparency with ROI
- ✓ Include in vendor selection process
- ✓ Setting (realistic) expectations
- ✓ Measuring accountability
- ✓ Continuous optimization efforts
- ✓ Survey for the provider perspective



HIT: Strategies for Promoting Clinician Engagement

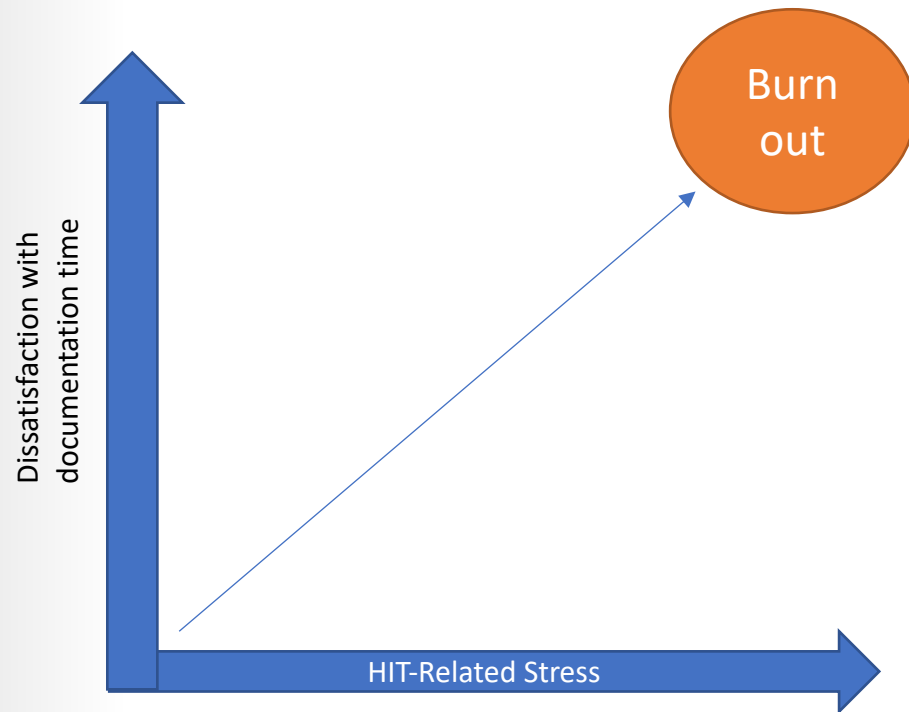
- **Understand the provider perspective**
 - What do they like about the solution?
 - What don't they like about the solution?
 - Why will they use it?
 - Why won't they use it?
 - Recommendations for training
 - What are your concerns?
- **Use the provider perspective to plan implementation**
 - How do you message the solution's utility to your providers?
 - How have you incorporated the "I want to use it for" into your roll out plan?
 - How will you measure and share utilization of the solution?
 - Does your training plan meet the needs of the users?
 - How have you addressed the concerns?
 - Do the concerns outweigh the benefits?
 - Is it the right solution?
 - (THINK PORTAL!!!!!!)
- **Use the provider perspective for sustainability- post implementation**
 - Does the solution provide value?
 - What value does it provide?
 - What is working well?
 - What is not working well?
 - Are you using the solution?
 - If so, when?
 - If not, why not?

HIT: A Cautionary Tale

- All solutions have a lifespan
 - Eclipsed by a greater value-add solution
 - Problem is no longer a problem
 - Redundancy in solutions (via optimization or updates)
 - Unknown disengagement
 - Too many solutions- cost benefit analysis
- Just because you think there is a problem doesn't mean the providers think there is a problem
 - Does solving the problem result in more work or another problem that we cannot solve?
 - Case study: TOC exchange of information and care management



HIT: Satisfaction vs. Burn Out



- HIT-Related Stress
 - Understanding of how to use
 - Constant changes
 - Too much autonomy
 - Clicks
 - Reliability
- Documentation Time
 - Exam room vs. Station time
 - Pajama time
 - Documentation of value
 - Scribes
 - Patient value

GPHDN HIT Survey Results

Please select the top two dimensions that have the greatest influence on your satisfaction with...

Time Spent Working 50 42.7%

Quality of Care 82 70.1%

Patient Interaction 79 67.5%

Health Information Technology 19 16.2%

Responded
117
out of 201

[More Details →](#)

- How is HIT impacting satisfaction with....?
 - Patient interaction
 - Quality of care
 - Time spent working

The EHR allows me to deliver patient-centered care.

12.8%

33.3%

53.8%

The EHR enables me to deliver high quality care.

17.1%

35.0%

47.9%

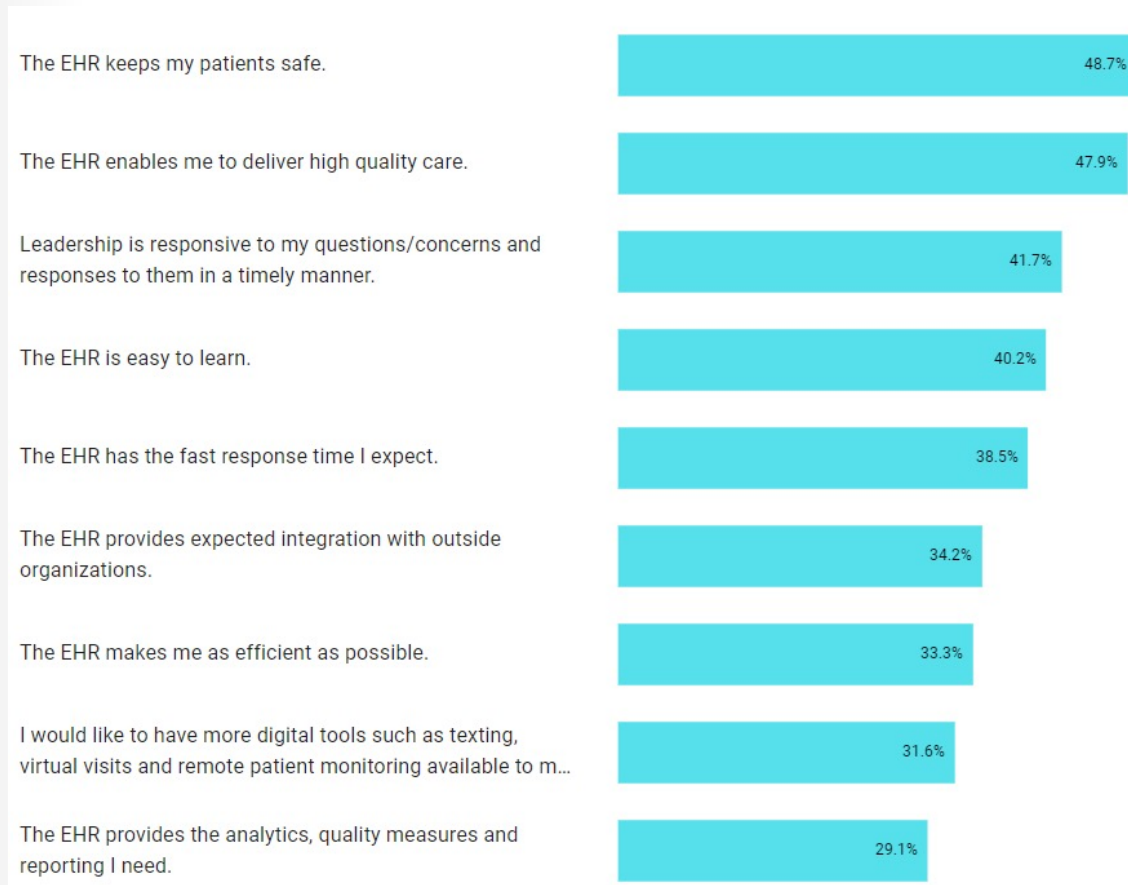
The EHR makes me as efficient as possible.

30.8%

35.9%

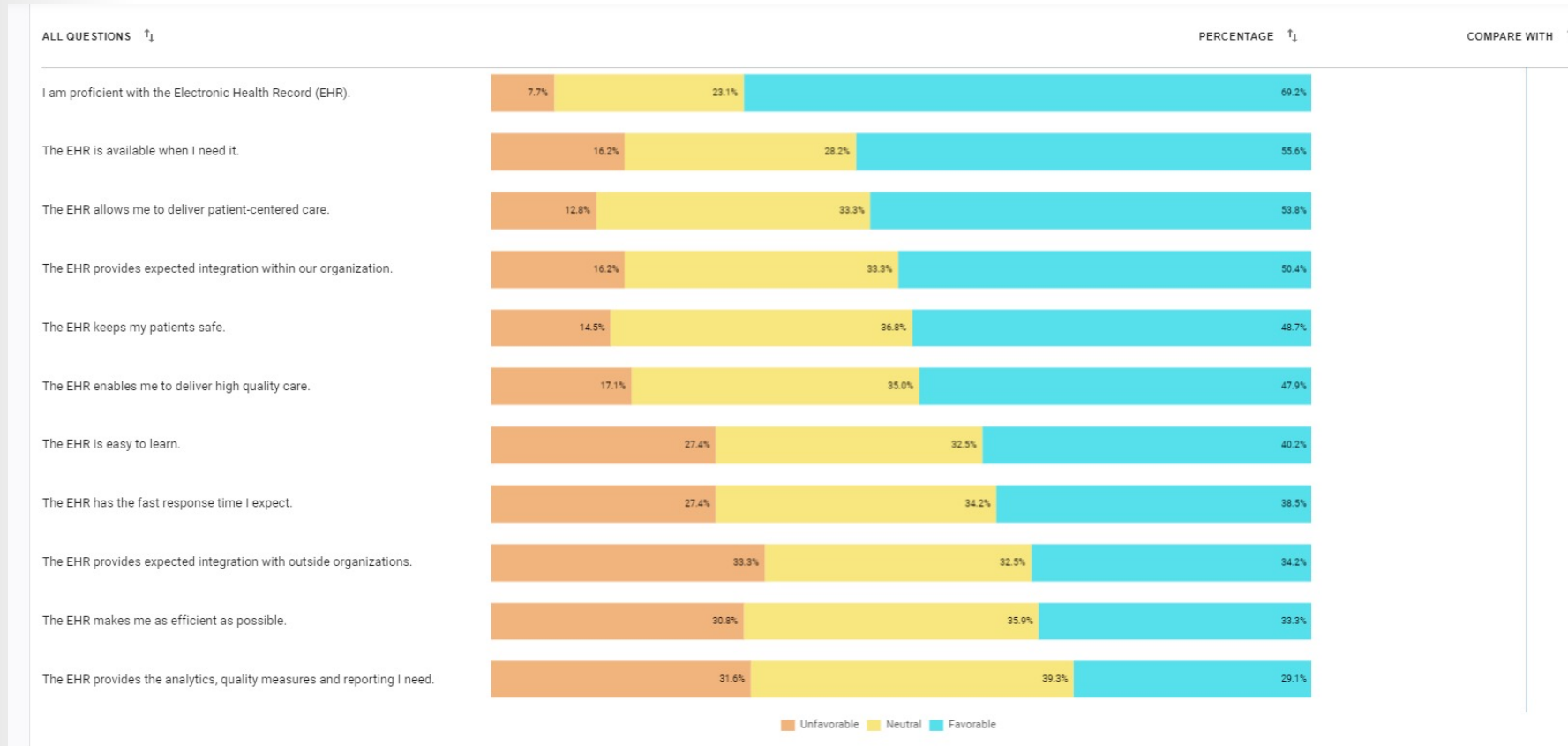
33.3%

GPHDN: HIT Results



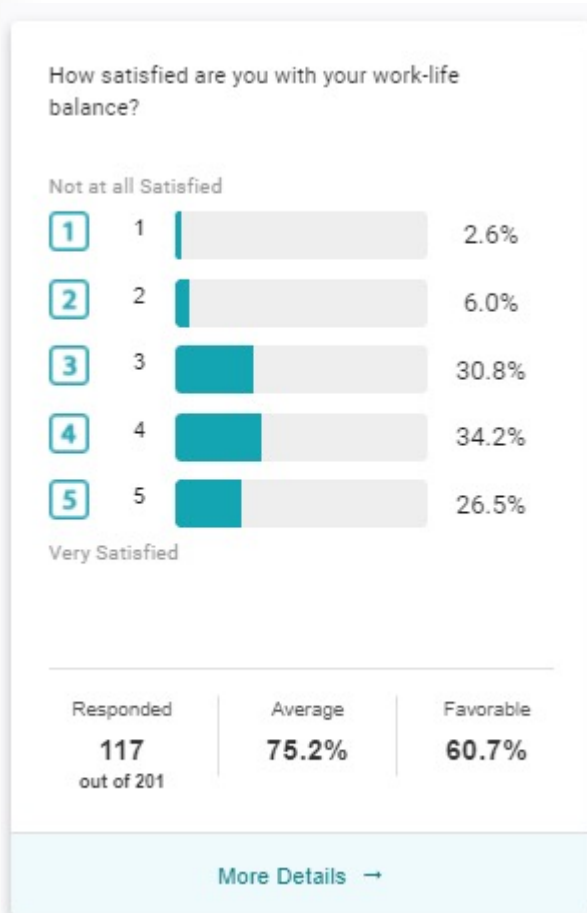
- 6 Lowest scores are about HIT
- 6/8 Lowest scores are about HIT
- 7/8 Lowest scores are fixable in current state

GPHDN: HIT Results



- How do we measure proficiency?
- How do you define patient centered care?
- Can we use decision support to enhance safety?
- Is the system optimized for safety?
- What does your ONGOING training plan look like?
 - Adult learning theory
- Is value add supposed to be external integration?
- What is your data strategy?

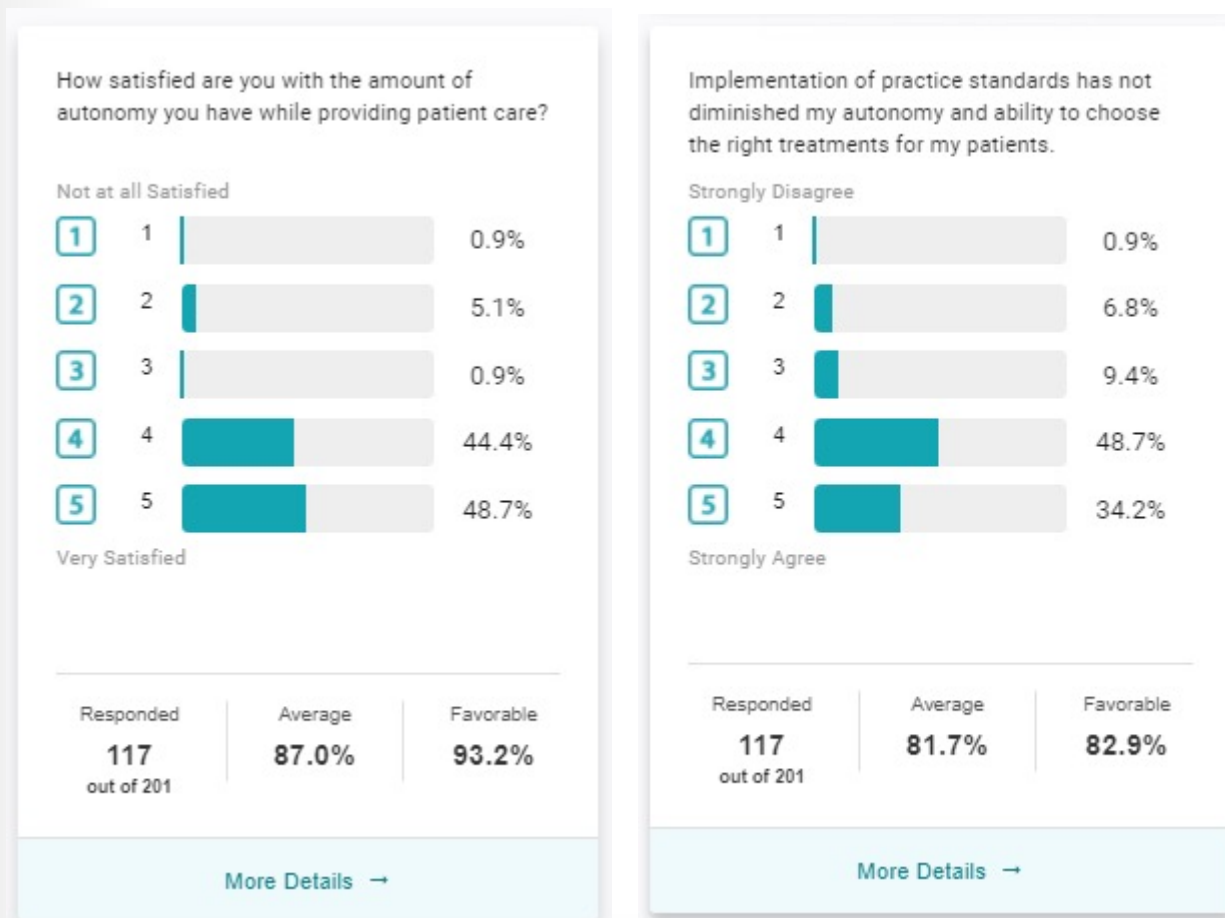
GPHDN: HIT Results



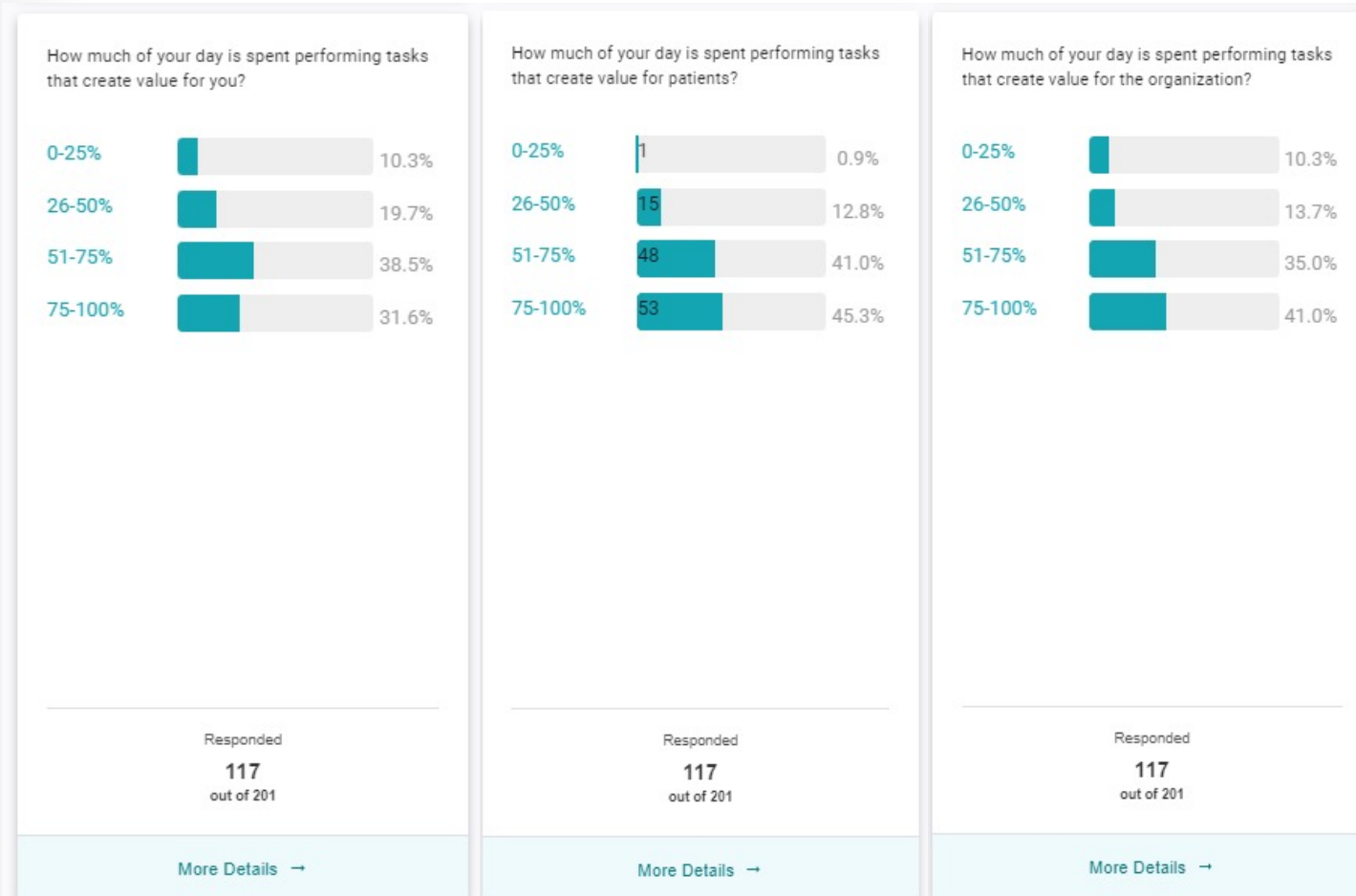
- Pajama Time
- How can HIT improve work-life balance?
 - Patient Portal
 - Access to information
 - Secure messaging
 - Scheduling appointments
 - Exchange of information
 - Integration with HER
 - Patient engagement

GPHDN: HIT Results

- Clinical decision support
- Peer review vs. chart review
- Carefully customized solutions

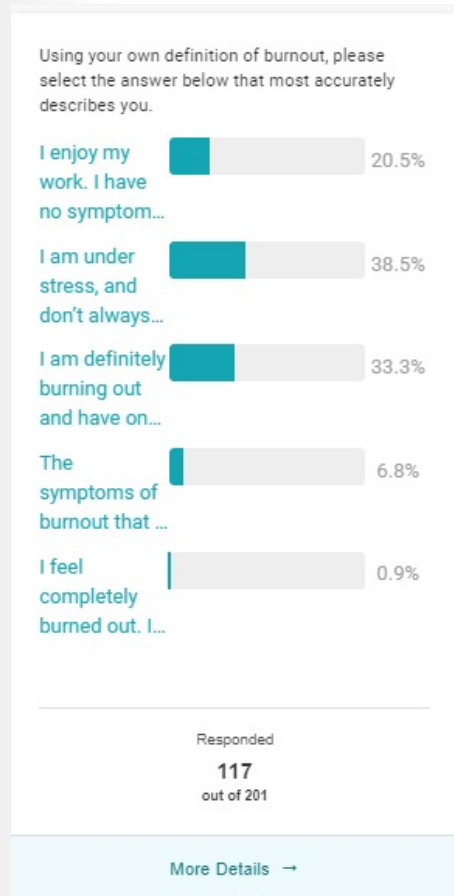


GPHDN: HIT Results



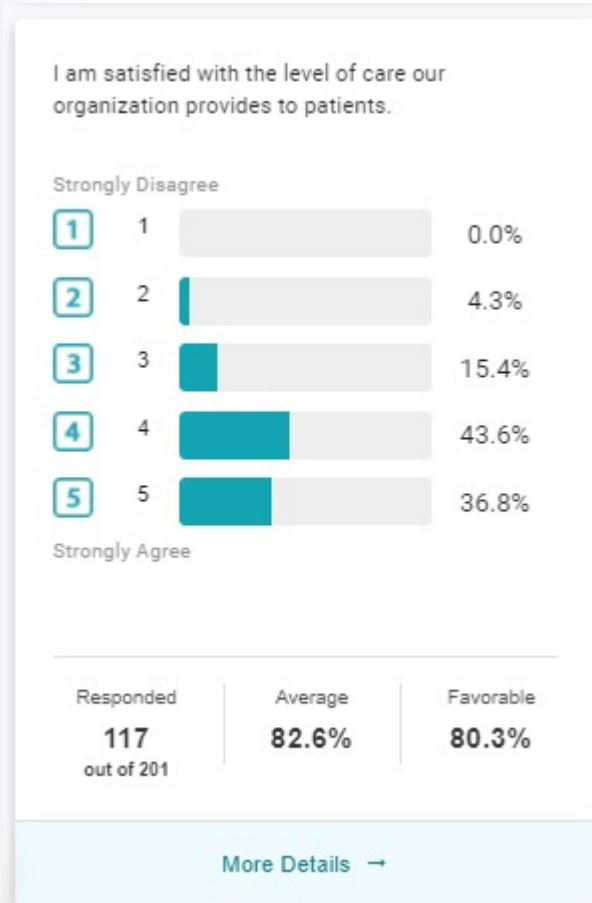
- What is the why?
- Value stream mapping
- Satisfaction hierarchy:
 - Patients
 - Self
 - Organization

GPHDN: HIT Results



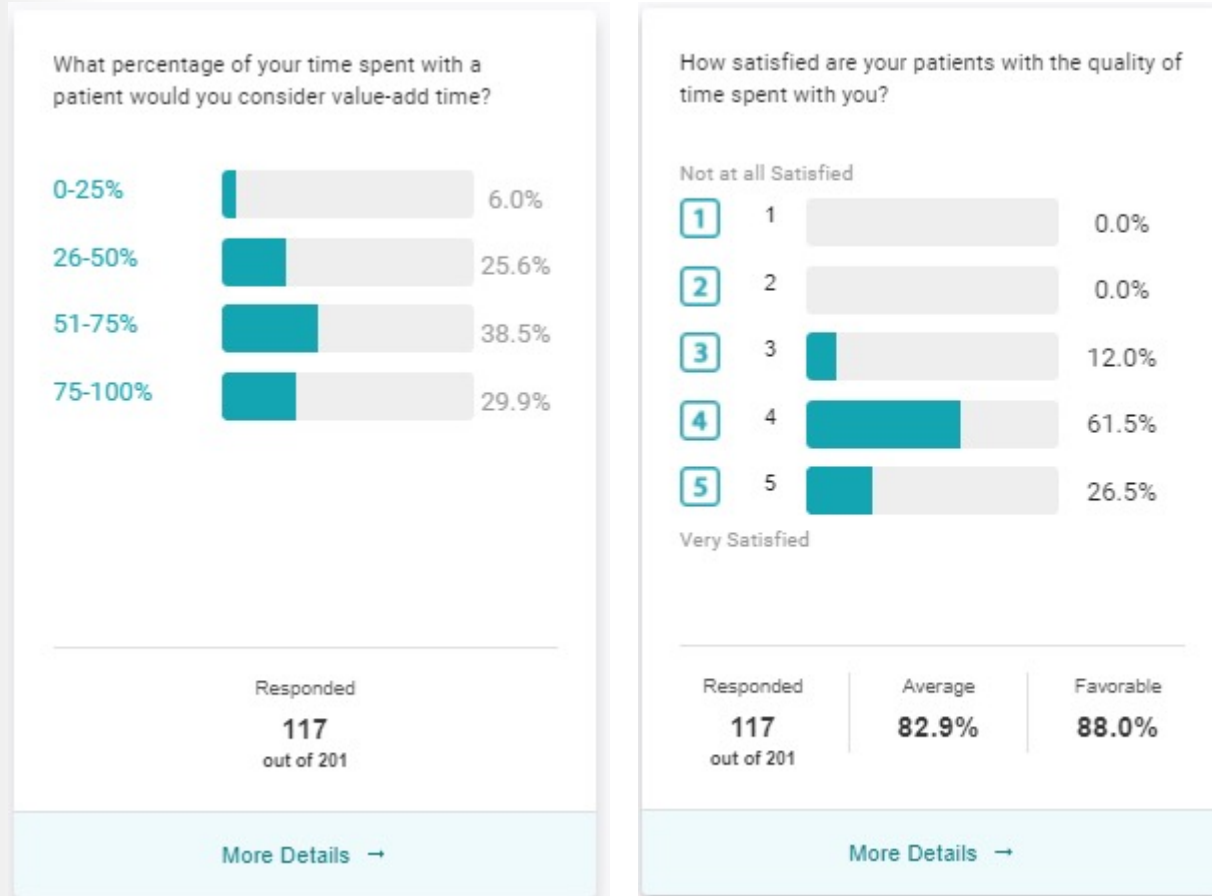
- What are your stress factors?
- What is your symptom(s) of burn out?
 - Exhaustion
 - Feeling of being useless
 - Frustration
 - Disengagement
 - Irritability
 - Loss of respect
- How will you respond to feelings of burn out?
- How much of the burn out is related to HIT?

GPHDN: HIT Results



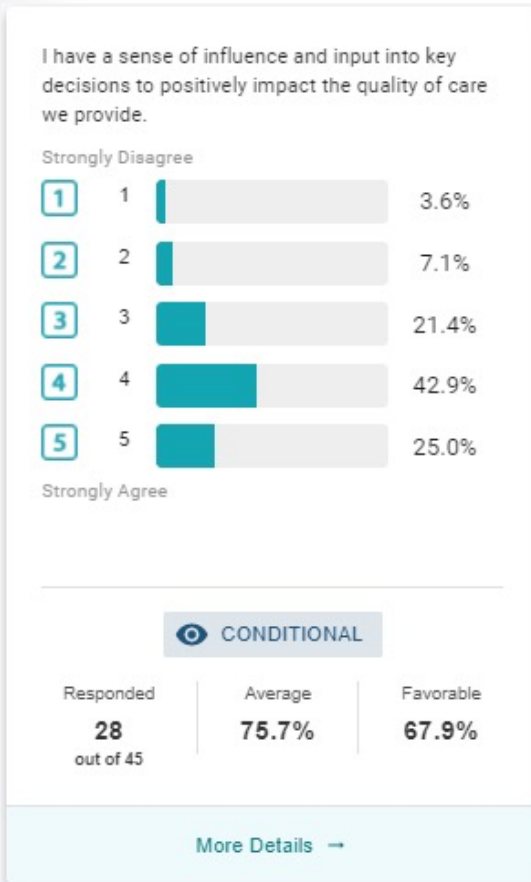
- How does HIT help or impede our ability to care for our patients?
- What HIT solutions should help us improve level of care?

GPHDN: HIT Results



- Does your perception match the patient's perception?
 - Your patient doesn't deal with the EMR
- Consider: Has technology made your access to or communication with your provider better?
- What is the patient's definition of "quality" time with provider?

GPHDN: HIT Results



- Did your providers have input into the HIT solutions?
- Do your providers feel like the solutions contribute to quality?

Sustainable Satisfaction Through HIT

- Clinical informatics
 - Clinical decision support
 - Risk stratification
 - Population health management
- Coordinated care
- Actionable information
- Relevance
- Care team communication
- Continuous evaluation
 - Satisfaction
 - Useability
 - Reliability





Organizational Culture and its Contribution to Staff Satisfaction

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Organizational Culture and its Contribution to Staff Satisfaction

- The shared and fundamental beliefs, normative values, and related social practices of a group that are so widely accepted they are implicit and no longer scrutinized. Provides identity, order, meaning and stability.
 - 3 levels to culture
 - **Artifacts (symbols):** visible manifestations of culture (actions, behaviors, heroes or rituals)
 - i.e. *how we treat patients, how we design clinics; policies*
 - **Espoused values:** what we claim our values and priorities to be (mission statements, values, promotional messaging)
 - i.e. *The Hippocratic Oath, elevator speech; what I need from my work environment*
 - **Tacit assumptions:** The underlying things we truly believe and value. The unwritten rules that drive our daily behavior
 - i.e. *Physicians should always be motivated by the best interest of the patient*

Your Culture Assessment

Table 1 Incongruence Between Artifacts and Espoused Values in Medicine

Domain	Espoused value (what we say)	Artifact (our behavior)	What it reveals
Culture of our organizations and health care system	Physicians are professionals (we trust them)	Preauthorization and excessive documentation required to justify billing and prevent malpractice suits	We do not trust you
	Physicians are our most highly trained and expensive workers (we should maximize their efforts)	Excessive clerical burden and ineffective use of time	Your time is not valuable
	High-quality care is our top priority	A delivery system that drives fatigue and burnout which erode quality of care	Economic priorities are more important than quality
		Focus on relative value units/volume/net operating income	Commodification of physicians and patients
	We value patient autonomy, shared decision making, and tailoring care to individual needs	Visit lengths and limited staff support preclude shared decision making and tailoring care to individual patient needs	Economic priorities are more important than patient agency
	We believe in social justice and fair distribution of resources for our patients and communities	Organizational tactics that tailor access to optimize payer mix and care for highly reimbursed medical conditions rather than patient need	Economic priorities are more important than social justice assumptions
Professional culture	Self-care is important	Excessive hours, work always first, and often do not take care of ourselves (diet, exercise, sleep, and preventive health care)	Self-care is not important; short-term productivity is more important than sustainability
	Prevention is better than treatment	We do not attend to our own health needs	Physician health is not important
	To err is human	A professional culture of perfectionism, lack of vulnerability, and low self-compassion	Physicians expected to be superhuman
		Belief that mistakes are the fault of the individual and are unacceptable	We have not yet internalized many of the lessons of the quality movement that errors are inevitable in complex systems
	Fatigue impairs performance	Excessive work hours; work even when ill	We do not believe this adage applies to physicians or we are too arrogant to admit it does

<https://www.mayoclinicproceedings.org/article/S0025-6196%2819%2930345-3/fulltext>

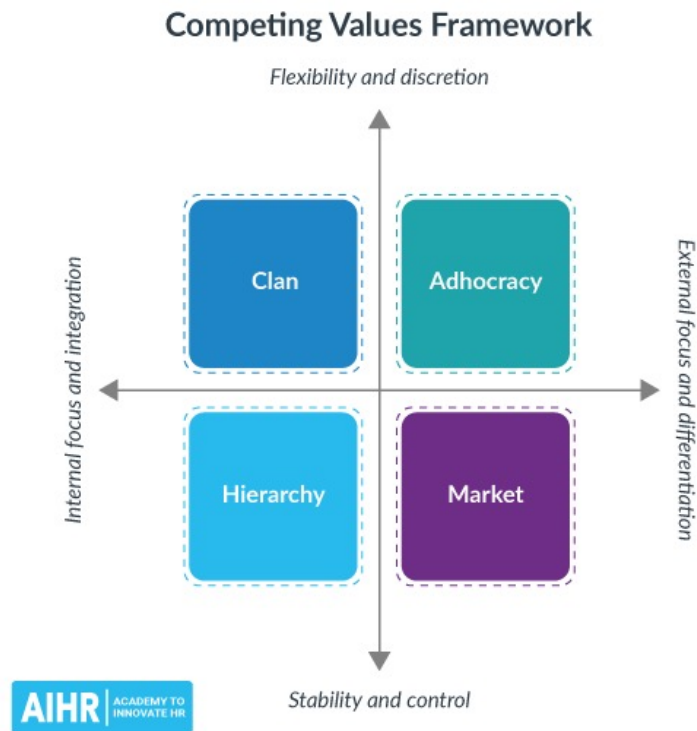
4 Types of Organizational Culture

- Adhocracy Culture
 - Dynamic, entrepreneurial, “create” culture
- Clan Culture
 - People-oriented, friendly, “collaborate” culture
- Hierarchy Culture
 - Process-oriented, structure, “control” culture
- Market Culture
 - Results-oriented, competitive, “compete” culture



Organizational Culture

Types of Organizational Culture



Cultural Attributes for Physician Recruitment

- Respectful communication
- Patient-centered care focus
- Team-focused environment
- Transparent communication
- Supportive management regarding errors & mistakes
- Open dialogue across roles
- Collaborative leadership style
- Clearly defined accountability across roles
- Adapts to change readily
- Clear performance expectations
- Innovative approach to care
- Compensation plan alignment
- Clear mission & values
- Objective performance evaluations



Balance your Organizational Culture: Physician and Patient

- Continuous Quality Improvement
 - Effective and efficient: Results oriented
- Team Based Care
 - Collaborative and helpful
- Patient Centered Medical Home
 - Patient centric, clinically efficient
- Utilization of technology
 - Useable by provider and patient
- RA-CI
 - Not just responsible and accountable but also consulted and informed



Creating Your Organizational Culture

Systems

- Leadership sponsorship
- Systems alignment
- Vision
- Values
- Transparency
- Accountability
- Inclusion
- Equity

Functional

- Communication
- Engagement
- Proactive solicitation
- Operational plans
- Resource-ful
- Technology
- Structure



Factors to Drive a High Provider Satisfaction Culture

- I have the resources needed to succeed
- My input is heard
- I am aligned with the goals and purpose
- I am helping my patients
- I have a team that “works”
 - Is effective
 - Is efficient
 - Is aligned



Strategies For High Provider Satisfaction

- Alignment of values
 - Espoused vs. Behaviors
- Medical Director/CMO
 - Balance of Admin and Clinician
 - Organizational champion with strong “Crucial” communication skills
 - Integrated into organizational leadership
- Clinician Meetings
 - Min. quarterly
 - Cross-departmental leadership engagement
 - Open forum opportunity
- Peak of Scope
 - Respect
 - Clear roles and responsibilities
- Transparency
 - Data
 - ROI
- Prioritization of Input
 - Continuous effort to respond to clinician needs
 - Prioritization of resources and effort
- Optimized technology
 - Optimization team
 - EMR/HIT QI Subcommittee
- Training
 - Optimization team
 - EMR/HIT QI Subcommittee





Thank You!

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