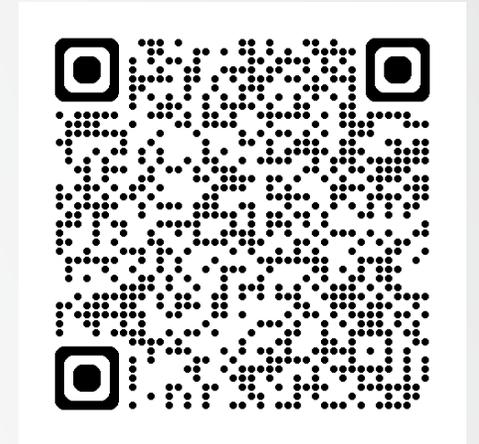


Epic Countdown



Epic Go Live October 5

Physician Town Hall
September 16, 2024



my ^{MLH} **PASSPORT**

Today's Travel Itinerary

Town Hall Agenda



Welcome

- Guiding Principles & Timeline
- Oct 4 - 5 Timeline
- Go Live Support
- What Will be Different Day One
- Data Conversion
- Training
- Cool New Stuff
- Patient Portal

- Patient Scheduling
- Charging

Questions & Answers

Guiding Principles

Design for Our
Patients and Customers

Change the **Workflow**
Not the System

Achieve Simplicity, Efficiency, and Consistency for the HEALTH SYSTEM

**One Design. One Build.
One System.**

**Approvals and Decisions
Will Go Through Governance**

Commit to **95% Foundation** and
adoption of **Leading Practices**

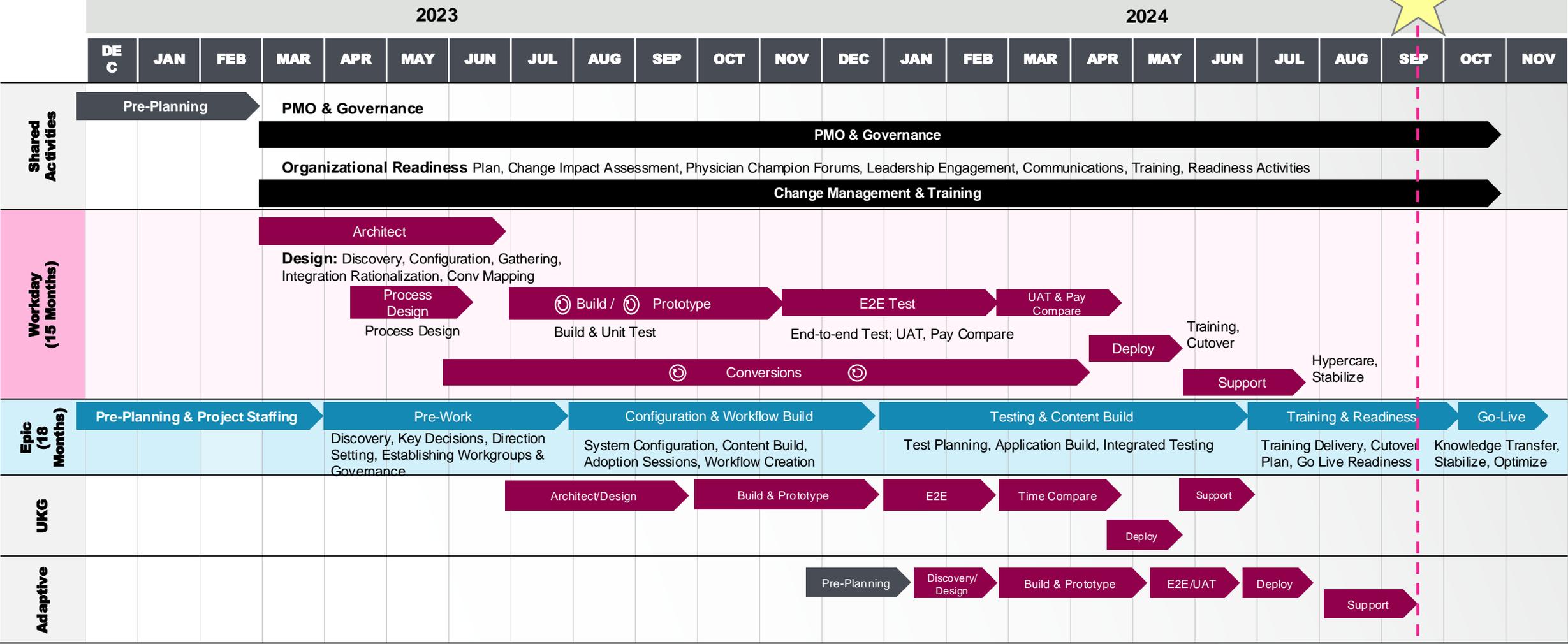
We are all **Accountable**
for Our **Success**

If the **Functionality**
Exists, Let's **Use** it

Share Opinions, but
Respect **Decisions**

Keep **MLH** moving
Forward

Flight Schedule



What Will be Different Day One

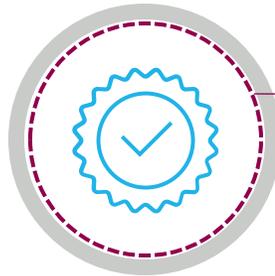
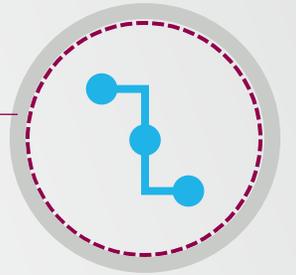


One EMR

MLH will utilize Epic as its singular EMR across the enterprise.

New Systems & Workflows

New functionality including more efficient ways to complete tasks and communicate.



New Access - log in to Epic

Training requirements must be completed to access the Epic production system.

Enhanced Support

Super users and at-the-elbow resources will be in patient care areas. Ask for help if you don't know what to do next and when there are issues



Accessing Prior Data
see upcoming slide

October 4 – October 5 Timeline

When	Who	What	
Fri, Oct 4	7:00 am	Operational Backload Team: Pt Access, Nursing, Pharmacy	Begin entering data from Cerner into Epic on active inpatients 7am: Patient Access; 9 am Nursing; 9:30 am Pharmacy
	6:00 pm	Patient Access	Print & Deliver Epic armbands
	Midnight	Operational Backload Team	Complete backload of data on inpatients
	Midnight	All Users	Cerner system, eCWx, and Allscripts brought down; No longer available for use

Sat, Oct 5	12:01 am	All Users	Downtime until 4 am – no EHR system available Use <u>Downtime procedures</u> until Epic is available
	12:01 am	ED Backload Team	ED Backload team starts entering patient data in Epic
	12:01 am	Technical Cutover Team	Series of technical steps are executed to bring Epic live
	4:00 am*	All Users	Epic is Live. All users log in to Epic and begin using Go live support processes are available View only access to Cerner, eCWx, and Allscripts

* 4:00 am is the targeted start time.

Actual start will be announced on MOLLI and additional communications channels.

Go Live Support



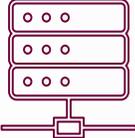
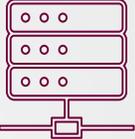
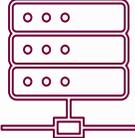
Super Users and At the Elbow (ATE) Support available at Go Live Blue Vests with "Super User" on back



516-3111
Or
516-0000

Epic Hotline and IT Command Center
Same Phone Numbers as IT Help Desk
MOLLI: real-time updates on critical issues, workarounds, and expected resolution time

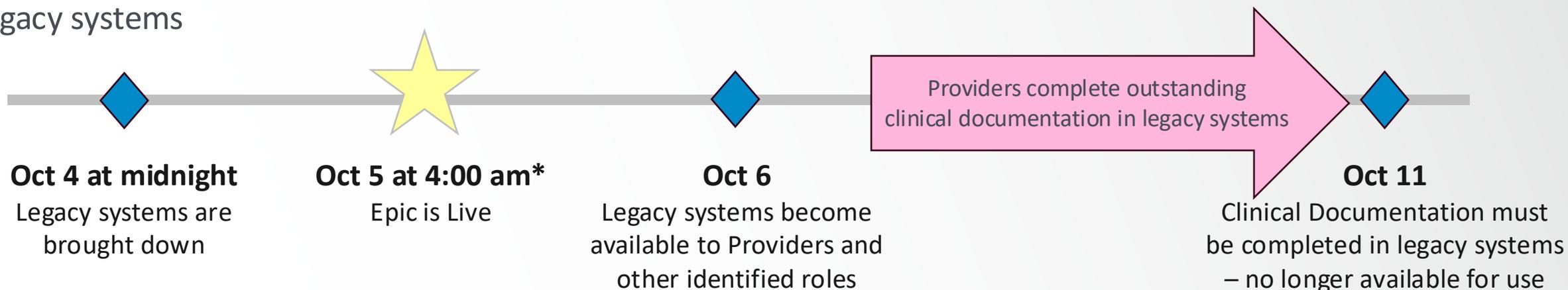
Arrival Information: Where to Find Data Based on Date

Today's Date	Date of Service		
	Prior to 1/1/21	1/1/21 – 8/31/24*	9/1/24 – 10/4/24
10/5/24 – 12/31/24	Cerner eCW AllScripts  LEGACY SYSTEMS	Epic	Cerner eCW AllScripts  LEGACY SYSTEMS
1/1/25 – 7/31/25	Cerner eCW AllScripts  LEGACY SYSTEMS	Epic	
8/1/25 - future dates	Archive (MediQuant) • Adults starting 2014 • Pediatrics starting 2003  CLINICAL ARCHIVE	Epic	

*Data Conversion Scope

Provider Clinical Documentation

Providers will have until Oct 11 to complete all clinical documentation in Cerner, eCWx, and Allscripts legacy systems



How to Prepare?

- Clean up documentation before the go-live
- Spread the word. Encourage fellow providers to prepare for the Oct 11 deadline.

* 4:00 am is the targeted start time.

Actual start will be announced on MOLLI and additional project communications channels.

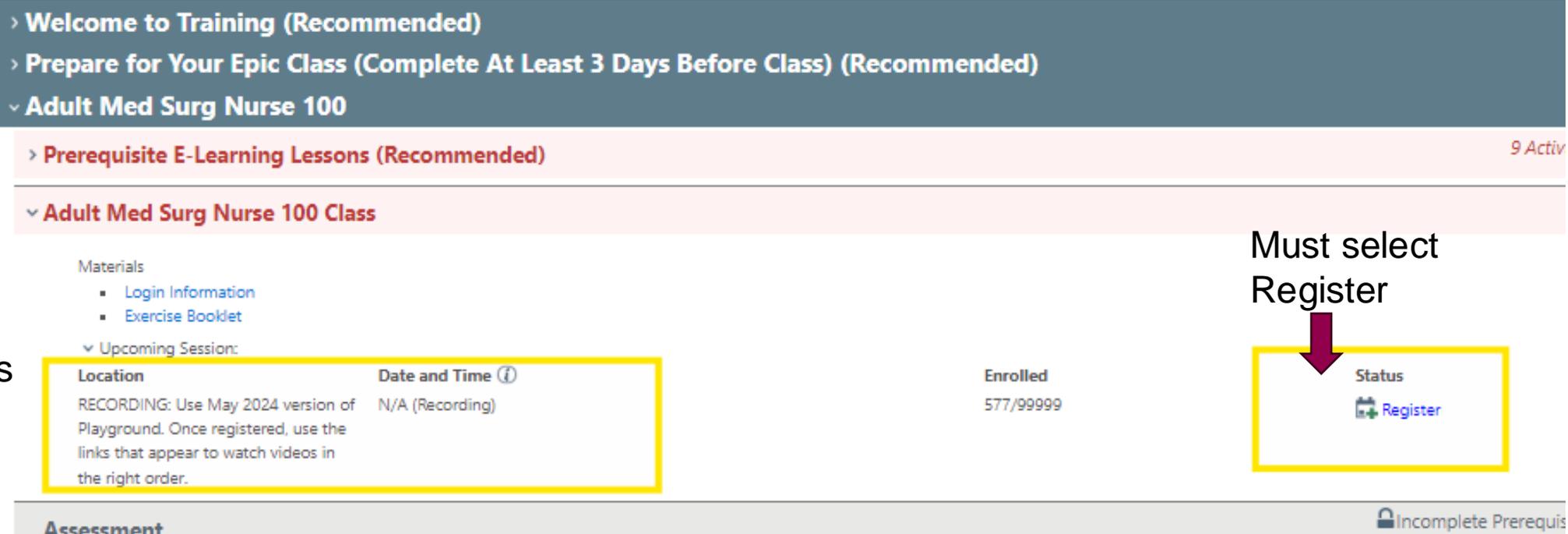
Training Takeaways

- “No Pass, No Access” – Passing a proficiency test after End User Training (or Test out) is required to login to Epic
- User Settings Lab (for Medical, Surgical, Emergency, and Anesthesia)
 - Log into the MLH Epic system and get an overview
 - Learn efficiency tools and start to personalize Epic to suit your needs
 - Setup Mobile Apps (Haiku/Canto) prior to go-live
- Training doesn't stop at go-live, don't expect to be an expert on Day 1; We will hold Thrive Training 4-6 weeks after go-live
- Training information available on MethodistMD.org/epic

Training by Recorded Session new option to replace in person class

- Access Epic U: <https://training.epic.com/eut>
- Register by selecting an assigned class and selecting Register next to the recording icon
- Recordings will then be loaded to your account
- Must complete the recordings in order
- Requires going through each recording fully; does not allow fast forward or skip
- Assessment required at end of recording
- Dual monitors provide a better training experience

Select an assigned class 



Must select Register 

> Welcome to Training (Recommended)

> Prepare for Your Epic Class (Complete At Least 3 Days Before Class) (Recommended)

▼ Adult Med Surg Nurse 100

> Prerequisite E-Learning Lessons (Recommended) 9 Activ

▼ Adult Med Surg Nurse 100 Class

Materials

- Login Information
- Exercise Booklet

▼ Upcoming Session:

Location	Date and Time ⓘ	Enrolled
RECORDING: Use May 2024 version of Playground. Once registered, use the links that appear to watch videos in the right order.	N/A (Recording)	577/99999

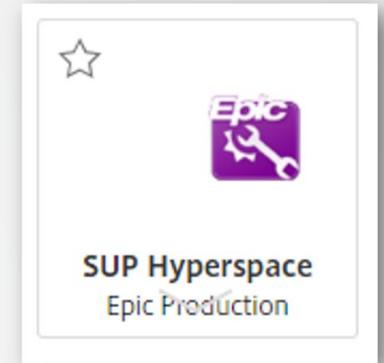
Status  Register

Assessment Incomplete Prerequis

Log In Lab

Avoid Epic Sign-In Issues by Completing Log in Lab/Form

- Click here to complete the log in test/form.
- Follow the prompts in the form
- On the 3rd page you will be asked to access MyApps and log into SUP Hyperspace. Continue to follow the prompts in the survey to complete tasks within SUP Hyperspace.



[Log In Lab Link](#)

User Settings Labs (USL): Please register via EpicU

Providers will focus on **personalizing ordering and documentation tools**
Also, **viewing preferences** such as viewing schedules

User Settings Agenda	Approximate Time
Add orders to your preference list	<15 min>
Create SmartPhrases to speed up documentation	<15 min>
Manage patients	<20 min>
Create order panels	<5 min>
Organize your orders preference list	<15 min>
Create your own version of an Order Set	<25 min>
Add Speed Buttons to Speed Up Documentation	<10 min>
Create a SmartPhrase to update a note template	<15 min>
Haiku and Canto	<5 min>

Update Your Cardiothoracic Surgeon Tools

This document is a companion to the user settings quick start guide. It includes existing content you can leverage and ideas for content you might want to create. Note: This is a starting point and is not intended to be an exhaustive list.

Notes

Tip: Add your most commonly-used SmartTexts and SmartPhrases as speed buttons.

SmartTexts

Save these templates as SmartPhrases to edit them, or add them to your favorites as-is.

Progress Notes	
CTS Aortic Valve Replacement Post-Op	Adult Daily Progress Note (NoteWriter)
CTS Post Op PED	Post-Operative Progress Note (NoteWriter)

Cool New Stuff for Providers

EpicCare Link

Who: External Providers

What: Web-based application for connecting MLH to community practices.

Use: Improve collaboration between MLH and other practices in the area by being able to share patient records more easily

Mobile Access

Who: Providers

What: Epic provides several mobile options for phones and tablets

Use: Allows for flexibility and convenience in patient care. Providers can access data remotely and respond to urgent patient needs.

Care Everywhere

Who: Providers

What: Allows healthcare providers to securely share patient information across different healthcare organizations, regardless of whether those organizations are using Epic systems or other compatible platforms. This includes sharing medical records, lab results, medications, and clinical notes.

Use: Patient's health information follows them wherever they go, particularly if they visit different healthcare providers. For example, if a patient is seen at a hospital in one city and later visits another hospital in a different location, Care Everywhere ensures the patient's medical history is available to both providers, reducing errors and improving treatment decisions.

Cool New Stuff for Patients

Campaigns

Who: Patients

What: Tailored messaging to **specific patient populations**. Use the patient healthcare data in Epic to determine which population is most at risk or needs the most support.

Use:

- Breast Cancer Screening—patients who need a mammogram
- Diabetes Outreach—patients who need A1C checked
- Flu Vaccine Outreach - during flu season
- MyChart Activation - Patients who haven't activated their MyChart account

Online Scheduling

Who: Patients

What: New patients and established patients can schedule appointments online or through MyChart.

Use: Patients will be able to schedule appointments online without calling an office.

Hello World

Who: Patients

What: Use Epic to send important communications, reminders, and self-service options **directly to patients' cell phones through text message**.

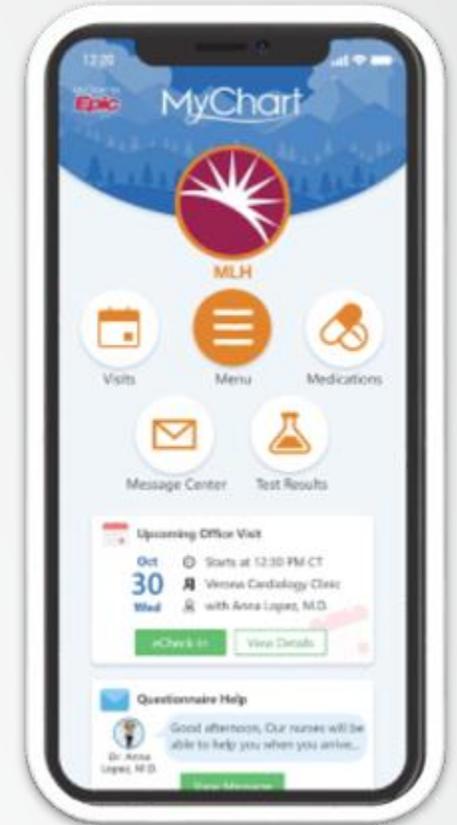
Use: Appointment reminders, important communications, FastPass messages

Cool New Stuff: MyChart

Activate your MyChart account on **Sept. 23rd** and become a MyChart Ambassador

MyChart is a secure online patient portal that allows you to manage your care no matter where you are. Through MyChart, patients can:

- Schedule appointments
- View test results
- Message your provider
- Request prescription refills
- Manage care of your family
- Access billing
- And so much more!



Scheduling Changes:

Open Blocks and Guided Scheduling

Guided Scheduling

- Balanced Access Scheduling Model
- Orders for Referrals and Follow Ups
- Specialty-Specific Visit Types
- Dynamic decision trees
- MyChart Scheduling

Decision trees are scheduling tools in Epic that utilize a set of predetermined questions and logic to guide a scheduler to correctly create a patient appointment with a clinic, without having to know the specific scheduling rules of each department. This tool can improve scheduling accuracy by making sure the right visit type, provider, and location are selected the first time, with an overall benefit of lowering no-show and cancellation rates.

The 'Why' of Guided Scheduling

- Patients to the right provider, at the right location, at the right time
- Keeps provider schedules full, improving staff effectiveness
- Increases self-scheduling, improving patient satisfaction and decreases front desk workload
- Cuts lead times so patients can get appointments sooner
- Supports continuity of care by facilitating reporting and tracking of orders

An Analogy for Open Template: Fixed vs. Modular Design

Note: This is a Default and has been overridden where appropriate



Online Scheduling Options

- Open Scheduling
 - New patients can view open time slots and schedule appointments without a MyChart account
 - Existing patients can schedule appointments with clinicians who might not otherwise be available to them through Direct Scheduling.
- Direct Scheduling
 - Primary form of post-login scheduling in MyChart.
 - System knows who patient is and what options are appropriate to present.
- Ticket Scheduling
 - Orders initiated by an organization are sent to MyChart for a patient to schedule on their own.
 - These appointments might not normally be available to schedule using standard direct or open scheduling, such as referrals to specialties or follow-ups.

Provider Charging

Clinician Charge Capture Strategy

- Move to clinically driven charge capture for inpatient rounding E&Ms
- Continue ambulatory charge capture by providers
- Physicians will be responsible for selecting suggested charge codes and associating an ICD-10 diagnosis at the appropriate level of specificity
- Retain professional coding abstraction workflow in complex coding areas (e.g., OR, Procedural, ED)
- Provide coding support to physicians via education, training, audits, addressing exception-based edits, and feedback loops

Coding Education After Go-live

- All inpatient E&M codes will be reviewed at go-live
- HELPME code option
 - Can be used if users are stuck
 - Usage of code will be tracked by provider and drive targeted outreach and coaching
- Clinical Coding Quality Review Report
 - PB team will determine an accuracy threshold to determine when a provider no longer needs 100% coding review.
- NOBILL code option
 - Independent Providers not billing at MLH should not be prompted for bills in most scenarios
 - NOBILL can be used to prevent hard stops and as a placeholder if no charge should be incurred for the day (Ex. D/C prior to examination)

Haiku Setup – 5 Steps

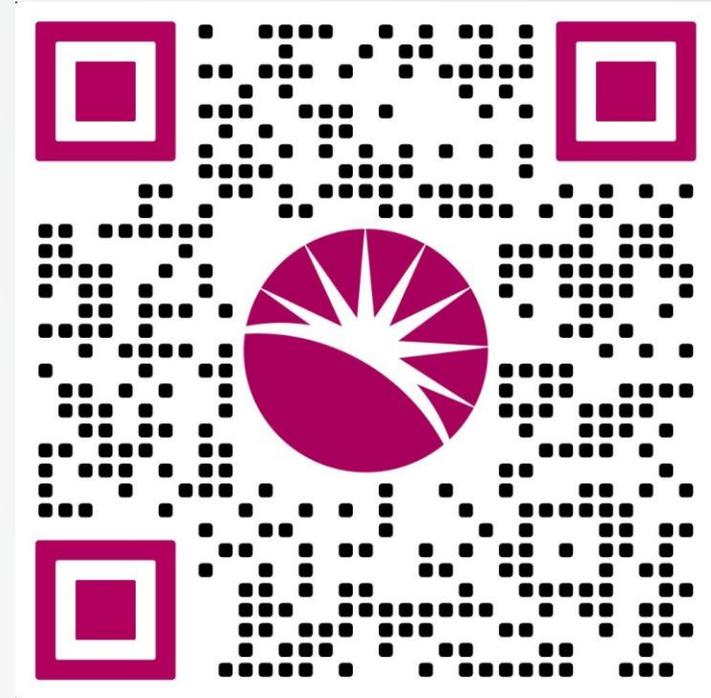


1) Complete the above form to request Haiku access

2) Download Haiku on the App Store/Google Play store

3) Scan the QR code to the right

4) Log into Haiku to Create an Access Request



5) Wait 3 business days and log back in to use Haiku

Key Takeaways

Training

Complete training
Can be completed through recorded session
User Settings Labs must be completed
Log in Labs – ensure access before go live

MyChart

Sign up for MyChart and become a MyChart Ambassador beginning Sep 23rd

Go Live

Downtime on Oct 5 from 12:01am to approximately 4am
Go Live on Oct 5 at approximately 4 am
Support at Go Live: At the Elbow, Super Users, Epic Hotline

Wrap Up and Questions

Haiku Setup – 5 Steps



1) Complete the above form to request Haiku access

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