American Academy of Family Physicians Innovation Labs Report

EHR Innovation Platform Supports Primary Care Innovation, Alleviating Burden and Burnout

Evaluating the Elation EHR

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EHR INNOVATION PLATFORM PHASE 1 LAB REPORT

by Steven E. Waldren, MD, MS and Edmund Billings, MD

Executive Summary

Objective:

The American Academy of Family Physicians (AAFP) has launched a series of Innovation Labs to identify and demonstrate innovations essential to addressing existential problems plaguing family physicians and optimizing the family medicine experience. Traditional EHRs have stymied such innovation with their restrictive interoperability and vendor-lock business models. To address these existential problems, family medicine needs open, agile and collaborative EHR platforms to take advantage of new technologies. There exists a new category of EHRs: EHR Innovation Platforms, which are designed to foster innovation and optimize the Family Medicine experience. This lab studies the effect of an EHR Innovation Platform from Elation Health on primary care innovation and the family physician experience of burden and burnout.

Participants and Methods:

The lab studied 11 primary care physicians that have adopted the Elation Health EHR Platform to support innovation in their primary care practice models and to optimize their family medicine experience. Of the 11 participants, ten were family physicians and one was an internist. Six of the physicians practiced Direct Primary Care on Elation's platform integrated with Hint's DPC OS and Spruce's Unified Communications. Four other practices innovated within their insurance-based practices to increase their value-based care - each of these practices had a variation on fee-for-service payment with or without value-based insurance contracts. One physician used Elation at an employer-sponsored primary care platform in a value-based payment model. The rationale for using an Innovation Platform and the impact on their practice was assessed with a qualitative survey-based interview with each participating physician.

Results:

Most (10 of 11) lab participants adopted Elation EHR in combination with partial or full implementation of an alternative payment model - either membership-based, employer-sponsored, or partial penetration of insurance value-based payment arrangements. Participants reported their innovations eliminated their feelings of burnout. All physicians that had burnout prior to the innovations (9 of 11) reported no burnout after the innovations. Participants reported a median patient panel size of 535 and median visit length of 35 minutes. They reported that their time with patients went from constrained to ample. Practice satisfaction as measured on a scale of 1 to 10 improved from a median of 4.9 to 9.3. Their EHR satisfaction improved from a median of 3.9 to 8.2. Participants reported experiences in the EHR implementation process improved 67%, integration of tools improved 107%, and data access improved 121%. When asked how likely they would be to recommend Elation to a colleague on a scale of 1-10, they reported an average score of 9.5/10 and a Net Promoter Score of 91.

Conclusion:

Lab participants supported innovation in their practice models by adopting Elation EHR alongside partial or full implementation of alternative payment models designed to increase value delivery. They all realized improved levels of satisfaction across all areas surveyed. These alternative payment models plus Elation allowed dramatic improvements in what we describe as family medicine experience vital signs: no burnout, ample time with patients, >30m visit lengths, smaller panel sizes, and high practice satisfaction. Participants also reported increased ability to deliver high quality care and get paid. The EHR Innovation Platform was given credit by the primary care innovators for supporting their innovations and decreasing stress and burnout through better tools, ease of documentation, and integration with other technologies. They highly recommended Elation to their colleagues with a Net Promoter Score of 91. In comparison to previous EHRs used, the Elation EHR was more easily implemented, customer service was better, and the platform integrated with other practice tools needed to adopt their new models. These results suggest that EHR Innovation Platforms may be an essential foundation for family physicians who want to improve their family medicine experience by adopting alternative payment models to drive better value in care delivery.

EHR INNOVATION PLATFORM SUPPORTS PRIMARY CARE INNOVATION, ALLEVIATING BURDEN AND BURNOUT

Overview

AAFP is dedicated to optimizing the family medicine experience for patients and their families, and family physicians and their care teams. Toward this goal, the Academy supports family physicians in achieving the Quadruple AIM; enhancing their care for individuals, improving the health of their patient population, reducing the per capita cost of their care while also finding joy in their work. The family medicine experience is based on a deep physician-patient interaction that requires support from technology. Traditional EHRs have greatly eroded the experience rather than enhanced it. The vision for the family medicine experience is that family physicians should primarily spend their time caring for their patients and that technology must work for clinicians, not against them. The AAFP sees the innovative use of health information technology as essential to optimizing the family medicine experience. With this in mind, our Innovation Laboratory is partnering with industry to drive innovation to optimize the family medicine experience using the latest proven advanced technologies: cloud, AI/ML, voice and mobile technologies.

Family physicians are facing existential threats. Physician burnout based on clerical burden is at epidemic levels, especially for family physicians[13,14,15]. Clerical burden requires greater than 50% of the physician's time. At the same time, they are expected to transform their practices to population-based care and alternative payment models. The administrative burden is burning out family physicians, and the associated financial risk threatens to burn down their margins and thus their practices.

The AAFP Innovation Lab's goal is to study solutions that offer not merely incremental improvement, but that truly alleviate the underlying problems in family medicine. Technologies are only essential when they are deemed just that – "essential" – by physicians, and actively promoted to their colleagues. The value proposition of a given technology must promise, and then deliver, such that the solution is effective and adoptable.

EHR Innovation Platforms

Traditional EHRs have been built to support an onerous reimbursement model and its ever growing reporting and regulatory requirements. This has saddled the family physician with tremendous administrative burden, making them feel like data entry clerks. EHRs have contributed to the erosion of the patient-physician relationship and professional satisfaction. In short, legacy EHRs have encoded or "baked-in" the problems. Moreover, their vendor-lock business models lack meaningful interoperability, making innovation very difficult if not impossible.

To address family medicine's contemporary needs, innovation is imperative. Innovation requires open, agile and collaborative platforms to allow for the integration of new technologies to support new work and solve hard problems. There exist EHR companies committed to optimizing the family medicine experience by providing EHR Innovation Platforms that foster innovation: optimize the family medicine experience through a better user experience and commitment to open interoperability and innovation. The AAFP believes that family medicine needs proven EHR innovation platforms with open application programming interfaces (APIs) that are welcoming to both innovation partners and the innovators in the family medicine practice itself.

The Root Cause of Burnout

With 47% of family physicians reporting burnout, family physicians often describe their jobs as being on a "hamster wheel" – always rushed, overwhelmed, and never catching up. Time caring for their patients and time with their families is compromised, and their professional satisfaction has been replaced with burnout[20].   The root cause is the fee-for-service reimbursement model that requires physicians to support large (1500 - 2500 patients) panels and conduct time constrained (<15 minute) visits[10] just to keep their heads above water financially[1]. They then spend approximately 40% of their time struggling to get paid, only to be reimbursed a fraction of what they are owed.

The Payment Model Innovation Solution: DPC and VBC

Practices are innovating in new care models supported by alternative payment arrangements that may offer a key solution to family physicians' suffering. Under Direct Primary Care (DPC), family physicians receive membership payments – a form of prospective payment –as an alternative to fee-for-service insurance billing. Instead of billing insurance, physicians charge patients a monthly retainer fee (may be subsidized by their employer in part or full) which covers all or most primary care services, including 24/7 access, liberal use of virtual services, care coordination and comprehensive care management. DPC supplants insurance, replacing it with a value-based care model where the patient or their employer chooses to directly pay for the ongoing membership because they are getting unlimited access to care they value.

Under Value-based Care (VBC), family physicians are rewarded for providing quality care through pay for performance programs and/or by taking on risk and receiving prospective payment for managing

care. To transition to value-based care, practices must adopt new workflows and reporting processes while still providing some care under the fee for service insurance model. This requires a new set of competencies, new processes, and new tools to help them move from a reactive focus on encounters to a proactive focus on populations and outcomes. Care becomes comprehensive, team-based, and multimodal.

Our hypothesis is: the solution to burnout and to optimizing family medicine is to step off the hamster wheel by adopting innovative payment and care models such as Direct Primary Care or Value-based Care. This lab studies the effect of an EHR Innovation Platform from Elation Health on primary care innovation and family physician burden and burnout. The study assessed the impact of adoption of the DPC or VBC payment models by family medicine practices. It focused specifically on the role the EHR played in supporting the innovations required to adopt these new models of care delivery.

Methods

The lab studied 10 family physicians and one internist who have adopted the Elation Health EHR Platform to support innovation of their primary care practice models. The lab recruited physician clients who had innovated their practice care models to optimize their family medicine experience.

Participants	Care Model Innovation	# Clinicians	Location
1-FP	DPC - practice is hybrid FFS/DPC	5	OK
2-FP	DPC - growing membership	1	TX
3-FP	DPC - growing membership	2	CO
4-FP	DPC - at membership target	2	CO
5-FP	DPC - growing membership	1	FL
6-FP	DPC - growing membership	1	TX
7-FP	FFS considering DPC	1	MD
8-FP	FFS & VBC - ACO	1	AZ
9-IM	FFS & VBC - PACE (Program of All-Inclusive Care for the Elderly)	12	CA
10-FP	FFS & VBC - Medical/Behavioral Health Integrated Clinic	3	AZ
11-FP	Employee Health & VBC Capitated	Corporate	CA

Six of the physicians adopted Direct Primary Care on Elation's platform integrated with Hint's DPC OS and Spruce's Unified Communications. One physician opened a solo FFS practice with the intent of keeping the panel small and considering DPC in the future. Three other practices innovated their insurance based FFS practices to increase their value-based care. One physician used Elation at an employer-sponsored primary care platform in a value-based payment model. The rationale for using an Innovation Platform and the impact on their practices was assessed with a standardized qualitative survey-based interview with each participating physician. One-hour interviews were conducted with each lab participant. The interview was structured based on a qualitative survey of their experiences before and after the adoption of Elation (Appendix A).

Results

Below are quantitative results and interview findings for the 11 lab participants before and after adopting the Elation EHR. Results of these clinicians' experiences are discussed below, focused on the impact on their satisfaction, burnout, and outcomes realized.
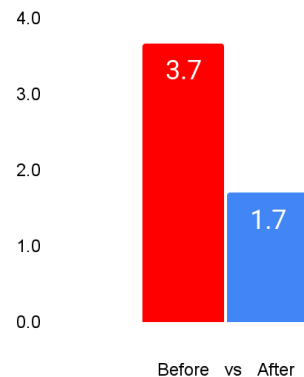
Burnout

Which of the items below describes you best:

Rating of Burden and Burnout

1. I enjoy my work. I have no symptoms of burnout.
2. I am under stress, but I don't feel burned out.
3. I am definitely burning out.
4. I think about work frustrations a lot. It won't go away.
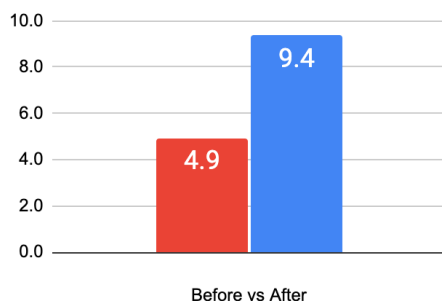5. I feel completely burned out. I may need to seek help.

Participants reported a dramatic decrease in burnout, moving from between 3-4 to between 1-2, reporting either #1 no burnout or #2 stress but not feeling burned out. Their remaining stress was most often related to the running of and/or growing their new practice models.

Practice Satisfaction

How satisfied are you with your overall practice? (1-10)

There was a dramatic increase in satisfaction, with the average score nearly doubling from 4.9 to 9.4 on a scale of 1 to 10. When asked what would make satisfaction with their current practice a 10, they often reported they still wanted to grow their patient panels, their service offerings or the percentage of patients under a value-based contract. A few DPC physicians reported that feeling outside of the system, while refreshing, was at times frustrating when trying to get information and navigate their patients, who are often uninsured or underinsured.
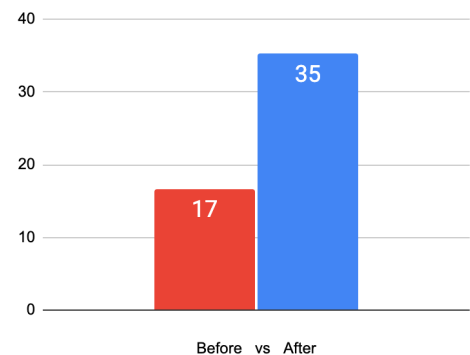
Patient Panel Size

Regarding patient panel size under FFS, only 5 reported their previous panel. Four had 1300, 1800, 2300 and 2500 patients, and one had only 130 as they also had a practice leadership role. The average result for panel sizes in previous practice models was 1606 patients. (Estimates of typical primary care patient panels under FFS range from 1500-2500 patients.) With an n of 11, the participants reported their current patient panels ranged from 50-2000 with an average of 535. Most innovated with the intent of keeping their panel sizes smaller to maintain a good work life balance.

Patient Visit Lengths & Time With Patients

Participants reported a 2-fold increase in typical visit lengths going from an average of 17 minutes to an average of 35 minutes. They reported that they felt an ideal visit length should be 30 minutes. Typically, DPC physicians scheduled patients for 30 - 45 min for routine visits and 60+ min for new patients. They reported these visit lengths were ideal to take care of their patients. Schedules often allowed for the extension of these visits as needed.
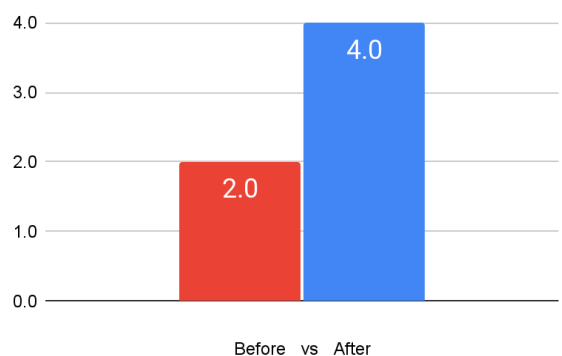
What is your typical visit length?

In a follow-up to the question about visit length, participants were asked, How would you rate your time with your patients?

1. Inadequate
2. Constrained
3. Adequate
4. Ample

Participants described their time with their patients going from "constrained" previously to currently "ample". There were no reports of "inadequate" or "adequate".

How would you rate your time with your patients?

Net Promoter Score (NPS) = 91

When asked "How likely is it that you would recommend Elation to a friend or colleague, on a scale of 1 to 10? Seven of the eleven respondents answered 10 while 3 answered 9 and one answered 8.

Promoters (9 -10) = 91%
Passives   (7-8) = 9%
Detractors (1-6) = 0%

NPS = Promoters (91) - Detractors (0) = 91

The result is that all but one were promoters and therefore the NPS score is a 91. The Net Promoter Score is calculated by subtracting the percentage of detractors from the percentage of promoters. (The percentage of passives is not used in the formula.)

Desired Outcomes Realized

In assessing the role the EHR had in helping practices innovate and adopt new models of care, participants were asked to assess their level of satisfaction in attaining a set of desired outcomes. The desired outcomes were the specific value propositions that Elation offered in presenting their EHR(REF).   Participants were asked to rate their level of satisfaction before on their previous EHR and after adopting Elation on a scale of 1 to 10.

How satisfied are you with realizing these outcomes? (1-10)	Before	After	Improvement
Engage with your patients between their visits	2.7	8.3	5.6
Provide in-person and virtual care from a single platform	3.3	8.2	5.0
Make the most of every patient encounter	5.1	8.7	3.6
Ensure your patient panel receives high quality, proactive care	5.1	8.6	3.5
Manage and grow your practice operations efficiently	4.4	7.8	3.3
Connect all the data you need to the point of care	5.2	8.1	2.9
Get paid	5.4	8.4	2.9
Support & Service	5.0	9.1	4.1

Participants reported improved satisfaction in every desired outcome, with their average satisfaction across the board going from 4.7 before to 8.5 after, with an average improvement of 3.8 points. The largest improvements were where there was the lowest satisfaction before innovation;   Engage with your patients between their visits (5.6 points) and Provide in person and virtual care form a single platform (5.0 points). This reflects not only the care models allowing care to shift from strictly in-person encounter-based care to outcomes and value-based care, but the presence of the necessary technology to support the shift.

EHR Platform

In assessing the role the EHR had in providing a platform for innovation, participants were asked to assess their level of satisfaction with their experience adopting and using the EHR to provide care. They were asked to rate their level of satisfaction before on their previous EHR and after adopting Elation on a scale of 1 to 10.

How satisfied are you with your: (1-10)	Previous EHR	Elation	Improvement
EHR	3.9	8.3	4.4
EHR implementation level of effort	5.6	8.7	3.0
EHR implementation process	5.4	9.1	3.7
Tool Integration	4.0	8.9	4.9

| Clinical Outcomes | 5.5 | 8.1 | 2.6 |
| Access to Data | 3.6 | 8.0 | 4.4 |

Participants reported improved satisfaction in every category, with their average satisfaction across the board going from 4.5 before to 8.4 after, with an average improvement of 3.9 points. In regards to how the EHR may benefit innovation, their satisfaction with Tool Integration went up 4.9 points –the most of any category – and their satisfaction with Access to Data went up 4.4 points, as did their overall EHR satisfaction.

Discussion

It's the Model

By innovating their practice models, 10/11 participants moved from strictly FFS to either DPC or FFS/ VBC models, with 100% of these physicians realizing dramatic reductions in burnout and improvement in satisfaction. The remaining participant, while still in FFS, had constructed their practice under the key tenets of DPC (smaller panel size, longer visits) and stated they intend to move to DPC. Their new practice models allowed them to step off the FFS insurance-driven hamster wheel, decreasing burnout and increasing satisfaction. This new freedom was based on two major factors: first, being paid for value, whether prospectively or based on performance; second, the freedom to significantly reduce the size of their patient panels while doubling their visit times with patients. By stepping off the hamster wheel, family physicians find new time, overcome the overwhelm, and can finally innovate.

It's the Platform

Legacy EHRs are not platforms for innovation. This is attributable to two primary reasons. First, their designs are based on supporting the coding and billing driven by the FFS payment model (as oppose to a focus on supporting clinical care). Second, legacy EHR companies operate vendor-lock business models that restrict platform interoperability and collaboration. It is a "permanent single-source solution" business model. Open innovation is counterproductive to their financial model and is seen as high risk. Although other sectors of the tech industry have adopted open APIs to support innovation and collaborative platforms, legacy EHRs remain entrenched in this outdated business model.

To support innovation in family medicine, a platform must first support the foundations of primary care delivery. Supporting the physician's clinical decision making and workflow is a key component of this support. We heard from lab participants about how Elation Health supported their workflow.

The results in this lab show clearly that an EHR designed around the clinical experience and with an open architecture can support primary care innovation and help address the existential problems facing family medicine today. Elation Health is an example of an Innovation Platform designed to put the family physician and patient first, and allow for innovation towards that goal. While still offering features that FFS practices require, the platform supports care model innovation by physicians and the practice itself via third party innovators.

Innovation Leads to Improvement

Innovation is defined as making changes to something established by introducing new methods, ideas or products[1].   Innovation feeds on itself and is best cultivated on a platform and by partners that support this virtuous cycle. This is demonstrated in this study with an EHR Innovation Platform supporting care delivery innovation, by third party innovators and by physicians themselves.

Tool Integration Supports Innovation

The results on EHR satisfaction show the greatest improvement was in Tool Integration. This suggests that these innovative physicians were dissatisfied with their ability to adopt third-party tools to improve their practices and that they found it was much easier and more impactful on the EHR Innovation Platform. The Direct Primary Care participants all integrated two tools: the HintOS Membership Management tool and the Spruce Unified Communication. The HintOS helped practices manage their direct customer memberships and prospective payment with their patients and employers. The Spruce Unified Communication tool supports all types of patient engagement; text, email, phone, and telehealth in one system and provides patient relationship management by capturing a record of all communications. This tool was critical to the DPC practices shifting from in person encounter oriented care to outcomes oriented care and may explain the improved satisfaction on these desired outcomes: Engage with your patients between their visits, Provide in-person and virtual care from a single platform, Make the most of every patient encounter, and Ensure your patient panel receives high quality, proactive care. These tools are the subject of additional Innovation Lab studies as they may be essential innovations to optimizing the family medicine experience for DPC practices.

Innovation Feeds Professional Satisfaction

We believe that the consistency in the improvement across the board reflects the overall impact innovation has on the physicians' professional satisfaction. Innovation towards their ideal practice feeds their sense of autonomy, mastery and purpose, e.g. "I am practicing now like I had always dreamed of – why I went into medicine."

Primary Care Vital Signs

We propose a set of vital signs for assessing primary care physician's health and their family medicine experience.

Primary Care Vital Signs
Maslach Burnout Inventory- MBI: Which of the items below describes you best:
1. "I enjoy my work. I have no symptoms of burnout."
2. "I am under stress, but I don't feel burned out."
3. "I am definitely burning out."
4. "I think about work frustrations a lot. It won't go away."
5. "I feel completely burned out. I may need to seek help."
Time with Patients:
1. Ample
2. Adequate
3. Constrained
4. Inadequate
Visit Length: ≥ 30 m
Panel Size: < 800 pts
Satisfaction: 8-10 on a scale of one to ten

We believe that these (and potentially others) can be easily measured and used as proxies for assessing the health of a family physician's practice, their level of patient engagement and professional satisfaction.

Conclusion

Lab participants innovated their practice models by adopting either Direct Primary Care or Value-based Care. They all realized improved levels of satisfaction across all areas surveyed. These prospective and performance payment models allowed dramatic improvements in what we describe as Family Medicine Experience or FMX vital signs: no burnout, ample time with patients, >30m visit lengths, smaller panel sizes and high practice satisfaction.   The EHR Innovation Platform was given credit by the family physician innovators for supporting their innovations. They highly recommended Elation to their colleagues with a Net Promoter Score of 91.   In comparison to previous EHRs used, the Elation EHR was more easily implemented, integrated with other practice tools needed to adopt their new models, and also provided better access to data. They reported that the companies collaborated well on the platform and across their services.

To survive its existential threats and to thrive, family medicine needs these open and agile innovation platforms to take advantage of ever advancing technologies and practices. It will require EHR companies committed to optimizing FMX by providing platforms that foster innovation, commit to open interoperability and collaboration, and optimize the family medicine experience. We believe that EHR partners focused on delivering an Innovation Platform, like Elation Health, can be a critical transformative resource for family medicine and the family medicine experience.

References

1. Definition of Innovation. Merriam-Webster Dictionary. https://www.merriam-webster.com/dictionary/innovation. Accessed Aug 1, 2022.