Governance

Critical to successful implementation and sustained success.

*September 14, 2015*
Overview

• Ambulatory and Acute Care Go Live within 16 months
• ~ $23 million under budget
• Ongoing roll-out of Epic@UNC to 4 affiliate Hospitals, 64 Ambulatory Clinics and implementation of additional Epic Applications [Beaker, Rover, Welcome, Cupid and Phoenix].

Critical Success Factor = Governance
What is Governance?

• The complexity of governance is difficult to capture in a simple definition.
• The need for governance exists anytime a group of people come together to accomplish an end.
• Though the governance literature proposes several definitions, most rest on three dimensions: authority, decision-making and accountability.

Source: http://iog.ca/defining-governance/
University of North Carolina Health Care System
Who is UNC Health Care?

Integrated, not-for-profit health care system, owned by the State of North Carolina and based in Chapel Hill

Mission:
To provide comprehensive patient care, facilitate physician education and research excellence and promote the health and well-being of all North Carolinians
Nationally recognized for leading, teaching and caring
We serve North Carolina. Everyday.
UNC Hospitals: Founding entity

Academic Medical Center in Chapel Hill with outpatient services across North Carolina

- 840 staffed beds (840 licensed)
- >7,800 co-workers
- >1,100 attending physicians
- 780 residents
- >77,000 ED visits
- >29,000 surgeries
Nationally-recognized School of Medicine leads critical research and trains tomorrow’s medical professionals

<table>
<thead>
<tr>
<th>Top ranked medical school</th>
<th>Retaining medical talent in NC</th>
<th>Performing cutting edge research</th>
<th>Serving the community</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>U.S. News &amp; World Report Ranks</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Primary Care #2</td>
<td>• Total enrollment of &gt;730 including residents</td>
<td>• Consistently among top 15 recipients of NIH funding nationally</td>
<td>• Top percentile nationally for graduates serving in underserved areas</td>
</tr>
<tr>
<td>• Family Medicine #2</td>
<td>• 86% of students are NC residents</td>
<td>• Part of national consortium to improve the way biomedical research is conducted</td>
<td>• Many spinoff companies from UNC SOM research</td>
</tr>
<tr>
<td>• Audiology #3</td>
<td>• &gt;3,200 graduates are currently practicing in North Carolina</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What UNC Health Care provides to its partners

- Maintain community identity
  - Empowered local board
  - Nurtured hospital culture
  - Patient care kept in the community

- Enhance capabilities
  - Clinical service line enhancement
  - Management resources and tools
  - Scale and depth

- Access to academic strengths
  - Highly sub-specialized care
  - Clinical research/trials
  - Culture of innovation
Significant growth in the past 2.5 years

<table>
<thead>
<tr>
<th>Legacy entities</th>
<th>New entities</th>
<th>By the numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNC Hospitals</td>
<td>PARDEE</td>
<td>$3.2B annual net patient revenues (+27%)</td>
</tr>
<tr>
<td>REX UNC Health Care</td>
<td>High Point Regional UNC Health Care</td>
<td>2,760 licensed beds (+45%)</td>
</tr>
<tr>
<td>Chatham Hospital UNC Health Care</td>
<td>Caldwell UNC Health Care</td>
<td>&gt;22,000 co-workers (+39%)</td>
</tr>
<tr>
<td>UNC Faculty Physicians UNC Health Care</td>
<td>Johnston UNC Health Care</td>
<td>&gt;93,000 surgeries (+36%)</td>
</tr>
<tr>
<td>UNC Physicians Network UNC Health Care</td>
<td>Nash UNC Health Care</td>
<td>&gt;415,000 ED visits (+64%)</td>
</tr>
<tr>
<td>UNC School of Medicine</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Each Affiliate hospital adds significant value

**REX**
Community hospital in Raleigh, outpatient services across Wake County
- 660 staffed beds (665 licensed)
- >5,200 co-workers
- >1,100 physicians on staff; 111 employed physicians (Rex LLC)
- >59,000 ED visits
- >30,600 surgeries

**CHATHAM HOSPITAL**
Critical access hospital in Siler City serving Chatham County
- 25 staffed beds (25 licensed)
- >200 co-workers
- 103 physicians on medical staff
- >14,500 ED visits
- >420 surgeries

**HIGH POINT REGIONAL**
Community hospital in High Point, outpatient services in Guilford, Randolph, Forsyth and Davidson Counties
- 335 staffed beds (351 licensed)
- >2,000 co-workers
- >250 attending physicians
- >64,000 ED visits
- >5,600 surgeries

**Caldwell**
Community hospital in Lenoir serving Caldwell County
- 74 staffed beds (110 licensed)
- >800 co-workers
- >160 attending physicians
- >30,500 ED visits annually
- >5,300 surgeries annually
Each Affiliate hospital adds significant value

**Management contract**

**Public JV**

**PARDEE**
Community hospital in Hendersonville serving Henderson County
- 138 staffed beds (222 licensed)
- 1,200 co-workers
- 370 physicians on medical staff
- 31,100 ER visits
- 7,300 surgeries

**JOHNSTON**
Community hospital in Smithfield serving Johnston County
- 147 staffed beds (199 licensed)
- >1,500 co-workers
- >250 physicians on medical staff
- >77,000 ER visits
- >6,650 surgeries

**NASH**
Community hospital system in Rocky Mount serving Nash County
- 304 staffed beds (353 licensed)
- 1,900 co-workers
- 255 physicians on medical staff
- 64,400 ER visits
- 8,900 surgeries
New campuses open and more to come

Public

Community hospital in Hillsborough opening in 2015. Medical Office building opened in mid-2013
- 50 acute-care beds; 18 intensive care
- 6 ORs
- Emergency department
- Full-imaging capability
- Connected to MOB

Community hospital in Clayton opening in early 2015; expansion of existing outpatient facility
- 50 acute care beds
- 3 ORs
- Emergency department
- Full-imaging capability
- Pharmacy

Private

Community hospital in Holly Springs opening in 2017
- 46 acute care beds; 4 intensive care
- 3 ORs
- Emergency department
- Full-imaging capability
- Lab, pharmacy, PT/OT
Collaborative network of faculty and community physicians

<table>
<thead>
<tr>
<th>Community-based physician groups serving central NC</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 130 physicians and 42 APPs, 34 practice locations</td>
</tr>
<tr>
<td>• Primary and specialty care services—practices in Wake, Johnston, Orange, Chatham, Durham, Sampson, Lee, Granville and Person counties</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Faculty physician practice primarily serving UNC Hospitals</th>
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<tbody>
<tr>
<td>• &gt;1,100 primary and specialty care physicians</td>
</tr>
<tr>
<td>• 18 clinical departments</td>
</tr>
<tr>
<td>• Secondary, tertiary and quaternary care services</td>
</tr>
</tbody>
</table>

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<th>Multi-specialty primary and specialty care physician group serving the High Point area</th>
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<tbody>
<tr>
<td>• 71 providers, 15 medical specialties, 19 locations</td>
</tr>
<tr>
<td>• &gt;215,000 clinic visits</td>
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<th>Multi-specialty primary and specialty care physician group service Caldwell county</th>
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<tbody>
<tr>
<td>• 45 providers, 9 medical specialties, 15 practices</td>
</tr>
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<td>• &gt;150,000 clinic visits</td>
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UNC Hospitals and formation of UNC Health Care System

NC General Statute §116-37 defines UNC HCS’s multi-faceted mission:

- Provide patient care
- Facilitate the education of physicians and other health care providers
- Conduct research collaboratively with the health science schools of the University of North Carolina at Chapel Hill
- Render other services designed to promote the health and well-being of the citizens of North Carolina

Board of Directors comprised of 24 community leaders from across North Carolina, including 8 ex officio members and 16 members appointed at large, of which 3 members requested by Rex Board and 1 member requested by High Point Regional, Caldwell and Johnston Boards, respectively.

Board holds authority and responsibility over UNC Hospitals and all of its operating units.

Key Facts About UNC Hospitals:

Financial (FY13):
- $1.2B Net revenues
- $104.7M Operating income
- Avg. Days Cash: 240
- Avg. Length of stay: 6.6 days
- Avg. Case mix index: 1.83
- State-owned entity
- 6/30 Year-end
- Included in UNC HCS consolidated financial statements

Quality:
- HCAHPS: 83% provided “Yes Definitely recommend” rating^
- American Heart Association’s Mission:Lifeline Gold, 2012
- Magnet certified
- American Hospital Association (AHA) Quest for Quality finalist, 2012

^ Source: NCHA Quality Report, HCAHPS period 10/11-9/12
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Team Formation
Our Timeline…Sort of Like Building the Empire State Building

- Nov 2012
  - Select Epic
- Apr 2013
  - Validate future-state
- Oct 2013
  - Core build
- Oct 13 – Feb 14
  - Testing
  - Hardware
  - Command Center
- Feb - Jun 14
  - Conversions
  - Super-users
- Apr 4, 2014
  - Go-live #1
- Jun 20, 2014
  - Go-live #2

Discovery | Workflow | Build | Deploy | Cutover | Go Live
Merging of Teams A Call for Staff

- Two cultures means two different perspectives, which of course can only add to the depth and breadth of your ideas and solutions.
- Merging 4 Cultures is even more ideas and solutions
Clinical Inpatient process and application team detail

Mary Jo Nimmo, Inpatient Clinical Applications Manager
- Lynn Nichols, Project Management Support
- Doug Ens, Project Management Support

**Application**
- Anesthesia
- ASAP Emergency Department
- Beacon Oncology
- EpicCare Inpatient EMR – Physician Order Entry
- EpicCare Inpatient EMR – Documentation
- HIM (Coding, Chart Tracking, Deficiency Tracking, and ROI)
- Kaleidoscope Ophthalmology
- OpTime OR
- Radiant Radiology
- Willow Inpatient Pharmacy with Inventory Management

**Analysts**
- Anesthesia: 3
- ASAP Emergency Department: 6
- Beacon Oncology: 5
- EpicCare Inpatient EMR – Physician Order Entry: 12
- EpicCare Inpatient EMR – Documentation: 12
- HIM (Coding, Chart Tracking, Deficiency Tracking, and ROI): 5
- Kaleidoscope Ophthalmology: 2
- OpTime OR: 8
- Radiant Radiology: 8
- Willow Inpatient Pharmacy with Inventory Management: 8
Clinical Ambulatory process and application team detail

ES Project Steering Committee

ES Transformation Executive / Business Owner

Transformation Management Office

Angie Groves, Ambulatory Applications Manager
Julie Flood, Project Management Support

Process & Application Coordination Team

Clinical Ambulatory Process & Application Teams

Application
- EpicCare Ambulatory EMR, EpicCare Link, MyChart, and Lucy

Analysts
20
Access and Revenue process and application team detail

Dan Connell, Access & Revenue Applications Manager
- Somphit Dye, Project Management Support

**Application**
- ADT, Prelude Registration
- Cadence Enterprise and Welcome Kiosk
- Resolute Hospital Billing
- Resolute Hospital Billing Claims
- Resolute Professional Billing
- Resolute Professional Billing Claims

**Analysts**
- 7
- 6
- 6
- 2
- 6
- 2
Reporting Coordination, Radar & Workbench process and application team detail

ES Project Steering Committee

ES Transformation Executive / Business Owner

Transformation Management Office

Process & Application Coordination Team

Rachel Foppiano, Reporting Coordination, Radar, and Reporting Workbench Applications Manager
- Emily Pfaff, Research Manager

Application
- Access and Revenue Applications Clarity Report Writers
- Clinical Applications Clarity Report Writers
- Clarity DBA, Clarity ETL Administrator & BusinessObjects Administrator

Analysts
- 5
- 9
- 2
Technology and infrastructure process and application team detail

Deborah Purcell, Technology & Infrastructure Applications Manager
- Judy Kea, Project Manager Support

<table>
<thead>
<tr>
<th>Application</th>
<th>Analysts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security Coordination, Administration</td>
<td>3</td>
</tr>
<tr>
<td>Caché System Manager</td>
<td>2</td>
</tr>
<tr>
<td>Citrix and Windows Administrator</td>
<td>1</td>
</tr>
<tr>
<td>Client System Manager</td>
<td>2</td>
</tr>
<tr>
<td>Conversions</td>
<td>5</td>
</tr>
<tr>
<td>Data Courier Administrator/Environment &amp; Release Management</td>
<td>2</td>
</tr>
<tr>
<td>Identity Enterprise Master Patient Index</td>
<td>1</td>
</tr>
<tr>
<td>Interfaces</td>
<td>9</td>
</tr>
<tr>
<td>OS Support</td>
<td>1</td>
</tr>
<tr>
<td>SAN/Backup Support</td>
<td>1</td>
</tr>
</tbody>
</table>
Training process and application team detail

Sandra Tolson, Training Manager
- Kara Shore, Project Manager Support

### Application

<table>
<thead>
<tr>
<th>Instructional Designers</th>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>ADT, Prelude Registration</td>
</tr>
<tr>
<td>1</td>
<td>Cadence Enterprise and Welcome Kiosk</td>
</tr>
<tr>
<td>2</td>
<td>Resolute Hospital Billing</td>
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<tr>
<td>1</td>
<td>Resolute Professional Billing</td>
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<tr>
<td>1</td>
<td>ASAP Emergency Department</td>
</tr>
<tr>
<td>1</td>
<td>Beacon Oncology</td>
</tr>
<tr>
<td>3</td>
<td>EpicCare Ambulatory EMR, EpicCare Link, MyChart, and Lucy</td>
</tr>
<tr>
<td>2</td>
<td>EpicCare Inpatient EMR – Physician Order Entry</td>
</tr>
<tr>
<td>2</td>
<td>EpicCare Inpatient EMR – Documentation (including Rover, Stork L&amp;D, and ICU)</td>
</tr>
<tr>
<td>1</td>
<td>HIM (Coding, Chart Tracking, deficiency Tracking, and ROI</td>
</tr>
<tr>
<td>2</td>
<td>OpTime OR</td>
</tr>
<tr>
<td>1</td>
<td>Radiant Radiology</td>
</tr>
<tr>
<td>1</td>
<td>Willow Inpatient Pharmacy with Inventory Management</td>
</tr>
</tbody>
</table>
Implementation Scope
Initial Implementation

Application Scope

Access & Revenue
• Prelude Enterprise Registration
• Cadence Enterprise Scheduling
• Resolute Professional Billing
• Resolute Hospital Billing
• Health Information Management

Ambulatory
• EpicCare Ambulatory EMR
• MyChart Patient Portal
• Kaleidoscope (Ophthalmology)
• EpicCare Link (Read only access for non-affiliated Physician Practices)

IP Clinicals
• Orders
• Clinical Documentation
• ASAP (Emergency Department)
• Beacon (Oncology)
• Radiant (Radiology)
• Anesthesia
• OpTime (OR & Surgery)
• Stork Obstetrics (L & D)
• Willow (Pharmacy)

Implementation Scope

• 3 Hospitals (Chatham Hospital, Rex Hospital, UNC Hospitals)
• 228 Ambulatory Clinics
• Training
  • 20,916 employees trained
  • 9,753 Epic@UNC Training classes
This is no time for ease and comfort. It is time to dare and endure.

Winston Churchill
Development of the Governance Structure
Guiding Principles and Key Decisions
Implementation Guiding Principles

- Leadership transparency
- Involvement of end users with a focus on clinical involvement and patient satisfaction
- Implementation of the standard Epic product suite (EPIC MODEL)
- Identify best practices during implementation
- Rapid decision making (5 day, 1 appeal, majority decisions)
- Push decision-making to front line
Key Decision Making Principles for Epic@UNC

- Improve our ability to function as a system. Hence, design will favor the best approach for UNCHCS as a whole; versus individual, departmental, or entity-specific perspectives.

- Promote and support quality improvement, care efficiency, and care collaboration among clinicians, across UNCHCS affiliates and partners, as well as with other external organizations or providers.

- Support better patient care, better patient service, and better patient experience. Patients will always be the center of design decisions.

- Commit to provide and require meaningful training and preparation by all users in order to provide a smooth and fast transition to Epic@UNC.

- Leverage the Epic Foundation System to allow a rapid implementation timeline.
Key Decision Making Principles for Epic@UNC

- Design decisions will be made as close to operations as possible. Design teams will be empowered to make decisions based upon the guiding principles and the “200 key decisions”

- Decisions will recognize that decisions in clinical arena, revenue cycle, scheduling, etc. all have impact on other components of the system. Final decisions will support optimal work flow across all components of the UNCHCS system. (cross-functional)

- Design decisions will be made by majority vote. We accept that there will be differences in opinions, but we must make decisions and keep moving
  - 5 days --- 1 appeal – revisited only when clearly needed
  - Transformation executive s are “gatekeepers” to revisits

- Achieve UNCHCS’s long-term vision of “1 patient, 1 problem list, 1 medication list, 1 bill”

- UNCHCS’s policy is to not backfill resources. Exceptions will be made at the senior leadership level.
Stay on time

Make and enforce dates and timelines. Don’t revisit decisions.
After scope is finalized have a very disciplined process for new requests
Implementation Governance Structure
Health Care System IT Governance

- Epic@UNC Governance
- UNC Health Care Information Service Oversight Committee (ISOC)
- UNC Health Care System Senior Executive Team
- Health Care System Functional Groups:
  - Infrastructure & Administrative
  - Business & Revenue Cycle
  - Clinical
  - Analytics & Decision Support
- Special Projects
- Information Services Leadership Operations Council (ISLOC)

Entity Advisory Committees

Business Leaders
Clinical Leaders
Information Services Leaders
Research Leaders
Decision Delegation and Conflict Escalation

**Epic@UNC Executive Committee**

**Epic@UNC Steering Committee (SC)**

**Workgroups – Revenue Cycle, Clinical, Analytics**

**Transformation Executives**

**Project Management**

**Core Team**

**SMEs**

**Local Entity**

Clinical Transformation, Rev Cycle Readiness, Training Preparations, Technical Team

---

**“Decision Rights” Delegation**

- Defined Vision and Goals
- Defined Guiding Principles
- Defined 200 Key Decisions

**Establish direction for Design Teams**

Guide policy adoption
Set clinical parameters

**Workgroups working in conjunction with Project Team identifies decisions required to change current clinical policy and clinical practices - presented as a consensus agenda to communicate all decisions that change current processes.**

**Design Teams make design decisions during the accelerated design decisions based on their decision rights**

**Escalate design/standardization decision conflicts, or potential changes to policy and practice**

**Senior Executive Team reviews decisions made by SC; Final approval on policy/practice decisions that could not be agreed to by SC**

**SC reviews recommendations from the Advisory Group. Resolve remaining conflicts**

**Workgroups resolve conflicts from Design teams, approve change recommendations unless it requires modifying guiding principles/200 key decisions**

**Conflicts Escalation**

---
Guiding Principles: EPIC@UNC’s “Constitution”

Guiding Principles frame the design decisions to be made by the Work Groups and the Design Teams at large. They are important as they support an efficient and empowered, decentralized decision-making process needed to support EPIC@UNC’s accelerated timeline.

- **High Level Decisions**
  - ~ 10% of decisions (major impact)

- **Mid Level Decisions**
  - ~ 25% of decisions (moderate impact)

- **Detailed Decisions**
  - ~ 65% of decisions (local impact)

Cascading sponsors and example of decisions:

- **Executive and Steering Committees:**
  - e.g., parameters of “localization” allowed

- **Work Groups and Design Session participants:**
  - e.g., verbal order workflow definition

- **Design Teams:**
  - e.g., decision to enter patient age or date of birth
## Transformation Management Overview

<table>
<thead>
<tr>
<th>Element</th>
<th>Description</th>
<th>Tools</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portal Access and Document Management</td>
<td>Store project documents in a single repository</td>
<td>Portal Team Site</td>
<td>Version control</td>
</tr>
<tr>
<td></td>
<td>Process for determining and providing portal access rights</td>
<td>Document uploading, check-in and check-out features</td>
<td>Ease of access to documents</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Structured process for providing access rights</td>
</tr>
<tr>
<td>Project Workplan</td>
<td>Single common schedule for project tasks, activities, and milestones</td>
<td>Integrated workplan for all project activities</td>
<td>Visibility for senior leadership</td>
</tr>
<tr>
<td></td>
<td>Maintain cross-project dependencies to help manage critical program intersections</td>
<td>Based in MS Project, stored within project team site</td>
<td>Consistent quality and control</td>
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<tr>
<td></td>
<td></td>
<td>Standard processes for updating and tracking</td>
<td>Enhanced and timely reporting</td>
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<td></td>
<td></td>
<td></td>
<td>Ability to proactively manage dependency issues</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>More control over critical areas</td>
</tr>
<tr>
<td>Risk / Issue Management</td>
<td>Proactively manage program risks and issues</td>
<td>Automated Risk/Issue Log</td>
<td>Ensures timely escalation and resolution of risks/issues</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Enhanced reporting capabilities</td>
<td>Improved visibility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Workflow and escalation processes</td>
<td></td>
</tr>
<tr>
<td>Scope Management</td>
<td>Management of changes in project timeline, cost and scope</td>
<td>Automated SBAR Log</td>
<td>Ensure timely escalation and resolution of changes to scope</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Formal SBAR process with workflow and escalation steps</td>
<td>Control over scope change</td>
</tr>
<tr>
<td>Program Status Reporting</td>
<td>Generate, collect, and communicate project progress information at an application level</td>
<td>Automated program status report</td>
<td>Increased visibility into true initiative status</td>
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<tr>
<td></td>
<td></td>
<td>Standard process to create and submit report</td>
<td>Enhanced management</td>
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<tr>
<td>Executive Dashboard Reporting</td>
<td>Collect and communicate project progress information at a project-wide level</td>
<td>Executive reporting dashboard</td>
<td>Increased visibility into true initiative status</td>
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<tr>
<td></td>
<td></td>
<td>Automatically updated</td>
<td>Enhanced management</td>
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Why Governance was so critical to success
Keys to Success

- Not an IT Project
- Operations must own the implementation.
- Department managers are accountable for knowing the system and for success in their department.
  - Operational Representation on:
    - Steering Committee
    - Work Groups
    - Readiness Teams
- Subject Matter Experts
  - Open call for SME’s
  - Over 1600 SME’s signed up
- 80 – 85% of decisions were made by people closest to the work (Operations and SME’s)
- Appropriate and judicious use of the escalation process
- Very Engaged Executive Leadership
## ePIC (Epic Physician Informatics) Workgroup

<table>
<thead>
<tr>
<th>Size/Composition</th>
<th>Examples of Responsibilities/Activities</th>
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</thead>
<tbody>
<tr>
<td>~ 20 FTEs per group. Interdisciplinary, enterprise composition that varies by advisory group • Chair: CMIO • Representative physicians, nurses, investigators, IS, and other clinical and operations staff</td>
<td>• Provide clinicians’ perspectives on content decisions. • Provide the Steering Committee with topical recommendations</td>
</tr>
</tbody>
</table>

### Examples of Decisions under their Purviews

- How standard order sets will be used across UNC HCS?
- Are new roles, titles, and responsibilities needed for success?
- What will be the enterprise-wide Data Governance structure that can be put in place?
- Validation of the in-depth redesign of selected processes/workflows

- LIPs (Lead Informatics Physicians)
  - Salary support 10-50% FTE
  - Physician Builder Training
- Physician Champions
- Subject Matter Experts
- Super Users

**Physician Builder**

Use this forum to discuss successes and challenges with Physician Builder initiatives at your sites, request assistance from one another, etc. Open the Physician’s Toolkit to find productivity and happiness.

[All Discussion][Announcements]
**Clinician Workgroup**

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<td>• Provide the Steering Committee with topical recommendations</td>
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</tbody>
</table>

**Examples of Decisions under their Purviews**

- How standard order sets will be used across UNC HCS?
- Are new roles, titles, and responsibilities needed for success?
- What will be the enterprise-wide Data Governance structure that can be put in place?
- Validation of the in-depth redesign of selected processes/workflows
### Access & Revenue Cycle Workgroup

<table>
<thead>
<tr>
<th>Size/Composition</th>
<th>Examples of Responsibilities/Activities</th>
</tr>
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</table>
| ~ 20 FTEs per group. Interdisciplinary, enterprise composition that varies by advisory group  
  • Chair: CFO  
  • Representative physicians, nurses, investigators, IS, and other clinical and operations staff | • Provide clinicians’ perspectives on content decisions.  
  • Provide the Steering Committee with topical recommendations |

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  • Validation of the in-depth redesign of selected processes/workflows  
  • Common CDM  
  • Standardization of Policies & Procedures | |

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**UNC HEALTH CARE SYSTEM**

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## Analytics Workgroup

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| Chair: Director Reporting & Analytics                                             | Examples of Decisions under their Purviews                                                               |
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- What will be the enterprise-wide Data Governance structure that can be put in place?  
- Validation of the in-depth redesign of selected processes/workflows  
- Standardization of Policies & Procedures |
Access and Revenue Cycle Readiness

Establish owners responsible for ensuring success

Monitor and manage metrics to ensure each area is successful
  • “What you can measure, you can manage”
  • Establish accountability, provide training and tools to respond if metrics exceed thresholds

Readiness process adherence is what separates quick recovery from slow recovery
Clinical Readiness

Establish owners responsible for ensuring success

Benefits of the program:

- Formalizes communication with operational management
- Establishes owners for monitoring key metrics
- Ensures strong operational involvement during implementation
- Improves post live issue prioritization and resolution
Governance Post Implementation
Post Implementation Governance

UNC Health Care Information Service Oversight Committee (ISOC)

- Infrastructure & Administrative
- Business & Revenue Cycle
- Clinical
- Analytics & Decision Support
- Special Projects

Operational Leadership Committees

Entity Advisory Committees

Epic@UNC Governance

CIDS or BRAG

Information Services Leadership Operations Council (ISLOC)

UNC Health Care System Senior Executive Team

Business Leaders
Clinical Leaders
Information Services Leaders
Research Leaders
Lessons Learned
Lessons Learned

• Don’t be afraid of mixing teams
• Have a common goal for all to work towards
• Make sure all voices are equal
Questions???