

# MaineHealth

Interview with Joel Lafleur  
MD, SeHR Regional Medical Director, MaineHealth

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**Q. You are one of the leaders in MaineHealth system's Physician Builder Program. What motivated you to participate in the program?**

I, along with other MaineHealth physician leaders, have participated in the Epic User Group Meeting in Wisconsin. We've seen presentations about the Physician Builder Programs and how other customers have used it to improve provider satisfaction, so that's part of what motivated us.

Epic points to data on the KLAS Collaborative showing that the most satisfied Epic customers are organizations that have active Physician Builder Programs—that was really what got us all interested. This program is all about trying to make users, particularly providers, happier about using Epic.

**Q. Could you talk about what you've done on the build thus far and what impact you've seen for either yourself or fellow providers?**

We have had some quick wins. I think the philosophy behind these builder programs is about empowering clinicians who understand both how Epic works and how they use it to make changes that have an impact on providers and users more quickly.

You cut out the middle man in the process of developing an idea for an improvement. When you have to bring that to a committee or an analyst, inevitably, there's a slower change process.

The projects we've done so far have been focused on improving documentation tools—things like SmartTexts and SmartPhrases. We've developed a few SmartSets for diabetic care, as well as SmartSets that are used in some more niche areas.

That's another thing I think the Physician Builder Program can help with: We don't have to have a huge impact in order to make what we do worthwhile. If it's a pain point for someone, we want to try to fix it—even if it's a relatively specialized niche we're working on.

One of the things I've just completed was working on the Post-Op Surgery Navigator, which allows surgeons to have a clearer view of the documentation of the procedure being performed. It sounds like a little thing, but it was an area that was in a different Epic workflow. Epic often provides tools specific to certain roles, and so there were things the nurses were capable of doing that providers didn't have access to. It was simple to make those accessible to providers, and hopefully it will help make the documentation more accurate.

A lot of things we're interested in working on are around more specialty-specific tools. When you approach building Epic, oftentimes it starts out fairly generic. Then when you look at the way different people use Epic in their role—whether it's because they have a different specialty or a different patient population—a lot more fine-tuning and tailoring to the end user can be done. One of the goals of these programs is to develop a more rapid-cycle process improvement or Agile methodology that is more responsive to the end users and capable of processing change more quickly.

#### **Q. What are the long-term build objectives you'd like to see?**

My long-term build objectives are expanding on what we've done so far. We've built our initial set of builders with an eye toward maintaining a broad spectrum of specialties who were engaged, in addition to broad geographic representation, so we have builders from every MaineHealth member that's live on Epic.

We have primary care builders; we have specialty builders; and we're starting to get interest from sub-specialty builders. Trying to ensure that we include all of those potential stakeholders and users is important. The other thing, in the long term is that we're hopefully going to be well integrated with the rest of the Optimization Program.

We really as a system haven't had dedicated resources for Optimization until just this year. I think that is pretty typical for health systems: You start with the basics in getting people up and running. And at some point you have to pivot toward making things better and reassessing and optimizing. We're at the early stages of that at this point—making things

easier and faster and more intuitive, making it easy for people to do the right thing, and hard for them to do the wrong thing.

We always talk about how Epic gives you many different ways to do the same thing, and that's either a blessing or a curse. Sometimes, it can be a curse because not having a single clear pathway can confuse users, and it also doesn't ensure that users are doing work in standard fashion. In the future, I think blending the work of the builders, optimization, and trying to promote best practices is all going to come together.

I look at our program as another set of resources. The Physician Builders bring a unique perspective to the table. They have experienced the frustrations; they understand where the pain points are. They understand what their peers are telling them—hopefully that will ultimately make a better product.

**Q. We know that end users have expressed frustration with Epic. Do you have any advice for people struggling with their Epic build?**

I certainly understand it's frustrating. People share their frustrations with me on an almost daily basis. I think you have to reach out to someone for help.

One thing that's been helpful with the SWATs is that we've scheduled advanced personalization with providers. With these sessions, we review their current workflow, and help them explore existing features already in Epic that can make their work easier.

To some extent it's a matter of people not knowing what they don't know. People get in a rut. They follow pathways they probably developed soon after they were initially trained. And they're busy clinicians; they don't always have time to go explore things on their own.

The Optimization team is working on retraining people and showing them the different tools in Epic. I think that dovetails with the Optimization build that we need to do because if we don't have a good tool in Epic, we need to build it. If the current Navigator is visually confusing, or it's not easy for people to use, then we need to change that.

We don't expect everybody to get deeply involved in the Epic project, but you should know who you can turn to. There are physician leaders and champions at every site. Every site has application support and physician leadership, and between the two of them working

together, there's always something people can do to help with your problem. Some of it is people not understanding what resources are available to help them.

We have to prove what we're doing is not the flavor of the month of performance improvement. It's going to have an impact.

**Q. What does it take to be involved it takes to be involved?**

Many people have expressed some interest. The Physician Builder Program is led by Epic. It requires training out in Wisconsin. It requires a significant time commitment—and a commitment on the part of the local organization to help support the Physician Builder. You go out there and learn how things are built in Epic. And there are projects you have to complete and get a passing score on.

For more information on the Physician Builder Program at MaineHealth, you can contact Joel at [jlafleur@mainehealth.org](mailto:jlafleur@mainehealth.org)