

# MaineHealth

Interview with Joan Boomsma  
Chief Medical Officer, MaineHealth

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**Joan Boomsma, MD,  
MBA**  
Chief Medical Officer,  
MaineHealth

**Q. Why did MaineHealth see Epic Optimization as an important system-wide Focused Goal?**

Senior leadership listened to providers. Through the engagement survey results, comments made in the engagement survey, and listening sessions across the system, it became clear that Epic functionality is a major issue for providers. Optimization is an opportunity to begin to make Epic a tool that supports providers in delivering patient care rather than being a burden. We have a long way to go, but that is the goal.

**Q. You've mentioned being excited about the Physician Builder Program. Talk a little about the program and what it means for providers.**

Physicians who have advanced training in Epic as builders can quickly identify opportunities and understand workflows that are inefficient and fix them. Small changes often have a big impact on the user experience. The traditional process of putting in an IT ticket, going back-and-forth with a project team to explain the workflow and desired outcome, and waiting for the change to be put in the queue to be implemented can take a long time. With a Physician Builder, no clinical “translation” is needed, and the builders are trained to understand how Epic is designed to best support the desired outcome.

The Physician Builders can “just do it”. You’re avoiding the middle man by having a physician who understands the request and the needs of the user, and who can reconfigure tools and workflows very quickly to improve clinical efficiency.

**Q. What results are you hoping and expecting to see for physicians?**

Part of the challenge with the EHR is a lot of providers feel it's pulling them away from the patient. Much of the joy of medicine is having meaningful face-to-face time with your patient, and being able to really listen and interact with them. I hope optimization will ultimately enable providers to focus more on the patient and less on the EHR. I'd also like to see us get to a point where most documentation can be done in real-time at the office, so our providers are spending less time in Epic after hours and at home. Part of reducing burnout is decreasing the time spent after hours on documentation and enhancing the provider experience with every patient encounter.