

## Vanderbilt University Medical Center

### Physician Builder Policy

Last revised: October 2, 2025

#### Scope

- Physician Builders: Physicians and other licensed providers who are certified as a Physician Builder, and/or in one or more Epic applications. Certification requires completion of the Physician Builder track, the Clinical Content Builder track, or completion of an application certification.
- Clinical Content Builders: Employees who are certified as Clinical Content Builders, and/or in one or more Epic applications, who are not within the HealthIT organizational structure.
- Research Builder: Employees who have completed the Research Informatics Core Certification
- Medical Student Builders: Medical students who are certified as Physician Builders.
- **Proficiencies and accredited statuses will be considered equivalent to certifications.**

#### Purpose

- Increase provider engagement in the design, build and continuous improvement regarding ability of users to leverage the EHR to provide optimal patient care
- Decrease the time required to implement changes to EHR configurations and content in order to improve the usability of the EHR
- Develop and enhance enterprise data assets that are maintained within in the EHR
- Support the development of innovative informatics solutions and the execution of informatics-enabled research projects
- Define the credentials, role, and responsibilities of Physician Builders to support this policy

#### Core tenet

- Physician builders act as a “consulting service” to the EHR, whereas HealthIT is the “primary service.” They provide subject matter expertise and hands-on building, with HealthIT coordinating overall build activity and responsible for system performance.

#### Principles

- Build approach
  - o Physician builders should be held to the same build standards as other builders, including
    - Use of appropriate naming conventions and ID conventions
    - Track build formally using Confluence build tracker
    - Track build informally using local build trackers
    - Draft Content Management tickets for build migration
    - Draft Change Request tickets for build migration
    - Coordination of effort with rest of build team
    - Advanced notice for permanent modification of objects created by others in POC

- Responsible for addressing issues related to build accomplished, through incident resolution and other systems
    - Testing their build in TST after analyst migration
- Security
  - Physician builders should be granted system access corresponding to knowledge as demonstrated by obtaining certifications and/or proficiencies
    - Security points, templates and other access granted as per corresponding Foundation System profiles
    - Security points, templates and other access granted in POC, TST, PLY, SUP and SUPMO, and other environments as needed
      - VDI access will be granted to TST; testing should proceed with model user login rather than a physician builder login
      - Medical student builders will be granted access to TST, PLY, SUP and SUPMO only
    - Certifications, accreditation, and proficiencies treated equivalently
    - **No access granted until certification/accreditation/proficiency status achieved for full train track (not Notecraft only).**
  - Physician builders will not be allowed to Data Courier to test or production environments
    - Medical student builders will not have access to Data Courier
- Oversight
  - Physician builders will be paired with HealthIT analysts, who will
    - Review build prior to transfer from POC
    - Complete Change Requests (CR)
    - Migrate records with Data Courier
    - Perform additional testing of build in TST
    - Bring change requests through Change Advisory Board (CAB)
  - Physician builders should meet regularly to describe their current and planned work
    - Serves as both workgroup and reporting structure
    - Reporting to Office of the CHIO
  - Physician builders should make their projects visible through Change Management tickets
  - **Research**
    - **Contact Marc Beller and Zorah Taplin (HealthIT Research Portfolio, Product Managers) in advance of starting any build projects related to research**
    - **Separate governance processes are required**
- Approval for participation
  - Physician builders will be vetted by the Office of the CHIO
  - Prior to training registration, physician builders must have a written endorsement from their departmental chair, PCC leader or equivalent supervisor acknowledging that they will be provided with an appropriate amount of protect time to devote to this role
  - Prior to system access, physician builders must complete the 'VUMC Physician Builder Agreement' and provide evidence of completion of an appropriate certification
- Initial projects

- Physician builders will be assigned a small project by their paired analyst as their first project, in order to get acquainted with the change management processes
- Physician builders are encouraged to develop an Express Lane in their clinical area as a second project
- Maintaining certification
  - Physician builders should complete New Version Training to keep certification(s) current
- Time is valuable
  - Physician builder time is a precious resource
  - HealthIT analyst time is a precious resource
    - Build review, record migration, change management are time intensive
  - Relationship between physician builder and paired HealthIT analyst should be mutually beneficial
  - Medical student builders will be mentored by a physician builder, who will function in a support role similar to their own paired HealthIT analyst. For migration of medical student build, the physician builder will manually replicate medical student build in POC and work with their paired HealthIT analyst for migration
- Track system
  - Level of involvement decided with input from source funding physician's time
  - Tier 1 Physician Builder
    - Access as granted in Hyperspace by the Foundation System physician builder/analytics template, with these exceptions
      - Additional access: MyChart, System Assessment & Plan Notes, Handoff Report
      - No access to: Workflow engine rule, order transmittal, grouper editor, role editor
      - Not permitted to alter: Inpatient and Ambulatory Storyboard
    - Expectations for contribution
      - Participation in Clinical Champion program
      - Resource for own build
      - Resource for prioritizing Pegasus tickets
      - Serving as SME for HealthIT analysts for related areas of expertise
      - Helping other clinicians with issue resolution
    - Time contribution of physician builder proportionate to analyst time utilized, expectation of 0.1 FTE (2 full days/month)
  - Tier 2 Physician Builder
    - Access as granted in Hyperspace and Text by the Foundation System physician builder/analytics template, with these exceptions
      - Additional access: MyChart, System Assessment & Plan Notes, Handoff Report, CER, Extensions, Grouper Editor, Role Editor
      - No access to: Workflow engine rule, order transmittal
      - Not permitted to alter: Inpatient and Ambulatory Storyboard
    - Expectations for contributions
      - Participation in Clinical Champion program
      - Resource for own build

- Resource for prioritizing Pegasus tickets
  - Serving as SME for HealthIT analysts for related areas of expertise
  - Helping other clinicians with issue resolution
  - Completing build tasks as requested by the physician builder's paired analyst team lead
  - Aiding HealthIT analysts with replicating build issues / identifying solutions
  - Assisting in addressing enterprise needs
- Time contribution of physician builder proportionate to analyst time utilized, expectation of 0.2 FTE or above (4 full days/month)
- Tier 2 Physician Builder Analytics
  - Access as per Tier 2 Physician Builder
  - Expected build areas: Registry, Registry Metrics, Reporting Workbench, Columns, Dashboard functionality (components, metrics, resources)
  - Expectations for contributions
    - No modification of end user workflow
    - Resource for own build
    - Hands-on development of enterprise data assets
    - Validation of enterprise data assets
    - Creation of metadata for enterprise data assets
    - Aiding Cogito analysts with build issues / identifying solutions
    - Assist in addressing enterprise reporting needs for related areas of expertise
  - Time contribution of physician builder proportionate to analyst time utilized, expectation of 0.2 FTE (4 full days/month)
- Tier 2 Research Builder
  - Access as per Tier 2 Physician Builder
  - Expected build areas: Registry, Registry Metrics, Reporting Workbench, Columns, Dashboard functionality (components, metrics, resources), BPAs, etc
  - Expectations for contributions
    - No modification of end user workflow without approval from appropriate governance group
    - Resource for own build
    - Hands-on development of BPAs and research management tools
    - Aiding CDS analysts with build issues / identifying solutions
    - Assist in addressing enterprise CDS needs for related areas of expertise
  - Time contribution of physician builder proportionate to analyst time utilized, expectation of 0.2 FTE (4 full days/month)
- Medical Student Builder
  - Access as per mentoring Physician Builder
  - Functions under expectations and restrictions of mentoring physician builder
  - Time contribution will be negotiated with mentoring physician builder; minimum of one month of dedicated elective time required
- Data courier access

- Physician builders will be given approval and access to use data courier after successful completion of VUMC Data Courier training (2 hour class, 2 hour exercise, exam)
  - **Medical student builders will not have data courier access**
  - Data courier will only be used to move items from POC to support environments
  - Data courier will never be used to move items from POC to TST or REL
- Funding
  - Funding for time, travel and training expenses will be provided by the physician builder's clinical department and/or PCC
  - Project prioritization for physician builders should be proportionate to funding source for the physician's time
  - **Medical student builders will use dedicated elective time in lieu of funded effort**

#### Build Approval

- Build should be performed in SUP when evaluating approaches for new projects. Build should only be performed in POC when the intent is to migrate that build to PRD.
- Build that is being migrated to PRD must fall under one of the following approved categories and must be tracked as indicated below
  - Break-fix
    - These should be tracked using the Pegasus system ("Something is broken")
      - <https://pegasus.mc.vanderbilt.edu/ess>
  - Research-related Build
    - Any build related to supporting research projects should be coordinated by the eStar Research Team, with Marc Beller as the initial point of contact
  - Non-exempt Build
    - Clinical decision support (CDS)
      - Any build involving CDS must be with an evaluation by a CDS analyst, which is initiated with a Pegasus ticket indicating "Analysis for physician builder." See "New CDS Process for Physician Builders" on VUMC Physician Builder Sharepoint site for details
    - Build that crosses over multiple eStar teams or is not specific to the Physician Builder's clinical area must go through the governance process
      - Consider presentation of project at VUMC's **Clinical Informatics Committee**
      - Submit an Enhancement Request
        - <https://pegasus.mc.vanderbilt.edu/request/start/3843>
  - Exempt Build
    - Build that is specific to a physician builder's clinical area does not need to go through institutional governance if the criteria below apply. Specific clinical area means within the smallest clinical organizational unit (i.e., exempt build for a trauma surgeon might include trauma notes but not the system-wide operative note). Build must be tracked by creating a Change Request ticket and a Content Management ticket. The physician builder should draft both tickets for their paired analyst as outlined in the VUMC Physician Builder Playbook.

- For this purpose, local build should have:
  - All of the following features:
    - Meet the criteria of enhancement requests. A break-fix will continue to require a request (non-enhancement).
    - Resourced entirely by a physician builder
    - Affects only the clinical area the physician builder is affiliated with
    - Cannot be easily extended to benefit other clinical areas
    - Poses no risk of eliminating content needed for coding or billing purposes, or has been vetted by the clinical areas' coding/billing team
    - Does not change content in a system-wide document that has contents that dictated by VUMC policy (i.e., surgical operative note)
    - Does not lead to bypassing the use of old content that could be required for compliance purposes
  - And be one of the following types of builds:
    - Adding new orderable synonyms
    - New smartphrases, smartlinks, smartlists, or smarttexts
    - Modifications to smartphrases, smartlinks, smartlists, or smarttexts not used in other clinical areas
    - Adding content to departments preference lists if not used by other departments
      - Medication preference list build (i.e., ERX records) must be reviewed by pharmacy, contact Fred Hargrove
    - Updating summary, patients lists, synopsis, navigators and sidebar reports, reports, print groups, reporting workbench reports, Radar components and dashboards that appear only to users in the physician builder's clinical area
    - Creating new columns
    - Creating new reporting workbench reports and reporting workbench report templates
    - Update existing physician builder's own service handoff template
    - New patient scores systems
    - Improvements made to records built previously by the physician builder
    - New rules, extensions, reports, print groups and flowsheets required to make the content above