

The Office of the National Coordinator for
Health Information Technology



Weekly Webinar Series

Overcoming Meaningful Use Barriers: Solutions from the Field

**Putting Clinical Decision Support (CDS)-enabled
Quality Improvement (QI) into Action - Part 2**

June 28, 2013

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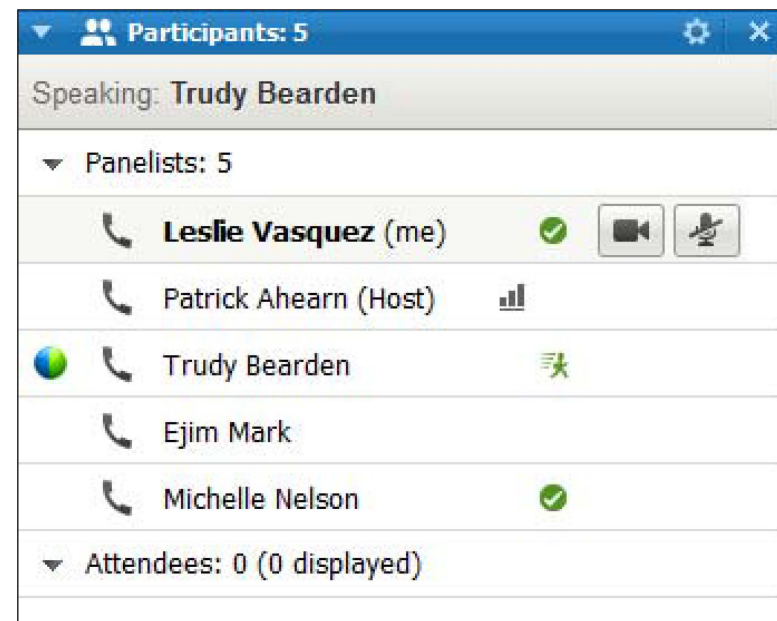


Telephone

- All participant lines are muted
- This session will be recorded for posting on the HITRC Portal

Webinar Environment Features

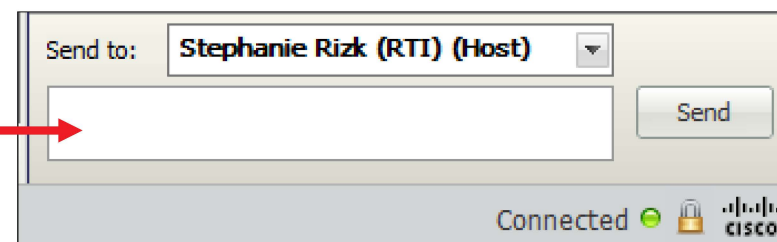
- Raise and lower your hand or use the polling features when prompted
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Raise and Lower Your Hand

Polling Features

Chat Window



Speakers

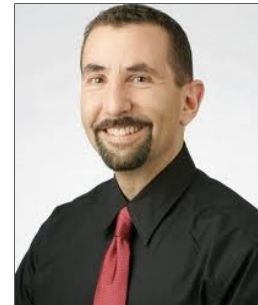
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Moderator



Constance Gillison, M.S.Ed
HITRC Training Team

Expert Presenters

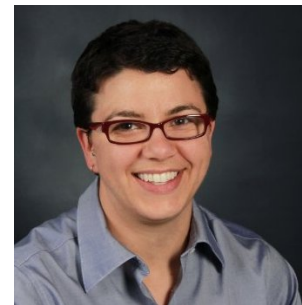


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Today's Agenda

- Recap CDS/QI highlights from Webinar Part 1
- Deeper dive on a CDS/QI worksheets
 - Overview
 - Provider use (Redwood Community Center)
- How tools can help RECs with QI and sustainability
- Where can ***you*** go from here?
- Q&A



Upon completion of this webinar, you will be able to...

- Identify CDS/QI tools forthcoming from the Office of the National Coordinator for Health Information Technology (ONC) including worksheets to map and improve information flow/workflow
- Understand how RECs and providers are approaching these tools, and implications for REC sustainability
- Incorporate these tools into *your* provider services



Care Delivery Improvement/CDS Toolkit*

- CDS/QI worksheets – Ambulatory and Inpatient
 - Simplified versions of both worksheets
 - Worksheet samples for Hypertension (HTN) and Venous Thromboembolism (VTE)
 - Tutorial on using worksheets
- Case examples
- Training – recorded webinars
- Related reference material

* Developed by *Clinical Decision Support Educational Tools for Meaningful Use (CDS4MU)* Project. Toolkit will be available on HealthIT.gov in September 2013.

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QI Drivers for RECs – Summary of Webinar Part 1

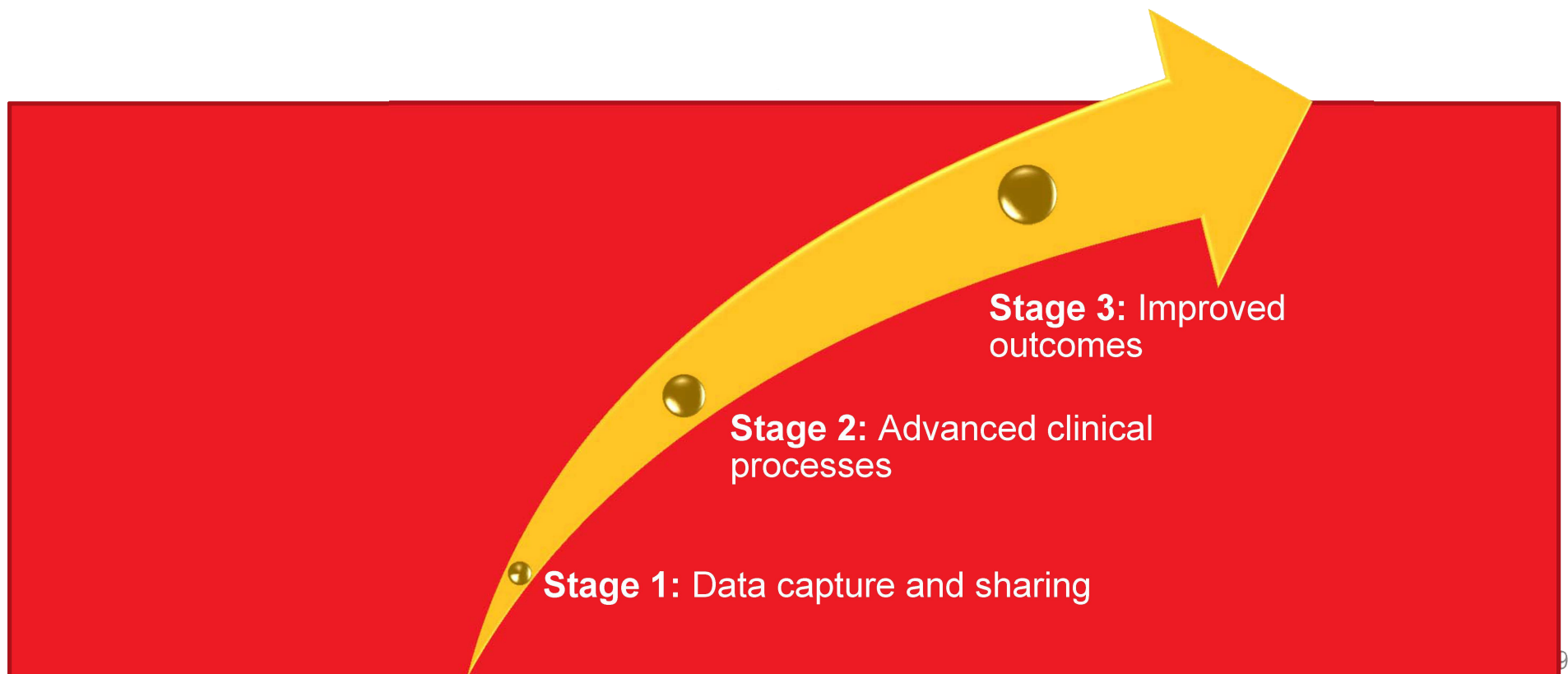
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Where RECs/Providers Must Go: Better Outcomes

- Meaningful Use (MU) is an *escalator* to better outcomes, stage 2 and 3 increase emphasis on QI
- RECs need *new business lines*, build on Stage 1 successes



Minnesota/North Dakota REC (REACH) is exploring sustainability via additional client services to accomplish the following:

- Support smaller clinics and rural hospitals who have cruder tools and limited resources
- Help to integrate initiatives and tie them with their QI efforts
- Help to leverage EHR to achieve their goals



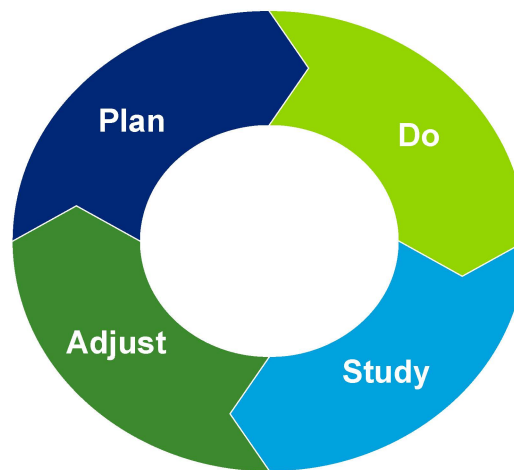
- Collaborate with the ONC *Clinical Decision Support Educational Tools for Meaningful Use (CDS4MU)* Project to develop tools to:
 - Provide training to staff on CDS-enabled QI
 - Provide client webinars/homework/support
- Results
 - Created collaboration culture, empowered smaller entities
 - Produced effective strategies for supporting CDS/QI
 - Supported clients in improving their QI approaches

REACH's Approach: Business Models

- Leverage established client relationships
 - Provider QI imperative
 - Trusted consultant
- Provide high value at affordable price
 - Innovative/collaborative service delivery
 - Build on Stage 1 MU REC processes
- Membership fee for essential services portfolio
 - CDS/QI support is 'arrow in quiver'

Recommended REC CDS/QI Approach

1. Understand key CDS/QI concepts and tools
 - CDS definition (not just rules/alerts)
 - CDS 5 Rights approach, worksheet
 - Map/improve workflow and information flow
 - Consider people, process, technology
 - Plan Do, Study, Adjust (PDSA) cycles



Recommended REC CDS/QI Approach (cont.)

2. Share concepts and tools with clients, help them apply CDS/QI steps

- Gather stakeholders – key staff/providers, EHR vendor
- Prioritize targets
- Establish goals, processes, accountabilities, resources
- Apply worksheet, PDSA cycles

Key Concept 1: Broad CDS Definition in MU Rule

“HIT functionality that builds on EHR foundation to provide people with information to enhance health and health care.”*

- Many ways to ‘provide information’ – not just rules/alerts
- How do providers do it today? Can it be done better?



*Eligible Professional Meaningful Use Core Measures, Measure 11 of 14

Key Concept 2: CDS 5 Rights

- To improve targeted healthcare decisions/outcomes, information interventions (CDS) must provide:
 - the right information
 - to the right people
 - via the right channels
 - in the right formats
 - at the right times
- Optimize information flow: what, who, where, when, how



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Tools for Understanding and Improving Target-focused Information Flow and Workflow

Putting the CDS 5 Rights into Action

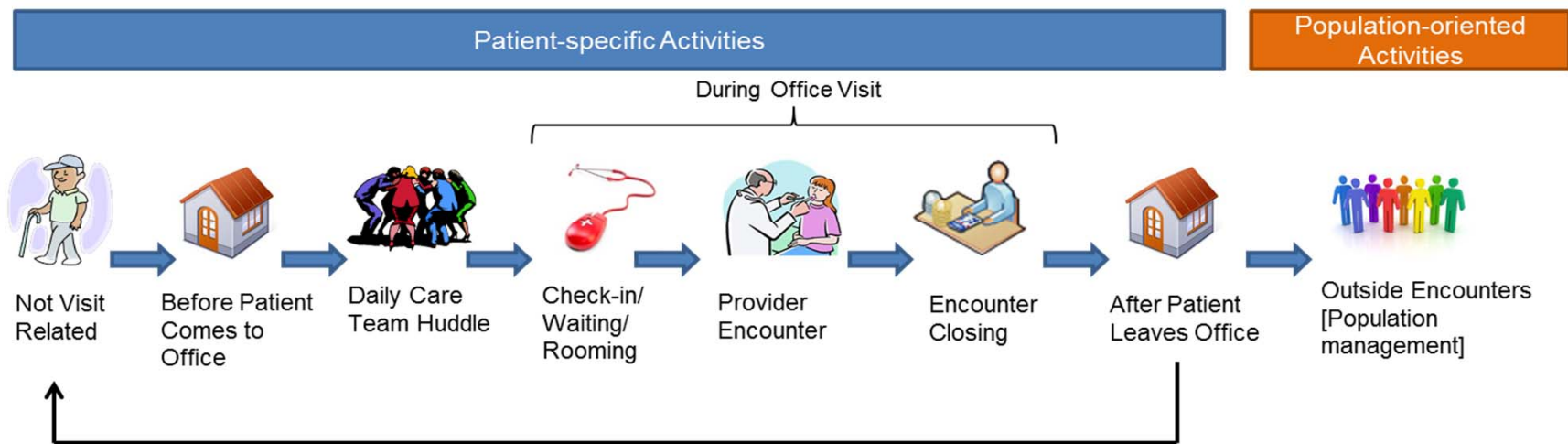
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Improving Care Delivery/ Outcomes

- What needs to happen?
 - Decisions
 - Actions
 - Communication
 - Data gathering
- Care Flow Steps where decisions, actions, communication and data gathering happen (Ambulatory):



The CDS/QI Worksheet helps practices/RECs:

- Understand current information/workflows
- Consider each care flow step/opportunity
- Brainstorm and implement enhancements (PDSA)
- Apply structured thought process for the entire team

CDS/QI Worksheet (Simplified Version)


Simplified worksheet merges care flow steps and makes CDS 5 Rights implicit

Target	
Current performance on target	


CDS/QI Approach Summary

	Not Visit Related	Before Patient Comes to Office	Daily Care Team Huddle	Check-in/ Waiting/ Rooming	Provider Encounter	Encounter Closing	After Patient Leaves Office	Outside Encounters [Population management]
Current Information flow								
Enhanced Information Flow								

Section 1: Activities that occur with specific patients

	Not Visit Related	Description: Not related to a patient's visit to the office/clinic or just before or after that visit.
	Current Information flow	o
	Enhanced Information Flow	o

These workflow activities occur in the office

	Daily Care Team Huddle	Description: Provider team preparations for all patient visits scheduled for the day
	Current Information flow	o
	Enhanced Information Flow	o

	Before Patient Comes to Office	Description: After a patient has an office visit scheduled but before they arrive for that appointment.
	Current Information flow	o
	Enhanced Information Flow	o

Ambulatory CDS/QI Workflow - Simplified Worksheet

CDS/QI Worksheet (Full Version)

Full worksheet version helps practices to:

- List care flow steps in detail
- Cover optimal, current and enhanced states
- Make CDS 5 Rights explicit

Clinical Decision Support Configuration Template (Ambulatory, blank)

		Clinical Decision Support Configuration Template (Ambulatory, blank)											
		Target =											
		Current Performance on Target =											
		Optimal State (sample activities to optimize performance)			Current State (Your current CDS/QI configuration)						Enhanced State (improvements you could implement)		
Decision Support Opportunity		Care Activities	Examples of Care Activities	Notes	CDS 5 Rights					Prerequisites for setting up current state	Proposed Enhancements (locally or by EHR vendor)	Notes	
					Who? (People)	What? (Information)	Where? (Channels)	How? (Formats)	When? (Workflow)				
Patient-specific Activities	Not Visit-related												
	Before Patient Comes to Office												
	During Office Visit	Check-in											
		Waiting											
		Rooming											
		Provider Encounter											
		Encounter Closing											
	After Patient Leaves Office												
Population Management Activities	Outside Patient-specific Encounters												

CDS/QI Worksheet: Example Entries

Target = control high blood pressure

Clinical Decision Support Configuration Template (Ambulatory, blank)

Target =		Current Performance on Target =									
Decision Support Opportunity	Optimal State (example activities to optimize performance)			Current State (Your current CDS/QI configuration)						Enhanced State (improvements you could implement)	
	Care Activities	Examples of Care Activities	Notes	CDS 5 Rights					Prerequisites for setting up current state	Proposed Enhancements (locally or by EHR vendor)	Notes
				Who? (People)	What? (Information)	Where? (Channels)	How? (Formats)	When? (Workflow)			
Patient-specific Activities	Not Visit-related										
	Before Patient Comes to Office										
	Check-in										
	Waiting										
	Rooming										
	During Office Visit	Provider Encounter									
	Encounter Closing										
After Patient Leaves Office											
Population Management Activities	Outside Patient-specific Encounters										

Current State (Your Current CDS/QI Configuration)						
CDS 5 Rights					Notes	
Who? (People)	What? (Information)	Where? (Channels)	How? (Formats)	When? (Workflow)		
Patient/Provider	Patient instruction sheet on reducing dietary sodium, sample meal menus and recipies	Paper stored in filing cabinets and brochure racks on the walls			During the patient/provider encounter	Select, manage and maintain paper-based tools (e.g., obtain and stock brochures) as well as electronic tools (e.g., vet/obtain material, integrate into EHR)

Example of Current State - Patient Education during Provider Encounter

CDS/QI Worksheet: Example Entries (cont.)

Target = control high blood pressure

Clinical Decision Support Configuration Template (Ambulatory, blank)											
Target =											
Current Performance on Target =											
Decision Support Opportunity	Optimal State (example activities to optimize performance)			Current State (Your current CDS/QI configuration)					Enhanced State (improvements you could implement)		
	Care Activities	Examples of Care Activities	Notes	Who? (People)	What? (Information)	Where? (Channels)	How? (Formats)	When? (Workflow)	Prerequisites for setting up current state	Proposed Enhancements (locally or by EHR vendor)	Notes
Patient-specific Activities	Not Visit-related										
	Before Patient Comes to Office										
	Check-in										
	Waiting										
	Rooming										
	Provider Encounter										
	Encounter Closing										
Provider Management Activities	After Patient Leaves Office										
	Outside Patient-specific Encounters										

Enhanced State (improvements you could implement)	
Proposed Enhancements (locally or by EHR vendor)	Notes
<p>Try to manage this information via EHR to optimize workflow and content maintenance. Consider involving non-provider clinical staff in routine patient education activities and include more engaging multimedia education materials (e.g., illustrating how modifiable cardiovascular risks lead to heart attacks) to help patients understand and address these factors.</p>	<p>Contact vendor and research which products work with EHR, how much they cost, how are they updated, etc.</p>

Example of Enhanced State – Patient Education during Provider Encounter

- RECs
 - Presented to Learning and Action Network (LAN) REACH
 - Used by an Federally Qualified Health Center (FQHC)
 - Other presentations/implementation discussions
 - Arizona REC (AZ REC) and a group of providers
 - North Carolina Area Health Education Center (NC AHEC)
 - Washington & Idaho REC/QIO (WIREC)
- Engagement of vendors, clients, RECs
 - Success EHS
 - eClinicalWorks

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Worksheet in Action

Danielle Oryn, DO MPH
CMIO, Redwood Community Center

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- Our user group exists to:
 - Share best practices
 - Give feedback to our vendor
- Working toward:
 - MU
 - Patient-centered Medical Home (PCMH) & Accountable Care Organization (ACO) models

- Decided to start with National Quality Forum (NQF) 0047 Pharmacotherapy for Persistent Asthma
- Completed separately by:
 - 1 Health Center Controlled Network (HCCN) in California
 - 1 FQHC in New York
- Combined the work above via web meeting
- Conducted national user-group web meeting
 - Presented the findings from the groups above
 - Collected more information from the users on the call
 - Gave feedback to our EMR vendor

- Quickly identified a difficulty with where asthma was classified in the workflow
 - There is no existing code for persistent asthma
 - Clinicians need to assess the asthma severity
 - The area the vendor had designated to collect that data was not in the clinician workflow
- On the national call
 - Vendor feedback which has led to involvement around new EMR development for asthma
 - Collected NEW possible solutions from other participants

Example from the Worksheet (cont.) Putting the I in HealthIT

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		Optimal State			
		Decision Support Opportunity	Care Activities	Specific Tasks	Notes
Patient-specific	During Office Visit	Provider Encounter	Documentation	Ability to assess asthma in the assessment window.	Setting: Exam Room

Example of Optimal State for Asthma target measure – Documentation during Provider Encounter

Current State					Enhanced State		
CDS 5 Rights					Prerequisites for setting up current state	Proposed Enhancements (locally or by EHR vendor)	Notes
Who? (people)	What? (information)	Where? (channels)	How? (Formats)	When? (Workflow)			
Provider	Uses asthma smart form and template to documents severity	EMR - smart form, template progress note	Structured data	Visit		Smartform populates an ICD9 code that is often not correct	We need to be able to map the classifications to code descriptions - move the assessment to assessment area rather than smartform

Example of Current and Enhanced State for Asthma target measure – Documentation during Provider Encounter

- Continue to use this format for our work-group
- Create worksheet library for key measures that our groups are focused on
- Work with the EHR vendor to improve the CDS tools
- Explore other opportunities to utilize the worksheet
 - Individual FQHCs
 - HCCN (also serving as Local Extension Center)

QI/CDS Plans: Washington & Idaho REC (WIREC)

- QI in sustainability efforts?
 - Sustainability plans unfolding
 - Tie business model to provider money - Physician Quality Reporting System (PQRS), PCMH, MU
- CDS4MU tools in QI plans?
 - Shared with REC staff
 - Used in two client webinars
 - Building into their tools
 - Theme: CDS is QI Project – you can do it!
 - Using directly with some clients

QI/CDS Plans: North Carolina AHEC (REC)

- QI in sustainability efforts?
 - Build on strong QI, education programs
 - Tie to PCMH momentum
 - Leverage collaborative/online learning
- CDS4MU tools in QI plans?
 - Use case studies, worksheets, other elements:
 - Provider outreach starting 7/13
 - QI engagements
 - Services for MU Stage 2 CDS requirements

- Many have QI background, e.g. QIO
- Sustainability ‘under development’, should play to strengths
- QI is provider need, REC business opportunity
- Meet practices where they are
 - e.g., PCMH, MU, PQRS, Payer programs
 - Many not ready for QI; some are
- CDS4MU tools are useful

Where Can You Go From Here?

- Review Webinar Parts 1 and 2 with your REC team
 - Implementation staff, business owners
 - Understand provider and REC CDS/QI needs, opportunities
- Review *Care Delivery Improvement/CDS Toolkit*
 - Case examples, worksheets, related training/tools/reference
- Do Provider Outreach
 - Webinar to introduce concepts (use this deck or others)
 - Prioritize providers ready for CDS/QI conversations/support
 - Help them apply CDS/QI worksheet, case examples, other tools
 - Support PDSA cycles for measurable improvements

Question 1

Are you going to do any of the recommended CDS QI steps within the next six months?

- If yes, please enter your name in the chat window



Questions or comments about material presented?

- CDS/QI Approach
- Worksheets: details or provider use
- REC activities (several are listening in...)



For More Information

- If you have further questions or would like more information about today's session, please contact Jerry Osheroff, MD (josheroff@tmitconsulting.com)
- For more information on the weekly webinar series, click <http://www.healthit.gov/providers-professionals/clinical-decision-support-cds>.

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