Care Delivery Improvement/ CDS Toolkit

Overview for the Meaningful Use Community of Practice

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- SME for ONC “CDS4MU Project”
Today’s Agenda

• Session Objectives
• Project Background
• Toolkit Overview
• REC Next Steps
• Q&A
Session Objectives

• Understand Toolkit purpose and contents
• Appreciate use by RECs, providers, vendors
• Consider using toolkit, and its sustainability implications
Clinical Decision Support for Meaningful Use (CDS4MU)

- **Background**: ONC contract, 9/12-9/13
- **Goal**: Create practical, useful tools and resources
- **Deliverable**: Care Delivery Improvement/CDS Toolkit
  - Will be posted on HealthIT.gov
Help RECs/providers/vendors/others drive CDS-enabled QI

• Support transition to MU Stage 2 and beyond
• Help make Meaningful Use *meaningful*
• Support REC sustainability efforts
CDS for MU is about QI

CDS Definition from MU Final 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?

* Paraphrase from: Eligible Professional Meaningful Use Core Measures, Measure 11 of 14
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
Toolkit Content Overview

• Ambulatory and Inpatient CDS/QI worksheets
  – Simplified and detailed versions
  – Tutorial on using detailed worksheets
  – Samples

• CDS-enabled QI Case Studies

• Training – recorded webinars

• Related reference material
The **CDS/QI Worksheets** help users:

- Understand current information/workflows
- Apply structured approach, improve communications
- Consider each care flow step/CDS opportunity
- Brainstorm and implement enhancements
Simplified worksheet merges care flow steps; CDS 5 Rights are implicit
Inpatient simplified worksheet is similar; care flow steps are pertinent to hospital
Full worksheet version helps providers to:
- List care flow steps in detail
- Cover optimal, current and enhanced states
- Make CDS 5 Rights explicit

<table>
<thead>
<tr>
<th>Decision Support Opportunity</th>
<th>Care Activities</th>
<th>Examples of Care Activities</th>
<th>Notes</th>
<th>Optimal State (sample activities to optimize performance)</th>
<th>Current State (Your current CDS/QI configuration)</th>
<th>Enhanced State (improvements you could implement)</th>
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<tbody>
<tr>
<td>Not Visit-related</td>
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<td></td>
<td>Who? (People)</td>
<td>Prerequisites for setting up current state</td>
<td>Proposed Enhancements (locally or by EHR vendor)</td>
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<tr>
<td>Before Patient Comes to Office</td>
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<td>What? (Information)</td>
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<td>Check-in</td>
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<td>Where? (Channels)</td>
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<td>Waiting</td>
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<td>How? (Formats)</td>
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<td>Rooming</td>
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<td>When? (Workflow)</td>
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<td>During Office-Visit</td>
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<td>Provider Encounter</td>
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<td>Encounter Closing</td>
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<td>After Patient Leaves Office</td>
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<td>Population Specific Activities</td>
<td>Outside Patient-specific Encounters</td>
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Inpatient detailed worksheet is similar; care flow steps are pertinent to hospital

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<tr>
<td></td>
<td>Care Activities</td>
<td>Examples of Care Activities</td>
<td>Notes</td>
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<tr>
<td>Pre-hospitalization</td>
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<td>Emergency Department</td>
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<td>Registration/Discharge</td>
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<td>History/Assessment</td>
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<td>Documentation</td>
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<td>Patient-specific Activities</td>
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<td>During Hospitalization</td>
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<td>Care planning/Patient</td>
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<td>Education/Shared Decisions</td>
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<td>Ordering</td>
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<td>Care Plan Execution</td>
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<td>(e.g., Testing, Medications)</td>
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<td>Discharge/Transfer</td>
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<td>Post-discharge</td>
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<td>Population-specific</td>
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<td>Encounters</td>
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</table>
**Example Worksheet Entries for BP Control Target**

![Worksheet Image]

**Current State (Your Current CDS/QI Configuration)**

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<tbody>
<tr>
<td>Patient/Provider</td>
<td>Patient instruction sheet on reducing dietary sodium, sample meal menus and recipes</td>
<td>Paper stored in filing cabinets and brochure racks on the walls</td>
<td>During the patient/provider encounter</td>
<td>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)</td>
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Example of Current State row content: Patient Education during Provider Encounter
Example Worksheet Entries (cont.)

Example of Enhanced State row content: Patient Education during Provider Encounter
Start Page includes a tool to focus on one row/column section at a time.
Interactive tutorial guides users on how to fill out worksheet.
CDS/QI strategy details for practices with exemplary results

Title: Quality Improvement Case Study: Improving Blood Pressure Control in a 3-Provider Primary Care Practice

EXECUTIVE SUMMARY

Organization
Ellsworth Medical Clinic is a family medicine practice in Wisconsin with 2 physicians and 1 physician assistant, and additional support staff of 5.4 FTE including lab tech and nurse supervisor. It is part of a network of 22 providers working across 3 sites under the umbrella organization, River Falls–Ellsworth–Spring Valley Medical Clinics.

Target
• Achieve better blood pressure (BP) control in all patients with BP greater than 140/80.

Quality Improvement Strategy Highlights
• The BP improvement project spanned all 3 clinic sites; details in this case study focus primarily on the Ellsworth site.
• Practice leaders knew the importance of good BP control but were stuck at what they considered good – but not great – BP control for their patients based on data they were reporting to a state agency. The organizational culture and aspiration is to provide great care.
• The quality improvement (QI) effort focused on BP control began in 2007, and was significantly enhanced through capabilities available with the implementation of a certified electronic health record (EHR) in 2010. Key EHR-related functions for the BP QI effort include the ability to efficiently examine key clinical data for all their patients - such as office blood pressures with readings above the target threshold highlighted – using a homegrown, EHR-driven registry.
Other Content: Recorded Training

- Presented as HITRC webinars
- Can used for REC staff training

Weekly Webinar Series
Overcoming Meaningful Use Barriers: Solutions from the Field

Making Clinical Decision Support (CDS) Real & Beneficial: An Approach for Helping You Address Improvement Imperatives for Meaningful Use Stage 2 and Beyond

May 10, 2013

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
Unit 1: CDS/QI Foundations
- Defines CDS and basic approaches such as CDS 5 Rights
- Outlines interrelationships between Meaningful Use, CDS, and QI

Unit 2: Improving Targeted Measures
- Implementing CDS interventions to improve specific Quality Measures

Unit 3: Case Studies and Additional Resources
Worksheet “Alpha Testing”

- RECs
  - Presented to Learning and Action Network (REACH)
    - Used by a Federally Qualified Health Center (FQHC)
  - Other presentations/implementation discussions
    - Arizona REC staff and provider clients
    - North Carolina Area Health Education Center
    - Washington & Idaho REC/QIO (WIREC)
    - Project’s REC Advisory Panel
- Joint engagement of vendors, clients, RECs
  - Success EHS
  - eClinicalWorks
Toolkit “Alpha Tester” Summary

- Intensive input, review, use by RECs/others
  - Many RECs 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 Webinars with your REC team
  – Implementation staff, business owners
  – Understand staff/client CDS/QI needs, opportunities
• Review other Toolkit components
  – 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
Contact

- For further information or discussion:
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