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
Webinar Environment

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
- Use the chat window to ask questions or interact with others
Speakers

**Moderator**

Constance Gillison, M.S.Ed  
HITRC Training Team

**Expert Presenters**

Phil Deering  
Manager Program  
Development/Implementation,  
Stratis Health

**Production & Technical Support**

Patrick Ahearn, MA  
RTI International

Jerome A. Osheroff, MD, FACP, FACMI  
Principal, TMIT Consulting

Paul Kleeberg, MD, FAAFP, FHIMSS  
CMIO, Stratis Health
Introduction

Phil Deering
Manager, HIT Program Development & Implementation
Stratis Health
REC Case Example

- REACH = MN/ND REC
- Work with entire provider range
- Most at or near Stage 1
- Exploring sustainability via additional client services
  - Support smaller clinics with fewer resources
• Many clients:
  – Struggle achieving EHR benefits
  – See MU as external mandate, separate from effective use
  – Express concerns about Stage 2
  – Feel pressure: ACOs, quality reporting, pay 4 performance

• REACH goal: Broadly support providers and quality improvement, sustainably
Today’s Agenda

• Introduction
• Discuss post MU Stage 1 challenges for RECs and providers
• Strategy, examples, and tools to meeting post MU Stage 1 challenges
• Next steps you can take
• Q&A
• Wrap-Up
• Evaluation
• *Upon completion of this webinar, you will…*

- Understand QI approaches/tools, such as a template to map and improve information flow/workflow; implications for sustainability

- Understand how addressing Meaningful Use QI requirements builds on your Stage 1 work

- Consider incorporating QI approaches – and a related toolkit from ONC – into your provider services
Where RECs/Providers Have Been: Implementation

• Primary RECs/client tasks were:
  – Assess, plan, select, implement an EHR
  – Use EHR, achieve Stage 1 MU

• RECs successfully playing key role
  – Helped 10Ks of providers attest
  – Developed helpful methods/tools
  – Made the difficult more simple
Where RECs/Providers Must Go: Better Outcomes

- Meaningful Use is *escalator* to better outcomes
  - Stage 2/3 increase emphasis on quality improvement
- RECs need new business lines for this lift
  - Build on Stage 1 successes
Meaningful Use, QI, and CDS are Tightly Connected

- **Stage 1: Deploy**: “establish EHR functions for continuous QI…”

- **Stage 2: Use**: “encourage HIT use for continuous QI at point of care”

- **Stage 3: Improve**: “improve quality, safety efficiency, outcomes, focusing on decision support for national high priority conditions, patient access to self management tools”

### CDS-related MU Requirements

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Deploy</th>
<th>Use</th>
<th>Improve</th>
</tr>
</thead>
</table>
| **Explicit CDS Requirements** | **Objective/Measure:**  
  • Implement one CDS rule  
  • Implement drug-drug and drug-allergy checks  | **Objective/Measure:**  
  • Improve performance on priority health conditions through 5 CDS interventions for ≥ 4 priority CQMs  
  • Implement drug-drug and drug-allergy checks  | Request For Comment suggests 15 CDS interventions                     |
| **Other CDS Requirements**    | • Send reminders to patients for preventative/follow up care  
  • Generate lists of patients by conditions for QI  
  • Identify patient specific education resources |                                                                      |                                                       |
REACH Example: Approach

• Collaborate with ONC CDS4MU Project
  – Discussed CDS-enabled QI for MU with staff
  – Provided client webinars/homework/support
  – Helping develop “Care Delivery Improvement/CDS Toolkit”
• Results
  – Several providers engaged, strong uptake by one
  – Strategies for supporting CDS/QI
• There is effective approach to CDS-enabled QI
• Can begin without “heavy lift”
• More details now…
Recommended REC CDS/QI Approach

- Understand key concepts/tools
  - Improving information flow/workflow is key
  - Broad CDS definition
  - CDS 5 Rights approach and template
  - Change Management education and Plan, Do, Study, Adjust (PDSA) cycles
- Share understanding with clients
  - Prioritize QI targets
  - Discuss information challenges/opportunities
  - Apply tools
Care Delivery Improvement/CDS Toolkit

• Deliverable from ONC project: on HealthIT.gov
• Support CDS-enabled Quality Improvement: REC/Provider
• Practical/Robust
  – Overview Materials, webinars
  – CDS/QI success case studies
  – CDS/QI strategy templates
  – Deep reference material
Step 1: Foundations

Improving Information Flow/Workflow/Care

Understand Key Concepts, Tools, and Approaches

Improve Measures & Build Capacity
“HIT functionality that builds on EHR foundation to provide people with information to enhance health and health care.”

• *Very broad:* way beyond alerts
• *Includes what you are doing* (though perhaps not optimally)
Key Concept 2: “CDS Five 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*
Right Information (“What” Options)

• Provides information that is:
  – Evidence-based
  – Current
  – Responsive to clinical needs
  – At appropriate level (depth and breadth)
  – Useful for guiding action
Right People ("Who" Options)

• The “right people” to receive/provide information:
  – Doctors
  – Nurses
  – Pharmacists
  – Other care team members/staff
  – Patients! (and their caregivers)
Right Channels ("Where" Options)

- How is the information getting to the "right people"?
  - EHR modules
  - Registries
  - Clinician/Patient portals
  - Mobile devices (patient and clinician)
  - Smart home devices (meds, BP, etc.)
  - Paper (e.g., patient handout)
  - Others
Right Formats (“How” Options)

• In what format is information flowing? **Many options:**

• Relevant data presentation
  – Patient Lists/Provider Scorecards
  – Flow sheets and Graphs
  – Dashboards

• Documentation Templates

• Order sets

• Reference information

• Alerts and reminders

**Consider both clinicians/staff AND patients as potential recipients**
Format Example: Patient Lists

- Lists of patients with particular conditions, e.g. diabetes, hyperlipidemia
- Leverages Registry channel/function
- QI requirement for Meaningful Use
- Helps identify/address care gaps/needs

Used with permission from Ellsworth Medical Clinic
Right Time ("When" Options)

Opportunity to Support Decisions/Actions:

During Office Visit

- Pre-Visit
- Check-in/waiting
- Rooming
- Exam Room
- After Exam Room
- Post-Visit

Outside Encounters [Population management]
Key Concept 3: PDSA, A Proven QI Method

- Used widely (see IHI, How to Improve)*
- Helpful for CDS/QI work
- Complements CDS 5 Rights

Goal?
Detect progress?
Changes to try?

*http://www.ihi.org/knowledge/Pages/HowtoImprove
CDS-enabled QI: Achieving Targeted Improvement

Paul Kleeberg, MD, FAAFP, FHIMSS
CMIO, Stratis Health
Step 2: Target-focused Improvement

Improving Information Flow/Workflow/Care

Understand Key Concepts, Tools, and Approaches

Improve Measures & Build Capacity
Help Provider Build the Team

• Gather CDS/QI stakeholders – including key staff/providers, EHR vendor
• Agree to a focused CDS/QI Activity
  – Establish goals, objectives, processes, accountabilities, resources (see CDS4MU Toolkit)
• Approach subsequent steps as a team

Do CDS with stakeholders, not to them. “Enhancing decisions and actions with pertinent information to improve health and healthcare” is a team sport!
Work on What is Important

• Start with smaller, compelling projects that are easy, likely to succeed with high impact

• Address measurement and change management
  – Clinical, financial, operational measures, and baselines
  – Process and accountability
  – Resources
Workflow Analysis: Key to Getting “CDS 5 Rights” Right

- What are people currently doing?
  - Supposed to be doing (policy)
  - Think they’re doing (ask)
  - Actually doing (look!)

- What’s working?
  - Problematic?
  - Ripe for improvement?
Clinical Decision Support Configuration Template (Ambulatory, Hypertension Sample)

Target: % of patients 18-85, BP<140/90 (MU CQM: CMS165v1)
Performance on target:

<table>
<thead>
<tr>
<th>Decision Support Opportunity</th>
<th>Care Activities</th>
<th>Specific Tasks</th>
<th>Setting</th>
<th>CDS 5 Rights</th>
<th>Implementation Considerations (see bottom of template)</th>
<th>Proposed Enhancements (locally or by EHR vendor)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Visit-related</td>
<td>Patient understands condition and treatment; take medications; keep appointments; document information (weight, blood sugar, food diary, etc.)</td>
<td>Health status questionnaires (e.g., home BPs, diet/exercise logs), education about conditions/medications (HTN, BP meds, non-drug HTN management), reminders about medications/testing/follow-up (e.g., follow-up appointment for BP checks, lab tests ordered to follow meds or underlying triggers for uncontrolled HTN)</td>
<td>Patient</td>
<td></td>
<td>Documentation tools, reference materials, flowsheets, text messages</td>
<td>Consider putting the education and health status into the portal</td>
</tr>
</tbody>
</table>

- Help entire team with structured thought process
- Understand current information/workflows producing results
- Brainstorm and implement enhancements (PDSA)
Recapping the Approach

• Use ONC CDS/QI Toolkit to educate REC staff, support outreach
• Help providers understand key CDS/QI concepts and tools
• Support provider target selection and improvement efforts
  – Build team
  – Use EHR/MU data to help select targets
  – Apply CDS/QI Template to uncover/address opportunities
  – Use PDSA cycles to ‘get it right’
• Use PDSA cycles to scale above into new business lines
Next Steps

- Review this presentation, prepare questions for follow-up
  Webinar: What do you need to be successful as a REC?
    - Opportunity,
    - Resources/needs
    - Concerns or risks
- Webinar Part 2: Follow-up on Putting CDS-enabled Quality Improvement into Action (6/28)
  - Further discuss REC needs/plans
  - More detailed case study using CDS/QI template
  - Next steps
Open Discussion

• Questions or comments about material presented?
Question 1

- Doing any CDS/QI like this now?
  - Examples?
Question 2

- Do you anticipate doing it for Stage 2?
  - Why or why not?
Question 3

- Will these tools and approaches be useful?
  - Why or why not?
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

Next Session

- Part 2: Follow-up on Putting CDS-enabled Quality Improvement into Action (6/28)

We value your feedback. Please fill out the brief survey that will be shown in the polling window