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
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
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.
QI Drivers for RECs – Summary of Webinar Part 1

Jerome A. Osheroff, MD, FACP, FACMI
Principal, TMIT Consulting
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
REACH’s Approach

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

Putting the CDS 5 Rights into Action

Jerome A. Osheroff, MD, FACP, FACMI
Principal, TMIT Consulting
• 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
Simplified worksheet merges care flow steps and makes CDS 5 Rights implicit

Ambulatory CDS/QI Workflow - Simplified Worksheet
Full worksheet version helps practices 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>
<th>CDS 5 Rights</th>
<th>Prerequisites for setting up current state</th>
<th>Proposed Enhancements (locally or by EHR vendor)</th>
<th>Notes</th>
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CDS/QI Worksheet: Example Entries

Target = control high blood pressure

Example of Current State - Patient Education during Provider Encounter
Target = control high blood pressure

Example of Enhanced State – Patient Education during Provider Encounter
Worksheet Alpha Testing

- **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
Worksheet in Action

Danielle Oryn, DO MPH
CMIO, Redwood Community Center
Need for CDS Work

• 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
Worksheet Process

- 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
Example from the Worksheet

- 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.)

<table>
<thead>
<tr>
<th>Decision Support Opportunity</th>
<th>Optimal State</th>
<th>Specific Tasks</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient-specific</td>
<td>Provider Encounter</td>
<td>Documentation</td>
<td>Ability to assess asthma in the assessment window.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Current State</th>
<th>Enhanced State</th>
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<tbody>
<tr>
<td><strong>CDS 5 Rights</strong></td>
<td><strong>Proposed Enhancements (locally or by EHR vendor)</strong></td>
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<tr>
<td><strong>Who</strong> (people)</td>
<td><strong>Who</strong></td>
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<tr>
<td><strong>What</strong> (information)</td>
<td><strong>What</strong> (information)</td>
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<td><strong>Where</strong> (channels)</td>
<td><strong>Where</strong> (channels)</td>
</tr>
<tr>
<td><strong>How</strong> (Formats)</td>
<td><strong>How</strong> (Formats)</td>
</tr>
<tr>
<td><strong>When</strong> (Workflow)</td>
<td><strong>When</strong> (Workflow)</td>
</tr>
<tr>
<td>Provider</td>
<td>Uses asthma smart form and template to document severity</td>
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<td>EMR - smart form, template progress note</td>
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<td></td>
<td>Structured data</td>
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<td>Visit</td>
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<td>Smartform populates an ICD9 code that is often not correct</td>
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<td></td>
<td>We need to be able to map the classifications to code descriptions - move the assessment to assessment area rather than smartform</td>
</tr>
</tbody>
</table>

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
Open Discussion

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.

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