**Strengthening Provider–EHR Vendor–REC Collaboration**

**Overview**

These are steps that electronic health record (EHR) vendors and Regional Extension Centers (RECs) – and the providers they respectively serve – can take to strengthen their collaboration on measurably improving specific care processes and outcomes.

1. Understand the collaboration imperative and engage key stakeholders from provider organizations, EHR vendor and REC. Because healthcare delivery faces increasing quality-improvement drivers, success for providers (and those businesses that support them) will increasingly require that these inter-dependent entities work together effectively to improve outcomes.
2. Develop shared vision among stakeholders about clinical decision support (CDS) and quality improvement (QI)
   1. Plan sessions to discuss what CDS is and introduce the CDS 5 Rights framework [see Activity 1 - Understanding Foundations in Resources for Improving Care with Clinical Decision Support [http://healthit.gov/providers-professionals/clinical-decision-support-cds]
   2. Explain and demonstrate use of CDS/QI worksheets [see Activity 2B in Resources for Improving Care with Clinical Decision Support [http://healthit.gov/providers-professionals/clinical-decision-support-cds]
   3. Use QI Case Studies [see Activity 2A in Resources for Improving Care with Clinical Decision Support [http://healthit.gov/providers-professionals/clinical-decision-support-cds] to illustrate how small practices use CDS to improve quality on specific measures (extrapolating to the hospital setting if needed)
3. Prioritize Clinical Quality Measure(s) (CQMs) to address with joint CDS/QI efforts
   1. See Activity 3A in Resources for Improving Care with Clinical Decision Support [http://healthit.gov/providers-professionals/clinical-decision-support-cds] for list of 2014 CQMs
4. Populate the CDS/QI Worksheet for the selected improvement target
   1. Providers can do this with help from REC (if needed)
   2. EHR vendors can consider completing worksheets to illustrate how their systems can be leveraged to address specific targets of high interest across their client base
5. Providers/Vendor/REC share and discuss worksheets.\* This helps to achieve inter-dependent goals, e.g.,
   1. Providers make better use of vendor capabilities to improve information flow and workflow;
   2. Vendors ensure optimal use of QI-related functions and get structured, aggregated input on client QI efforts and system enhancements needed to support them;
   3. RECs (and similar businesses supporting providers) enhance the support for leveraging HIT to improve workflow and care delivery

*\*Sharing can be mediated by vendors, RECs, the* [*CDS/PI Collaborative*](https://sites.google.com/site/cdsforpiimperativespublic)*, and/or others using forums such as face-to-face meetings, webinars, and online discussion groups. Online bulletin boards hosted by these groups can be uses to create ‘shared libraries’ of completed worksheets – emphasizing especially those that document strategies that lead to high performance on key improvement targets.*

**Example of Collaboration: Phases and Stakeholder Activities**

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| --- | --- | --- | --- |
|  | Provider | REC | Vendor |
| Initiation | * Joined a payer’s new pay-for-performance program incentivizing better blood pressure control * Contacted REC and asked for help with CDS/QI for this target | * Met with the provider to discuss specific challenges and needs for change * Realized that they have a lot of practices that are using the same EHR vendor that this provider is using and are also interested in this same QI target * Contacted the EHR vendor and scheduled a joint meeting with the providers that are clients of this vendor | * Agreed to use the meeting to learn more about providers’ needs and challenges related to this target – with an eye toward increasing their product/service value in helping providers address a broad range of QI targets |
| Planning | * Presented clinic’s specific improvement target: BP< 140/90 in 85% of patients within 2 years (CMS eMeasure 165v1, NQF #0018, Domain= Clinical Process/ Effectiveness); Baseline performance on this measure was 68%; described their current strategies for BP control, including ways they use the EHR | * Leveraged the CDS/QI resources on HealthIT.gov during the meeting to present an approach to analyzing and improving workflow and information flow related to targets such as BP control * Identified several other practices served by the vendor with sub-optimal BP control strategies and results that wanted to join the initial practice in using these tools in a focused CDS/QI effort on this target | * Participated in the discussion and better understood provider challenges and opportunities regarding BP control CDS/QI efforts * Noted some ‘quick wins’ regarding ways providers could better use their tools (e.g., registries, flowsheets, non-interruptive alerts) for BP control, and agreed to participate in more detailed, collaborative QI work with the interested providers |
| Execution Step 1 | * The providers participating in the collaborative QI project convened their internal QI teams – with support from the REC - to build a shared understanding of CDS/QI tools and approaches [http://healthit.gov/providers-professionals/clinical-decision-support-cds] | * Provided training (leveraging tools and resources from HIT.gov [http://healthit.gov/providers-professionals/clinical-decision-support-cds]) on these tools and approaches, including how to use the simplified ambulatory and detailed worksheets * Provided similar training for the EHR vendor implementation support and product development staff | * Supported their staff and participating in this training, and considering deeply its implications for their product development and support * Staff used Ambulatory CDS/QI Worksheets (initially simplified and then detailed) to begin documenting specific ways their system capabilities could be used to support optimal BP control |
| Execution Step 2 | * Participating providers used the simplified worksheet first with the team and then completed the detailed ambulatory CDS/QI worksheet in a smaller group where they identified optimal BP care activities, current information flows and workflows, and enhancement opportunities | * Continued providing guidance to the providers and vendors in using the CDS/QI tools and resources available on HealthIT.gov for these efforts * Hosted periodic web meetings between participating providers and the EHR vendor to discuss findings from workflow/information flow analyses. * Set up online discussion group and document sharing site where providers should share and discuss their worksheets (REC planned to include other provider clients working on BP control and using a different EHR vendor) | * Worked with providers to understand providers’ BP-related information flow and workflow needs, and suggested concrete solutions/opportunities for better using their system capabilities * Noted on their own working version of the detailed worksheet (in the ‘Potential Enhancements’ section) high priority needs that their system couldn’t address well |
| Execution Step 3 | * Prioritized potential workflow/information flow enhancements they had identified in collaboration with the REC and the EHR vendor, and implemented selected enhancements (i.e., those requiring relatively modest effort with potential for high QI return) | * Continued support for participating providers/vendors as outlined above, and began reaching out to other providers (and their EHR vendors) about joining this initiative * Began considering expanding this effort to cover other high priority improvement targets of interest to their client base | * Staff continued helping providers (e.g., through training and configuration support) to optimize the use of their current tools for BP control * Began prioritizing with clients new system enhancements that would most support their BP control efforts |
| Evaluation and Spread | * Analyzed results from enhancements and adjusted implementation to optimize positive effects and address unanticipated problems * Considered implications of their BP control CDS/QI efforts and results in addressing other high priority targets | * Compiled lessons learned and developed a process and sustainable business model for guiding other providers – and other EHR vendors – in addressing BP control * Began exploring needs and related solutions for addressing other improvement targets in collaboration with key partners | * Enhanced its training materials and other client support efforts (e.g., shared tool libraries and discussion forums for clients) with key insights and approaches gleaned from the BP control project * Began implementing and evaluating the high priority BP control-related system enhancements, after considering which would have broad value across many different targets |