

The Office of the National Coordinator for
Health Information Technology



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

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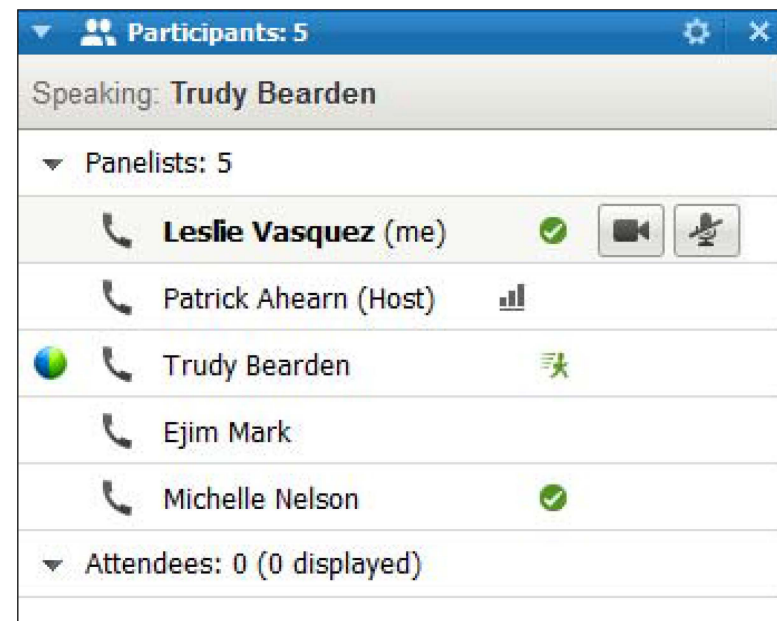


Telephone

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

Webinar Environment Features

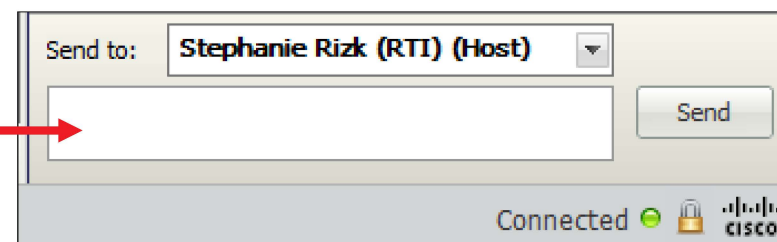
- Raise and lower your hand or use the polling features when prompted
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Raise and Lower Your Hand

Polling Features

Chat Window



Speakers

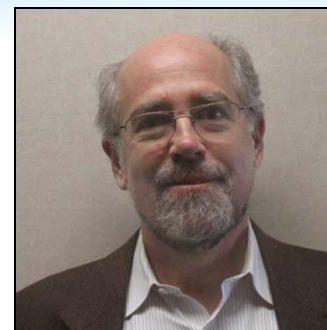
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Introduction

Phil Deering

Manager, HIT Program Development & Implementation

Stratis Health

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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



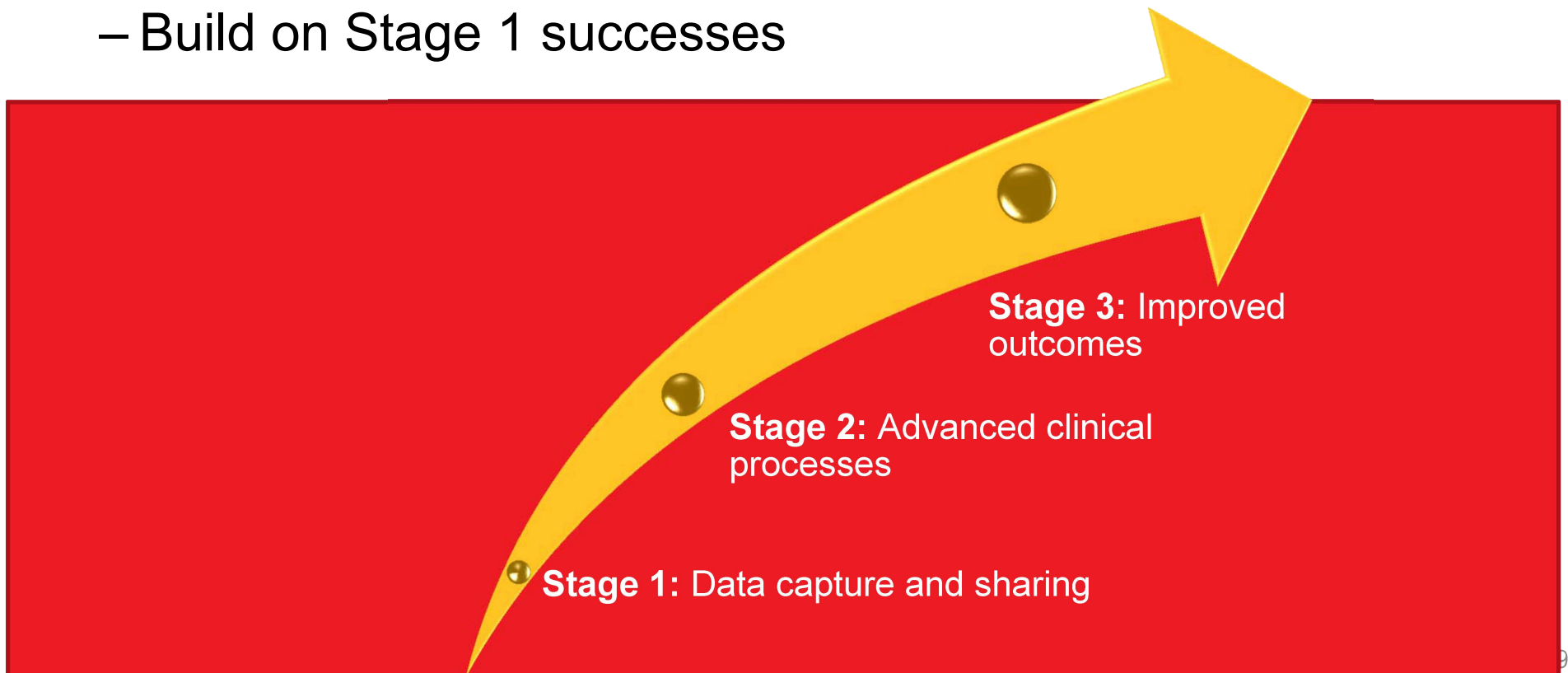
Where RECs/Providers Have Been: Implementation

- 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

Stage 1

Stage 2

Stage 3

| Requirements | Deploy | Use | Improve |
|---------------------------|--|--|---|
| Explicit CDS Requirements | Objective/Measure: <ul style="list-style-type: none"> • Implement one CDS rule • Implement drug-drug and drug-allergy checks | Objective/Measure: <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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



REACH Example: Lessons for Other RECs

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- There is effective approach to CDS-enabled QI
- Can begin without “heavy lift”
- More details now...



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CDS-enabled QI: Foundations

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

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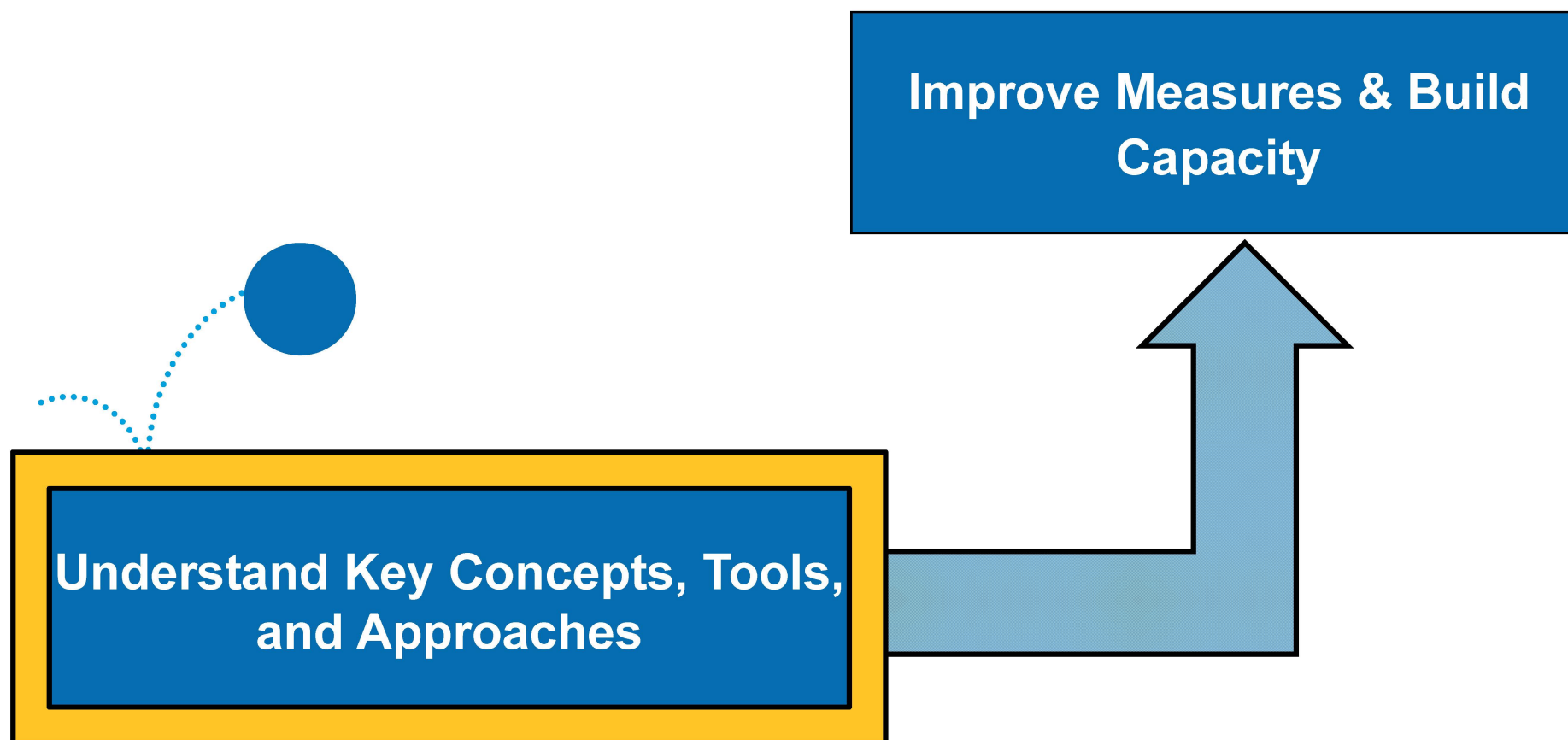
- Understand key concepts/tools
 - Improving information flow/workflow is key
 - Broad CDS definition
 - CDS 5 Rights approach and template
 - Change Management education and Plan, Do, Study, Adjust (PDSA) cycles
- Share understanding with clients
 - Prioritize QI targets
 - Discuss information challenges/opportunities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



- 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



Improving Information Flow/Workflow/Care



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.”

- *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*



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- 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)



- 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



- 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

Switchboard CDR - Patient List

Provider Name: * ALL * DM HTN IVD Issues: Ages 18-75 Source: EMR P Refresh Date: 04/11

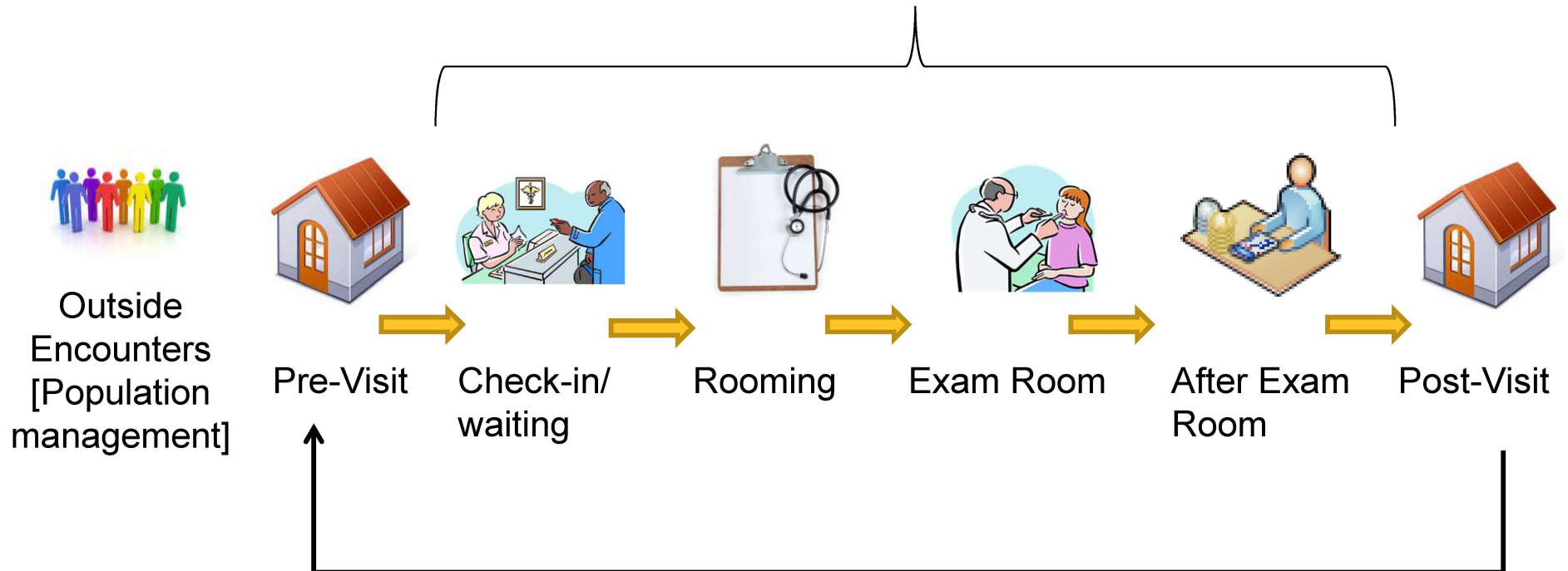
| DM | HTN | IVD | MRN | DOB | Patient Name | Date BP | BP | Date A1c | A1c | Date LDL | LDL | ASA | Tobacco |
|----|-----|-----|------|------------|---------------------|----------|--------|----------|-----|----------|-----|-----|---------|
| | X | | 1771 | 04/12/1987 | AARON D Testpatient | 01/21/12 | 130/64 | | | | | No | Yes |
| | X | | 1327 | 04/12/1977 | AARON J Testpatient | 02/05/12 | 108/70 | | | 02/06/12 | 133 | No | No |
| | X | | 2346 | 04/12/1967 | AARON R Testpatient | 11/28/11 | 126/78 | | | | | No | No |
| | X | | 5445 | 04/12/1976 | AARON S Testpatient | 06/16/11 | 110/70 | | | 06/18/11 | 97 | No | No |
| X | | | 3439 | 04/12/1994 | ABBY P Testpatient | 10/31/11 | 100/78 | 11/09/11 | 6.7 | | | No | No |
| | X | X | 3899 | 04/12/1922 | ADAK Testpatient | 09/08/11 | 136/76 | | | | | No | No |
| X | | | 5797 | 04/12/1984 | ADAM Testpatient | 09/28/10 | 126/84 | | | | | No | No |
| | X | | 468 | 04/12/1964 | ADAM A Testpatient | 09/21/11 | 128/78 | 09/26/11 | 5.6 | 09/26/11 | 109 | No | Yes |

Used with permission from Ellsworth Medical Clinic

Right Time (“When” Options)

Opportunity to Support Decisions/Actions:

During Office Visit



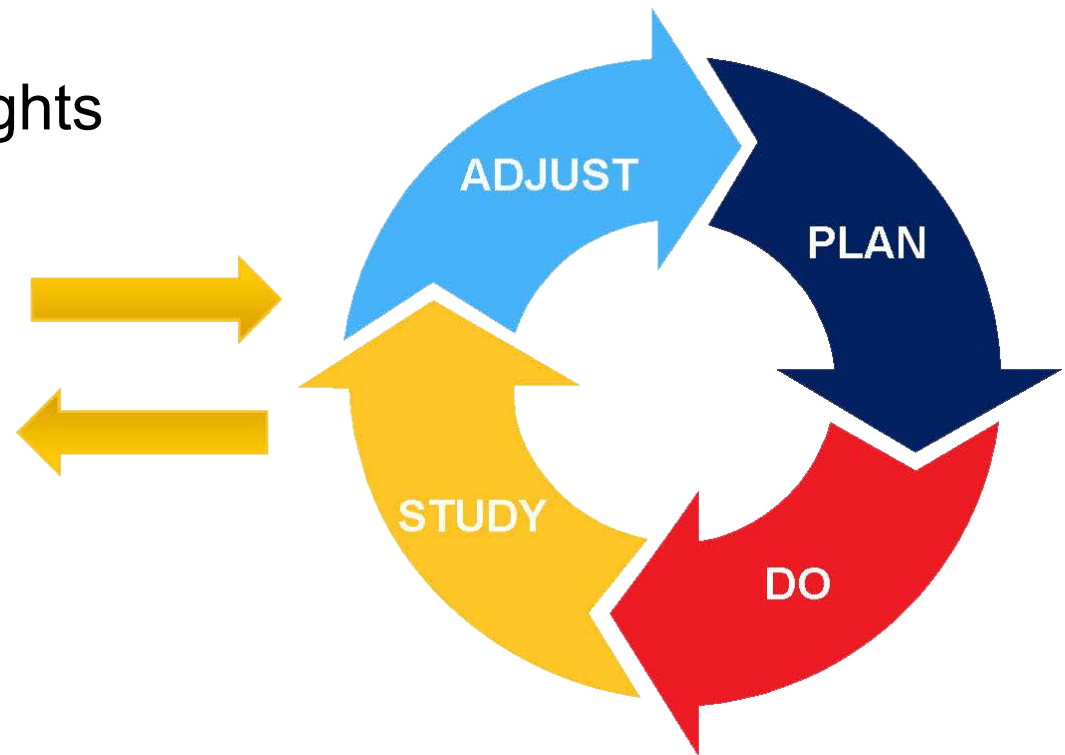
Foundations

Improving Measures & Building Capacity

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](http://www.ihi.org/knowledge/Pages/HowtoImprove)



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CDS-enabled QI: Achieving Targeted Improvement

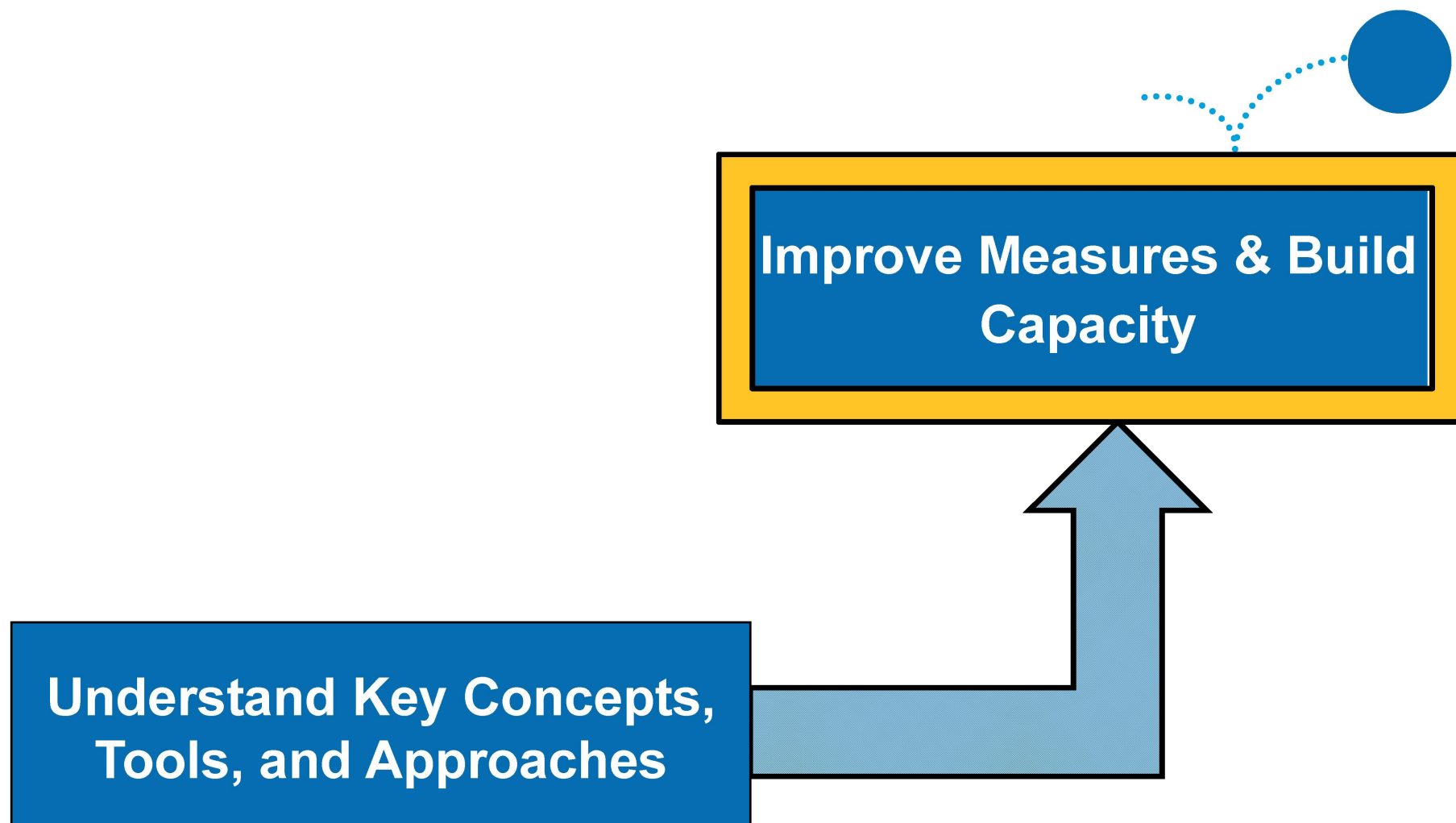
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Step 2: Target-focused Improvement

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Improving Information Flow/Workflow/Care



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!*

- 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?



Powerful CDS 5 Rights Tool: CDS/QI Template

Clinical Decision Support Configuration Template (Ambulatory, Hypertension Sample)

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

| Decision Support Opportunity | Care Activities | Specific Tasks | Setting | CDS 5 Rights | | | | | Implementation Considerations (see bottom of template) | Proposed Enhancements (locally or by EHR vendor) |
|---|--|----------------|---------|---------------|--|-------------------------------|---|-------------------------|--|--|
| | | | | Who? (people) | What? (information) | Where? (channels) | How? (formats) | When? (Workflow) | | |
| Expand/collapse row to show more detail (click plus sign on left); use this space to add summary text, if desired | | | | | | | | | | |
| Not Visit-related | Patient understands condition and treatment; take medications; keep appointments; document information (weight, blood sugar, food diary, etc.) | | | Patient | 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) | Smartphone, PHR, mail, e-mail | Documentation tools, reference materials, flowsheets, text messages | At the end of the visit | Consider putting the education and health status into the portal | Consider moving this into the portal |

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

- 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



- 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

- 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