



Care Delivery Improvement/ CDS Toolkit

Overview for the Meaningful Use Community of Practice

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Speaker Introduction





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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



"CDS4MU": Tools for Quality Improvement (QI)



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



Toolkit Purpose



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

CDS 5 Rights: Framework for "Getting CDS Right"



- 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

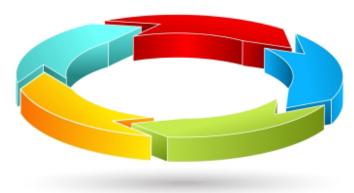


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Optimize information flow: what, who, where, when, how

Toolkit Content Overview



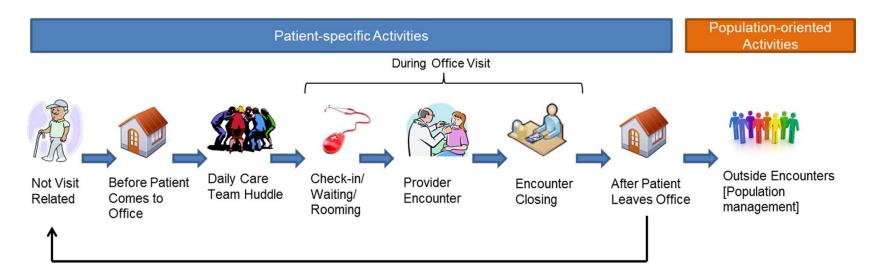
- Ambulatory and Inpatient CDS/QI worksheets
 - Simplified and detailed versions
 - Tutorial on using detailed worksheets
 - Samples
- CDS-enabled QI Case Studies
- Training recorded webinars
- Related reference material

Toolkit Cornerstone



The CDS/QI Worksheets help users:

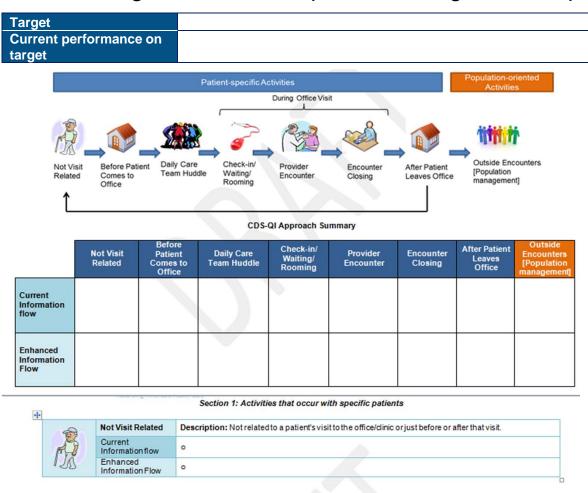
- Understand current information/workflows
- Apply structured approach, improve communications
- Consider each care flow step/CDS opportunity
- Brainstorm and implement enhancements



Ambulatory CDS/QI Worksheet (Simplified Version)



Simplified worksheet merges care flow steps; CDS 5 Rights are implicit

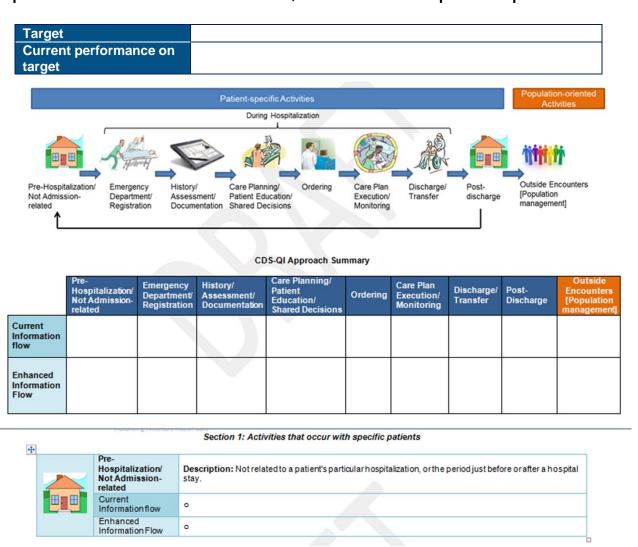


These workflow activities occur in the office

Inpatient CDS/QI Worksheet (Simplified Version)



Inpatient simplified worksheet is similar; care flow steps are pertinent to hospital



Ambulatory CDS/QI Worksheet (Detailed Version)



Full worksheet version helps providers to:

- List care flow steps in detail
- Cover optimal, current and enhanced states
- Make CDS 5 Rights explicit

	Clinical Decision Support Configuration Template (Ambulatory, blank)											ı	
Target =													
Current Performance on Target =													
			Optimal State (samp	le activities to optimize pe	e activities to optimize performance)			ate (Your curi	rent CDS/QI	configuration)		Enhanced State (improve	ements you could implement)
Decision Support		Support	Care Activities	Examples of Care Activities	Notes			CDS 5 Rights	Proposed				
	Opportunity					Who? (People)	What? (Information)	Where? (Channels)	How? (Formats)	When? (Workflow)	for setting up current state	Enhancements (locally or by EHR vendor)	Notes
	Not	Visit-related											
		fore Patient nes to Office											
itties	During Office Visit	Check-in											
Activ		Waiting											
ciffe		Rooming											
Patient-specific Activities		Provider Encounter											
		Encounter Closing											
		fter Patient aves Office											
Population Management Activities		side Patient- specific ncounters											

Clinical Decision Support Configuration Template (Ambulatory, blank)

Inpatient CDS/QI Worksheet (Detailed Version)

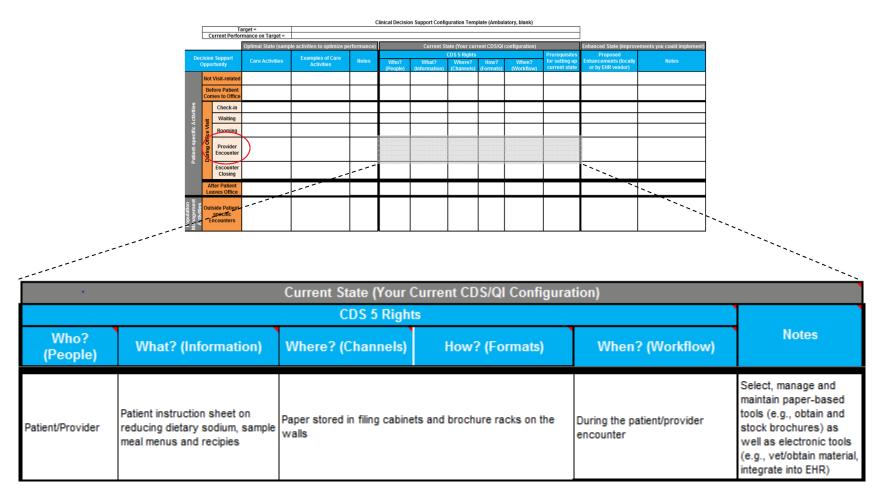


Inpatient detailed worksheet is similar; care flow steps are pertinent to hospital

		1	Optimal State (sample act	ivities to optimize p	erformance)	Current State (Your current CDS/QI configuration)	Enhanced State (improvements you could implement)		
Deci	sion	Support Opportunity	Care Activities	Examples of Care Activities	Notes	CDS 5 Rights Who? What? Where? How? When? (people) (information (channels) (Formats) (Workflow)	Notes	Proposed Enhancements (locally or by EHR vendor)	Notes
	Pre-hospitalization Emergency Department								
ties		Registration/Intake History/Assessment							
ctivitie	uoi	Documentation							
ecific A	pitaliz	Care planning/Patient Education/Shared Decisions							
ıt-sp		Ordering							
Patier	During	Care Plan Execution (e.g.Testing, Med Dispensing/Admin)							,
		Results/Monitoring/New Events							
		Discharge/Transfer							
		Post-discharge							
Population- oriented Activities	0	dutside Patient-specific Encounters							

Example Worksheet Entries for BP Control Target





Example of Current State row content: Patient Education during Provider Encounter

Example Worksheet Entries (cont.)



	Target =]		
	Current Performance on Target =													
	Optimal State (sample activities to optimize performance)						Current St	ate (Your cur	rent CDS/QI	Enhanced State (improvements you could implement)				
De	rieior	Support		Examples of Care				CDS 5 Rights		Proposed				
	Decision Support Opportunity		Care Activities	Activities	Notes	Who? (People)	What? (Information)	Where? (Channels)	How? (Formats)	When? (Workflow)	for setting up current state	Enhancements (locally or by EHR vendor)	Notes	
	Not Visit-related													
		fore Patient nes to Office												
itties	П	Check-in												
Activities	During Office Visit	Waiting]
ciffe		Rooming												
Patient-spe		Provider Encounter											•	``
ā.		Encounter Closing									1			
	After Patient Leaves Office									,	₹			
Population Management	Out	side Patient- specific ncounters												

Clinical Decision Support Configuration Template (Ambulatory, blank)

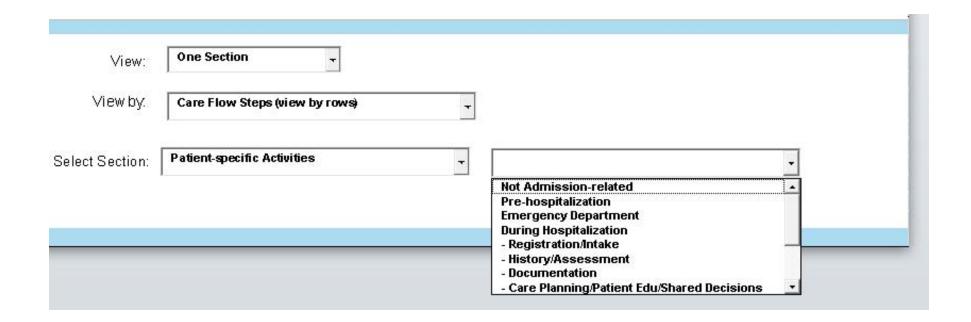
Example of Enhanced State row content: Patient Education during Provider Encounter

Enhanced State (improvements you could implement)										
Proposed Enhancements (locally or by EHR vendor)	Notes									
Try to manage this information via EHR to optimize workflow and content maintenance. Consider involving non-provider clinical staff in routine patient education activities and include more engaging multimedia education materials (e.g., illustrating how modifiable cardiovascular risks lead to heart attacks) to help patients understand and address these factors.	Contact vendor and research which products work with EHR, how much they cost, how are they updated, etc.									

CDS/QI Detailed Worksheet: Selection Functionality



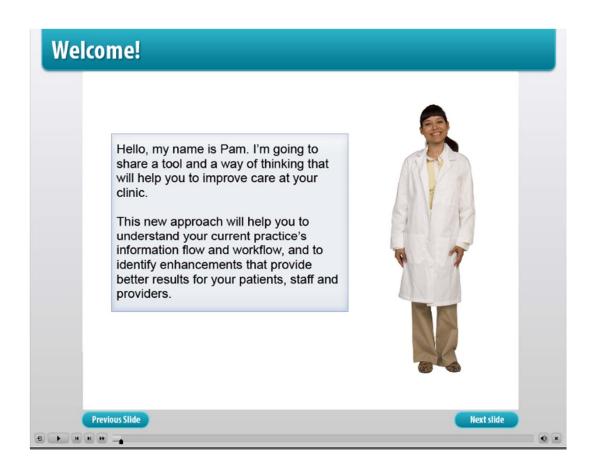
Start Page includes a tool to focus on one row/column section at a time.



Tutorial for CDS/QI Detailed Worksheet



Interactive tutorial guides users on how to fill out worksheet.



Other Content: Case Studies



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 140/90.

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





Toolkit Content Details



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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