Using Information More Effectively to Improve Care Delivery and Outcomes

Tutorial on the **Essential Version** of the Health IT-enabled Quality Improvement (eCQI) Worksheet

Welcome to eCQI in Action!

- This tool will help you:
  - Improve care delivery in your organization – especially for high priority quality, safety and efficiency targets
  - Analyze your target-related information flow and workflow
  - Identify opportunities to provide better results for your patients, staff, providers, and other stakeholders
- This example focuses on an ambulatory setting, but if you work in a hospital, the concepts apply just as well and there are corresponding tools for addressing inpatient improvement targets.

Setting Background

- Federally Qualified Health Center (FQHC)
- Not all patients speak English or read
- 10 providers
  - 6 physicians
  - 3 nurse practitioners
  - 1 physician assistant
- Electronic health record (EHR) installed a few years ago

Care Process Background

- Past attempts to improve practice blood pressure control metrics failed

- Sub-optimal blood pressure control results were due, at least in part, to the way care was being delivered

- Understanding the details of care processes was necessary to brainstorm ways to make them more efficient and effective

- The Health Center began to use this helpful tool for analysis and brainstorming

eCQI Worksheet Versions

- The "Health IT-enabled Quality Improvement Worksheet," or "eCQI Worksheet" for short, comes in 2 types:
  - An 'Essential' version designed for initial efforts to understand and improve target-focused care processes
  - An 'Enhanced' version for deeper analysis and change implementation
- Each of these worksheet types comes in a version for inpatient targets and a version for outpatient targets
- This example covers the use of the Essential eCQI Worksheet to understand and improve hypertension management and outcomes
  - This approach can be applied to many other targets and settings
- More information about the eCQI worksheets is available here at http://healthit.gov/providers-professionals/planning-and-implementing-improved-care-processes

eCQI Worksheet Basics

- The eCQI Worksheets help you think through how to support each care process step to ensure optimal results for your targets

- The Essential eCQI Worksheet sections answer basic questions:
  - What are we trying to improve and what is our baseline performance?
  - What are the categories of activities that determine our performance and provide improvement opportunities?
  - What are we currently doing (and not doing) to support key decisions, actions, and communication in each category, and how might we improve to get better results?

- The eCQI Worksheet provides a structured approach to document and analyze these key issues. It's especially helpful in fostering collaboration among those who play a role in quality improvement – including partners such as your EHR vendor.

eCQI Ambulatory Worksheet: First Section of Essential Version

What Are We Trying To Improve? How Are We Doing Today?

Target	Increase to 75% the portion of clinic patients 18-85 years old with hypertension whose blood pressure is controlled to <140/90 (NQF 0018) within one year of starting the HTN quality improvement project
Current Performance on Target	BP control rate at start of project is 65%

- Start by documenting details of your improvement target
  - The clinic included the name of a specific quality measure, because reimbursement related to performance on that measure was a driver for their QI efforts - in addition to the primary goal of reducing heart attacks and strokes in their patient population
  - The clinic listed a specific targeted performance level (75%) and time period over which to achieve the targeted level
    - They set the target through collaboration among clinical, quality and business teams. Being specific about patient populations, performance level and timeframe details helps to move toward measurable and valuable results
  - The clinic listed their current performance on controlling blood pressure (65%) right under the targeted levels

eCQI Ambulatory Worksheet: Second Section of Essential Version

Performance Drivers for this Target:
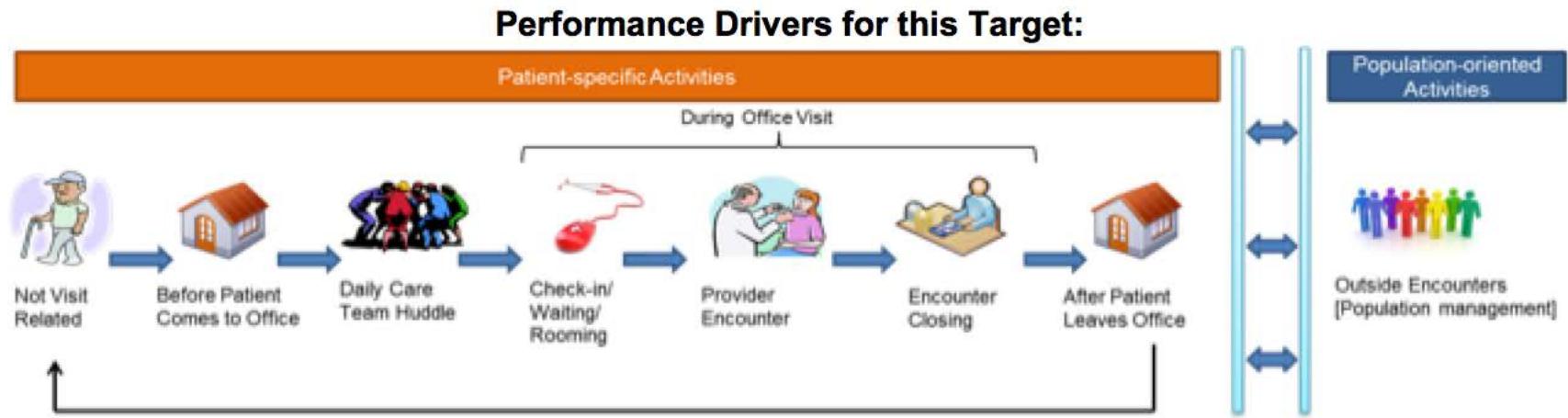
"Activities that are foundational to current patient-specific and population management activities and/or planned enhancements - e.g., staff training, policies and procedures, EHR tool development, etc."

3 activity categories driving your *current* target that you're trying to improve:
1. Orange Stripe = Interactions with Individual Patients
2. Blue Stripe = Population-oriented activities
3. Foundational Work = Population management work

Orange Stripe
Interactions with Individual Patients

- The flow diagram includes interactions with each patient before, during and after their healthcare encounters.

- It also includes a 'Not Visit Related' item that reminds us to consider decisions and actions that patients make unrelated to any visit.

    - For example, decisions patients make when they're in their kitchen, in restaurants, in the grocery store, that will have as much to do with whether their blood pressure is controlled as what happens when they're in our clinic. This item helps us think through how to better support these critical patient activities and decisions.

Blue Stripe
Population-oriented Activities

- This involves looking across all your patients to identify and address those individuals needing additional attention to ensure appropriate blood pressure control.
  - For example, generating lists of patients with hypertension whose last office blood pressure wasn't controlled, or who haven't returned for timely follow-up.
- It also includes the staff assignments, policies and workflows for generating these lists, and following through on action items that the lists suggest.
  - For example, calling patients to set up appointments when they are overdue for blood pressure follow-up.

Foundational Work

Practice activities that underpin your patient-specific and population management work.

- This includes training staff, developing practice policies and procedures, and configuring the EHR.
  - For blood pressure control, these foundational activities include training staff about proper techniques for measuring blood pressure and recording results in the EHR, policies for how elevated blood pressure readings taken by medical assistants are handled, and practice protocols for managing hypertensive patients.
  - It also includes configuration changes to the EHR, such as hypertension-specific order sets, documentation templates, flow sheets, patient education materials, and visual clues such as turning blood pressures red when an elevated value is recorded.

Approach Summary Table

CDS/QI Approach Summary[1]

	Not Visit Related	Before Patient Comes to Office	Daily Care Team Huddle	Check-in/ Waiting/ Rooming	Provider Encounter	Encounter Closing	After Patient Leaves Office	Outside Encounters [Population management]	Foundational Work
Current Information flow									
Potential Enhancements									

[1]This table contains an overview of details documented on subsequent pages in this worksheet

Approach Summary Table
continued

- The Approach Summary Table summarizes the details about target-related information flow and workflow in each of the 3 care activity categories:
  - Patient-specific
  - Population management
  - Foundational

- The items corresponding to these categories are listed in the table's header

- The top blank row summarizes 'current state' – what is currently done at each opportunity to support target-related decisions, actions and communications.
  - Document by discussing these current state details with the quality and clinical teams.
  - Seeing all the process details laid out in this structured way highlights what you are doing, what is not helpful, and also pointed out many opportunities where could improve care processes by making the right thing easier to do.
    - For example, the pop-up EHR alerts we were presenting to primary care doctors about patient's uncontrolled blood pressure when they were focusing on other tasks were more distracting than useful.

- Summarize these potential enhancements in the second blank row in this summary table
  - Information to populate this summary table comes from the detail tables in the next eCQI worksheet section

Approach Detail Tables

CDS/QI Approach Details

Section 1: Activities that occur with specific patients (note: population management activities, e.g. Registry use, belong in Section 2)

These activities occur when the patient is not in the office (see below for after office visit)

Not Visit Related	**Description:** Not related to a patient's visit to the office/clinic or just before or after that visit.
Current Information flow	o
Potential Enhancements	o

Before Patient Comes to Office	**Description:** After a patient has an office visit scheduled but before they arrive for that appointment.
Current Information flow	o
Potential Enhancements	o

These activities occur when the patient is in the office

Daily Care Team Huddle	**Description:** Provider team preparations for all patient visits scheduled for the day
Current Information flow	o
Potential Enhancements	o

Approach Detail Tables
continued

- This Essential eCQI Worksheet "Approach Details" section has a series of tables to flesh out specific details of the target-related current state and potential enhancements for each one of these 3 activity categories and their components.
  - It's these details that the Approach Summary Table summarizes.
  - The table is then reviewed by your QI team and other stakeholders.
- Look at your care process from the patient perspective. How can you do better in helping patients understand their conditions and play a more active and effective role in managing them?
    - Ex: When the clinic completed the 'Not Visit Related' item in the Patient-specific Activities section, the only support they could think of for providing critical, daily lifestyle decisions was what patients took away from conversations with their provider, and whatever hypertension brochures in racks they picked up. They realized that this wasn't adequate to support patient decisions and actions needed to make diet and exercise changes, and adhere to their medication and care plan.
    - This triggered a productive brainstorming with QI and clinical teams. They documented in the 'Potential Enhancement' section how they needed to reorganize staff roles to educate and engage patients, and use richer support materials to help patients to lower sodium in their diets through shopping and cooking healthier, and understand the importance of other changes such as losing weight and regularly checking and recording their own blood pressure – *and* support them in making these difficult changes.

Clinical Decision Support 5 Rights: a Powerful QI Framework

- The Clinical Decision Support Five Rights asserts that if you want to improve a particular care process or outcome, you need to do a better job of getting the right information to the right people in the right formats through the right channels at the right times to optimize target-related decisions and actions. The next slide gives a few of the many options for each of these dimensions.

- Before the clinic started using the eCQI Worksheet and CDS 5 Rights framework in their blood pressure quality improvement work, they thought that providing clinical decision support for blood pressure control meant showing EHR pop-up alerts to providers when they opened a patient's electronic record. They tried alerts, but they weren't well received or effective. The approach embodied in the eCQI Worksheet and CDS 5 Rights framework gives a much more powerful mechanism to analyze and improve your care delivery processes. It helps you think through and improve all the who, what, when where and how information flow and workflow dimensions that determine whether or not you're effectively controlling blood pressure or your quality target.

Clinical Decision Support 5 Rights: a Powerful QI Framework

To improve targeted care processes/outcomes, get:

- the right *information*
  - ✓ evidence-based, actionable… [what]

- to the right *people*
 - ✓ clinicians *and* patients… [who]

- in the right *formats*
  - ✓ Registry reports, documentation tools, data display, care plans… [now]

- through the right *channels*
  - ✓ EHR, patient portal, smartphones, home monitoring … [where]

- at the the right *times*
  - ✓ key decision/action … [when]
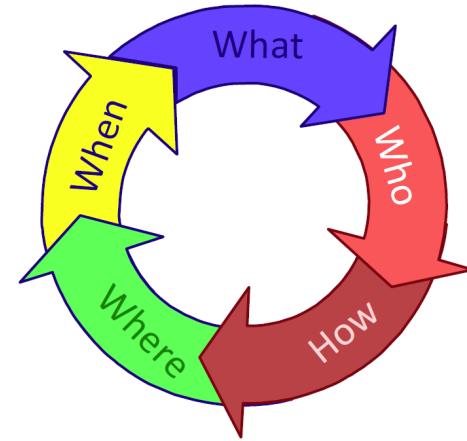
Recommended as a QI best practice by CMS: bit.ly/cmscdstips

Getting the CDS 5 Rights Right

CDS-QI Approach Summary

	Not Visit Related	Before Patient Comes to Office	Daily Care Team Huddle	Check-in/ Waiting/ Rooming	Provider Encounter	Encounter Closing	After Patient Leaves Office	Outside Encounters [Population management]
Current Information flow	Seek opportunities to identify need to check and control BP when patient contacts office outside of provider visits.	Use pre-visit planning sheet to highlight needed interventions.	Pre-assemble data needed for decision making during the visit, and tee up needed interventions.	Gather and document key BP-related patient data, flagging elevated BP's for heightened attention.	Use EHR filters and templates to help highlight and document key hypertension-related data, and other EHR tools to support ordering and patient education.	Recheck elevated BPs and activate protocols to ensure appropriate patient and staff follow-up and action after the visit.	Use protocols to ensure that follow-up BPs, lab results, and follow-up provider visits are addressed as appropriate. Leverage patient portal.	Generate lists of patients not at BP goals, and execute protocols for corrective actions.
Planned Enhancements	Greater use of management protocols.	Leverage patient portal better.	Enhance huddle logistics to include Care Coordinators (CCs) in visits.	Enhance medication reconciliation process at intake.	Make registry/patient list functionality more real-time to help provider identify and address care gaps during the visit.	Establish visit teams.	Examine and improve recall/reminder process.	Enhance BP registry function.

Example Clinic eCQI Results

- After a year of focused blood pressure control quality improvement work, the clinic achieved their targeted 75% control rate. The previous slide shows an excerpt from an updated version of our eCQI worksheet.

- The eCQI worksheet is used as a 'living document' throughout the project to help track current blood-pressure related information flows and workflows.

- Attention to all 3 activity categories in the worksheet – individual patient interactions, population management, and foundational – together with the broad approach to improving information flow and workflow encouraged by the CDS 5 Rights framework is key.

Example Clinic eCQI Results (cont.)

- Another strategy critical to success is to be highly collaborative in your approach this QI work with your providers and staff. Rather than looking at improving blood pressure control as something that your QI staff is doing *to* others providing care, look at the whole effort as working *with* them to achieve important, shared goals.
  - For example, make care processes more efficient and rewarding for you and your patients, and to reduce heart attacks and strokes.

For Additional Worksheet Examples and Related Tools…

- For more information and tools to support your eCQI efforts see ONC's eCQI webpages
  - includes CDS/QI case studies, with the essential eCQI worksheet filled out for one BP control case study and the Enhanced eCQI worksheet filled out for another BP control case study
  - http://healthit.gov/providers-professionals/ecqi-what-it-and-how-it-can-help-you