

Health Information Technology & Quality Improvement Organizations-

Doctor's Office Quality-Information Technology &
Hospital Information Technology

HIMSS New Jersey-New York
Regional Meeting
October 20, 2006

Eighth Statement of Work

- Renewal of Quality Improvement Organizations' (QIO) three-year contract with Centers for Medicare & Medicaid Services (CMS)
- Includes continuation of QIO partnership with New Jersey & New York State hospitals and doctors' offices to improve the quality of patient care.

An initiative funded by Centers for Medicare & Medicaid Services (CMS) to promote the adoption of electronic health record (EHR) technology mainly in small-to-medium sized physician offices for the purpose of improving clinical care.

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- Production and effective use of electronic clinical information necessary for improving clinical performance
- Process redesign that includes care management and self-management of patients with chronic conditions and preventive services needs; and
- Quality performance measurement with reporting to the QIO Data Warehouse of specified clinical quality measures, for the purpose of improving these measures

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- Assist hospital leadership in
 - Assessing current hospital systems
 - Choosing the most appropriate technology
 - Planning for HIT implementation
- Areas
 - Computerized physician order entry
 - Bar code enabled point-of-care
 - Telemedicine/telehealth

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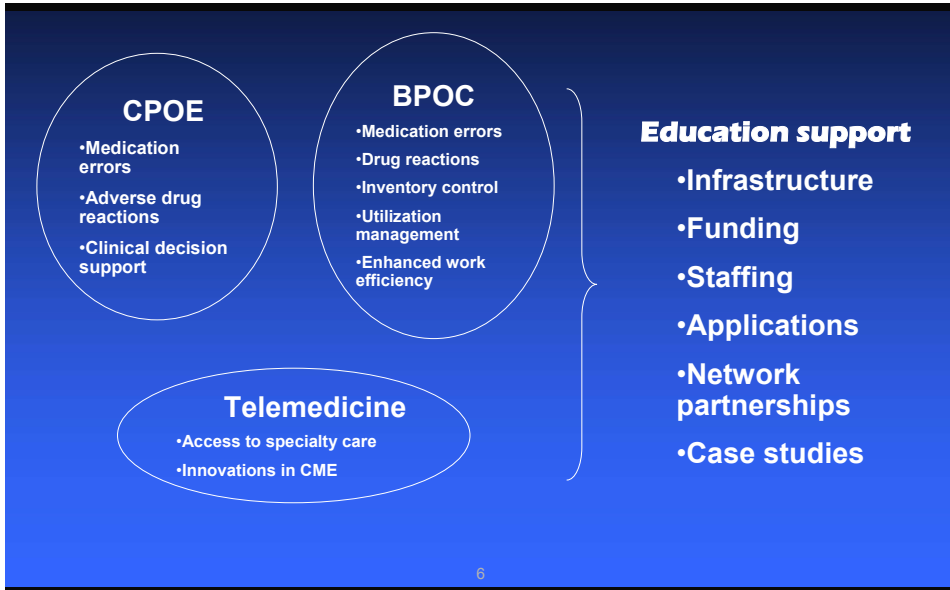


- Voluntary participation from individual adult primary care office practices
- Voluntary participation from acute care hospitals

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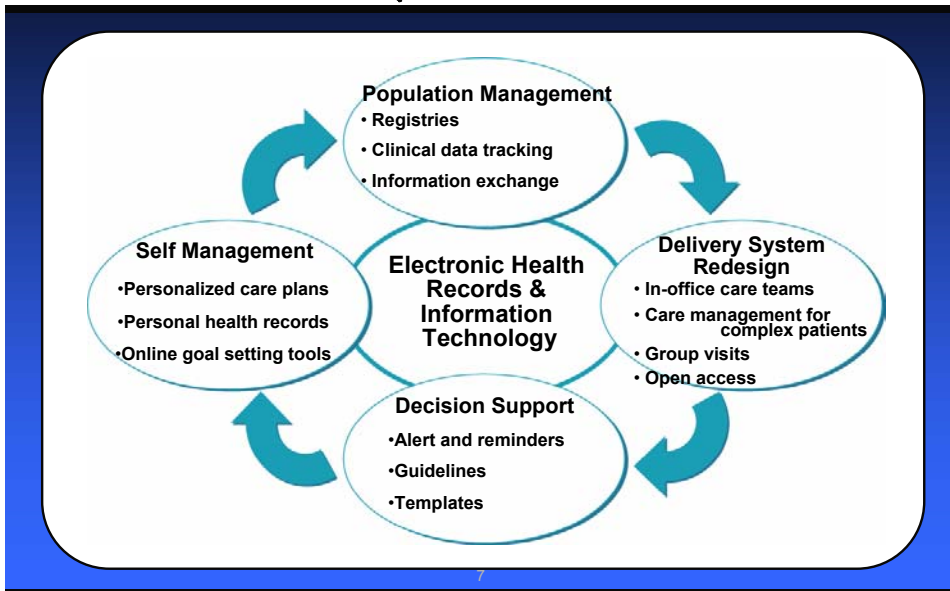
Hospital HIT objectives



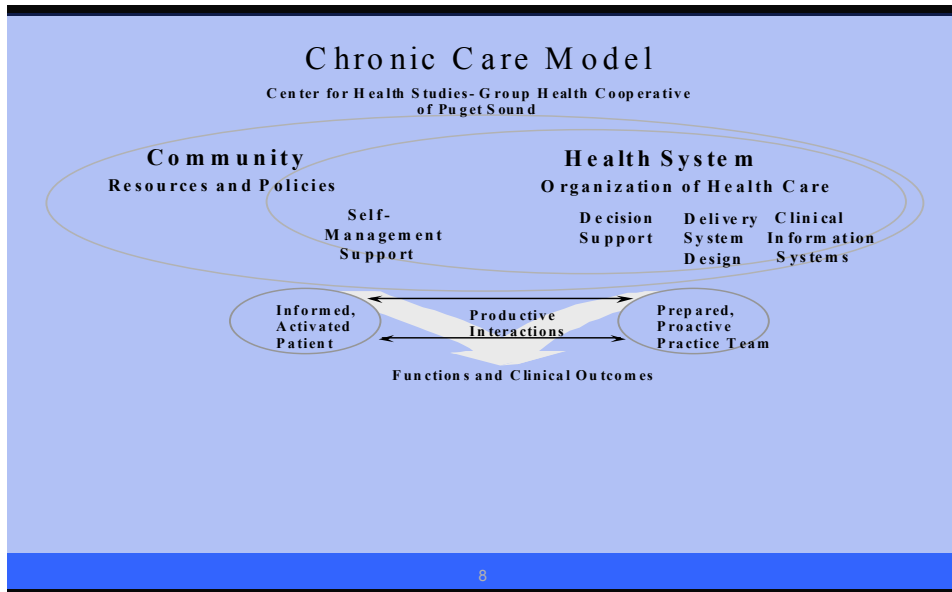
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Changing the capabilities of a practice



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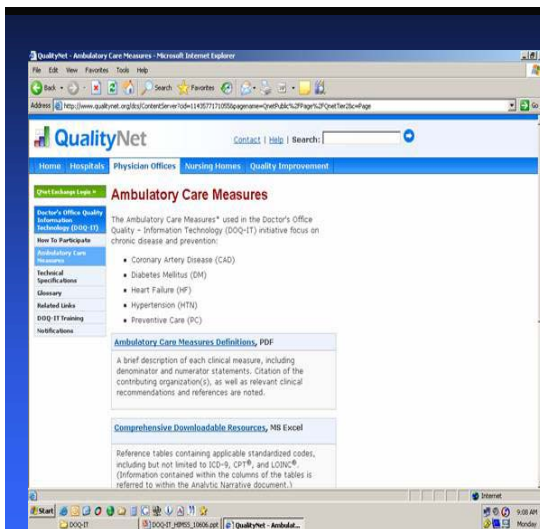


- **E-prescribing**
 - Using safety/ decision support (e.g., drug-drug interactions, allergies)
 - Printing of prescriptions
 - Transmitting prescriptions to pharmacies
- **E-lab**
 - Ordering & retrieval of lab tests
 - Prompts for results not received
 - Prompts for results not reviewed

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- **Registries & Care Management**
 - Identifying patients with specific diagnoses or medications;
 - Identifying patients over due for specific therapy;
 - Prompting to order specific laboratory tests for monitoring of recommended drugs;
 - Prompting for practice visits; and
 - Communicating with patients needing follow-up
- **Full EHR Implementation**
 - All previously identified functions &
 - Entering progress notes
 - Using decision support in patient encounters
 - Using direct electronic order entry for labs & prescriptions
 - EHR is considered certified by Certification Commission on Health Information Technology specifications

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The screenshot shows a web browser window displaying the QualityNet website. The page title is "Ambulatory Care Measures" and it lists several clinical conditions: Coronary Artery Disease (CAD), Diabetes Mellitus (DM), Heart Failure (HF), Hypertension (HTN), and Preventive Care (PC). It also includes a section for "Ambulatory Care Measures Definitions, PDF" and "Comprehensive Downloadable Resources, MS Excel".

- Coronary Artery Disease
- Diabetes
- Heart Failure
- Hypertension
- Preventive Services
 - Colorectal Screening
 - Immunizations
 - Mammography
 - Smoking Cessation
 - Depression in Chronic Disease

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•Assess

- Complete EHR readiness assessment
- Analyze current office processes

•Plan

- Identify areas for improvement
- Rank practice needs & define EHR goals / objectives
- Develop timeline

•Select

- Review EHR systems & functions
- Prepare staff for change (meetings/communication)

•Implement

- Finalize plan & resources
- Concurrently assess implementation process
- Concurrently re-evaluate office design & workflow with enhanced information technology

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• Evaluate

- Clinical data elements
 - » Coronary Artery Disease
 - » Congestive Heart Failure
 - » Diabetes Mellitus
 - » Hypertension
 - » Preventive Measures
- Prompts, reminders
- Use registries to identify in-office patient panels and higher need patients
- Practice capability for team-based care management
- Patient self-management resources

• Improve

- Population management techniques
- Decision support access
- Patient self-management resources
- Quality improvement processes

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“We recently implemented a full-featured electronic health record in our independent, 4-internist, community-based practice of general internal medicine. We encountered various challenges, some unexpected, in moving from paper to computer. Its financial impact is not clearly positive; work flows were substantially disrupted, & the quality of the office environment initially deteriorated greatly for staff, physicians & patients. That said, none of us would go back to paper records, and all of us find that the technology helps us to better meet patient expectations, expedites many tedious work processes (such as prescription writing & creation of chart notes), and creates new ways in which we can improve the health of our patients.”

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Resources with expertise in:

- Culture and leadership change
- Preparing practices for EHR readiness
- EHR functionality requirements
- EHR implementation planning
- Office redesign guidance
- Interoperability considerations
- Quality improvement processes

QIOs vender neutral, though it does identify “DOQ-IT willing” & CCHIT-certified vendors. Services are without charge.

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