Practical Solutions for Supporting Primary Care Quality Improvement with Health Information Technology

AHRQ EvidenceNOW Public Webinar
12PM-1PM EST June 22, 2016
Welcome and Introduction

Robert McNellis, M.P.H., P.A.
Agency for Healthcare Research and Quality
Agenda

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Robert McNellis, M.P.H., P.A.,
Agency for Healthcare Research and Quality

Factors and tools that promote greater use of health IT for QI
Tricia Collins Higgins, Ph.D., M.P.H.
Mathematica Policy Research

How HIT can help (and not hinder) primary care – Ground lessons from Healthy Hearts Northwest
David Dorr, M.D., M.S.
Oregon Health & Science University,
EvidenceNOW Northwest Cooperative

Q&A
All panelists
Overview of AHRQ’s EvidenceNOW Initiative
One Stream of Influence
Second Stream of Influence

- Million Hearts
- Funding from the Affordable Care Act
  - Beginning in FY2011, AHRQ began receiving funds from the PCOR Trust Fund to disseminate Patient-centered Outcome Research (PCOR) findings
    - And support the implementation of PCOR evidence into practice
- A focus on primary care
Third Stream of Influence

• A focus on primary care

AHRQ recognizes that revitalizing the Nation’s primary care system is foundational to achieving high-quality, accessible, efficient health care for all Americans.
Waters run deep

• A focus on primary care
  – Research and evaluation of the PCMH
  – Guidance on practice facilitation as a tool for practice improvement
  – Investments in primary care practice-based research networks
  – Integration of primary care and behavioral health
  – Care coordination
  – Self management support
  – Utilizing health IT for quality improvement
  – Team-based care and team training
Goal is to ensure that primary care practices have the latest evidence on cardiovascular health and that they use it to help their patients live healthier and longer lives.

- **Implement PCOR findings** in primary care practice to improve health care quality
  – Focus on heart health (ABCS)
- **Build primary care practices’ capacity** to receive and incorporate other PCOR findings in the future
- **Research Question** – Does externally provided QI support accelerate the dissemination and implementation of PCOR findings?
Scope of the Project

• $112 million investment
  – Seven grants to establish regional Cooperatives
  – One grant for an independent, external evaluation
  – Creation of a Technical Assistance Center (TAC)

• Reach
  – Over 1500 small to medium sized primary care practices
  – Over 5000 primary care professionals
  – Over 8,000,000 patients

• EvidenceNOW is AHRQ’s largest single investment in research since ARRA
Where are we?

Healthy Hearts in the Heartland (Midwest Cooperative)
Healthy Hearts NYC (New York City Cooperative)
Heart Health NOW! (North Carolina Cooperative)
Healthy Hearts Northwest (Northwest Cooperative)
Healthy Hearts for Oklahoma (Oklahoma Cooperative)
EvidenceNOW Southwest (Southwest Cooperative)
Heart of Virginia Healthcare (Virginia Cooperative)

ESCALATES (National Evaluation Team)
TAC (Technical Assistance Center)
Quality Improvement Services

- Data feedback and benchmarking
- On-site practice facilitation and coaching
- Electronic health record support
- Expert consultation
- Shared learning collaboratives
Evaluation Metrics

• The rate of ABCS delivery for all practices
• Measures of practice capacity
• Mixed methods evaluation of implementation of intervention
Timeline

- March 2014: Funding announcement
- May 2015: Launch of EvidenceNOW: Advancing Heart Health in Primary Care
- May 2015 – Jan 2016: Recruitment of practices, Baseline data collection
- Feb 2016 – Nov 2017: Implementation of quality improvement interventions, Ongoing data collection
- Nov 2017 – May 2018: Post-intervention evaluation
Current Status

• Recruited over 1500 primary care practices
• All seven cooperatives have started their QI intervention
• Challenges:
  – Changing landscape of primary care
  – New cholesterol measure
  – Extraction and use of data from EHRs for research and quality improvement
Factors and tools that promote greater use of health IT for QI

Tricia Collins Higgins, Ph.D., M.P.H.
Mathematica Policy Research
Overview of White Paper

- **Using Health Information Technology to Support Quality Improvement in Primary Care**
- Available at [www.pcmh.ahrq.gov](http://www.pcmh.ahrq.gov)
Methods

• Targeted review of published literature
• Technical expert panel discussions
• In-depth interviews with clinicians and other QI leaders of three exemplary organizations
Factors Supporting the Use of Health IT for QI in Primary Care
Practice Culture

• Strong commitment by leadership which embraces and holds others accountable to the principles and processes of a *learning organization*

• Ongoing, continuous QI work beyond any particular project

• Dedication of the necessary time and resources to use health IT for ongoing QI

Health IT Tools

• Electronic Health Records (EHRs)
• Registries
• Decision support systems
• Health Information Exchange (HIE)
Knowledge and Skills

- Clinicians and staff require knowledge and skills to:
  - extract and analyze health IT data
  - execute QI methods
  - redesign practice workflows
Processes and Workflows

• Structured procedures to measure and report on practice-level and clinician-level data and provide feedback to clinicians

• Adaptations to daily practice activities, based on QI findings, to improve patient care
Financial Incentives and Transformation Supports

- Discounts on health IT
- Additional payments from payers, or shared savings models
- Data feedback and benchmarking
- Practice facilitation or coaching
- Expert consultation (peer-to-peer mentoring)
- Shared learning opportunities
Selected Key Findings for Practices

- Understand time commitments, training requirements, and workflow shifts
- Make the process meaningful by connecting the use of health IT for QI to better patient care
- Establish a dedicated QI team
- Before beginning QI, clearly define goals and consider the effects of new processes on the entire practice
- Vision and leadership are critical
On Vision and Leadership:

“You have to have a leader who has a vision of what the future might look like for health care delivery and how we will be graded and paid. I saw [pursuing QI through Beacon and CPC participation] as a way for us to begin that journey to a different health care delivery and payment future.”

– Gregory Reicks, D.O., Foresight Family Physicians, Grand Junction, CO
Selected Key Findings for IT Developers

• Consider how health IT design and standards can support or hinder primary care practices using this technology for QI

• Improve interoperability of health IT and the information exchange standards and capabilities of health IT

On Health IT Functionality:

“It is frustrating when you purchase an EHR system and think you are getting a certain set of functions and then learn you need to put more money in to get the good stuff.”

- Richelle Koopman, M.D., M.S., University of Missouri Health System
Selected Key Findings for Decision Makers

• Balance standardization and measurement goals with freedom for practices to tailor their approaches

• Support the provision of external technical assistance

• Expand opportunities for financial assistance, particularly for safety net providers and small practices
On Health IT Costs:

“This [cost of health IT] is wiping out practices that are on their own. They can’t afford the infrastructure to do quality reporting work without being part of a larger organization in some way.”

- Scott Fields, M.D., OCHIN
Recommendations

• To increase collaboration between primary care practices, practice facilitators, IT developers, and decision makers and encourage the use of health IT for QI in primary care:
  – Share examples of exemplary uses
  – Develop and refine high-functioning, interoperable health IT tools
  – Provide guidance and tools to help primary care practices acquire knowledge and skills needed for use of health IT for QI
  – Expand the availability of financial incentives and other transformation supports
Technical Expert Panel

- **Michael Barr, M.D., M.B.A.,** Executive Vice President for Research, Performance Measurement, and Analysis, National Committee for Quality Assurance
- **Lisa Dolan-Branton, R.N.,** Associate Vice President, Operational Excellence, National Association of Community Health Centers
- **David Dorr, M.D., M.S.,** Assistant Professor of Medical Informatics and Clinical Epidemiology, Oregon Health and Science University
- **Alexander Fiks, M.D.,** Assistant Professor of Pediatrics, The Children’s Hospital of Philadelphia and Perelman School of Medicine at the University of Pennsylvania
- **Thomas R. Graf, M.D.,** Chief Medical Officer, Population Health and Longitudinal Care Service Lines, Geisinger Health System
- **Rich Holden, Ph.D.,** Assistant Professor, Department of Medicine, Department of Biomedical Informatics, Vanderbilt University
- **Richelle Koopman, M.D., M.S.,** Associate Professor, Family and Community Medicine, University of Missouri
- **Alex Krist, M.D., M.P.H.,** Co-Director, Ambulatory Care Outcomes Research Network, Virginia Commonwealth University
Key Informants

- **Scott Fields, M.D.**, Chief Medical Officer, OCHIN
- **Tim Hogan, R.R.T., Ph.D.**, Coordinator, Quality Assessment and Improvement, Curtis W. and Ann H. Long Department of Family and Community Medicine, University of Missouri
- **Richelle Koopman, M.D.**, Associate Professor, Curtis W. and Ann H. Long Department of Family and Community Medicine, University of Missouri
- **Gregory Reicks, D.O., F.A.A.F.P.**, President, Foresight Family Physicians; Chief Medical Officer, Mesa Co. IPA; Chairman, Quality Health Network
Funders and Collaborators

- Agency for Healthcare Research and Quality
  - Robert McNellis, M.P.H., P.A., Senior Advisor for Primary Care
  - Janice Genevro, Ph.D., Health Scientist, PCMH Project Lead
  - David Meyers, M.D., Chief Medical Officer
  - AHRQ’s HIT Team
For more information...

• Tricia Higgins: THiggins@mathematica-mpr.com

• www.pcmh.ahrq.gov
How HIT can help (and not hinder) primary care –
Ground lessons from Healthy Hearts Northwest

David Dorr, M.D., M.S.
Oregon Health & Science University
A bit about us

- 3 state collaborative (WA, ID, OR)
- Parchman, PI – GroupHealth
  - WA, ID: Qualis – Peggy Evans, Jeff Hummel;
    UW – Laura Mae Baldwin
  - OR: ORPRN – LJ Fagnan
  - Stuck with me: David Dorr, Internist, Informatician
Our general approach

"If you give a man a fish
he is hungry again in an hour.
If you teach him to catch a fish
you do him a good turn."

- 250 practices enrolled
- General quality improvement
  - Driven by the Practice
  - Mediated by Practice Facilitators
  - With varying HIT experience
  - HIT experts
- Practices to get their own data – but how?
  - Their EHR
  - Custom reports
  - Registries
  - Chart review
Model of HIT use and benefits in primary care (ABCS focused)
HIT Model part 2

Patient-level decision support
How we organize ourselves

• Practice Facilitators: monthly contacts
  – Focus on high leverage changes
  – HIT as part of those QI goals, but key focus
• Query capabilities, then bring EHR knowledge and re-assess
• Provide tools: data extraction guides, user group contacts, The Pulse

**Change Concepts**
- Organized Evidence-based Care
- Quality Improvement Strategy
- Continuous Team-based Healing Relationships
- Patient-centered Interactions
- Care Coordination

**High Leverage Changes**
- Embed clinical evidence on ABCS into daily work to guide care for patients
- Utilize reliable, robust data to understand and improve ABCS measures
- Establish a regular QI process involving cross-functional teams
- Identify at-risk patients for prevention outreach
- Define roles and responsibilities (tasks) across the care team to identify and manage ABCS population
- Deepen patient self-management support for action planning around ABCS
- Develop robust linkage to smoking cessation, CDSMP, and other evidence-based community resources
Surprising findings to date

• You don’t know what you don’t know …
  – the ‘hidden tab’ phenomenon
  – Human Factors
• EHR abilities are HIGHLY variable – performing to the test vs. honest desire to help
• Registries are an increasing focus
• Workforce for informatics and IT is highly variable
• Organizational factors: Size, ownership, and location affect HIT use, but in unexpected ways
  – Urban independent practices and rural system practices most able to produce measures
More Information

David Dorr: dorrd@ohsu.edu

http://healthyheartsnw.org/

Thank you!
Question and Answer Session

Please submit your questions to All Panelists using the Chat box.
Follow the story

• Web site: http://www.ahrq.gov/evidencenow

• Planned updates:
  – Summer 2016 Evaluation Metrics
  – Fall 2016 PCOR Evidence
  – Winter 2017 Primary Care Practice Snapshots
  – Spring 2017 Practice Capacity Data
  – Summer 2017 Baseline ABCS Data
Thank you for joining us today!