



DOQ-IT

in

Arkansas

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Guess What...

- We're in a WHAT pilot???
- QUICK, do an Environmental Scan
 - AFMC Staff
 - Stakeholder groups
 - Physician practices
 - Vendors
 - Wiring



What the Scan Identified...

- AFMC Staff: Valuable relationships with providers and experience in office environment with QI; some with EHR exp.
- Stakeholders: 3 Majors interested in HIT, but have NO independent resources—
- Physicians: Approx. 1570 physician practices---about 73% solo. Some interest in HIT, but no time, need help—ONSITE



What the Scan Identified...

- Vendors: Couple of local products, assault on QIO to market products—difficulty understanding QIO role
- Wiring: Many dial-up only areas of state—1 of least wired states in country



Physicians Need & Want:

- Someone to help that has a CLUE and time to spend in their clinic for free!
- Peers to help gain perspective--good and bad.
- Someone to assess & research to give them a few good recommendations of products.
- Money to buy the system they want
- GUIDANCE through the Process...

Barriers

- Lack of financial incentives
- Change is not widely accepted in the medical community
- Gaining “buy-in” consensus from every physician in a group
- Vendor market instability
- HIPAA and security concerns
- Reluctance of administration to change current Practice Management Systems



Moving on Quickly...

We must create our own model for
DOQ-IT in AR:

Consultative Model

+

Academic Detailing



AR DOQ-IT Roadmap

Recruit

enroll

Assess

onsite/everything/team

Plan

goals/redesign/improve

Select

software & hardware

Implement

clinic support

Evaluate

goals met/data capture

Improve

care management



Assess, PLAN, Select...

- “PLAN” must be stressed
- Big implementation errors are often due to lack of thorough planning
- You have to know how current processes flow in the practice to be able to plan adequately for a new tool
- Educate the physician and office staff that time spent planning will payoff...

Identifying Waste

- **Flow mapping: examine patient visits**
 - A variety of visits
 - Observation “through the patient’s eyes”
 - Details to look for:
 - Constraints/bottlenecks
 - Total cycle time and patient-provider time
 - Customer service
 - Facility barricades, equipment inadequacies
 - Paperwork
 - Waste, duplication, rework
 - Value-added and non-value added activities
 - Handoffs



Measuring Encounter Flow

- Follow two individuals from the office
- Note every step
- “First we...then we...”
- Differentiate between process steps (something happens) and queues (waits and delays)
- Measure time in minutes



Mapping Process Steps

- Draw a floor plan (or use OSHA evac map)
- Watch one person perform their work, noting where they go and what they do
- Do this for each person in the process of focus
- Map the process steps



Lessons Learned

- Workflow modification must be addressed prior to selecting and implementing an EHR product
- Planning is crucial and standardization of processes is a MUST from the standpoint of documentation compatibility and data retrieval
- Physicians are engaged and resolute in transitioning to EHRs



Successes

- Recruitment efforts
- Clinics are moving along the path to being fully implemented
- Acceptance of the necessity to address workflow issues prior to implementation
- We are a primary resource for the physicians of the state that are interested in EHR adoption

Participation

As of 8/15/2005

# of clinics participating	168
# of physicians participating	463
# of NPs participating	57
# of PAs participating	4
# clinics with EHR	39
# of participants planning to implement EHR in next year	75



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