



DOQ-IT

Doctor's Office Quality - Information Technology

DOQ-IT Lessons Learned, Moving Beyond the Pilot in California

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Objectives



1. Barrier Lessons
2. Methodology and Roadmap
3. Distribution Channels
4. Most Valuable Tools
5. Key Areas of Interest for PCPs
6. What Works / Does Not Work?
7. What Physicians are Saying
8. What the Future has in Store



Understanding the Barriers to EHR Adoption



- **Financial**
 - *High up-front costs
 - Uncertain return on investment
 - *High initial physician time costs
- **Technological**
 - *Inadequate technical support
 - Inadequate data exchange and fragmentation
 - Labor-intensive customization
 - Lack of standards
 - *Overwhelming system selection process
 - Security and privacy concerns
- **Cultural**
 - *Attitudes and culture of office and providers
 - Technical competency
 - Inadequate leadership
 - Patient acceptance
- **Organizational**
 - Integration with workflow
 - Potential barrier to physician-patient communication
 - Migration from paper
 - Staff training
 - Legal barriers

* Top Barriers for DOQ-IT Participants



DOQ-IT

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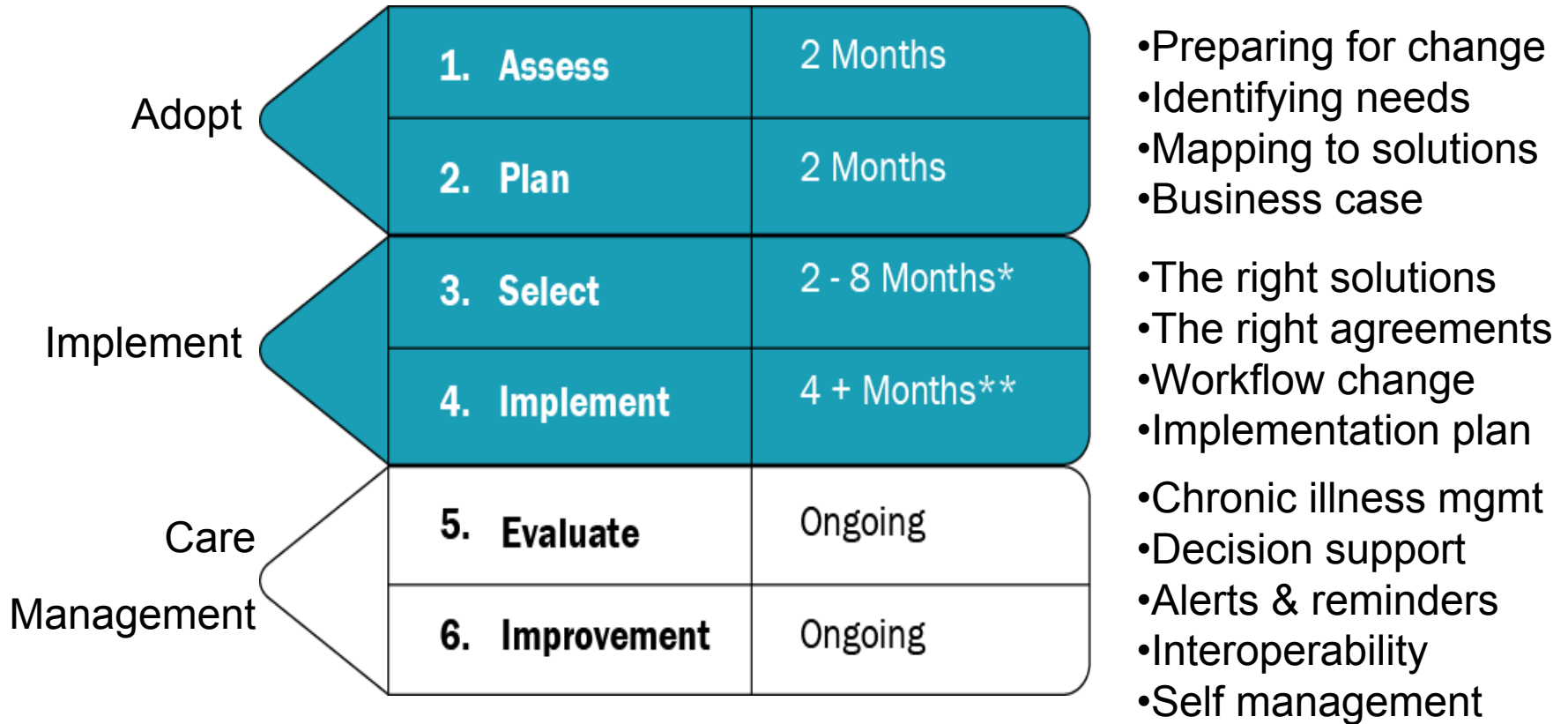
Physician and Physician Offices Lessons



- Concern that investment may not be ‘THE ONE’
- One size DOES NOT fit ALL
 - Levels of sophistication
 - Workflow and capacity across staff
 - Variety of entry levels
 - Those who have, those who wish to have and those who.....
- Micro-segmentation within the participant group
- Physicians need physician validation
- Overcoming practices “*I’m unique*” syndrome
- Intensive and consistent communications required



Roadmap for EHR Adoption



*Dependent upon duration for EHR selection by physician office

** EHR Implementation dependent upon installation complexity



Distribution Channels



- Group Settings
 - Collaborative Learning Sessions
 - Interactive Teleconferences
 - Online EHR Discussion Group
- Lessons:
 - Sporadic attendance due to out of office time
 - EHR vendor exhibits were important
 - Helped to build confidence in slower practices
 - Established peer-to-peer support
 - Topics not always relevant to the masses
 - Provided ability to collate and mould themes for participants
 - Created ability for replication of curriculum



Distribution Channels



- Consultations Calls and Site Visits
 - Customer specific arena for resolving barriers to implementation
 - Developing trust with customers
 - Coming to agreement on expectations and goals
 - Assistance with gap analysis and planning
- Lessons:
 - Not easily scalable
 - Provides better insight to the day-to-day functions and needs
 - Not to be heavily used in the 8SOW in CA



Key Areas of Value For Practices



- Understanding EHR readiness
- QIO providing EHR vendor feature/function information
- Guidance in EHR system selection
- Assistance in understanding contract terms
- Workflow analysis
- Overcoming delays in implementation
- Understanding other practice experiences
- Using Registry technology and EHRs together
- Effective system maintenance and backups
- Disaster recovery



Observations



- Large drop-out rate based on initial enrollment
 - CA had ~33% dropout rate
- Practices less interested in
 - Completing surveys
 - Redesigning for practice efficiency
- Need to interlace “Practice Efficiency” education as part of the overall implementation continuum
- Tough to track and measure progress of practices
- For practices who have systems:
 - No clear pathway from beginning to success
- End-state goals for practices can be unclear

What Works?



- Support of partners within the community
- Broad recruitment outreach
 - Surprisingly large amount of initial physician office interest
 - Practices that have already decided to implement an EHR
- Practices are engaged in learning sessions, teleconferences, and forums
- Availability of teleconferences and learning sessions
- Ability to cater to practices at various stages of EHR implementation
 - Practices at different stages need different types of assistance
- Providing participants with firm deliverable schedule



What Does Not Work?



- Too much emphasis on practice redesign and care management
- Hard to re-use or leverage tools, talks, sessions without a structured curriculum
- One-on-one consultations
 - Have uncertain impact
 - Are not scalable and not an efficient use of staff resources
- Availability of experts
- If working with groups keep ONE lead for the group
 - One per site is a non-starter



Physician Feedback



“I’m thrilled with the assistance, accessibility and availability of the QIO. When I’m bogged down in the details of day-to-day management, the QIO helped me see the bigger picture.”



“I have found the service to be invaluable in helping us through the selection and contracting process.”



“All phone sessions were well handled with solid speakers. Some streamlining of paperwork might be good.”



Where Do We Go From Here?



Quality Care Centers of Excellence (QCCE) Program:

- Goal to build assistance model to help practices adopt chronic care management using HIT
- Working with practices that have successfully implemented components of chronic care model
- Practices will be recognized as “Quality Care Centers of Excellence” resources for other DOQ-IT practices
- Program will develop best practices, lessons learned, case studies, tools, etc.
- Six month program led by Edmund Billings, MD, of Phyxe, Inc.



8SOW Challenges



- Scaling up to ~1,000 practices
 - Geographically dispersed in California
 - Rural and Urban Settings
- Strict success criteria
 - Practices without pre-existing HIT
 - Implement HIT system(s) $\geq 75\%$
 - Implement care management processes $\geq 30\%$
 - Submit data to clinical data warehouse $\geq 10\%$
 - Practices with pre-existing HIT
 - Implement care management processes $\geq 75\%$
 - Submit data to clinical data warehouse $\geq 20\%$



8SOW DOQ-IT Curriculum



- Nine to 12 month “EHR University” featuring:
 - Teleconferences
 - Learning Sessions
 - Web forums
 - Online tools and surveys
 - Scheduled milestones
- Based on the Institute for Healthcare Improvement’s (IHI) Collaborative learning programs
 - Group Learning Sessions
 - Peer-supported learning
 - Personalized feedback
- Starting September-October 2005



8SOW DOQ-IT Infrastructure Improvements



- Better peer-to-peer networking
 - Online Discussion Tool using ListManager
 - Blog with QIO contact information
 - Vendor and geographic user groups
- Better communications
 - Improved Web site
 - Changes to newsletter?
 - Better indexing of current toolkit
- Better tools
 - Vendor selection
 - Care Management via EHR/HIT
 - Revise and update existing tools





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