

## Promoting Health Information Technology: The QIO Role

Quality Improvement Organizations (QIOs) are helping doctors, hospitals, and home health agencies across the country harness the power of the latest information technologies such as electronic medical records (EMRs), registries, e-prescribing, and telemedicine—known collectively as health information technology (HIT).

HIT is poised to transform everyday clinical care – making it more effective, safer, and more efficient. But HIT alone is not enough to improve care. Providers need to revamp their care processes, using HIT as a tool to streamline and support their work and produce better patient outcomes.

Many front-line health care providers, particularly physicians in small to medium-sized practices, face challenges selecting and purchasing new HIT systems, applying HIT to workflow redesign and management, and implementing care improvement strategies.

To help overcome these obstacles, the national network of community-based QIOs provides free, expert assistance on HIT adoption, as part of the QIO contract with Medicare. This assistance is critical in helping physicians prepare for future pay-for-performance (P4P) initiatives.

QIOs are independent, community-based health care organizations that work to accelerate the diffusion of evidence-based medicine into everyday clinical practice, employing a wide range of experts who are uniquely qualified to help providers make the most of the latest in HIT.

### QIOs Are Leading HIT Efforts in:

- EHR adoption
- e-Prescribing
- Bar Coding
- Computerized Physician Order Entry (CPOE)
- Telehealth
- Health Information Exchange
- Pay-for-Performance

### Bringing HIT to Primary Care

Under the Doctor's Office Quality – Information Technology (DOQ-IT) project, QIOs are working on the cutting edge of health care to help reshape our fragmented paper-based system into one that is safe, equitable, patient-centered, timely, efficient, and effective.

Through 2008, QIOs will work intensively with approximately 4,000 primary care physician practices nationwide to adopt HIT. Eighty percent of these are small and medium sized practices—providers who face the greatest obstacles to successfully incorporating HIT.

*Over...*

QIOs focus on walking providers through the process of determining which systems will best meet their needs and using those systems to redesign care processes and measure quality improvements.

Providers have access to QIO assistance from beginning to end – from readiness assessment and strategic planning to system selection, workflow mapping, and quality measurement. QIO assistance does not supplant vendor assistance, and although QIOs help providers select systems, they are vendor neutral.

**“We have been able to avoid several ‘land mines’ up to this point by having assistance from *Health Insight*, our QIO.”**

*Marshal Wilde, Administrator  
Utah County Medical Associates*

## Pay-for-Performance

Accelerating adoption of HIT and helping physicians improve their care is key to building the infrastructure required for P4P. Physicians need both a better way to submit more accurate data and hands-on assistance in improving their quality of care. QIOs help meet both of these needs.

## Assisting Hospitals and Home Health Agencies

QIOs also work with hospitals to improve care through adoption and effective use of computerized physician order entry (CPOE) and bar coding as well as the use of EMRs. These systems can help providers improve patient safety by reducing medical errors and expanding access to needed health care services.

## Telehealth

QIOs are also promoting the widespread adoption and implementation of home telehealth – remote care delivery by providers – to reduce acute care hospitalizations. QIOs will also help hospitals, particularly rural facilities, use telehealth to improve patient care.

## Health Information Exchange

QIOs are also playing a leadership role in many states in health information exchange (HIE), which makes information available across care settings and providers while maintaining the security and meaning of that data. HIE will help physicians have access to comprehensive patient data at the point of care in real time. Some examples of these efforts:

- The West Virginia QIO is working with the state medical association and the state hospital association to form and implement a clinical information exchange. The QIO is also providing needed technical support and training to small and rural hospitals as part of a federally funded project to share benchmarking data and spread best practices through IT.
- In rural Poteau, Oklahoma, QIO consultants are helping a hospital and its three physician practices connect with each other. Since these small communities do not have the resources or expertise that large cities have, they welcome the QIO’s free assistance.

**“Without DOQ-IT, I would have missed out on what is going to be a literal transformation in the way I practice medicine.”**

*Dr. Lowell Kleinman,  
Northern California Physician*