

QIOs ASSIST IN THE TRANSFER TO TECHNOLOGY

DAVE ADLER

Quality improvement organizations (QIOs) should provide hands-on and other technical assistance in all provider settings, according to a recent report from the Institute of Medicine (IOM). This includes “advice and guidance on how to bring about, sustain, and diffuse internal system design and process changes, particularly those related to the use of information technology for quality improvement,” says the March 9 report, “Medicare’s Quality Improvement Organization Program: Maximizing Potential.”

It is notable that IOM did not limit its recommendation to ambulatory and acute care, where much of the existing QIO work on health information technology (HIT) has focused, but rather IOM said that QIOs should provide this type of assistance, as needed, in “each provider setting.”

HIT And Quality

HIT is not a panacea to all of the health care system’s mal-



HIT IS A CRUCIAL TOOL FOR ALLEVIATING MANY QUALITY PROBLEMS THAT PLAGUE THE EFFECTIVE DELIVERY OF HEALTH CARE SERVICES.

adies, but it is a crucial tool with enormous potential for alleviating many quality problems that plague effective delivery of health care services.

Consequently, because QIOs’ expertise is in changing systems of care, HIT is playing a big role in their efforts to help providers improve both quality and efficiency in health care.

QIOs are state-based, independent organizations that contract with Medicare to provide free, performance-improvement assistance to nursing facilities, home health agencies, hospitals, physician practices, health plans, and others. As community resources, QIOs in every state and U.S. territory serve as a national infrastructure to make good care better.

Among other tasks, QIOs promote and support adoption of home telehealth for reducing acute care hospitalizations, computerized physician order entry, bar coding and telehealth technologies to transform hospital care, and HIT in adult primary care physician practices.

The physician practice HIT initiative has the highest profile in this ambitious new work.

TECHNOLOGY IN HEALTH CARE

QIOs are helping practices accelerate the adoption of technologies such as e-prescribing, e-labs, registries, and full electronic health records (EHRs). QIOs also are assisting practices in creating processes to support care management and patient self management and helping providers develop capacity to electronically report clinical measures for quality improvement—a precursor to public reporting and pay-for-performance initiatives.

Multiple Challenges

While HIT holds great promise for transforming health care, challenges have slowed adoption. The high cost of many information technology sys-

DAVE ADLER is director of government affairs for the American Health Quality Association, Washington, D.C.

tems is an obvious barrier. But what too often goes unnoticed and unaddressed are the challenges of selecting the right system, redesigning workflow and care processes, and maximizing efficiency. As David Brailer, MD, national coordinator for HIT, says, “If left alone, most physicians will fail at computerized patient record implementation.” And that’s where QIOs come in.

Given the rate of medical errors, a fundamental philosophy that guides QIO work in this area is to implement EHRs without redesigning clinical care processes, which would only allow the wrong thing to happen faster. Implementing system changes and improvements that incorporate EHRs and other HIT solutions into appropriately redesigned care processes is essential.

While assessing and improving clinical processes may not necessarily be the first thing that comes to mind when considering HIT, many practicing physicians do understand why this kind of assistance is important. In just six months, more than 2,000 small- and medium-sized physician practices already have signed up to receive QIO assistance with HIT adoption.

This early indicator of success builds on groundbreaking work in Arkansas, California, Massachusetts, and Utah, where the QIOs have tested ways to assist practices under a Centers for Medicare & Medicaid Services (CMS)-funded project called the Doctor’s Office Quality-Information Technology pilot.

Here’s what one medical practice wrote about its experience working with its QIO in the pilot: “It is difficult

The Clear Solution
**INTRODUCING THE “CLEARLY SUPERIOR”
 DAWNMIST® SKINCARE PRODUCTS.**

- Crystal Clear Bottles
- Improved Formulas
- Tamper Resistant Safety Seals
- Easy Product Identification
- Dispensing Caps

Dawnmist®
 www.dawnmist.com

Donovan Industries, Inc. 13401 McCormick Drive • Tampa, FL 33626 • 800.334.4404 • 813.854.1547

Rev. No. 03/06/13477

in our very busy practice and with increasing overhead to find the resources to properly and successfully complete a transaction that is such a significant change to the way physicians practice medicine. It is great to know there is a resource actively available to assist practices like ours to sort through the details and move toward implementation of electronic medical records.”

It's necessary to note that QIOs are vendor neutral, and they do not supplant HIT vendors and the functions they play in HIT implementation.

LTC Has A Stake

So why should the long term care profession care about QIO efforts to help physician practices? Because the pilot identified key steps for QIOs to follow in the process of HIT adoption,

THIS ASSESSMENT AND FOLLOW-UP, ADAPTED FOR LONG TERM CARE, WOULD PROVIDE ADMINISTRATORS WITH ACTIONABLE INFORMATION ABOUT THEIR OPERATIONS.

including assessing provider readiness and functionality needs; workflow mapping; staff training; guidelines for incorporating disease management; optimal use of software for population health; quality reporting; and, ultimately, quality improvement. These

lessons will most certainly inform similar efforts to support long term care providers.

For instance, QIOs' first step with physician practices is to examine and assess their operations and processes. This readiness assessment explores the practice's culture and leadership, systems hardware and infrastructure needs, functionality requirements, and workflow. QIOs then develop recommendations regarding any necessary changes, as well as strategies for moving forward.

This assessment and follow-up, adapted for long term care, would provide administrators with actionable information about their operations and show where HIT would enhance quality and maximize efficiency.

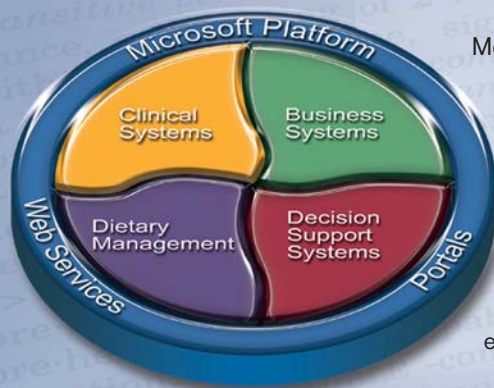
In March 2006 testimony before the House Government Reform

com·pre·hen·sive

1. *adj.* being the most comprehensive of its class

2. *noun* **Momentum Healthware Long-Term Care Solutions**

Thousands of facilities trust Momentum Healthware to provide the most comprehensive Microsoft-based solutions on the market. So should you.



Momentum Healthware's integrated solution offers the most advanced electronic health record, a complete dietary suite, comprehensive billing applications, and executive information systems. Plus, these solutions are built on proven Microsoft technologies, including award winning financials – Microsoft Dynamics. That means our solutions are built for your future.

Phone: 877-231-3836
 email.us@momentumhealthware.com
 www.momentumhealthware.com



Committee, former Speaker of the House and Center for Health Transformation founder Newt Gingrich said it's a "no-brainer" for physicians to "tap into the valuable resource" of QIOs when pursuing HIT adoption. Likewise, he believes that long term care providers should be able to tap into similar assistance.

While HIT adoption generally has been slow in long term care, there is a cadre of progressive providers investing in HIT, despite concerns about cost, interoperability, connectivity, and staff training.

Providers are making the leap for a number of reasons: reporting quality data; providing caregivers with decision support; reducing medical errors; capturing data accurately to ensure appropriate payment; easing Medicare Part D implementation; and increasing efficiency by reducing administrative time, so that caregivers can do what they do best—deliver care.

It is critical that investments in HIT are protected against the danger of costly implementation failures. Quality improvement professionals, such as QIOs, should be available to long term care providers to ensure that their investments in HIT are not wasted or underutilized.

QIOs are already helping nursing facilities abstract clinical process data—beyond minimum data set information—using an electronic tool, as well as setting performance targets and tracking progress using a Web-based tool. But CMS has not yet directed the QIOs to perform intensive HIT activities with long term care providers.

As QIOs learn more about helping physician practices adopt HIT, and as interest in adoption grows among long term care providers, QIO activities in ambulatory care logically and naturally should evolve into similar work with nursing facilities and home health agencies. While HIT adoption in long term care presents different challenges, there are some undeniable commonali-

ties, such as the importance of readiness assessment and clinical workflow redesign, where growing QIO knowledge and experience would help.

Health Information Exchange

While it may take time for QIO work on long term care HIT to be commen-



QIO ACTIVITIES IN AMBULATORY CARE LOGICALLY SHOULD EVOLVE INTO SIMILAR WORK WITH NURSING FACILITIES AND HOME HEALTH AGENCIES.

surate with their work with physician practices, one place ripe for immediate attention is health information exchange (HIE)—the communication of health information electronically across organizations within a region or community.

With much of the focus on HIE being limited to acute and ambulatory care, nursing facilities and home health agencies are often left out of the loop. That's a missed opportunity for better care coordination and patient safety that must be rectified, and QIOs can help.

On March 6, the American Health Quality Foundation, the American Health Quality Association's educational arm, released a report supported by the eHealth Initiative and the Agency for Healthcare Research and

Quality. The report found that 42 of the 53 state QIOs are "substantively involved in local HIE efforts, many in leadership roles."

The report recognized that QIO experience and relationships in all care delivery settings, as well as the neutrality of the QIO agenda to improve quality, allows QIOs to convene the many stakeholders who can help make HIE and its benefits a reality.

The report specifically acknowledged the importance of including the long term care community in local HIE initiatives: "To date, nursing facilities and home health agencies often have not played a substantial role in many local HIE initiatives, and yet these entities would benefit significantly from HIE," the report said. "Long term care entities also have extensive data sources that can increase the completeness of patient data. More HIE initiatives should seek to engage long term care organizations as key stakeholders in the formation and operation of HIE, and QIOs are in a strong position to help facilitate this interaction."

Room For Improvement

Data released by CMS in December 2004 detailed early successes of the Nursing Home Quality Initiative and the benefits of nursing facility providers and QIOs working hand-in-hand to improve the quality of care for patients.

While the improvements on the quality indicators are impressive, there's still ample room for more improvement.

QIOs recognize that to bring about more fundamental change in the health care system, they need to arm providers with the tools and practices that produce dramatic and lasting improvements, and HIT is critical to that new approach. ■

For More Information

■ The author can be reached at adadler@ahqa.org.