IT Office Visits: QIOs Join Community Health IT Efforts with the 8th Scope of Work

by Christine Bechtel

CMS's new scope of work sends QIOs to physician offices, hospitals, and home health agencies to provide free assistance implementing health information technology.

Achieving the goal of widely adopted, interoperable health information technology (HIT) rests on the ability of HIM and healthcare professionals to support the implementation and effective use of technologies at the local and regional levels. HIT holds great promise for transforming the healthcare system, but barriers have historically kept adoption levels relatively low.

Chief among these barriers is, of course, the high cost of many IT systems. But the challenges of selecting a system, redesigning workflow and care processes, and maximizing efficiency in an already highly complex and adaptive system are also major barriers. This is particularly true for smaller physician practices and healthcare facilities whose limited resources make it difficult to afford the expertise that makes this intricate process easier.

Recognizing this need, the Centers for Medicare and Medicaid Services (CMS) has asked the national network of community-based Quality Improvement Organizations (QIOs) to begin providing free assistance to physician practices, hospitals, and home health agencies with the adoption of HIT, including EHRs, registries, e-prescribing bar coding, computerized physician order entry (CPOE), and telehealth.

Quality Improvement Organizations

QIOs are independent, largely nonprofit healthcare organizations that work in their communities on healthcare quality issues. The main goal of these private-sector quality improvement contractors is to accelerate the diffusion of evidence-based medicine from the bookshelf to the bedside. As community resources, QIOs in every state and US territory serve as a national infrastructure for helping doctors, hospitals, home health agencies, and nursing homes employ evidence-based guidelines to make good care better. Because QIOs focus on changing systems of care, their work affects all patient populations, not just Medicare beneficiaries.

QIOs employ physicians from a wide range of specialties who are knowledgeable in quality improvement techniques and best practices in medicine. They also employ statisticians and epidemiologists, HIT professionals, nurses, communications professionals, pharmacists, and other healthcare specialists who serve as a resource for local providers, practitioners, consumers, and stakeholders. HIT plays an increasing role in QIOs' work to help providers improve performance, because when done well, its effective use is becoming a proven strategy for improving both quality and efficiency in healthcare.

QIOs compete for three-year contracts from CMS. These performance-based contracts are known as scopes of work, and QIOs just began the new 8th Scope of Work in August.

Heightened Focus on Implementing HIT

The 8th Scope of Work (which runs from 2005 to 2008) represents a significant expansion of quality improvement activities in several areas, including prescription drugs, organizational culture change, and HIT. The scope features new initiatives directed at home health, hospitals, and physician practices.

Under the eighth scope, QIOs will promote the widespread adoption and implementation of home telehealth—the remote care delivery or monitoring between a healthcare provider and patients in their residences—to reduce acute care hospitalizations.

QIOs will also help home health agencies use telehealth to improve the patient's transition from acute care to self-care, reduce unscheduled nurse visits, and identify early decline in a patient's condition.

QIOs will work with agencies to use effective telephone communication for scheduled patient encounters, monitor care electronically by collecting and transmitting health data from a patient with a response from the provider, and "teletriage," the unscheduled handling of health problems by clinicians via phone or other electronic technology.

QIOs will also work with hospitals to achieve transformational change through the adoption and effective use of CPOE, bar coding, and telehealth systems. The effective use of these technologies shows great promise for increasing the quality and safety of care by reducing medical errors and adverse drug events, as well as overcoming geographic limitations to expand access to healthcare providers and services.

Where the Money Comes From

QIO assistance is free to providers because QIOs are paid by the federal government under a competitive three-year contract. The QIO program represents the largest coordinated federal investment in healthcare quality for America's seniors and the disabled, yet it is only a small fraction —.1 percent—of total Medicare spending.

Total annual direct payments to QIOs during the last contract cycle were about $260.8 million, or about $6.42 per beneficiary per year. Looked at another way, Medicare pays the QIOs 54 cents a month for each beneficiary.

QIOs will engage senior leadership in acute-care prospective payment system hospitals and critical-access hospitals by helping them develop business cases and implementation plans for one of these selected technologies. The QIOs will educate hospital leadership and staff about topics including infrastructure requirements, day-to-day staffing requirements and costs, available products, and examples of successful implementation. Finally, the QIOs will be available to assist hospitals in carrying out their plans.

However, it is the new scope's focus on HIT assistance to small physician practices that may draw the most interest. CMS has asked each QIO to work intensively with adult primary care physician practices to help them adopt HIT and use it effectively for care management and improved care quality. This will include assistance in implementing technologies such as e-prescribing, e-labs, registries, and full EHRs; creating processes to support care management and patient self-management; and developing capacity to report clinical quality measures to an external data warehouse, which could be used for future quality improvement projects with the QIO.

This work also entails coordination with ambulatory EHR vendors and other industry experts to ensure that physician practices have the IT tools necessary for support of patient care and the ability to analyze system data for quality improvement.

Bringing Physician Practices Online

QIOs will work intensively with at least 5 percent of adult primary care physician practice sites in every state. This represents an estimated 6,000 practice sites nationwide, 80 percent of which will be comprised of eight or fewer physicians. In large states like California and Florida, the number of practices working with QIOs could range from 500 to 1,000; in rural states with smaller populations like Montana or Wyoming, the number could be less than 20.

QIOs will divide their attention between practices with and without HIT. Practices that have already implemented HIT can work with QIOs to employ all functions of the software fully and more effectively, a common challenge for physicians with EHRs today. Practices can also receive assistance with care process redesign and engage in efforts to use data from their systems to measurably improve quality.

Practices that have yet to adopt HIT will receive assistance with planning workflow redesign, system selection, and care management. It is anticipated that some of these practices will also measure their quality of care by reporting data. The focus

of this assistance is on the adoption and use of either full EHR systems or registry systems combined with e-prescribing.

Additional QIO Efforts in the 8th Scope

The 8th Scope of Work encompasses a wider range of work than discussed here. QIOs will work on additional initiatives that address a range of populations and settings.

Hospitals. QIOs will support pay-for-performance initiatives by ensuring that nearly every hospital submits valid data for publicly reported measures. With a select group, they will work to improve performance on publicly reported measures for heart attack, heart failure, and pneumonia. With another group, they will work to improve performance on surgical infection prevention, cardiovascular complications, venous thromboembolism, ventilator-associated pneumonia, and safer vascular access for dialysis. QIOs will also work with critical-access hospitals on data reporting and improvement on quality measures.

Prescription Drug Therapy. Beginning in August 2006, QIOs will help Medicare drug benefit plans and providers develop quality measures; adopt and implement e-prescribing; and develop projects for improved disease-specific therapy, better patient medication self-management, and improved prescribing with a focus on avoidable drugs in the elderly, clinically important drug interactions, and generic prescribing ratios.

Underserved. QIOs will work with select physician practices in each state to improve cultural competency and, for vulnerable populations, improve the timely administration of flu and PPV immunizations, mammography, and timely testing of blood sugar, lipid levels, and retinopathy testing in diabetes patients.

Nursing Homes. QIOs will focus their statewide efforts on helping nursing homes set individual performance goals and achieve significant improvements on priority clinical topics of pressure ulcers, physical restraints, and depression. With about 15 percent of nursing homes, QIOs will help facilities reduce turnover among frontline workers and collect resident and staff satisfaction data.

Home Health. Statewide, QIOs will work with home health agencies to achieve a 30 percent relative reduction in acute-care hospitalizations. In targeted groups, they will work to improve clinical outcomes, implement and use telehealth technology, and increase screening and immunization for influenza and pneumonia.

Beneficiary Protection. QIOs will conduct reviews of beneficiary quality of care complaints, Emergency Medical Treatment and Active Labor Act reviews, beneficiary appeals of discharge, fiscal intermediary referrals, and other assigned case reviews.

Physician Assistance

Readiness assessments form the foundation of the QIO assistance to physician practices. Assessments will help the QIO and the practice examine a wide range of qualities and characteristics about the practice's operations and care that ultimately affect the pace and quality of system adoption and use.

Readiness assessments explore topics such as the practice's culture and leadership, financial planning, systems hardware and infrastructure needs, functionality requirements, and workflow issues. Using the readiness assessments, QIOs can develop specific recommendations regarding any necessary changes or elements that can be strengthened, as well as strategies moving forward.

QIOs will help the practice identify core members of its implementation team and, once in place, will offer the team assistance throughout the adoption continuum in areas such as:

- Project plan and timeline development
- Hardware and infrastructure needs
- Resources for system comparisons and selection, including site visits and access to EHR selector tools
- Functionality requirements and preferences
- Contracting principles and guidelines
- Workflow mapping
- Change management and preparation
- Strategies for handling existing data
- Planning for appropriate staff training
- Guidelines for system maintenance and availability
- Go-live planning
- Optimal use of the selected software
- Quality data reporting
- Quality improvement processes and tools

QIO assistance does not supplant vendor assistance—QIOs will not provide technical support for installation, programming, interface development, application training, or troubleshooting software and hardware glitches. QIOs will remain vendor neutral, although they will inform practices about the approximately 75 vendors that either currently have or are planning for the ability to extract a specific performance measure set for quality improvement from the EHR or registry.

The clinical measures that form the core of the quality focus are those that have the greatest impact on the Medicare beneficiary population, including heart disease, diabetes, hypertension, heart failure, and preventive measures. These measures, known as the Doctor's Office Quality measures, were developed in concert with the American Medical Association, the National Quality Forum, and others.

Ultimately, QIOs seek to help practices transform the quality of care they provide, using HIT as a critical pathway toward better care. The primary strategy for measuring and improving quality of care will be using the practice's HIT to report data. For this reason, EHR adoption is the ultimate goal of the eighth scope's efforts, although QIOs will also help practices evaluate other HIT solutions, including registries with e-prescribing capability.

Practices that report data will be able to receive customized reports from their QIOs on the quality of their patient care. QIOs can then work collaboratively with practices to identify and implement strategies for making any necessary changes to workflow or care processes to improve.

Using HIT beyond patient care to report data, measure quality, and undertake improvement efforts will give participating physicians a leg up on what is likely to be the future of healthcare reimbursement—pay for performance.

CMS and several health plans and purchasers are currently investigating various models for pay for performance. Each model includes reporting and measuring quality data. While HIT systems may or may not be necessary for early efforts, experts agree that the future of pay-for-performance measures depends in part on data generated from in-office HIT systems. QIOs are now available to help both with adoption and effective use of HIT systems and in truly transforming the quality of care clinicians provide.

Physician Perceptions

Some QIO assistance for physician practices began nearly two years ago under a pilot study funded by CMS. The study, known as the Doctor's Office Quality–Information Technology (DOQ-IT) pilot, paired QIOs with physicians in Arkansas, California, Massachusetts, and Utah.

The DOQ-IT pilot produced positive results. As one medical practice wrote to its QIO, "For two years we've tried to get our EMR project going, but the options and logistics seemed overwhelming. Plus trying to get already very busy clinicians to focus on this and pull time from our existing strained resources was very difficult. The tools [DOQ-IT has] given us are great. The timeline itself helped make the project manageable so we could get started, and we feel well-guided in terms of your guidance on the three solutions we plan to demo in the next few weeks. We know your help will be invaluable as we plan for implementation."

Another practice wrote, “Thank you for working with us. It is difficult 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.”

The coming years promise to be no less momentous for HIT than the current and preceding ones. As HIT adoption occupies the industry, from the federal government to individual practitioners, QIOs are setting to work to assist healthcare providers and practitioners with technology and quality improvement. For more information, or to contact your local QIO, visit www.ahqa.org.

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