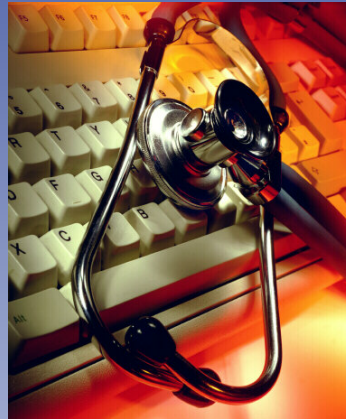


# The Adoption of Health Information Technology in Physician Practice



*Quicker access. Fewer errors. Improved efficiency---*

*This material was prepared by the Virginia Health Quality Center, the Medicare Quality Improvement Organization for Virginia, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.  
VHQC/1d/4-5-2005/041*



# *The Virginia Health Quality Center*

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- Designated by the Centers for Medicare & Medicaid Services (CMS) as the Medicare Quality Improvement Organization (QIO) for Virginia.

## Peer Review vs. Quality Improvement

- Works on behalf of Medicare to monitor and help improve the care received by Medicare beneficiaries.
- Offers services to a wide range of partners interested in improving the quality of health care and the health status of a variety of populations.

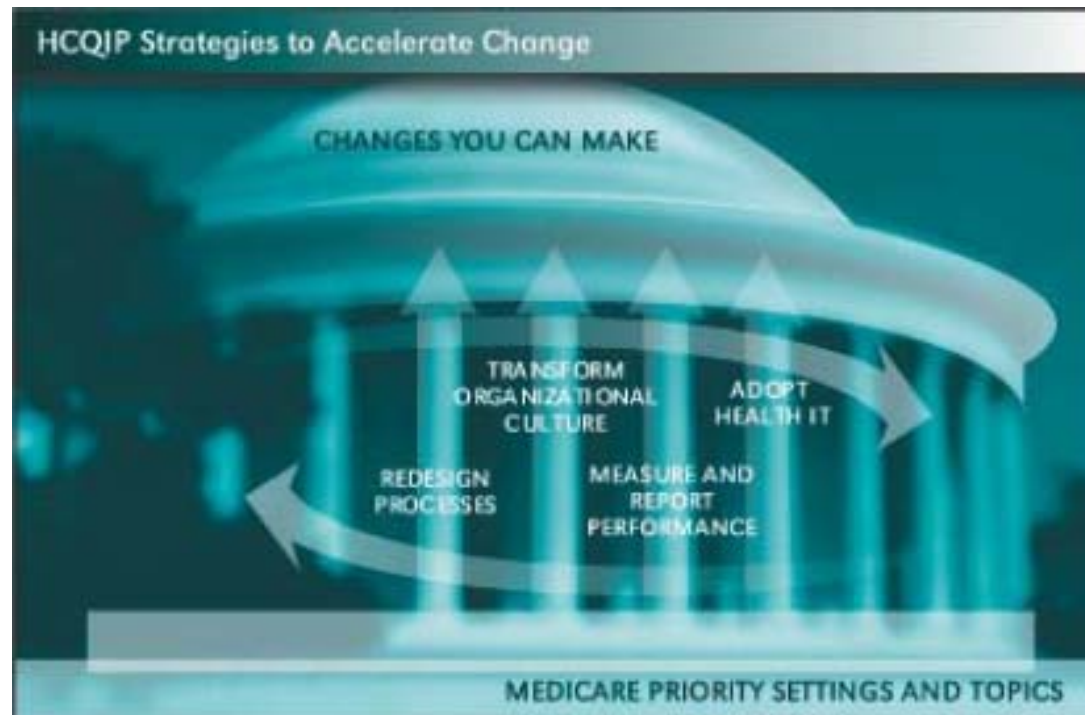
*The 8<sup>th</sup> Scope of Work*  
*August 1, 2005 – July 31, 2008*

*Physician Office Setting*



# The 8<sup>th</sup> Scope of Work

- Basic Strategies to Accelerate Change



# Health Information Technology

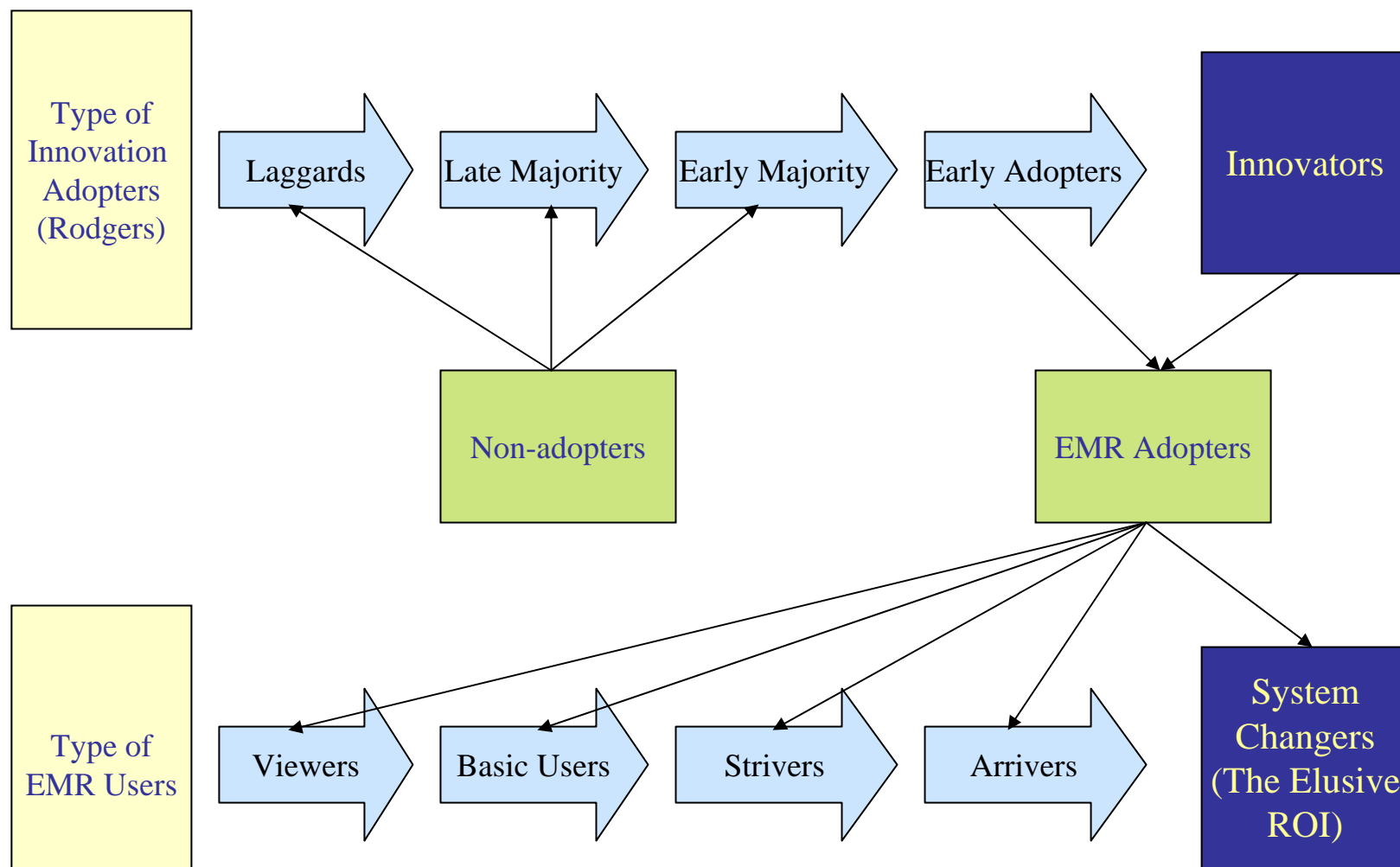
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- **E-Prescribing**
- **E-Labs**
- **E-Registries**
- **E-Prescribing + E-Registries**
- **Fully Integrated Electronic Health Record**
- **Personal Health Record (PHR)**

*Note: The VHQC is not a vendor of health information technology (HIT) products, nor does it endorse any software provider.*



# Types of Innovation Adopters and EMR Users



Miller RH, Sim I, Newman J, *Electronic Medical Records: Lessons from Small Physician Practices*, iHealthReports, California HealthCare Foundation accessed On-line Jan. 21, 2005 at <http://www.chcf.org/topics/view.cfm?itemID=21521>

# *Types of Innovation Adopters and EMR Users*

- **Viewers** – view data and do little else.
- **Basic Users** – view data, maintain electronic lists, and write prescriptions; continue to use transcription services.
- **Strivers** – customize templates, enter past patient data, reorganize workflows to reduce time costs.
- **Arrivers** – created interfaces and generally ascended the EMR learning curve.
- **System Changers** – all of the above plus *delegating numerous tasks to other clinical staff and working to change the external environment to reward quality of care.*

## **Electronic Medical Records: Lessons from Small Physician Practices**

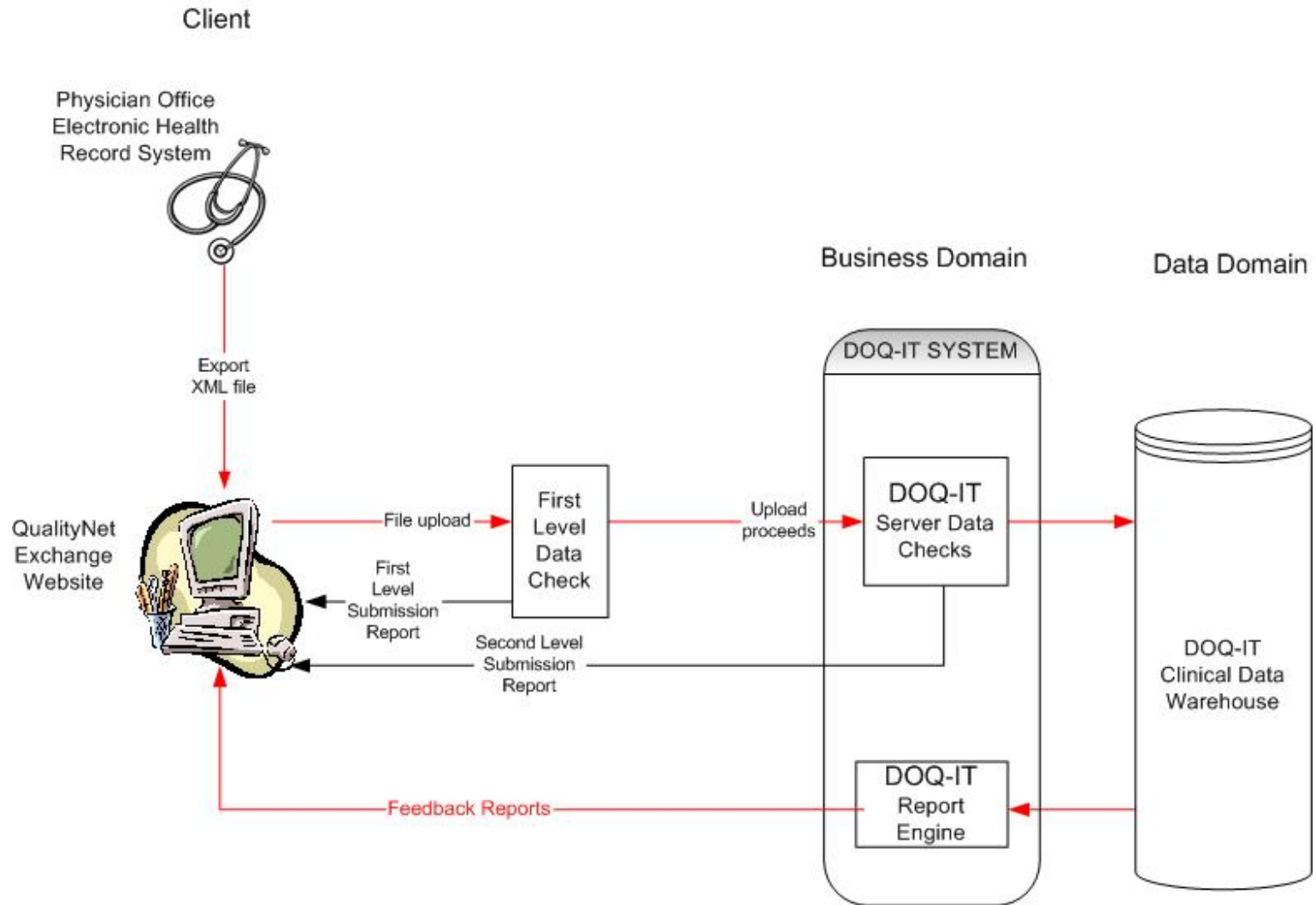
*Prepared for:* CALIFORNIA HEALTHCARE FOUNDATION *Prepared by:* University of California, San Francisco

*Authors:* Robert H. Miller, Ph.D., Institute for Health and Aging; Ida Sim, M.D., Ph.D., Department of Medicine;

and Jeff Newman, M.D., M.P.H., Director, Sutter Health Institute for Research and Education

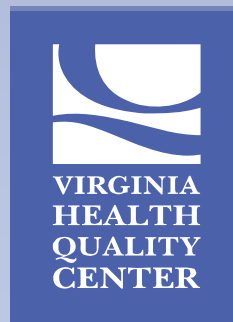
October 2003

# Care Management & Improvement



# *What Have We Learned So Far?*

*The Early Experiences of California,  
Arkansas, Massachusetts, and Utah*



## *Demonstration Pilot Snapshot 8.31.2005*

	Assess & Plan	Select	Implement	Evaluate	Improve	Dropout
CA	68.25%	7.14%	2.24%	19.84%	0.00%	2.38%
AR	67.07%	17.52%	12.08%	0.30%	0.00%	3.02%
MA	40.00%	30.00%	20.00%	10.00%	0.00%	0.61%
UT	9.66%	32.95%	9.09%	9.09%	27.27%	11.94%

# Demonstration Pilot

Most Effective Information Distribution Methods	
CA	Teleconferences and Learning Sessions with <b>Peer-to-Peer</b> Interaction
AR	All Face-to-Face Contact, e.g. Academic Detailing, <b>Peer-to-Peer</b> Interaction
MA	<b>Peer-to-Peer</b> Interactions
UT	<b>Peer-to-Peer</b> Interactions With Groups of Similar Size and From Physician Leaders Who Have Already Implemented.

# Demonstration Pilot

Recruitment Messages Useful for Adoption							
	Cost Reduction	Revenue Enhancement	Productivity Gains	Care Process Advances	Improved Patient Outcome	Improved Patient Satisfaction	Risk Mitigation
CA	N	Y	Y	Y	Y	N	N
AR	Y	N	Y	Y	Y	Y	N
MA	Y	Y	Y	Y	Y	N	N
UT	Y	Y	N	Y	Y	Y	N

# Demonstration Pilot

Rank of Importance in a Physician Office's Decision to Participate (5 = most important; 1 = least important)								
	Time	Money	Staff	Culture	Leadership	Macro-level Support	Previous Use of IT	Previous CQI Experience
CA	5	3	4	3	4	1	2	N/A
AR	3	5	4	4	5	4	2	1
MA	5	4	4	4	5	4	4	3
UT	4	3	4	3	3	2	3	3

# Demonstration Pilot

Planning Barriers Identified	
CA	1) <b>Time</b> , 2) Overwhelming choice of vendors, 3) Staff training
AR	1) Money, 2) Lack of consensus, 3) <b>Time</b>
MA	1) <b>Time</b>
UT	1) <b>Time</b>

# Demonstration Pilot

What Physician Office Characteristics Did You Find to Be Most Important for Readiness to Adopt HIT?	
CA	1) <b>Physician champion</b> , 2) Defining the “pain” and what EHR functions would help, 3) Provider communication with staff
AR	1) Funding, 2) Total staff buy-in with <b>strong physician leadership</b> , 3) Some level of HIT in the office already
MA	1) Willingness, 2) Need, 3) Flexibility
UT	1) Already seriously considering EHR, 2) <b>Strong office manager or young doctor without a full schedule to manage project</b> , 3) Younger clinical staff

## *Questions?*

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**Virginia Health Quality Center**  
**804-289-5320, [www.vhqc.org](http://www.vhqc.org)**  
**<http://www.vhqc.org/index/doq-it>**

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