

DOQ-IT:
Doctors Office Quality –
Information Technology

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DOQ-IT

- Premise: substantial improvement in physician office quality cannot be achieved without adoption of health information technology and process redesign.
- QIO special study project that works with both physician offices and software vendors to increase the adoption and utilization of HIT.
- See: www.doqit.org

DOQ-IT

- Make high quality, affordable systems more available.
- Work with EHR Vendors to overcome implementation obstacles and improve care management.
- Provide assistance to physician offices
 - IT adoption decision
 - Implementation and workflow efficiencies
 - Care management/patient self-management

Vendor Participation

- Vendors participate by implementing and reporting DOQ-IT clinical measures.
- DOQ-IT also works with vendors to improve their understanding of the office environment and in assisting physicians in improving practice efficiency.

What Should HIT Vendors Do?

- Offer systems with high functionality and usability
 - Specified functionalities: eRx, eLab
 - Specified outputs: quality measures, CCR, PHR
 - Decision support to help improve performance on quality measures
 - Standards-based for interoperability/data exchange
- Offer affordable systems

And Why Should Vendors Do It?

- Pay-for-performance programs are gathering momentum
 - Generally include system functionality standards
 - Generally include performance on clinical measures
- Functionality standards exist and systems certification process is coming
- Output specifications exist or are developing

DOQ-IT and Clinical Measures

- DOQ-IT emphasizes improving chronic disease management by creating an environment in which continuity of care by the primary provider is also improved.
- 2 types of measures: clinical and functional measures.

Clinical Quality Measures

- DOQ measures, jointly developed with AMA's Consortium on Performance Improvement, and harmonized with NCQA, have been brought to National Quality Forum for expedited review.

Clinical Quality Measures

- Derived from evidence based medicine.
- Emphasize the ability of the system to output data to a clinical data warehouse.
- Built on HL7 and other standards (more latter).
- Are clearly defined in specifications (see www.doqit.org).

Systems Measures

- These emphasize the ability of the EHR to integrate and improve physician office practice.
- These measures focus on **decision support** and the “input” of appropriate data.
- Ability to produce measure results in physician office prior to sending. Thus are related to achieving acceptable performance on the clinical measures.
- Also emphasizes the ability of the EHR to use standards to achieve intra-operability with other systems.

EHR Systems: CHI Standards

- *One of the eGovernment Initiatives...*
 - To enable the sharing of health information in a secure environment to improve health
 - To establish Federal health information interoperability standards as the basis for electronic health data transfer in all activities and projects and among all Federal agencies.
 - Lead and influence in sync with industry

Example CHI Vocabularies

1. LOINC[®]: Laboratory Result Names.
2. HL7[®] Messaging Standards: Includes scheduling, medical record, patient administration, observation reporting, financial management, patient care.
3. NCPDP: Includes retail pharmacy transactions.
4. SNOMED CT[®]: Diagnosis/Problem List, Laboratory Results, Interventions and Procedures.
5. Others including several for pharmacy.
6. Payment: HIPAA Transactions and Code Sets
7. NLM is mapping SNOMED CT[®] to other code sets.

EHR Systems: CHI Standards

- Clinical Measures currently specify HL7® Version 2.4, LOINC, HIPAA Transactions and Code Sets, and National Drug Codes (NDC).
- Low hanging fruit: LOINC code labs, SNOMED CT®

Practice Participation

- Four state (CA, MA, AR, UT) pilot project underway (1000 physicians per state).
- Comprehensive program aimed at assisting practitioners with practice redesign issues, pre-implementation guidelines, readiness assessment.
- Ultimate goal will will be to monitor and improve care using evidence- medicine based clinical measure.
- Both collaborative and consultative approaches are used.

VistA-Office EHR

- VHA's current VistA system is being reconfigured to meet the needs of the general medical practice.
- Covered in additional detail in latter talks

Conclusions: why DOQ-IT?

- Represents a coordinated approach to facilitating the adoption of HIT in the physician office setting:
 - Prepare the physician office for change.
 - Assist Electronic Healthcare Record adoption
 - Improve quality of care