

**better. care.**



**Integrating HIT into Clinical Practice**

THE GUIDELINE ADVANTAGE




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**Agenda**

9:00	Registration & Vendor Networking
10:00	Welcome & Qsource Overview
10:15	Bonita Pilon DSN, RN-BC, FAAN Christian Ketel, MSN, RN <i>"Strategies for Leveraging the EHR to Improve Population Health"</i>
11:15	Break with Vendors
11:30	Keith Junior, MD <i>"The Next Steps in Medicine"</i>
12:30	Lunch with Vendors
1:00	Panel: <i>"Integrating HIT into Clinical Practice - Lessons from TN"</i> C. Edward McBride, III, MD, FAFAP, Summit Medical Group, Knoxville Eric Blakney, MD, Premier Internal Medicine, Memphis Lisa Terry, NP, Primary Care and Hope Clinic, Murfreesboro Moderator: Jennifer McNally, Qsource TNREC
2:00	Next Steps & Meeting Adjourns




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**Qsource**

	Funding	Aims	Participation	Cost for Services
Regional Extension Center (REC) www.tnrec.org	Office of the National Coordinator (ONC)	<ul style="list-style-type: none"> <li>Determine eligibility for HIT incentive programs</li> <li>Select the most cost-effective EHR for your practice</li> <li>Plan a successful EHR implementation</li> <li>Enhance administrative and clinical workflows</li> <li>Assess and meet training needs for your staff</li> <li>Achieve meaningful use of HIT</li> <li>Maximize HIT incentive payments</li> <li>Connect for health information exchange (HIE)</li> <li><b>Improve the value and quality of patient care</b></li> </ul>	Voluntary*  *Please refer to <a href="http://bit.ly/3aahla2">bit.ly/3aahla2</a> app for complete information regarding timelines	While, tnREC receives government subsidies for assisting providers and hospitals, nominal fees for service apply.
Quality Improvement Organization (QIO) www.qsource.org	Centers for Medicare & Medicaid Services (CMS) since 1973	<ul style="list-style-type: none"> <li>Connect communities for learning and action to achieve national health quality goals</li> <li><b>Support providers and practitioners with evidence-based clinical interventions and objective expertise</b></li> <li>Protect beneficiaries and improve the value of health care by addressing quality complaints and reviewing discharge appeals</li> </ul>	Voluntary	FREE




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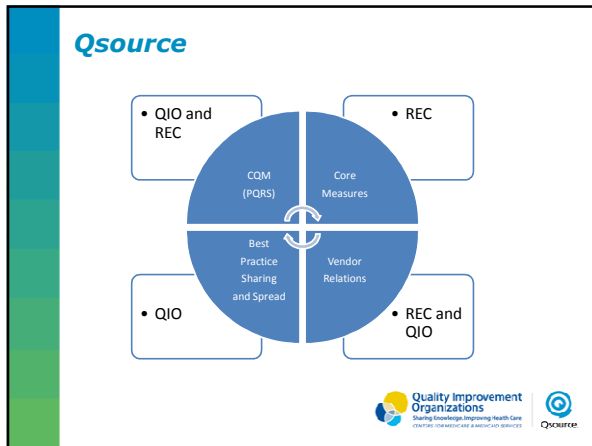
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**Qsource – Role Comparison**

<p><b>REC</b></p> <ul style="list-style-type: none"> <li>◆ Assisting practices to adopt and meaningfully use EHR           <ul style="list-style-type: none"> <li>▪ Initial focus:               <ul style="list-style-type: none"> <li>– Stage 1</li> </ul> </li> <li>▪ Future focus:               <ul style="list-style-type: none"> <li>– Stage 2 and 3</li> <li>– Privacy and Security</li> <li>– HIE</li> </ul> </li> </ul> </li> </ul>	<p><b>QIO</b></p> <ul style="list-style-type: none"> <li>◆ Assist practices in improving rates on prevention and cardiovascular measures</li> <li>◆ Develop and facilitate LAN to assist with MU CQM and best practice sharing</li> </ul>
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Quality Improvement Organizations  
Sharing Knowledge, Improving Health Care  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Qsource

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**Updated Charter for Leading Change**

*The Quality Improvement Organization Program has evolved:*

- Bold improvement goals
- Transformation at the **systems** level
- Patient-centered approach
- All improvers welcome
- Everyone teaches and learns (“All teach, all learn”)
- August 1, 2011 through July 31, 2014

Quality Improvement Organizations  
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Qsource

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## Driving Improvement

When you work with the Quality Improvement Organization, you are:

- ◆ Tapping into the largest federal network dedicated to improving health quality at the community level
- ◆ Focusing on three critical aims to make care better for everyone:
  - Better patient care
  - Better population health
  - Lower healthcare costs through improvement



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## QIOs Seek Improvement Synergies



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## Improve Health for Populations

Work with physician practices to:

- Use EHRs to coordinate preventive services, increase utilization rates, report data to CMS' Physician Quality Reporting System
  - Screening mammography, colorectal screening, influenza and pneumonia immunizations
- Reduce cardiac risk factors
  - Hypertension, cholesterol control, smoking cessation, aspirin therapy
- Integrate health IT into clinical practice
  - Coordination with RECs, Beacon Communities



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## Technical Assistance

### Limited and focused.

Example:

- ◆ Assist providers having difficulty interpreting data extracted from their electronic health record to monitor immunizations

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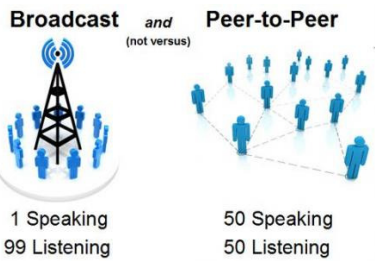
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## Moving Towards Different Models



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## Learning and Action Networks

*Providers and other health care stakeholders, including beneficiaries, working together to implement change and spread best practices through peer-to-peer learning and solution sharing.*

- Improvement collaboratives
- Online interaction, tools, resources
- Educational opportunities

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### What's in it for providers?

- We bring evidence-based best practices to the bedside with the flexibility to respond to local needs
- You can work with peers and quality leaders in rapid-cycle projects for collaborative learning and action that accelerate health care quality improvement
- QIO initiatives are a ready resource for taking action



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### What's in it for patients?

- Empowering them to participate in health care decision making and take an active role in managing their own health
- QIO initiatives work to remove the socioeconomic, educational and cultural barriers that can prevent beneficiaries from having access to health care



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### What's in it for you?

- **How do QIO programs and services align with your health quality priorities?**
- **What can we offer to strengthen or extend your improvement initiatives?**
- **How can we make an impact on health and health care for our communities, together?**



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