U.S. Department of Health & Human Services

AHRQ National Resource Center for Health Information Technology

Agency for Healthcare Research and Quality

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AHRQ National Resource Center for Health Information Technology

Community Chronic Care Network Site Visit

September 8-9, 2005

Jack Starmer, MD, Vanderbilt Center for Better Health
Anita Samarth, eHealth Initiative
on behalf of the AHRQ National Resource Center

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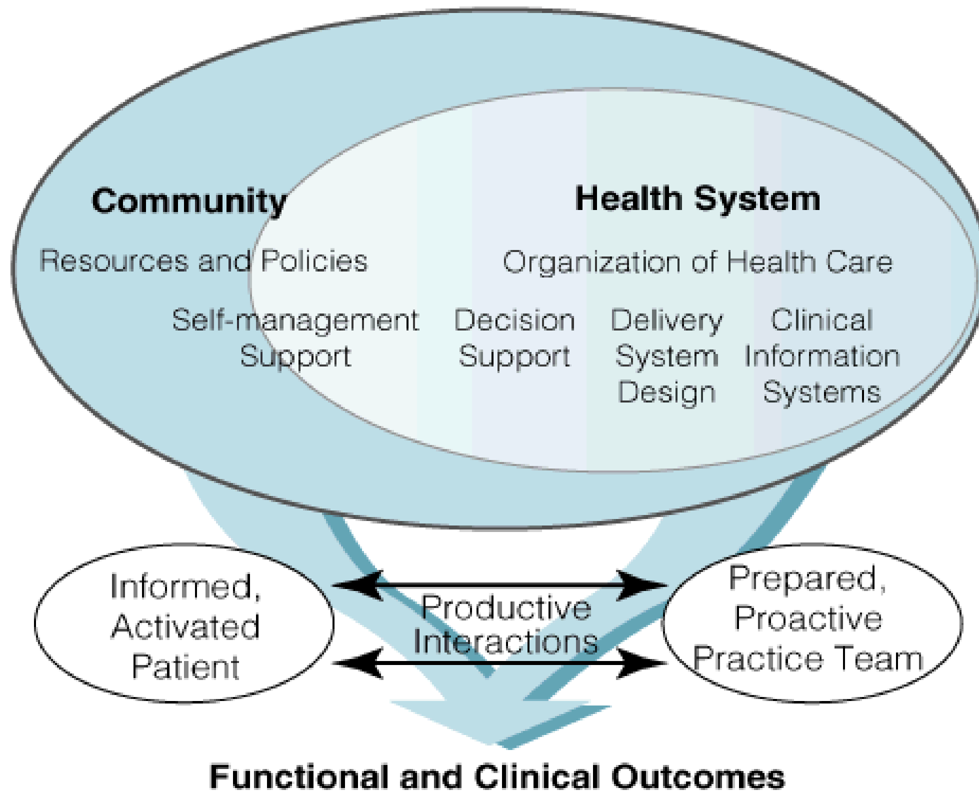
Background
The AHRQ National Resource Center

- 108 grants & contracts focused on HIT to improve patient care (safety, quality)
- Focused on what works – “get it done”
  - Technical assistance
  - Convene (communities of scholarship, idea sharing, cross-pollination)
  - Monitor and Evaluate (identify/analyze successes & failures, assess impact)
  - Disseminate (lessons learned, best practices)
- Local work is of national importance

Background
CCCN – Improving Chronic Care



1. **Community** – Take advantage of community-based programs that enhance chronic illness care
2. **Heath System** – Policies and organizations that allow best practices to flourish
3. **Self-management** – A collaborative process between patients and providers
4. **Decision Support** – Evidence-based protocols are needed to guide decisions about patient care
5. **Delivery System** – Changes in the delivery system are required for effective care management
6. **Health Information Technology** - Effective IT can assist with disease management and deliver Clinical Decision Support

Wagner EH. Chronic disease management: What will it take to improve care for chronic illness? Effective Clinical Practice. 1998;1:2-4.

Interview Findings

Jack Starmer, MD and Anita Samarth,
AHRQ National Resource Center

Interview Process
Overview

Objective

- To assess strategy, strengths and challenges related clinician adoption of the diabetes registry tool.
- To assess CCCN project status from the viewpoint various stakeholders.

Method

- Interviews conducted by Jack Starmer, MD, VCBH and Anita Samarth, eHI.
- Prior to the interview, questions were provided to the interviewees.
- All interviews are anonymous and findings are represented by themes and generalizations.

Responses

- Conducted 8 45-minute phone interviews and 3 site visits. Participants represented:
  - Watsonville County Clinic
  - Salud Para la Gente
  - Capitola Family Practice
  - Sutter Health, Santa Cruz
  - Health Improvement Partnership Council
  - Central Coast Alliance
  - Physician's Medical Group

Interview Process
Findings Presentation

- Key findings from the interviews will be presented within the following organizational components:
  - Culture
  - Vision / Strategy
  - Leadership
  - Communication
  - Adoption (Technical)
  - Adoption (Organizational)

Findings
Culture

Interview Findings – Culture

- The Stars Are Aligned
  - History of collaboration (Breakthroughs in Chronic Care).
  - Health Improvement Partnership – incubator and diabetes focus.
  - PMG – “giving something away.”
  - Central Coast Alliance (payer) – focus on chronic disease management.
  - County Clinic + OCHIN + EPIC + Sutter.
- Disease management requires change to culture inside and outside of the clinic.

Implications

- Culture is critical – continue to establish and build trust (no hidden agendas).
- A community identity that is based on collaboration and improving chronic disease care for all patients in the county is a critical piece of the projects foundation.
- Strategies to nurture and grow a new culture at the level of the individual practice will be key.

“There is a real collaborative environment in the community where people are working together.”

Findings
Vision / Strategy

Interview Findings – Vision / Strategy

- CCCN vision clearly defined and “shared” among participants (vision not imposed).
- Initial focus on Diabetes and move to other chronic diseases in future.
- Broad-based support for the initiative among leadership and clinical staff.
- A “baby step” mentality – take small steps that build upon one another and leverage work of others to build trust and momentum.

Implications

- With an established clear direction and strategy for the organizations, the initiative will be able to focus on adoption and use.
- A strategy can lay the foundation and provide detail for people, process, and technology requirements in order to establish credibility, trust, and facilitate clear communication among participants.
- Don’t read too much into the stars aligning -- be sure to maintain focus by picking the right baby steps.

“Focus on the individual. Benefit the community.”

Findings
Leadership

Interview Findings – Leadership

- There is committed leadership from all of the organizations.
- Sharp focus and ownership around improving diabetes care county-wide – moving beyond the walls of each organization and practice.
- Front-line Primary Care Physician champions are important.
- Many people from the various organizations are stepping up to claim "ownership." An "I will do that" attitude.

Implications

- Leadership is essential if well-designed collaboratives are to be successful.
- Identifying and recruiting Primary Care Physician "champions" and Opinion Leaders in each organization will be critical to adoption.
- Clear and tangible feedback is critical to demonstrating success for this and future efforts. Organizations that cannot communicate benefits have been less successful at gaining buy-in for subsequent implementations.

"In every case when we went in and said 'this is what will have to be done,' someone from the group stepped up and said 'I can do that.'"

Findings
Communication

Interview Findings – Communication

- There is high-level commitment and buy-in, but not a working knowledge of the "current state." Not all groups are "up to speed" on what is going on.
- As rollout beyond PMG begins, communication will be increasingly important.
- Among the leadership, there is consensus and positive focus.
- "During the next phase we will need excellent communication between the front-lines and IT"

Implications

- Communication of progress and tangible "value" will be key to maintaining focus within the participating practices and organizations.
- Effective listening is a key communication skill.
- Actions often speak louder than words.
- Regular communication along with tangible progress is important in maintaining momentum, trust and buy-in.

"We need to communicate success and progress even if some groups will be coming on-line later. We need to keep this front and center."

Findings
Adoption (Technical)

Interview Findings – Adoption (Technical)

- "Need to make sure we have the right balance on the 'reminders' side."
- Interfaces that make data flow seamlessly with existing systems are important. Don't take away valuable existing functionality.
- EPIC integration will be important.
- Minimize data input and clinic work-flow redundancy (e.g. SOAP note functionality).
- "The system needs to be fast" – Integrate with clinical workflow.

Implications

- Listen to clinical users and focus on critical areas that will improve adoption.
- Implementing new technical systems often surfaces existing people and/or organizational problems.
- There needs to be a clear focus and acknowledgement of the fact that clinical practice is being changed in addition to the introduction of new technology.

"Reliability of data is key to credibility."

Findings
Adoption (Organizational)

Interview Findings – Adoption (Organizational)

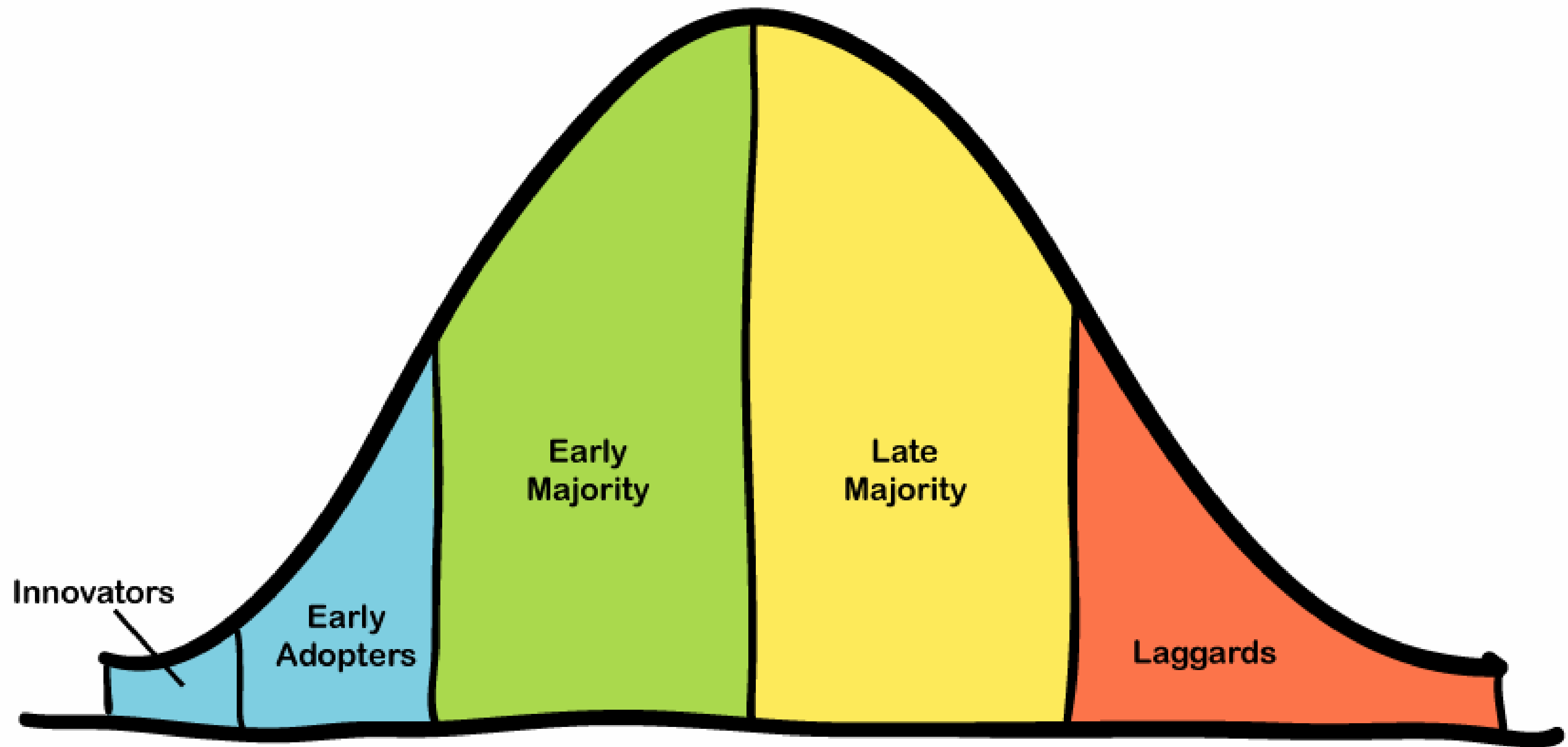
- Worry that physicians will see this as "extra work" without perceived return.
- Feedback about successes and personalizing value are important.
- Need front-line PCP champions.
- "People are bought-in at a high level, but they need to see the value."
- "Don't have a systematic process yet"
- Sites have experience with previous systems

Implications

- Physicians see information technology as disruptive to clinical processes; failure to address their concerns on workflow and productivity is a deal breaker.
- Each site is different. Engage the unexpected champions and resistors and embrace their feedback.
- Include strategies to address barriers due to prior experience with HIT.
- Leadership and ownership within each organization is important.
- Communicate value at a personal level.

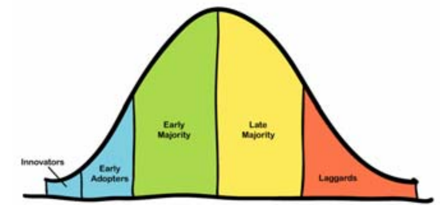
"We will need reporting sooner rather than later."

Focus on Adoption Willingness to Adopt



Adapted from Rogers, Everett M. (1995) Diffusion of Innovations (4th ed.)

Focus on Adoption Strategy



Group One	Group Two	Group Three	Group Four
Those that are on board: • Innovators • Early Adopters • Risk Tolerant	**Those that are on the Fence:** • Early Majority • Will move quickly with peers	**Those that are skeptical:** • Late Majority • Will require more effort • Risk Averse	**May never be on board:** • Laggards
Strategy: • Thank them, thank them • Tag them as opinion leaders and influencers • Engage them in leadership and key roles • Ask them how to push technology and focus on those areas • Ask them how you can do/make things better and focus on those areas. • Link them to other physicians in other groups	**Strategy:** • Communicate the benefits and risks on a personal level • Ask what needs to be done and focus on those areas • Involve them in appropriate committees/teams • Showcase their success with the technology • Link them to other physicians in other groups • Keep the cycle going	**Strategy:** • Same as Group Two, but but focus hard on areas of achieved progress • Don't leave them out of key teams because they are resistant • Communicate! • Continually demonstrate success with other groups. • Link them to other physicians in other groups	**Strategy:** • Be professional. Try to meet their needs but be cautious about time spent with this group • Personalize the benefits and risks. • Connect them with peers and opinion leaders in other groups.

Adapted from Rogers, 1995, and Studer, 2003

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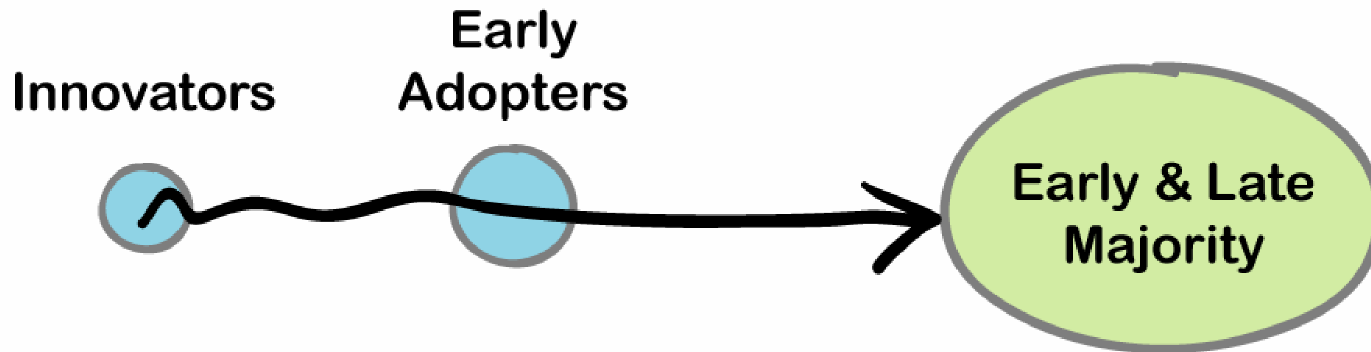
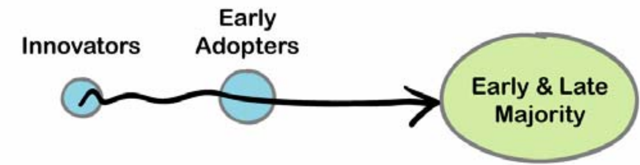
Focus on Adoption Accelerating Adoption

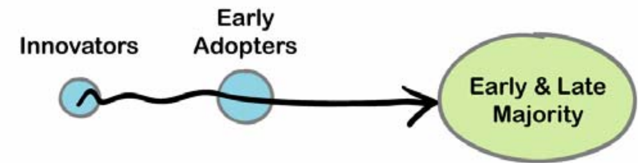


Focus on Adoption Demonstrating Value



- **The most important element in the decision to adopt technology is found in the benefits delivered by making the change**
- **Anticipate, calculate and demonstrate the value of information technology to potential users.**
  - Devote time, energy and resources to watch, study and understand what physicians understand and how they do what they do—it is all about workflow!!!
  - Target the right solutions (value)—focus on safety, quality and workflow efficiency
  - Take value to a personal level

Focus on Adoption Addressing Workflow



- PATIENT VISIT -

Surfer Bob has a sore toe and needs referral to the podiatrist.

Surfer Bob wants to increase his walking around the block from one time to two.

Current Weight: 182 lbs.

Current BP: 140/82

- WORKLIST -

- [ ] Surfer Bob
- [ ] Surfer Wells
- [ ] Toadstool Jones
- [ ] Thelma Lou

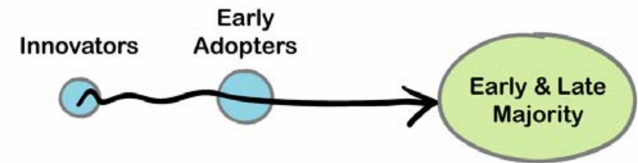
- WORKLIST -

- [x] Surfer Bob
- [ ] Surfer Wells
- [ ] Toadstool Jones

- PATIENT FOLLOW-UP -

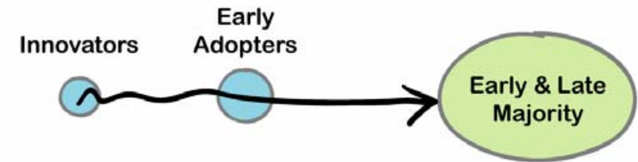
- [x] Surfer Bob wants to increase his walking around the block from one time to two.
- [x] Surfer Bob saw the podiatrist.

Focus on Adoption Addressing Workflow



- Document the current workflow and communicate how the workflow will change
  - Visual diagrams and pictures of the new workflow help!
- The current and future workflow will vary across offices
  - Observations during site visit: separate files, manual logs, multiple mechanisms to manage patients with diabetes
- Provide a template of proposed workflow and use of the Registry and work with the individual offices/physicians to tailor it

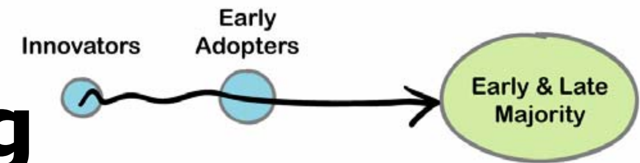
Focus on Adoption Addressing Workflow



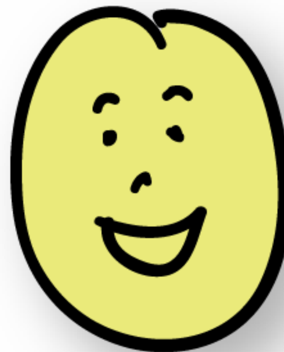
- How and when do you determine diabetic patients that are scheduled to come in?
- When are charts pulled? When are the worksheets printed? Who does it? Are they attached to the chart, printed, or entered online by the care provider?
- Does the MA enter certain data?
- How much duplicate charting is done – can this be streamlined?
- How is follow-up managed for patients that are referred for a retinal exam or podiatrist, etc.?
- Does an MA do follow-up? Or is this documented at next PCP visit? What happens if at next PCP visit no specialist/referral visit is done?
- What if the patient does not come in for 3-month PCP visits?
- What's the process for running and reviewing reports from the system?
- Who will review, how often, what are the actions, and who is responsible? Who will be responsible for scheduling these patients for a visit?

Streamlined Workflow and IT-Enabled Process Redesign are Key to Success and Adoption!

Focus on Adoption Reaching and Teaching



- **Reach out to the physicians—go where they are.**
  - Create meaningful, targeted messages and education
  - Tell the story–communicate repeatedly and invoke storytelling
  - When training, go to them (make house calls!). Make education and support accessible where they are



Resources

Chronic Disease at the Institute for Healthcare Improvement

- http://www.ihi.org/IHI/Topics/ChronicConditions/Diabetes/
- http://www.ihi.org/IHI/Products/WhitePapers/TheBreakthroughSeriesIHIsCollaborativeModelforAchieving+BreakthroughImprovement.htm

Improving Chronic Disease Care in California

- http://www.cahealthit.com/

The Chronic Care Model

- http://www.improvingchroniccare.org/

Breakthroughs in Chronic Care Program

- http://www.breakthroughcare.org/

The California Healthcare Foundation

- http://www.chcf.org/

Acknowldegments

- Thank you to Nancy Lorenzi, PhD for contributing to and reviewing the content of this presentation.

Questions

- Thank you to everyone who participated in the interview process!

Appendix
Interview Participants

- Edie Brown, RN
- Larry deGhetaldi, MD
- Maria Mead, MD
- Barbara Palla, MD
- Donna Ramos, RN
- Michele Violich, MD
- Robert Weber, MD
- George Wolfe, MD
- Michael Conroy, MD
- Arcadio Viveros

Appendix
Interview Questions

1. How would you characterize the purpose of the CCCN project for the near term and the long term?

2. What do you see as the observable value during the next year? What would you like to see achieved?

3. What do you perceive as key barriers to successful execution of this project?

4. What are priority items that would ensure the success of this project?

5. How do you expect the CCCN project to benefit you, your practice, or organization?

6. What approach has your organization/practice taken or plans to take to integrate diabetes care management including the diabetes registry into your clinical workflow?