GLIDES Project – Technical Expert Panel

Andrew Hamilton RN, MS

Overview

- Background/Overview of the Alliance of Chicago
- History of EHRS Adoption and Clinical Decision Support
- GLIDES Asthma Project Overview and lessons learned

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OVERVIEW OF ALLIANCE OF CHICAGO

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Alliance Overview

- HRSA funded **network/collaborative of Community Health Centers**
- Essentially a joint venture organizations with the desire and ability to work together on building some **common infrastructure to improve service delivery** and health status
- Dedication to **quality** and **use of data** to improve care
- Ability to access higher quality, efficiency and **economy of scale**
- Desire to ultimately **share with others**

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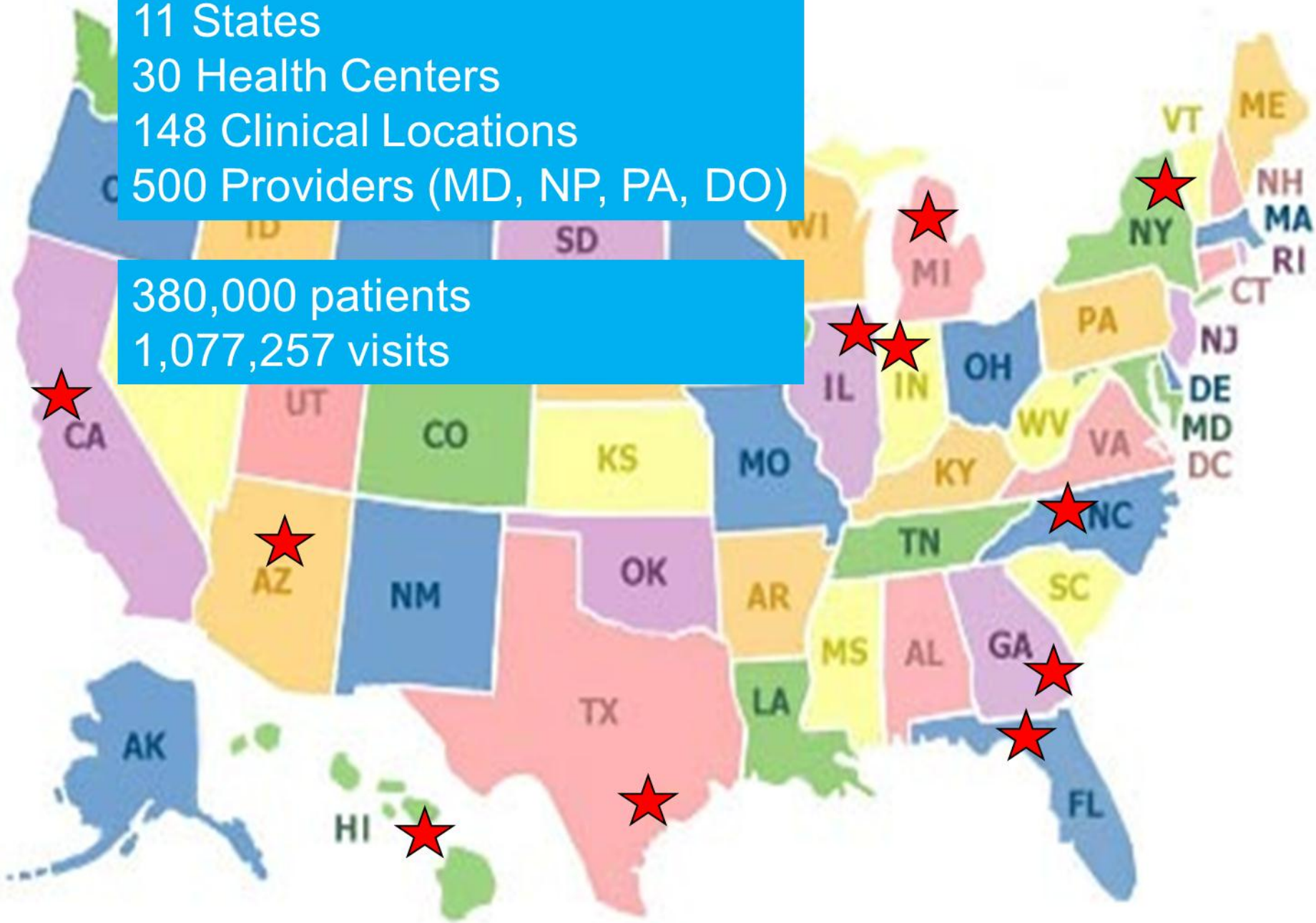
11 States
30 Health Centers
148 Clinical Locations
500 Providers (MD, NP, PA, DO)

380,000 patients
1,077,257 visits



Alliance Programs

Electronic Medical Records & HIT	Quality Improvement & Research	Consulting & Technical Assistance	Technology Innovations & Partnerships

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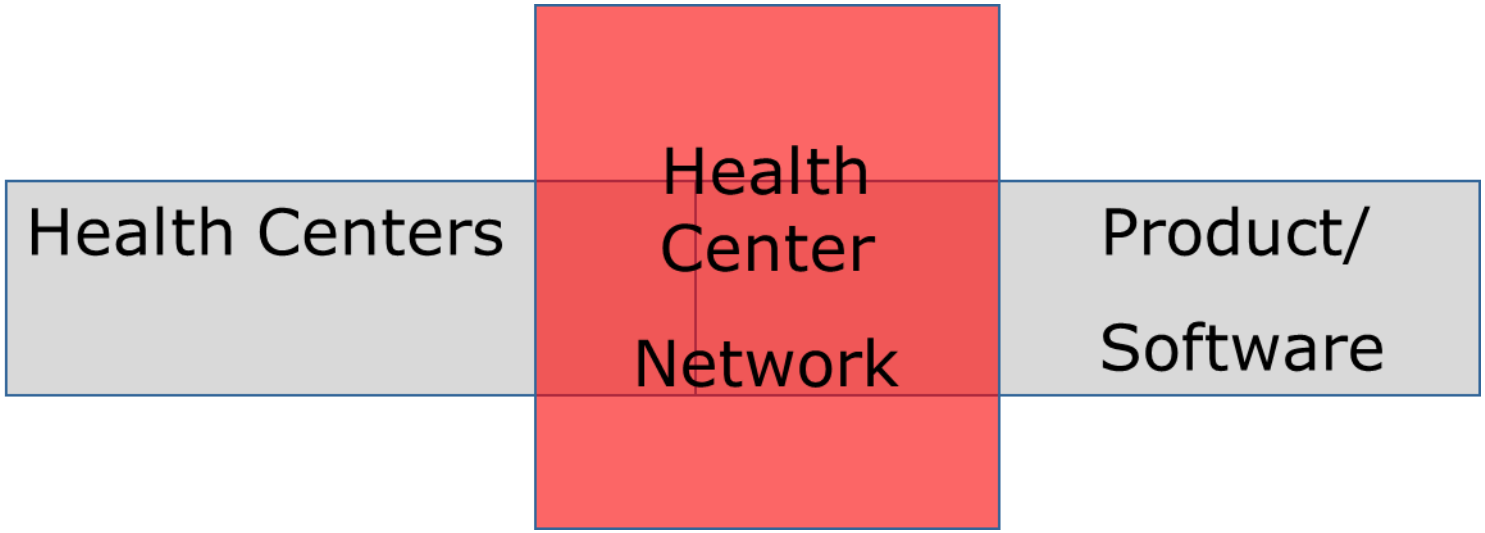
Network Role in HIT Implementation and Support



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Health Centers Working Independently

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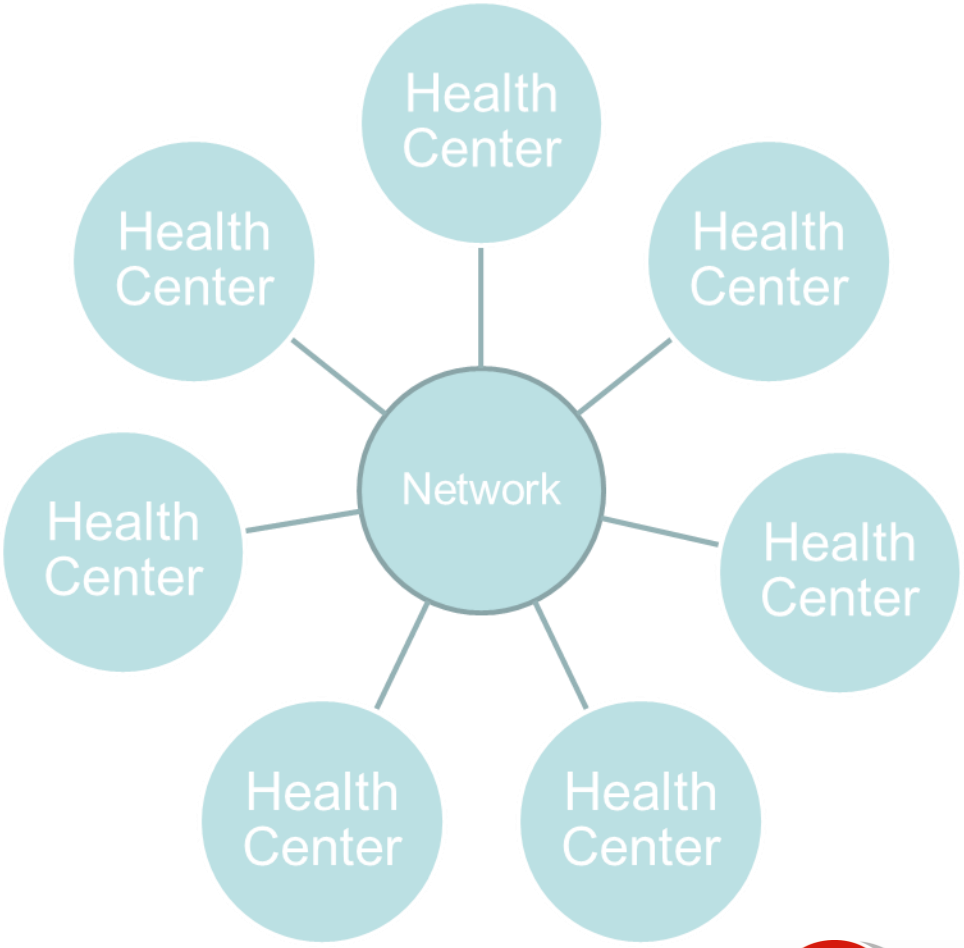
A Learning Community



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2012 Goals

- Provide HIT support to member health centers with a particular focus on achieving Meaningful Use and Patient Centered Medical Home Certification
- Strength the collaborative learning model to foster/promote use of evidenced-based care, improved financial sustainability, and overall excellence
- Implement HIT tools to support patient engagement
- Implement shared infrastructure to enable multi-institutional, patient-centered research
- Support member health center readiness to leverage the EHR, Data Analytics Platform, and Patient Engagement technologies for participation in Accountable Care.

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HISTORY OF EHRS ADOPTION AND CDS

Link between EMR Adoption and Quality

National Practice Guidelines

Evidence Based Guidelines

EMR Decision Support Prompts

Patient Care

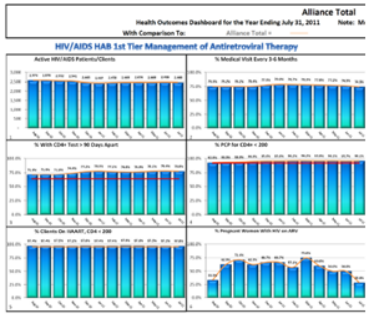
EMR Clinical Screens

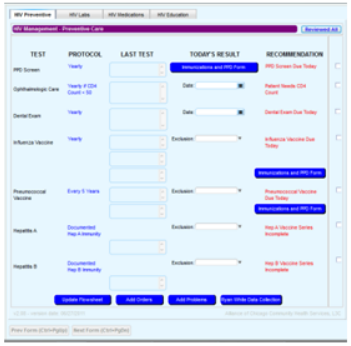
Clinical Screens Capture Data

Reporting

Aggregate Level Quality Reporting

Research





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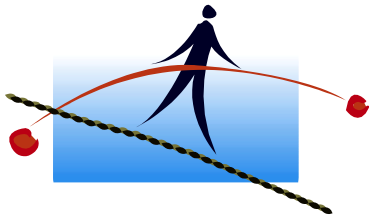
Clinical Content Development

- **Benefit**
  - Directly address CHC needs that affect us all
  - Structured, standardized data mapping for reporting needs



- **Challenge**
  - Consistently meeting the needs across all Alliance Health Centers
  - Keeping up with the volume of requests for clinical content development

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Mission & Vision

- Create clinical content that can be used for safe, quality patient care at Alliance Health Centers.
- Design content with the full patient workflow in mind, not just a singular task.
- Foster efficient, effective operations.
- Facilitate real-time EHRS documentation.
- Promote best-practice and evidence-based guidelines for clinical care.
- Facilitate data extraction and review.

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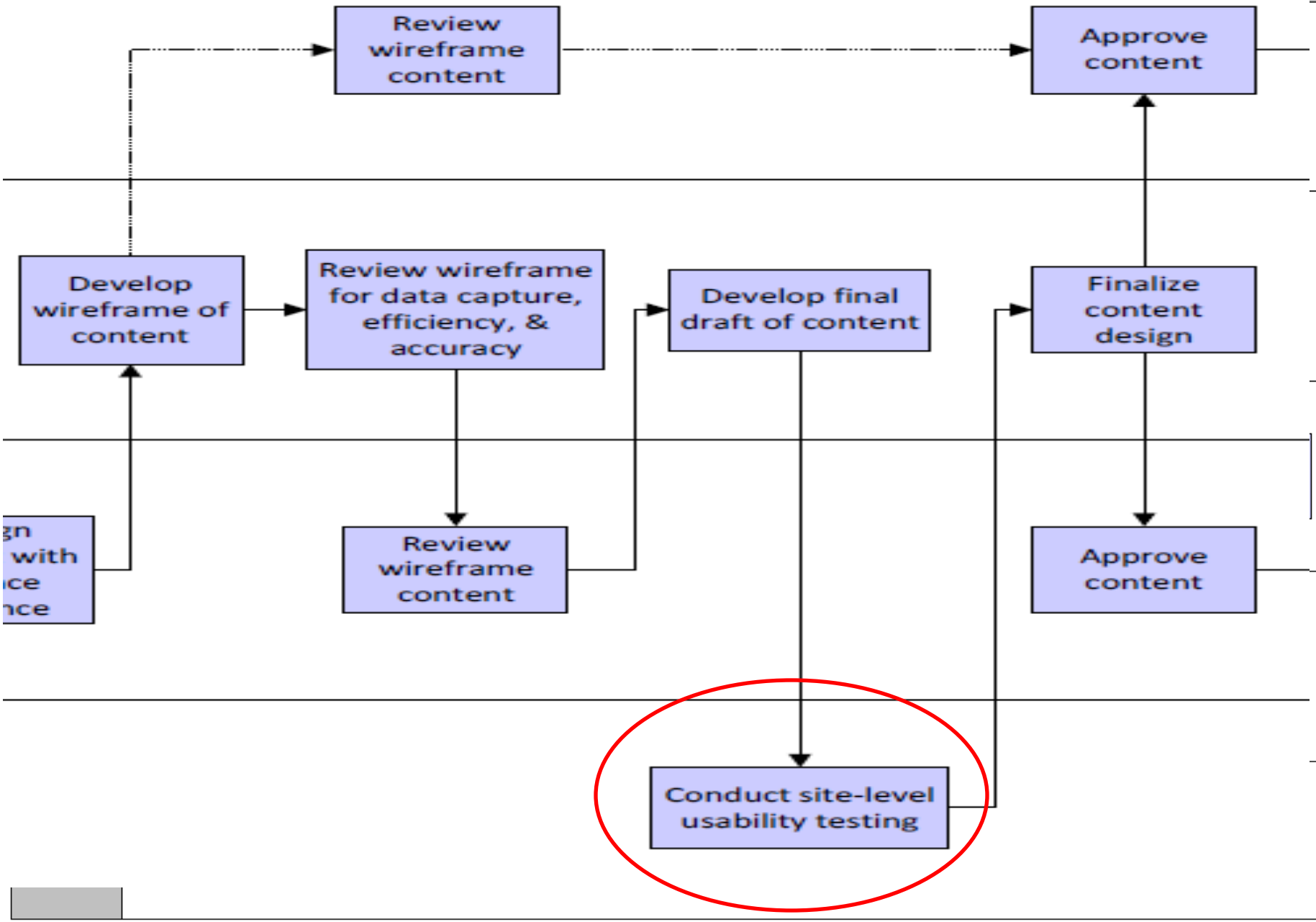
Alliance Clinical Content Development Process



Usability Survey

2. Simplicity

Simplicity

Does information presented seem uniform and organized, or chaotic? Simplicity refers to having a lack of visual clutter and concise information display. Simplicity is difficult to achieve as the more complex a task becomes, the more important it is to maintain a sense of simplicity. Think of a "less is more" philosophy while assessing this principle.

Please answer/rate the following questions on a 1-5 scale.

1 - Terrible
2 - Poor
3 - Fair
4 - Good
5 - Excellent

1. Please rate how well visual clutter is minimized:

◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5

2. Please rate the degree of ease in visually following onscreen formatting to move from one topic/option to the next:

◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5

3. With respect to simplicity as a whole, please rate the Patient History form:

◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5

4. Additional comments on simplicity:

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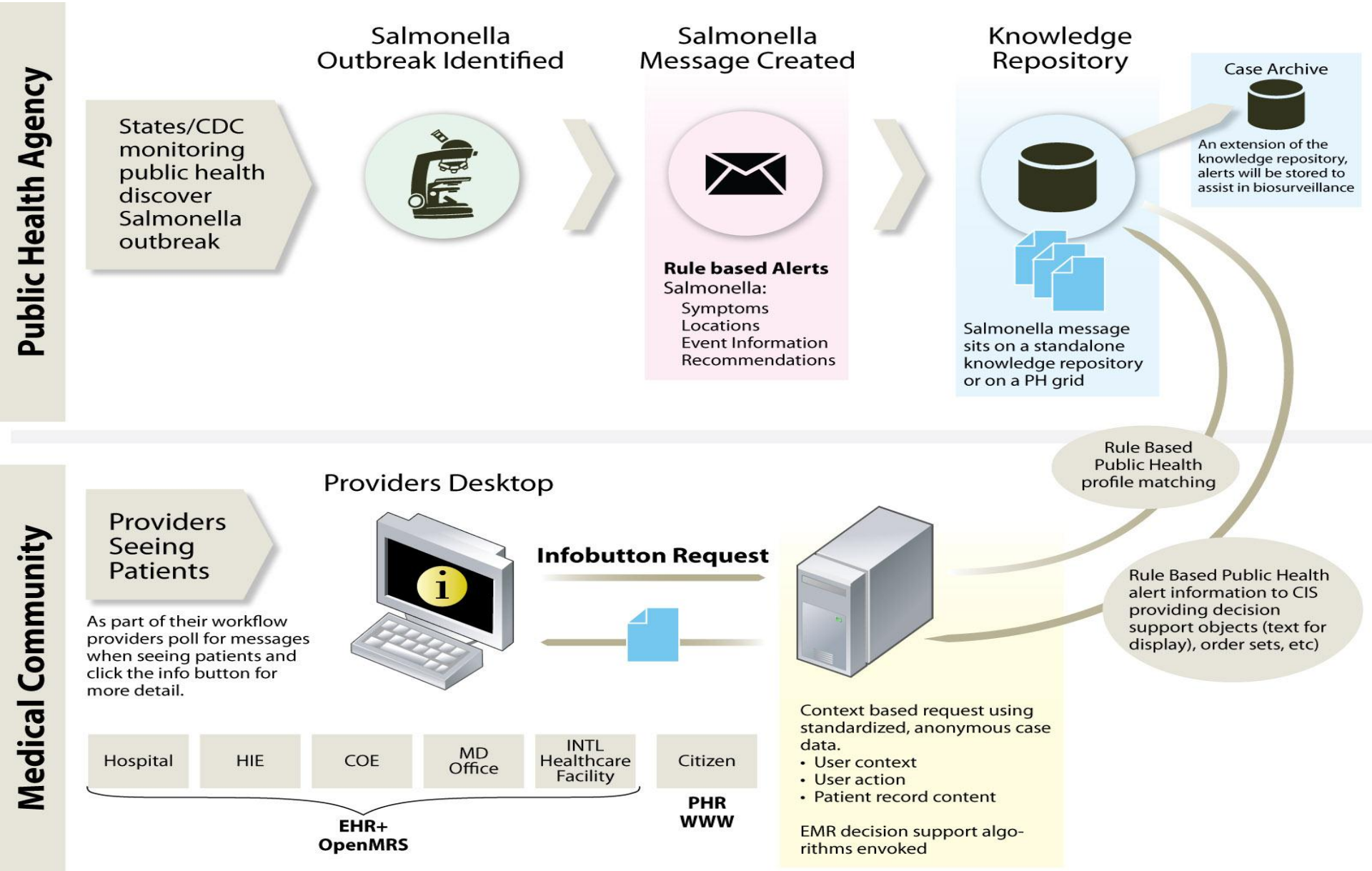
Measuring Usability

- The brief survey that is distributed to all clinicians selected to evaluate content usability
- The results of the survey are reviewed with clinical sponsor and SMEs
- Changes based on user feedback are incorporated into the revised content
- The survey is redistributed at 3-6 months to evaluate impact of changes

Testing Cloud Based CDS
Salmonella Outbreak Scenario



Physical Exam Form with ALERT

Physical Exam: CDC Test

Gen/Eyes | ENT | Nck/Chst | Resp | CV | GI | GU | Lym/Skin | MSK | EXT | Neur/MSE

Physical Exam

ALERT! Multistate Outbreak of E. coli O157:H7 Infections Associated with Lebanon Bologna,Multistate Outbreak of E. coli O157:H7 Infections Associated with In-shell Hazelnuts

View Alert

General Appear.: Normal Prev. Clear

Eyes

Normal unless otherwise specified

Previous unless otherwise specified

External: Normal Prev. Clear

Pupils: Normal Prev. Clear

Ophthalmoscopic: Normal Prev. Clear

TEST CDC v2.05 - version date xx/xx/2011

Alliance of Chicago Community Health Services, L3C

Prev Form (Ctrl+PgUp) | Next Form (Ctrl+PgDn) | Close

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Info Button

Physical Exam: CDC Test

Gen/Eyes | ENT | Nck/Chst | Resp | CV | GI | GU | Lym/Skin | MSK | EXT | Neur/MSE

Physical Exam

View Alert

EMR Test

Centers for Disease Control and Prevention
Your Online Source for Credible Health Information

Current Public Health Alerts for:

› infobuttonEventNotification.effectiveTime.v=20110518122707-0600&age.v.v=46&age.v.unit=a&patientPerson.administrativeGenderCode.dn=Female&serviceDeliveryLocation.Id.extention=606&s

Multistate Outbreak of E. coli O157:H7 Infections Associated with Lebanon Bologna

Shiga toxin-producing Escherichia coli (STEC) | Event: E. coli O157:H7 Infections Associated with Lebanon Bologna | Alert Source: CDC/NCEZID/DFWED | Urgency: Unknown | Areas: Pennsylvania North Carolina New Jersey Maryland Ohio | 2011-03-24 04:00:00.000 - 2011-05-30 10:00:00.000

CDC is collaborating with public health officials in many states and the U.S. Department of Agriculture's Food Safety and Inspection Service (USDA/FSIS) to investigate a multistate outbreak of *Escherichia coli* O157:H7 infections. Investigators are using DNA analysis of *E. coli* O157:H7 bacteria obtained through diagnostic testing to identify cases of illness that may be part of this outbreak.

As of March 22, 2011, 14 persons infected with the outbreak strain of *E. coli* serotype O157:H7 have been reported from Maryland (3 cases), New Jersey (2 cases), North Carolina (1 case), Ohio (2 cases) and Pennsylvania (6 cases). Reported dates of illness onset range from January 10, 2011 to February 15, 2011. Ill persons range in age from 1 to 70 years, with a median age of 13.5 years. Seventy-nine percent are male. Among 13 ill persons for whom information is known, 3 or 23%, reported being hospitalized, and none have reported hemolytic uremic syndrome (HUS), a type of kidney failure that is associated with *E. coli* O157:H7 infections. No deaths have been reported.

The outbreak can be visually described with a chart showing the number of people who became ill each day. This chart is called an epidemic curve or epi curve. Illnesses that occurred after March 2, 2011, might not be reported yet due to the time it takes between when a person becomes ill and when the illness is reported. This takes an average of 2 to 3 weeks. Please see the Timeline for Reporting of *E. coli* Cases for more details.

Collaborative investigative efforts of local, state, federal public health and regulatory agencies have associated this outbreak with eating Lebanon bologna. Lebanon bologna is a fermented, semi-dry sausage. This beef product has an appearance similar to salami. In an epidemiologic study conducted during March 15-18, a total of 13 ill persons answered questions about foods consumed during the days before becoming ill, and investigators compared their responses to those of 21 persons of similar age previously reported to state health departments with other illnesses ("controls"). Ill persons (69%) were significantly more likely than controls (0%) to report eating Lebanon bologna. Additionally, four ill persons have been identified who purchased Seltzer Brand Lebanon bologna at four different grocery store locations in three states before becoming ill.

Palmyra Bologna Company, of Palmyra, PA, is recalling approximately 23,000 pounds of Lebanon bologna products that may be contaminated with *E. coli* 0157:H7. Consumers are advised to review the USDA's FSIS Recall Press Release for a list of recalled products and images of the product.

+ Show/Hide Details

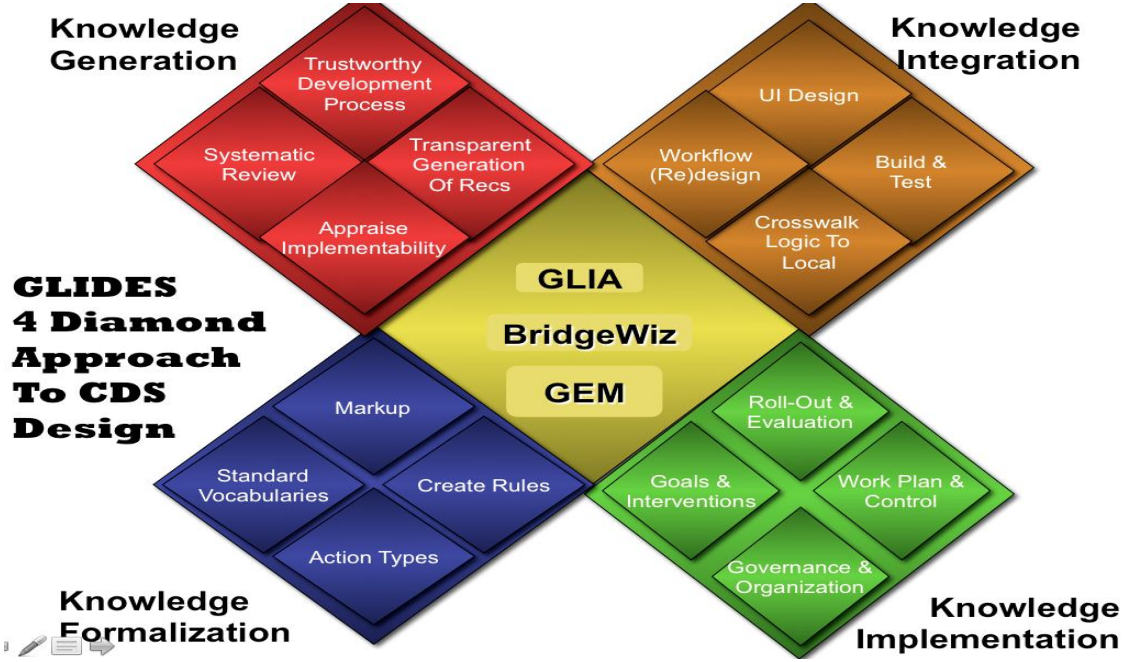
Multistate Outbreak of E. coli O157:H7 Infections Associated with In-shell Hazelnuts

Shiga toxin-producing Escherichia coli (STEC) | Event: Multistate Outbreak of E. coli O157:H7 Infections Associated with In-shell Hazelnuts | Alert Source: CDC/NCEZID/DFWED | Urgency: Routine | Areas: Wisconsin Michigan Minnesota | 2011-03-10 10:00:00.000 - 2011-05-30 10:00:00.000

Overview of GLIDES Project

Expected Outcomes

- Update EMR based CDS for Asthma Management to reflect most current NHLBI Guidelines
- Incorporate EPA standards related to collecting asthma trigger data and developing interventions, (eg, large scale education programs)
- Demonstrate the use of GLIDES based CDS Implementation Toolkit



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Phase 1: Building Revised Content

- Reviewed the Asthma CDS available from GLIDES
- Incorporated GLIDES CDS into Alliance Content
- Expanded GLIDES content to include EPA Standards for documenting and managing Asthma Triggers

- Key Deliverables:
  - Revised Asthma Content & CDS
  - Documentation of the lessons learned and key challenges associated with incorporating CDS developed "externally"

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Assessment of Asthma Severity

Pediatric

Asthma Control: Billy S. Pendergast

CLASSIFYING COMPONENTS OF ASTHMA SEVERITY AND INITIATING TREATMENT

Is patient currently on controller medication? ○ yes ◉ no

Has this patients severity been classified? ○ yes ◉ no

Assessment for: ○ Control ◉ Severity

Impairment	-------- Intermittent --------		Mild	Moderate (-------- Persistent --------)	Severe
Cough due to asthma	○ None	○ <=2 days/wk	◉ >2 days/wk	○ Daily	○ All Day
Wheezing	○ None	◉ <=2 days/wk	○ >2 days/wk	○ Daily	○ All Day
Chest tightness	○ None	○ <=2 days/wk	○ >2 days/wk	◉ Daily	○ All Day
Shortness of breath	○ None	◉ <=2 days/wk	○ >2 days/wk	○ Daily	○ All Day
Nighttime awakening	○ None	◉ <=1x/month	○ 1-2x/month	○ 3 - 4x/month	○ >1x/week
Interference with normal activity Reduction in school/play/work	○ None	○ <---------	○ Mild	○ Moderate	○ Severe
SABA use (not for EIB)	○ None	○ <=2 days/wk	○ >2 days/wk but r	○ Daily	○ Several times pe

Impairment Classification:

Risk					
Acute/ ER visit(s) due to asthma	○ 0	○ 1 in last year	○ 2 in last year	○ 3 in last year	○ >=4 in last year
Hospitalizations due to asthma	○ 0	○ 1 in last year	○ 2 in last year	○ 3 in last year	○ >=4 in last year
Exacerbations requiring oral systemic corticosteroids	○ 0-1/year	○ >=2 exacerbations in last 6 mont	○ >=4 wheezing episodes/1 year		

AND [Risk Factors] for persistent asthma

Treatment-related adverse effects

Medication Adverse Effect

- ☐ Thrush
- ☐ Palpitations
- ☐ Jitteriness
- ☐ Sleep Disturbances
- ☐ Decreased Growth
- ☐ Other

Comments

Risk Classification:

Asthma Severity Classification: Moderate Persistent

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Adult Severity

Asthma Control: Scott L. Davenport

CLASSIFYING COMPONENTS OF ASTHMA SEVERITY AND INITIATING TREATMENT

Is patient currently on controller medication? ○ yes ● no

Has this patients severity been classified? ○ yes ● no

Assessment for: ○ Control ● Severity

Impairment	-------- Intermittent --------		Mild	Moderate	Severe
			-------- Persistent --------		
Cough due to asthma	○ None	○ <=2 days/wk	● >2 days/wk	○ Daily	○ All Day
Wheezing	○ None	○ <=2 days/wk	● >2 days/wk	○ Daily	○ All Day
Chest tightness	○ None	○ <=2 days/wk	● >2 days/wk	○ Daily	○ All Day
Shortness of breath	○ None	● <=2 days/wk	○ >2 days/wk	○ Daily	○ All Day
Nighttime awakening	○ None	● <=2x/month	○ 3-4x/month	○ >1x/wk	○ Often 7x/wk
Interference with normal activity Reduction in school/play/work	○ None	○ <--------	○ Mild	○ Moderate	○ Severe
SABA use (not for EIB)	○ None	○ <=2 days/wk	○ >2 days/wk but r	○ Daily	○ Several times per
Lung Function Normal FEV1/FVC: 8-19 yr 85% 20-39 yr 80% 40-59 yr 75% 60-80 yr 70%	○ FEV>80% predicl	○ <--------	○ <--------	○ FEV=60-80% pre	○ FEV<60% predicl
	○ FEV/FVC normal	○ <--------	○ <--------	○ FEV/FVC - 5%	○ FEV/FVC - >5%

Impairment Classification:

Risk					
Acute/ ER visit(s) due to asthma	○ 0	○ 1 in last year	○ 2 in last year	○ 3 in last year	○ >=4 in last year
Hospitalizations due to asthma	○ 0	○ 1 in last year	○ 2 in last year	○ 3 in last year	○ >=4 in last year
Exacerbations requiring oral systemic corticosteroids	○ 0-1/year			○ >=2/year	

AND [Risk Factors] for persistent asthma

Treatment-related adverse effects

Medication Adverse Effect

- ☐ Thrush
- ☐ Palpitations
- ☐ Jitteriness
- ☐ Sleep Disturbances
- ☐ Decreased Growth
- ☐ Other

Comments

Risk Classification:

Asthma Severity Classification: Mild Persistent

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Assessment of Asthma Control

Pediatric

Asthma Control: Billy S. Pendergast

CLASSIFYING COMPONENTS OF ASTHMA CONTROL

Is patient currently on controller medication? (•) yes ( ) no

Assessment for: (•) Control ( ) Severity

Impairment	-------- Well Controlled --------		Not Well Controlled	Poorly Controlled
Cough due to asthma	( ) None	(•) <=2 days/wk	( ) >2 days/wk	( ) Daily
Wheezing	( ) None	(•) <=2 days/wk	( ) >2 days/wk	( ) Daily
Chest tightness	( ) None	( ) <=2 days/wk	( ) >2 days/wk	( ) Daily
Shortness of breath	( ) None	( ) <=2 days/wk	( ) >2 days/wk	( ) Daily
Nighttime awakening	( ) None	( ) <=1x/month	( ) >1x/month	( ) >1x/wk
Interference with normal activity Reduction in school/play/work	( ) None	( ) <--------	( ) Some Limitation	(•) Extremely Limited
SABA use (not for EIB)	( ) None	( ) <=2 days/wk	( ) >2 days/wk but not dai	(•) Several times per day

Impairment Classification: Severe

Risk				
Acute/ ER visit(s) due to asthma	( ) 0	(•) 1 in last year	( ) 2 in last year	( ) >=3 in last year
Hospitalizations due to asthma	( ) 0	( ) 1 in last year	(•) 2 in last year	( ) >=3 in last year
Exacerbations requiring oral steroids	( ) 0-1/year	(•) 2-3/year	( ) >3/year	

Treatment-related adverse effects

Medication Adverse Effect
- [ ] Thrush
- [ ] Palpitations
- [ ] Jitteriness
- [ ] Sleep Disturbances
- [ ] Decreased Growth
- [ ] Other

Comments

Risk Classification: Moderate

Asthma Control Classification: Poorly Controlled

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Adult Control

Asthma Control: Scott L. Davenport

CLASSIFYING COMPONENTS OF ASTHMA CONTROL

Is patient currently on controller medication? ○ yes ● no

Has this patients severity been classified? ○ yes ● no

Assessment for: ● Control ○ Severity

Impairment	-------- Well Controlled --------		Not Well Controlled	Poorly Controlled
Cough due to asthma	○ None	● <=2 days/wk	○ >2 days/wk	○ Daily
Wheezing	○ None	● <=2 days/wk	○ >2 days/wk	○ Daily
Chest tightness	○ None	● <=2 days/wk	○ >2 days/wk	○ Daily
Shortness of breath	○ None	● <=2 days/wk	○ >2 days/wk	○ Daily
Nighttime awakening	● None	○ <=2x/month	○ 1-3x/wk	○ >=4x/wk
Interference with normal activity Reduction in school/play/work	● None	○ <--------	○ Some Limitation	○ Extremely Limited
SABA use (not for EIB)	○ None	● <=2 days/wk	○ >2 days/wk but not dai	○ Several times per day
FEV1 or peak flow	○ ------->	○ >80% predicted	○ 60 - 80% predicted	○ <60% predicted
ACT Score	○ ------->	○ >= 20	○ 16 - 19	○ <= 15

Impairment Classification: Minimal

Risk				
Acute/ER visit(s) due to asthma	○ 0	● 1 in last year	○ 2 in last year	○ >=3 in last year
Hospitalizations due to asthma	○ 0	● 1 in last year	○ 2 in last year	○ >=3 in last year
Exacerbations requiring oral steroids	● 0-1/year		○ >=2/year	

Treatment-related adverse effects

Medication Adverse Effect

- ☐ Thrush
- ☐ Palpitations
- ☐ Jitteriness
- ☐ Sleep Disturbances
- ☐ Decreased Growth
- ☐ Other

Comments

Risk Classification: Low

Asthma Control Classification: Well Controlled

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Assessment of Triggers

Asthma Management - TEST: Billy S. Pendergast

Summary | Severity | Control | Medications | Triggers | AActionPlan- 1 | AAction Plan- 2 | Pt Question.

Triggers:

Current Exposure?

Allergies:

Dust Mtes:	Yes	No	Unknown	+ allergy test	Comments:
Pollen/Cut Grass/Flowers:	Yes	No	Unknown	+ allergy test	Comments:
Animals:	Yes	No	Unknown	+ allergy test	Comments:
Mice/Rats/Cockroaches:	Yes	No	Unknown	+ allergy test	Comments:
Indoor Mold:	Yes	No	Unknown	+ allergy test	Comments:
	Yes	No	Unknown	+ allergy test	Comments:
	Yes	No	Unknown	+ allergy test	Comments:

Irritants:

Tobacco Smoke:	Yes	No	Unknown	Comments:
Outdoor Pollution:	Yes	No	Unknown	Comments:
Wood Smoke:	Yes	No	Unknown	Comments:
Chalk Dust:	Yes	No	Unknown	Comments:
Cleaning Products:	Yes	No	Unknown	Comments:
	Yes	No	Unknown	Comments:
	Yes	No	Unknown	Comments:

Current Allergy List:

Update Allergies

Comorbidities -

Please review patients problem list for diagnosis that may impact acthma including GERD, Rhinitis, and Depression

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Asthma Assessment

Asthma Assessment: Billy S. Pendergast

Previous Control Classification

Control Class:
Impairment: Moderate
Risk: Moderate
Previous Step: Step 3

Previous Severity Classification on 09/09/2011

Severity Class: Moderate Persistent

Provider Assessment - Today

Current level of control is:	○ Well Controlled	● Not Well Controlled	○ Very Poorly Controlled
Inhaler Technique:	● Correct	○ Incorrect	○ N/A
Adherence:	○ N/A	● Good	○ Fair	○ Poor
Environmental Control:	● Adequate	○ Inadequate	○ N/A

Coexisting Conditions: ○ yes ○ no
Psychosocial Factors: ○ yes ○ no
Alternative Dx ("e.g. vocal cord dysfunction"): ○ yes ○ no

Decision Support - Today

Control Class: Not Well Controlled — Recommend step up in therapy
Impairment: Moderate
Risk: Moderate — --- Regular follow up every 2 - 6 weeks ---

☐ Re-Classify Patient Asthma Severity

Intermittent Asthma | **Persistent Asthma: Daily Medication**

○ Step 1 ○ Step 2 ● Step 3 ○ Step 4 ○ Step 5 ○ Step 6

Provdier Assessment / Step Comments:

Preferred:	Preferred: Low-dose ICS Alternative: Cromolyn or Montelukast	Preferred: Medium-dose ICS	Preferred: Medium-dose ICS + either LABA or Montelukast	Preferred: High-dose ICS + either LABA or Montelukast	Preferred: High-dose ICS + either LABA or Montelukast Oral systemic corticosteroids

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Asthma Medication Management

ASTHMA MEDICATION: Billy S. Pendergast

Problems	Medications	Allergies
OTITIS MEDIA (ICD-382.9)		
Update Problems	Update Meds	Update Allergies

Selected Treatment Step : 3

Quick-Relief

Short acting B-2 agonist — PROVENTIL 90 MCG/ACT AERS — NEW ORDER — REFILL

Long Term Control

Preferred

1. Medium-dose inhaled steroid — NEW ORDER — REFILL

- FLOVENT 110 1 puff BID
- PULMICORT 0.5 MG/2ML SUSP
- QVAR 40 2 puffs BID
- QVAR 80 2 puffs BID

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Asthma Action Plan

Asthma Management - TEST: Billy S. Pendergast

Summary | Severity | Control | Medications | Triggers | AActionPlan- 1 | AAction Plan- 2 | Pt Question.

Asthma Management - Asthma Action Plan Recommendations

Green Zone — Definition

Peak Flow Range	Instructions
More than:	Reviewed
	Take controller medications as prescribed.
	☐ Before exercise, take 1 puffs of ____ 5-60 minutes before exercise.
No previous result	Avoid things that make your asthma worse.
	Avoid tobacco smoke.
	Ask people to smoke outside.
	Other Instructions:

Yellow Zone — Definition

Peak Flow Range	Instructions
From:	**First...**
	☑ Continue taking controller medications as prescribed.
To:	☑ Add quick-relief medication: ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% NEBU 2.5 mg .5cc with 3cc NS nebulized every 4 hours
	☐ If you are taking your quick-relief medication more than 2 to 3 times/week, then call your provider.
	If your symptoms and/or peak flows do not improve after 1 hour of treatment, then...
	☐ Take quick relief medication: ____
	☐ Take quick relief medication: ____
	☐ Call your primary care provider if no improvement in ____ days.
	Other Instructions:

Red Zone — Definition

Peak Flow Range	Instructions
Less than:	☑ Take this medication: ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% NEBU 2.5 mg .5cc with 3cc NS nebulized every 4 hours.
	☐ Call your provider NOW.
	☑ Go to the nearest emergency room.
	☐ Call 911 if person doesn't respond to you, skin is sucked in around the neck and ribs, and/or if lips or fingernails are grey or blue.
	☐ Make an appointment with your primary care provider within two days of an emergency room visit or hospitalization.
	Other Instructions:

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Phase 2: Evaluating Results

- Conduct Usability Testing
- Incorporate SME Feedback into revised CDS
- Train Key Staff on New Asthma CDS
- Support implementation of New Asthma CDS
- Evaluate Clinician Adoption and Satisfaction with Revised CDS

Key Deliverables

- Documentation of Usability Testing Results
- Synthesize results of CDS Satisfaction survey and Adoption Measures
- Correlate system use with quality

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Key Lessons Learned

- Exchange of content required HIT vendor involvement – to coordinate customized data element usage
- Technical limitations/capacity of the EHRS to support complex CDS
- Maintained underlying “programming” however adjusted content/CDS to meet “local” workflows and system preferences
- Incorporated changes based on user feedback to increase usability of content
- Lack of alignment of data standards (value sets) between CDS and Quality Reporting

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Thank You

Email:

ahamilton@alliancechicago.org

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