

A Presentation of the Colorado Health Institute 1576 Sherman Street, Suite 300 Denver, Colorado 80203-1713

and the Colorado
Health Information
Exchange, an
AHRQ-funded State
and Regional
Demonstration
Project

Evaluating HIT – Evaluation designs from the Colorado AHRQ State and Regional Demonstration Project

Arthur Davidson, MD, MSPH

Denver Public Health, Denver Health



Objective

To describe Colorado's evaluation design



Missing Information in Urgent/Chronic Care

AHIC Priority Area: Quality Monitoring

Audience: practitioners, payers

• Funding: AHRQ, General Internal Medicine small grant

Purpose:

To document the frequency and type of unavailable clinical information ('missing information') at pediatric emergency, urgent care and continuity clinic visits.

 To determine whether missing information is associated with increased length of time in the ED and increased resource utilization. To determine differences in perception of missing data between each of the clinic environments.

Principal investigator: Lisa Schilling, MD

Population: Convenient sample

The Children's Hospital clinic system

Denver Health (pediatric and adult) urgent care clinics

• Study design: cross-sectional study

Main outcome: number of missing information events and perceived cost(s) associated with that absence

• Sample size: 500 visits per site

• Data source(s): interview with physicians, chart review

Relative costs: Medium, requires chart review

• Time frame: 1/1/06 – 12/31/06



Claims submission and sustainability

AHIC Priority Area: ---

Audience: Colorado practitioners, providers and payers

Funding: AHRQ, HealthOne Alliance Foundation

Purpose:

 To document attitudes, feasibility and timelines for implementation of a claims submission system among various stakeholders.

 To understand the proposed economically sustainable model. Assess the implications of this model for practices/ sectors/ organizations. Understand how this model provides value to CORHIO development and sustainability. Solicit input and any impressions of its value for stakeholder practices/organizations

Principal investigator: Lynn Dierker RN, Arthur Davidson, MD

 Population: Convenient sample from provider, hospital, payer (and potentially networks) affiliated with the CORHIO initiative

• Study design: focus groups

Main outcome: attitudes and beliefs about claims submission system value

• **Sample size:** 3-6 groups of 6-10 key informants

Data source(s): focus group sessions: providers, payers and hospitals

• Relative costs: Medium, requires interviews

• Time frame: 12/1/05 – 5/31/06



InformationLinks: Business Process Analysis

AHIC Priority Area: Biosurveillance, Quality Monitoring

Audience: Public health practitioners, payers, researchers

Funding: AHRQ, Robert Wood Johnson Foundation

Purpose:

 To document business processes, contextual diagrams, and task flows to help design tools that will allow the projected audience to build valued populationbased analyses tools.

Principal investigator: Arthur Davidson, MD

 Population: Convenient sample from public health, providers, payers and researchers

Study design: focus groups

• **Main outcome:** visual diagrams, analysis and a road-map for decentralized data systems to contribute to population-based analyses

• Sample size: 1 group of 13 key informants

 Data source(s): focus group sessions with providers, payers and public health officials

Relative costs: Medium, requires interviews

• Time frame: 12/1/05 – 11/30/06



Evidence-based Guideline Implementation

AHIC Priority Area: Chronic Disease Management

Audience: Colorado practitioners, and patients

Funding: AHRQ, Amendment 35 (CDPHE)

Purpose:

 To document how a common vocabulary engine and decision support system can interface and the results of rules executed for a patient and provider system.

Principal investigator: Lisa Schilling, MD

 Population: Convenient sample from a community health clinic and non-FQHC provider in the Colorado Springs area

Study design: cohort study

Main outcome: metrics on system usage and results from rules execution for diabetes mellitus

• Sample size: all auditable events in system

Data source(s): review of audit logs

Relative costs: Low

• Time frame: 2/1/06 – 12/31/06



Attitudes to PHR in patients/ providers

AHIC Priority Area: Consumer Empowerment

Audience: practitioners, patients

Funding: AHRQ, pending General Internal Medicine small

grant

Purpose:

 To document attitudes and barriers to implementation of a PHR in patients visiting a safety-net institution and private practices; assess attitudes of Colorado providers regarding utility of interfacing, use of and general acceptance of patient-provided PHR information.

Principal investigator: Steve Ross, MD

 Population: Convenient sample from Denver Health, CAReNET Clinics and a random sample of Colorado healthcare providers

• **Study design:** cross-sectional study

 Main outcome: attitudes and belief about PHR value for health information exchange (e.g., registration clipboard, common health history)

• Sample size: undetermined

• Data source(s): interview with physicians and patients

Relative costs: Medium, requires interviews

• Time frame: 7/1/06 – 6/30/07



Improving Performance in Practice

AHIC Priority Area: Quality Monitoring

Audience: Colorado practitioners, payers

Funding: RWJF, Caring for Colorado Foundation, AHRQ

Purpose:

 To document how practitioners can use the RHIO to effect change in their practice behaviors.

Principal investigator: Marjie Harbrecht, MD

Population: Providers registered within the CORHIO sphere

• Study design: cross-sectional, serial measures study

• Sample size: undetermined

• Main outcome: metrics on guideline adherence

 Data source(s): review of audit logs, calculation of guideline adherence and missed opportunities

Relative costs: Medium, need to create registry and metrics

• Time frame: 10/1/07 – 9/30/09



BioSense and RHIO

AHIC Priority Area: Biosurveillance

Audience: Public health practitioners

• Funding: AHRQ, CDC

Purpose:

 To document the interface between Biosense operations and RHIO and how tools for one may support the other

Principal investigator: Arthur Davidson, MD

Population: Convenient sample from national, state and local public health agencies

• Study design: qualitative, focus groups

 Main outcome: visual diagrams, analysis and a road-map for decentralized data systems to contribute to population-based analyses

Sample size: undetermined

 Data source(s): review of audit logs, retrieval of aggregate data from each institution through specialized queries

Relative costs: High

• Time frame: 10/1/07 – 9/30/09



Evaluation of User Interface and Usability

AHIC Priority Area: Chronic Disease Management

Audience: Colorado practitioners

• **Funding**: AHRQ

Purpose:

 To document how practitioners use the RHIO and how the interface is viewed as valuable or in need of change.

Principal investigator: Arthur Davidson, MD

Population: Providers registered within the CORHIO sphere

• Study design: cross-sectional study

 Main outcome: metrics on system usage, value, change in care plans and end-user assessment of ease of use

Sample size: undetermined

 Data source(s): review of audit logs, "gate" screen responses, utilization measures, key informant or focus groups

 Relative costs: Medium due to interviews and need to build userfriendly gate screens

• Time frame: 10/1/07 – 9/30/09



Practice-based research network

AHIC Priority Area: Quality Monitoring

• Audience: Colorado practitioners

• Funding: AHRQ

Purpose:

To document what impact a HIE has on patient safety.

Principal investigator: Wilson Pace, MD

Population: Providers registered in CAReNet

• Study design: cross-sectional study, ? card study

Sample size: undetermined

Main outcome: reports of events with impact on patient safety

Data source(s): review of audit logs

• Relative costs: Low

• Time frame: 10/1/08 – 9/30/09



Technology pilots

- InformationLinks (Mesa County and State Health Dept.)
- Quality Health Network Colorado Department of Public Health and Environment
- Purpose:
 - to transfer communicable disease reports to CDPHE.
 - CDPHE to transfer newborn metabolic lab data to QHN
- Focus:
 - Assess CORHIO message specification to serve both needs
- Connectivity between a single community-based RHIO (Axolotl) flexibility in fulfilling laboratory reporting and exchange needs between laboratories and providers
- Potential impact:
 - Model for communication between sites; capacity for MPI to solve clinical messaging issues related to CDPHE newborn screening results delivery