

Measures of Impact for BLUES project

Lead Agency: Delta Health Alliance

There has been significant discussion about how to effectively measure the BLUES project's impact during the past quarter. Although no baseline data is available at this time, the table below solidifies measures for each aim/hypothesis. These measures will ultimately demonstrate the impact of the BLUES project. A baseline data collection tool and patient satisfaction tool are attached to the appendix of this document.

<u>Hypothesis</u>	<u>Measure</u>
<p><u>Provider use of an EHR system will increase over time as providers gain expertise with the system and continuous quality improvement processes are implemented.</u></p> <p>(1) Adherence to clinical protocols; (2) Use of e-prescribing; (3) Use of clinical decision support features; (4) Use of patient-specific electronic information; and (5) Use of quality measurement reports.</p>	<p>-% of Visits where EHR was used -% adoption and use of health IT electronic prescribing -% adoption and use of health IT clinical decision support -% adoption and use of health IT patient-specific electronic information -Providers access to and utilization of quality measurement reports</p>
<p><u>Patient use of EHR PHR will increase over time as patients become familiar with the system and continuous quality improvement processes are implemented</u></p>	<p>-% of patients who access their personal health information, including medication therapy -% of patients who access customized decision support (1) Access to personalized patient website (containing information about the patient's therapy); and (2) Access to point-of-care handouts.</p>
<p>Adding an EHR system to the existing DDP model will significantly improve medication management.</p> <p>(1) Appropriate drug prescriptions; (2) Formulary compliance; (3) Patient compliance with medication; and (4) Timely refills of medication</p>	<p>-% of patients receiving appropriate care for medication therapy -% of prescriptions complying with formulary -% of prescriptions filled** -% of prescriptions filled timely*</p>
<p>**Limited to electronic Surscripts transactions only (not prints, faxes)</p>	
<p><u>Adding an EHR to the existing DDP model will improve patient satisfaction.</u></p>	<p>Patient satisfaction with their care Provider satisfaction with EHS Patient utilization of website</p>

<u>Hypothesis</u>	<u>Measure</u>
<u>Adding an EHR to the existing DDP model will improve diabetes-related outcomes</u>	(1) Proportion of patients with A1c levels less than 9%; (2) Mean A1c levels; (3) Proportion of patients with blood pressure less than 140/90; (4) Mean systolic and diastolic blood pressure values; (5) Proportion of patients with LDL levels < 130 mg/dL; (6) Mean LDL levels; and (7) Diabetic complications (foot ulcers, amputation, hypoglycemic episodes, and diabetic ketoacidosis episodes).
<u>Adding an EHR to the existing DDP model will improve patient safety.</u>	-Reduced levels of hospital admissions or Emergency Department visits for diabetic or co-morbidity complications; -Reduced levels of documented new diagnoses of co-morbidities.
<u>Adding an EHR to the existing DDP model will reduce costs of care.</u>	-ED Visits -Pharmacy -Outpatient Visits -Other Services
<u>Adding an EHR system to the existing DDP model will significantly improve medication management.</u> (2) Formulary compliance; (3) Patient compliance with medication; and (4) Timely refills of medication <i>**Limited to electronic Surscripts transactions only (not prints, faxes)</i>	-% of patients receiving appropriate care for medication therapy -% of prescriptions complying with formulary -% of prescriptions filled** -% of prescriptions filled timely*
<u>Adding an EHR to the existing DDP model will also improve other process-of-care measures, such as timely and appropriate exams, and lab testing</u> -Ambulatory Care Measure Set (ACMS) -Ambulatory Care Measure Set (ACMS) -Ambulatory Care Measure Set (ACMS) -Ambulatory Care Measure Set (ACMS) -Ambulatory Care Measure Set (ACMS)	% of patients receiving appropriate care for treatment (1) one or more A1c test; (2) one or more low density lipoprotein (LDL) cholesterol test; (3) one or more urine protein tests (micro albumin test or medical attention for existing nephropathy); (4) <u>Dilated</u> eye exam (bi-yearly for low risk patients)** (5) Foot exam.
<i>** Indicates availability for only a subset of patients.</i>	