AHRQ Health IT Grantee Quarterly Progress Report

Project Name: Better Living Utilizing Electronic Systems (BLUES)
Grant Number: R18HS17233
Applicant Organization: Delta Health Alliance, Inc.
Principle Investigator: Karen C. Fox, PhD
Reporting Period: April 1, 2008 – June 30, 2008

ATTACHMENT I: Refinement of Outcome and Process Measures

The following is a comprehensive list of all outcome and process measures that have been refined during this quarter by the research team, EHR system specialists, and clinicians, to be used to measure the impact of EHR implementation on the quality of care provided to patients.

IMPACTS

Hypothesis	**Measure**
Provider use of an EHR system will increase over time as providers gain expertise with the system and continuous quality improvement processes are implemented.	
(1) adherence to clinical protocols;	% of Visits where EHR was used
(3) use of e-prescribing;	% adoption and use of health IT electronic prescribing
(2) use of clinical decision support features;	% adoption and use of health IT clinical decision support
(4) use of patient-specific electronic information; and	% adoption and use of health IT patient-specific electronic information
5) use of quality measurement reports.	Providers access to and utilization of quality measurement reports
Patient use of EHR PHR will increase over time as patients become familiar with the system and continuous quality improvement processes are implemented	% 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.

Adding an EHR system to the existing DDP model will significantly improve medication management. (1) appropriate drug prescriptions;	% of patients receiving appropriate care for medication therapy
(2) formulary compliance;	% of prescriptions complying with formulary
(3) patient compliance with medication; and	% of prescriptions filled**
(4) timely refills of medication	% of prescriptions filled timely*
**Limited to electronic Surscripts transactions only (not prints, faxes)	
Adding an EHR to the existing DDP model will improve patient satisfaction.	Patient satisfaction with their care Provider satisfaction with EHS Patient utilization of website
Adding an EHR to the existing DDP model will improve diabetes-related outcomes	(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).
Adding an EHR to the existing DDP model will improve patient safety.	Impact on levels of hospital admissions or Emergency Department visits for diabetic or co-morbidity complications; Impact on levels of documented new diagnoses of co-morbidities.
Adding an EHR to the existing DDP model will reduce costs of care.	ED Visits Pharmacy Outpatient Visits Other Services

Adding an EHR system to the existing DDP model will significantly improve medication management.	% of patients receiving appropriate care for medication therapy
(2) formulary compliance;	% of prescriptions complying with formulary
(3) patient compliance with medication; and	% of prescriptions filled**
(4) timely refills of medication	% of prescriptions filled timely*
**Limited to electronic Surscripts transactions only (not prints, faxes)*	
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	
Ambulatory Care Measure Set (ACMS)	% of patients receiving appropriate care for treatment (1) one or more A1c test;
Ambulatory Care Measure Set (ACMS)	(2) one or more low density lipoprotein (LDL) cholesterol test;
Ambulatory Care Measure Set (ACMS)	(3) one or more urine protein tests (microalbumin test or medical attention for existing nephropathy);
Ambulatory Care Measure Set (ACMS)	(4) dilated eye exam (bi-yearly for low risk patients)**
Ambulatory Care Measure Set (ACMS)	(5) foot exam.
** Only available for subset of patients.	