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[Home](#) > Measuring clinical quality in cardiovascular practices

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With cardiovascular disease as the leading cause of death in the United States, cardiovascular specialists have long used clinical quality guidelines to optimize care and enhance the quality of life for patients. Today, registry data is commonly used to help researchers evaluate the efficacy of standard care protocols across the country. Now, however, legislative incentives are lending additional impetus to these efforts. As a solution, electronic health records (EHRs) become the logical answer to provide the foundation for measuring quality in a practice.

The reality is this: The severity of cardiac disease in general makes cardiovascular patients particularly costly to manage, compared with many other disease processes. That puts cardiovascular practices front and center in federal and private payer initiatives aimed at reducing the cost of healthcare while simultaneously improving patient outcomes.

Many of these initiatives reward coordination among healthcare providers, with new emphasis placed on diagnosing conditions quickly, coordinating care proactively, and managing care according to proven protocols. As hospitals and practices begin aligning themselves to provide a more seamless healthcare continuum, cardiovascular practices will play an increasingly important role. While primary care physicians offer a good starting point in the management of cardiac risk factors, it is cardiovascular specialists who provide the strongest diagnostic and management options.

In the eyes of most physicians -- and finally, many payers as well -- it is all about disease prevention and quality of life. Technology provides the power to assess protocols, outcomes and costs. Using it to enable faster, more streamlined data management and clinical communication is the key.

Managing health, patient-by-patient

There is no doubt that physicians desire top-quality care for each and every patient. Yet it is especially difficult for cardiovascular specialists, who typically treat patients with complex diagnoses, to recall all applicable "best practice" protocols within the scant 15 or 20 minutes they have to treat each individual.

That is why many practices, such as Cardiovascular Management of Illinois (CMI), have begun to rely on decision support tools within EHR systems, particularly for conditions such as hypertension and obesity, smoking cessation/screening efforts, and lipid management. Appropriateness criteria embedded in CMI's EHR workflow ensure patients receive the right tests, at the right time, for the right reasons.

Take the example of a patient who presents with diabetes and atrial fibrillation. There is no reason for a physician not to see -- with the click of a mouse -- the last time the patient had an International Normalized Ratio (INR) in comparison to American College of Cardiology (ACC) recommendations for INR frequency. It all starts, however, with the ability to capture clinical data at a measurable level.

The value of an EHR is directly proportional to its ability to facilitate better patient care by using database information to support provider decisions. The simplest EHRs tend to focus on the ease with which providers can enter data. They exist primarily as a way to electronically document clinic visits. The real focus needs to be on getting that data back out in the form of actionable alerts and quality care tools.

Delivering measurable quality outcome metrics

The collection of discrete data elements is particularly important. While general informational alerts certainly can be helpful, the ability to retrieve patient-specific, actionable information within clinical workflow ensures more individualized care quality. EHR alerts can help physicians recognize the elements of care that, according to protocol, are most beneficial for each patient.

On the back end, discrete data gives practices the power to measure and report on all aspects of care delivery: diagnosis, treatment, outcome, cost. Quarterly "report cards" in some practices measure progress toward quality improvement goals.

CMI, for example, has designed dashboards for quick-read quarterly reports on compliance with Medicare's Physician Quality Reporting Initiative (PQRI). At a glance, physicians see the number of patients treated according to reporting criteria, and those with contraindications. They also see how their patients measure against those of their peers.

President and CEO Cathie Biga reports dashboard information helped providers reach 99.9% adherence with PQRI measures in 2009. (Which does not mean every patient is on a statin, for instance, but for those who are not, the reason is clearly documented.) This year, the practice is using quality measurement tools within its EHR workflow to monitor diabetic screenings.

Dashboards, in fact, may be essential to successful quality measurement. A 60-page registry report, while perhaps beneficial in a broad sense, does little to enhance clinical care at the time of service. Dashboards allow quick review of patient-specific information for use during an encounter. In the past, the sheer volume of data made it nearly impossible to assess the effect of clinical protocols on outcomes in real time. Technology advances, however, now make it possible for administrators to write reports in an hour or

two.

Quality metrics, proactive care

Two other technological advances will also become important to provide tools for disease management. Community health information exchanges provide another way for providers in multiple care locations to access patient data in real time, as needed. From a cost perspective, it allows providers to proactively manage care, rather than waiting for the patient to encounter the health system in a moment of acute need. The same can be said about patient portal technology designed to encourage patients to securely communicate with physicians prospectively.

Technology now exists to proactively bring healthcare to patients, instead of asking patients to come to the system. Looking outside the four walls of a practice, bringing data to physicians in real time, and offering tools to prospectively manage patient care will only grow in importance.

With national legislation now starting to define what constitutes quality healthcare, the EHR is now an essential tool. Cardiovascular practices with the ability to analyze clinical care at a detailed level will offer the best opportunities for improving care quality at lower cost.

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