



## Quality Reporting Micro Case Study

### Physician Incentive Program: Using a Clinical Data Warehouse to Increase EHR Adoption

#### The Situation

Electronic health records (EHRs) have the potential to revolutionize patient care through detailed clinical decision support, easy access of longitudinal patient data among physicians, the linking of data to personal health records (PHRs), quality reporting, and the lowering of costs by increased efficiency. Unfortunately the behavioral inertia of physicians to switch from documenting paper notes to entering structured electronic data (template-driven notes, coded problems, procedures, and medications) can delay and limit the success of the EHR. Many physicians making the transition to EHR go through phases of writing short paper notes then retyping them into the health record or using dictation and transcription services to enter their notes. Neither of these processes provides timely, accurate, and structured data for the health record. Insurers already have strict policies on requiring documentation for paying claims on visits, and those requirements are only increasing with the inclusion of new pay-for-performance (P4P) incentives around electronic documentation. So provider organizations adopting EHRs are working to transition documentation behaviors.

#### The Challenge

Changing the behavior of physicians in a community requires adequate tracking of documentation habits accompanied by clear goals and incentives to achieve adoption progress.

One physician's organization initiated an incentive program to provide cash bonuses tied to the timing of note initialization and completion, followed by additional metrics on structured data like electronic prescribing and entry of structured problems. In particular, they wanted to establish a reasonable metric for improving time-to-entry of a clinical note. But in order to select and implement the program they needed a reliable way of calculating metrics around a complex data set.

#### The Solution

Recombinant worked to help the physician's organization utilize its clinical data warehouse to support the physician incentive program by validating and streamlining the note completion metric.

To ensure physician buy-in, the quality metric was implemented in four phases, covering:

- Choice of measurement
- Benchmarking/testing
- Ability to dispute
- Actual measurement

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Data and logic challenges were encountered along the way, since measurements are not cut and dry. Upon analyzing the initial data, it was decided that there was an opportunity to improve data entry practices by tracking the percentage of notes entered within 120 hours of a visit. But ensuring a uniform and credible measurement of this metric required resolving a number of detailed issues. For example, decisions had to be made as to which visit types require notes, how to link each visit to potential notes when precise keys were not available, how to accommodate different doctor workflows (i.e., some doctors enter a preliminary note before a visit), how to determine the date by which to measure, and how to recognize special cases such as when a resident and a preceptor both edit a note.

When doctors are being paid on specific metrics, these complexities need to be vetted and applied, and a mechanism for disputes must be set in place to ensure fairness. A drill-down capability included in the utility allows incentive program administrators to view underlying information by physician for quality audits and disputes.

Once measurements were in place, the incentives team was able to work confidently from a baseline to negotiate reasonable targets with practices and set performance improvement goals and measurement periods that would require changes in behavior. The program generates reports that allow administrators and medical directors to monitor the performance of individual physicians throughout the year.

Results of the incentive program have been positive. The average cycle time for note initialization following visits reduced from 40 hours to 20 hours, with note finalization after visit reduced from 200 hours to 70 hours. In addition, total note entry compliance increased from 75 percent to 92 percent, and note completion within 120 hours improved from 76 percent to 88 percent.

The next generation of the incentive program is to add new metrics beyond basic EHR adoption. Metrics being considered include e-prescribing, using quality improvement reporting tools, as well as entering structured allergy data.

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