ELECTRONIC MEDICAL RECORD DECISION SUPPORT TOOL
A Guide to Implementation

The ACT on Alzheimer's® Electronic Medical Record (EMR) Decision Support Tool is an evidence-based template to assist clinicians in implementing a standardized approach to all aspects of dementia care within the health record, including screening, diagnosis, and treatment/management.

Benefits from using the EMR tool include:

- Improve quality of patient care
- Improve accuracy of diagnoses and health outcomes
- Increase practice efficiencies
- Improve care coordination

This guide to implementation of the EMR Decision Support Tool is intended for health care professionals who are directly or indirectly involved with dementia care, including individual practitioners, health care staff, care coordinators, EMR/IT/IS staff, and system leadership. It details pre-implementation and implementation steps and includes case studies of two health systems.

Before Implementing the EMR Tool

- Determine the structure of your approach.
  - » A top-down approach driven by leadership, quality care mandates, and system wide goals?
  - » A bottom-up approach driven by provider champions or peer or cross-discipline collaboration?
  - » An analogous approach that imitates models successful for other chronic conditions?
- Ask: In the past, how have best practices been successfully integrated into our system?
- Discuss: What is the right mechanism for integrating the EMR Decision Support Tool? Which providers/departments/leaders should be involved in the implementation process?

Implementation Steps

Step 1: Assess Your Readiness

The assessment step should answer: "Why implement the EMR Decision Support Tool?" This step should help leadership evaluate what is working well in dementia care and what can be improved. Leadership and staff should consider clinical goals, needs, and financial and technical readiness.

Assess Current State

Consider these questions on the current state of your dementia care:

- Are our providers/leaders aware of best practices in dementia care? If not, what is the incentive to change this? How will an EMR tool support learning?
- Are the tools we use to detect/diagnose dementia standardized across the system? Can patients expect a consistent approach to care when memory loss is indicated?
- Is our system currently proactive or reactive in providing care for people with dementia (for instance, cognitive screening when problems are obvious vs. crisis-driven care)?
- Is our system adequately identifying dementia in our patient population (that is, do our diagnosis rates of Alzheimer's compare with known population prevalence rate of the disease?)
- Is undetected dementia currently affecting the quality of patient care, cost of care, outcomes (for instance, poor treatment compliance for comorbid conditions), etc.?
- What resources are needed in our system to improve dementia care?

Envision Future State

How would leadership like dementia care to be different in the future? Specifically:

- What will be different for *patients*? What will they gain?
- What will be different for *providers*? What will they gain?
- What will be different for *staff*? What will they gain?

Set Goals

Document your goals and desired outcomes to help guide decision-making throughout the implementation process. Critical outcomes include:

- Identify the leadership team responsible for guiding the planning and implementation process (provider champions, EMR/IT staff, leaders, others[1]).
- Identify all community partner stakeholders that will have a role[2].
- Establish a clear message about the EMR tool that will resonate with various stakeholders (leadership, providers).
- Have strong and positive advocates who can successfully drive systems change.
- Show a unified vision, where everyone understands his or her role and has ownership in the implementation.
- Have measureable, quantifiable, realistic goals.

[1] Physician/nurse/staff champions, care coordination team/social workers, and other departmental and administrative support as appropriate
[2] Community partners could include the Alzheimer's Association, Area Agency on Aging, and other stakeholders appropriate for the population

Step 2: Plan the Approach

- Develop an implementation plan and timeline.
- Set specific deadlines and identify individuals responsible for meeting goals.
- Discuss resources/staffing/cost/funding.
- Determine meeting frequency and schedule meeting dates.

Step 3: Select the Implementation Tool

- Review the EMR Decision Support Tool. Will you implement the entire tool or parts of the tool? How will you modify/adapt the tool to meet your specific needs?
- Do your decisions support the goals identified in Step 1?

Step 4: Pilot Use of the Tool

- Engage a workgroup of providers, staff, and community partners to plan a pilot phase with the tool.
- Determine metrics required to inform next steps and eventual system-wide use.
- Set a pilot implementation and completion date.
- Implement the EMR tool in a select practice group and solicit feedback.
- Schedule weekly meetings with pilot workgroup to discuss progress and issues.

Step 5: Conduct Training and Implement the Tool

- Follow the implementation plan and timeline created in Step 2.
- Conduct training on use of the tool.
- Determine your roll-out strategy.
- Plan to notify key individuals within and outside the organization who may receive referrals.
- Determine a point of contact for issues.

Step 6: Maintain, Update, Monitor

- Schedule monthly meetings with key stakeholders to update on progress and discuss maintenance and monitoring.
- Plan regular outreach/education to keep all stakeholders informed.
- Follow the metrics established in Step 4 to set realistic goals and expectations and monitor accordingly.

Step 7: Measure, Report, Study Outcomes

The measure and report step should monitor questions such as: How often is the EMR tool being used in practice; Is the tool being used as intended or for the right visit types; Does use of the tool correlate with changes in practice (e.g., increased memory loss referrals, increased dementia diagnoses, more connections with community resources); What shortcomings of the tool need modification?

- Establish the analysis/reporting team (e.g., leadership, provider champion, IT/IS, community partner).
- Schedule regular team meetings.
- Establish reporting frequency, timelines, format, and report recipients.
- Continue to refine measurement and reporting to meet evolving needs.

Resource: ACT on Alzheimer's®

Download the ACT on Alzheimer's® Electronic Medical Record (EMR) Decision Support Tool overview and template at www.actonalz.org/provider-practice-tools. For additional info, contact: info@ACTonALZ.org

EMR Tool Implementation Case Studies

Essentia Health

An Essentia Memory Care Workgroup was established in 2012 with the task of developing a plan to standardize dementia screening, diagnosis and management system-wide. The Director of Primary Care for Essentia led the planning with support from organizational leadership. The Workgroup consists of stakeholders from primary and specialty care as well as community partners already engaged in the care and management of the dementia patient population. One outcome has been the development of an EMR decision support tool based on the ACT on Alzheimer's® EMR Decision Support Tool template.

Essentia's decision support tool can be accessed in all Essentia facilities and is located in Epic, the EMR system. The standardized process includes using the MiniCog to screen all patients 65 and older at the annual wellness visit. Those patients who fail the screening are assessed using the Montreal Cognitive Assessment (MoCA) and further evaluated (dementia diagnostic work-up). Referrals to behavioral health, other specialties, medication management programs, Senior LinkAge Line®, and the Alzheimer's Association are included in the process.

Essentia Health (EH) is currently in the start-up of a two-year dementia diagnosis and care pilot project funded through a Community Service/Services Development (CS/SD) Grant from the MN Department of Human Services. The goal of this project is to implement and evaluate a standardized approach to early dementia diagnosis and care designed to reduce cost and improve outcomes for individuals with dementia and their families. The project will involve two certified Health Care Home (HCH) clinics – EH Ely and EH West Duluth, Senior LinkAge Line®, Alzheimer's Association and Northwoods Hospice Respite Partners. The project will create training, staffing, and workflow models for implementing the approach and will then evaluate the effectiveness of the models, clinical outcomes and community connections. This project targets a critical need for older adults with dementia in the population served by EH and for their families. The expectation is that the lessons learned from this project will have local

and regional impact on health care and community care delivery models relevant to older adults. This project encompasses the concept of "dementia as an organizing principle of care" that takes into account the urgent need to improve all aspects of dementia care, from diagnosis to support to management of dementia and other chronic conditions, as an imperative in sustaining quality of life for the individual with dementia and for their family.

HealthPartners

Implementation of the EMR Decision Support Tool at HealthPartners was driven by a "bottom-up" approach involving a small number of providers in specialty care (neurology) with expertise in dementia. The core group of champions included a neurologist, neuropsychologist, and a neuroscience researcher who felt providers needed more guidance in order to: 1) improve early detection of cognitive impairment among older patients in the system; 2) establish a benchmark of best practices to improve consistency among both primary and specialty care providers; 3) create efficiencies in the EMR to streamline patient care and documentation; and 4) imbed simple tools and resources to ensure patients were connected with appropriate system and community resources.

The group obtained feedback about the EMR tool's content from physician leaders within the system and then piloted the tool within the neurology department. Additional feedback was then obtained by users in neurology, changes were made, and the tool was increasingly tailored to the HealthPartners system. Next, meetings were scheduled with physician leadership from the Adult and Senior's department and Primary Care to identify other clinics in the system that could pilot the new tool. Challenges at this stage included: 1) difficulties identifying the best champions in leadership who could help drive implementation; 2) incomplete buy-in from leadership regarding the proposed benefits of cognitive screening and related EMR guidelines for dementia care; 3) competing priorities in the system related to previously identified quality care initiatives for other conditions in primary care and elsewhere; and 4) diffusion of responsibility related to carrying out intended goals.

Eventually, a decision was made to extend the pilot program to specific clinics in the system conducting annual wellness visits (where cognitive screening was considered a good fit with the prevention-model of that type of visit). The tools were readily accepted by those nurses and physicians and compliance with implementation was high. At the same time, internal marketing was conducted to spread the word to other clinics and providers about the availability of new tools for dementia care in the EMR. Additional meetings with leadership were held to identify a larger roll-out plan that would eventually include more departments in the system. Arriving at this point in the implementation process took a year and a half, which is expected when a significant systems change is desired.

An important factor leading to a successful roll-out of the EMR tool at HealthPartners was having research/outcome measurement built into the implementation plan from the very beginning. For example, after 750 patients completed cognitive screening, research was conducted on various characteristics of the sample (screen fails vs. screen passes). Additional incentives were discovered that provider champions could use to argue for wider implementation of the tools across the system (e.g., patients with unrecognized cognitive impairment were much higher utilizers of costly emergency room and inpatient care services). Implementation of the EMR tool at HealthPartners continues with the ultimate goal of imbedding the use within all of primary care.