	Potential Improvement Strategies				
Themes Limiting Adoption	**Redesign Of CDS Applications**	**Provider and Patient Reminders and Education**	**Audit and Feedback Techniques**	**Organizational Imperatives and Change**	**Financial, Regulatory or Legislative**
Sub-Specialists Are Experts, And Are Not Seeking Automated CDS To Guide Them Themes: • *Sub-Specialists Are Experts, Need No Guidelines* • *Guidelines Can Get In The Way Of Expert Care*		Provide slide presentation of recent GLIDES evaluation that identifies "In 29% of cases, the provider weighted information differently than the CDS tool"	Provide individual reports for clinicians noting their decision-making consistency and inconsistency with the guidelines, including reasons and trends	Establish clinical objective (guiding objective) for consistency of treatment decisions with guidelines	
Computer Usage Is Currently Limited To After Care: Examples: • *Flow Of Patient Visit Is Unpredictable* • *Interval History Form Captured Prior To Visit* • *Hardware Limitations: Noisy, Slow, Switched-Off* • *Extra Patient Time Better Spent On Care, Not More Computer Use*	Replace all in-clinic computers with current, higher-speed machines, configure for automatic boot in time for clinic. Potential for use of tablet PCs in examining room. Redesign the workflow to ensure more active use of computer during care, including more effective use of integrated CDS: Automate Interval History form via kiosk; provide captured data electronically to physician; integrate captured data with CDS application.	Implement automated training and coaching material using the computer (video, flash, etc). For example, demonstrations of good inhaler technique for doctors to review with patients. Integrate with CDS applications		Gain clinician and organizational commitment to a fundamental redesign of workflow, and use of computers during care	Evaluate emerging HIT Policy Committee definition of Meaningful Use for EHRs. Highlight linkage with CDS adoption, and communicate to build a stronger commitment to use of the EHR during care.
Current CDS Usability, Used As An After-Care Documentation Tool, Could Be Improved Themes: • *CDS Design Is Clunky and Difficult To Use* • *Clinicians Can Easily By-Pass Forms* • *Referring Physician Letter Needs Editing*	Redesign CDS menus, to enable individual forms to be selected as required, rather than walking through entire sequence. Redesign the letter, so that letter generation is more clearly tied to CDS form completion, building the letter in parallel with evaluating control/severity & selecting treatment steps. Limit or eliminate need for clinicians to re-edit the letter. Make generation of the letter conditional on completing the CDS form set. Note: refer to Nemours letter-writing process, which may be more effective than Yale's				