DOH

New York State Department of Health
Medicaid Incentive Payment System (MIPS)
External Stakeholder Feedback

New York State

Academy of Family Physicians

March 25, 2010 | 9– 9:30 a.m.
New York State Department of Health
99 Washington Avenue
Albany, New York

Introduction

The American Recovery and Reinvestment Act (ARRA), signed into law on February 17, 2009, by President Obama, provided billions of dollars to states to implement Electronic Health Record (EHR) technologies. Administered through the U.S. Department of Health and Human Services' (DHHS) Center for Medicare and Medicaid Services (CMS), the Provider Incentive Payment Program provides incentive payments to eligible Medicaid and Medicare providers and hospitals to achieve "meaningful use" of EHR technologies. To inform and clarify the incentive payment program to the Medicaid provider community, the New York State Department of Health (DOH) Office of Health Insurance Programs provided more than thirty (30) presentations to stakeholder groups from throughout New York State. A number of stakeholder groups, in response, offered comment on the incentive program.

This document represents a summary of comments from the New York State Academy of Family Physicians (NYAFP) NYAFP promotes family practice among medical students and has worked to enhance and improve the quality and stature of family medicine.

New York State Department of Health – Office of Health Insurance Programs
James J. Figge, M.D., M.B.A., Chair Medical Director

New York State Department of Health – Office of Health Information Technology Transformation (OHITT)
Roberto Martinez, MD, Medical Director

New York Academy of Family Physicians
Dr. Vito Grasso, Executive Vice President
Dr. Robert Morrow, Practicing Physician

New York State Technology Enterprise Corporation (Program Consultants)
Donna O'Leary, PMP, Program Consultant
Peter Poleto, Business Architect

New York State Academy of Family Physicians – Background

The New York State Academy of Family Physicians (NYSAFP) is the New York State Chapter of the American Academy of Family Physicians. The Academy has promoted family practice among medical students and has worked to enhance and improve the quality and stature of family medicine. NYSAFP has worked successfully for the development of family medicine at medical schools and hospitals throughout New York State. NYSAFP has developed programs for the clinical and leadership development of residents and young family physicians. Providing feedback to the New York State Department of Health, Office of Health Insurance Programs, were Dr. Vito Grasso, and Robert Morrow, MD.

Two Primary Issues

Dr. Vito Grasso, "We support using federal funding from the Recovery Act to facilitate the adoption of health information technology. There are two major issues however. First is the overall cost of purchasing and implementing the health information technology. Secondly, the thirty percent Medicaid required to qualify for the incentive payments is too high. Only eleven percent of medical practices in New York meet this threshold. The low reimbursement level and administrative requirements associated with the program make it unattractive for physicians to participate in Medicaid. The economic incentives contemplated by the proposal are

unlikely to provide a sufficient inducement for practices to participate in the program or to expand their Medicaid patient panel."

"Additionally, many practices are in regions where there is not a large enough Medicaid population to expand their Medicaid base if they desired to do so. This is particularly true for suburban practices."

Cost can be Prohibitive

"The high cost of acquiring and implementing Health Information Technology (HIT) has been the greatest barrier for small-to medium-size practices, and they comprise the majority of practices in family medicine in New York. Even for those practices that meet the thirty percent threshold, it's not clear that the proposed incentives cover enough of the actual cost of acquiring and implementing HIT. Furthermore, the taxable nature of the funds reduce the amount of subsidy actually available. That's another reason we support the use of state administrative funds to provide technical assistance to practices."

> *"We like the idea of a data warehouse and the availability of data to providers."*
>
> Dr. Vito Grasso
> Executive Vice President, NYSAFP

Data Warehouses are Promising

"We like the idea of a data warehouse and the availability of data to providers. I think that's a sound idea, to provide the value-added benefit for practices. It would ultimately become an inducement to practices to participate."

Dr. Robert Morrow, "The data that would be extremely helpful would be the pharmaceutical data, what the patients have ordered, what they have last taken, and who provided it. It would be of remarkable assistance. Data on recent testing done by laboratories or radiology facilities would also be extremely helpful. Administrative data on use of services such as physical therapy, and mental health, if legally possible, would be helpful. And of course, if that data could be fleshed out by some meaningful summaries that would be extremely helpful."

Interoperability is Key

"The major flaw is the lack of communication between hospitals and healthcare practices, both in terms of admission to the hospital and in terms of information on discharge. That information should, by law, be available and readily accessible to the

> *"The major flaw is the lack of communication between hospitals and healthcare practices…"*
>
> *Dr. Robert Morrow*
> *Member, NYSAFP*

attending physician of record, but is rarely so. And obtaining that data usually requires extensive delays and obstacles, hiding under the guise of HIPAA, which of course, is an inappropriate use of that federal law. This has led to not only duplication of services, but to that which we are all worried about, which is hospital readmissions. The data warehouse should focus on pharmaceuticals, on consultations, on laboratories and diagnostic services, but should have a primary role in integrating hospital admission and discharge data with the primary care role."

"There is an overarching need to train practices, and the use of federal funds and state funds to do so would be extraordinarily helpful. The training should be done in ways that integrate those practices' information systems, and not just set up separate systems that are Balkanized and separated. No disrespect to the Balkans."

"As the Chairperson of the New York Diabetes Coalition and the person responsible for our project to install Internet-based diabetes registries in practices throughout New York State, my and our experience has been that the use of interoperable data is substantially helpful. The data should be based on interoperable and non-proprietary code. It's easy to exchange data with such groups as health plans and public health officials, and certainly groups that are monitoring quality. So there should be an effort to develop HIT support for the interoperable aspects of health information technology, and not simply the installation of prepackaged proprietary technology that doesn't talk to each other. An example of this is my personal practice in the Bronx. If my patient goes to one hospital system, where I have access to their records, I am able to quickly and easily see his or her hospital information. But if he or she happens to go to any of the thirty other systems that I do not have access to, it requires extraordinarily heavy lifting in order to get that information, because the code is written in a proprietary manner and does not allow access."

> " We have discovered ithat registries are a vital part of supporting patient-centered medical homes."
>
> Dr. Robert Morrow
> Member, NYSAFP

"Our experience with RHIOs in my area of New York is that they have not been very successful. I'd make a strong push that the state use its ability to bring groups

together to find the interoperable kernel of code necessary to be financially supported. We have discovered in our project that registries are a vital part of supporting patient-centered medical homes. The key element here is you can't have a patient-centered medical home without a way of taking care of patients with chronic illnesses who are seen over time, and whose care requires the coordination of many providers. This is best done through a health information technology that is based on registry technology and not on billing technology."

Meaningful Use

"We hope the new meaningful use definitions will encourage and support registry-based information technology and information sharing, so that practices can work together in caring for patients, as they move from practice to practice."

"The technology to develop modular interoperable health information technology is available, and it's being developed in many circles now that meaningful use has been expanded. I encourage the state to take a role in this."