CHCANYS Community Health Care Association of New York State

Defining New Directions in Community Health Care

ARRA Meaningful Use Incentives:
Implications for Community Health Centers

Meeting with Dr. James J. Figge
Medical Director of the NYSDOH, Office of Health Insurance Programs

March 29, 2010

Status of EHR Implementation in NYS Community Health Centers

- 56 Federally Qualified Health Centers (FQHCs) in NY State, over 400 sites
- 60% are live on EHR
- Another 16% have implementations in progress
- 12 different vendor EHRs in use

CHCANYS' Health IT Support Programs

- Primary Care Health Information Consortium (PCHIC)
  - HIT support for New York City community health centers (CHCs), since 2005
  - Technical Assistance, Training, Fund Development, Vendor Relations, Government Relations, Advocacy, Peer Workgroups, Communications
  - 27 member health centers

CHCANYS' Health IT Support Programs

- Health Center Network of New York (HCNNY)
  - HRSA funded Health Center Controlled Network (HCCN) comprised of six upstate NY FQHCs; providing services to additional health centers upon request
  - EHR/PM Implementation, Training and Support Services; Application Hosting; Workflow Design; Technical Support; Vendor Relations; Education and Technical Assistance

Planned Technical Assistance on Meaningful Use (MU)

- RHITEC participation – Upstate & NYC

  We support OHIP's proposal to use administrative funding for MU incentives to contract with RHITECs.

  This funding will contribute to the sustainability of these programs

- Four foundation grants pending
  - In collaboration with Primary Care Development Corporation
  - To fund a statewide TA program to support Meaningful Use & Patient Centered Medical Home certification

- CHCANYS ongoing clinical program

- HCNNY Clinical Committee

- PCHIC Clinical Committee (pending grant support)

The NPRM on Meaningful Use: Issues of Concern to FQHCs

Issue #1: Definition of Eligible Provider

We have commented to CMS that the rule should be revised to include all PAs in FQHCs as Eligible Providers (EPs).

We believe this was Congress' intent, for FQHCs and other community health centers (CHCs).

In NY State, our FQHCs employ 139 PAs.

The NPRM on Meaningful Use: Issues of Concern to FQHCs

Issue #2: Number of Measures

We understand from our previous meeting that NY State Medicaid does not intend to add measures.

The NPRM on Meaningful Use: Issues of Concern to FQHCs

Issue #3: Reporting of Clinical Quality Measures

- Reporting by individual provider burdensome
- Burden increased due to multiple specialties

We have commented to CMS that the rule should be revised to allow FQHCs to report clinical quality measures in aggregate.

We have also commented that FQHCs should be allowed to substitute the quality measures that HRSA currently requires FQHCs to report, until HRSA & CMS can harmonize the two sets of measures.

The NPRM on Meaningful Use: Issues of Concern to FQHCs

Issue #4: Reporting of 25 Stage 1 Measures

- Reporting by individual provider is burdensome
- Calculation of denominator requires manual data accumulation (e.g. to calculate that 80% of all orders are entered via CPOE)

We have commented to CMS that the rule should be revised to defer % requirements until EHR certification criteria are written to include collection of the data needed to calculate the denominator.

We also request that FQHCs and other CHCs be allowed to report these measures in aggregate, and not by EP.

The NPRM on Meaningful Use: Issues of Concern to FQHCs

Issue #5: Clinical Decision Support Rules

- 5 rules per specialty is burdensome for FQHCs and CHCs that offer care in multiple specialties

We have commented to CMS that the rule should be revised to allow FQHCs to implement 5 clinical decision support rules across all EPs.

The NPRM on Meaningful Use: Issues of Concern to FQHCs

Issue #6: E-prescribing and lab test results as structured data

We have commented to CMS that the definitions of these measures should be revised to allow exceptions in locations where infrastructure for these transactions does not exist. This may be a more prevalent issue in rural areas.

The NPRM on Meaningful Use: Issues of Concern to FQHCs

Issue #7: Determination of 30% "Needy Individuals"

- Calculation by individual provider is burdensome

We have commented to CMS that the calculation of 30% "Needy Individuals" should be done in aggregate for each FQHC.

The NPRM on Meaningful Use: Issues of Concern to FQHCs

Issue #8: Definition of Early Adopter

We understand from our previous meeting that under NY State Medicaid interpretation of the rule there will be no providers classified as Early Adopters.

The NPRM on Meaningful Use: Issues of Concern to FQHCs

Issue #9: Payment mechanism

We have commented to CMS requesting that MU incentive payments be made directly to the FQHCs, eliminating the need for assignment by EPs.

We have requested that an EP who practices less than predominantly at an FQHC be given the choice of assigning the incentive payment to the FQHC or prorating the incentive across practices.

The NPRM on Meaningful Use: Issues of Concern to FQHCs

Issue #10: Other funding

We have commented to CMS that MU incentives should not be offset by other funding (e.g. HRSA or AHRQ grants).

The NPRM on Meaningful Use: Issues of Concern to FQHCs

Issue # 11: Security Risk Analysis

We request clear definition of a standard for this analysis, as you mentioned at our last meeting.

Other NYS Medicaid incentives

Status of Medicaid e-prescribing incentive?

Status of Medicaid Patient Centered Medical Home incentives?

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FQHC Electronic Health Record Usage
March 28th, 2010

FQHC Members	56
Other Safety Net Members	9
Total Member Centers	65
FQHC's Live on EHR	**34**
% of total FQHC's	*58%*
Others Live on EHR	**4**
% of Others	*44%*
Members Implementing Now	9
Members Without EHR	18

Members for whom we have data 49
(all FQHC's)

Eligible Providers (EP's) = 1,009

EP's Live on EHR = 559

% of EP's with EHR within these 49 health centers = **55%**

High-level EHR Usage Survey

FQHC Respondents Live on EHR	17
% of FQHC Live centers represented	*50%*
FQHC Eligible Providers represented	231
% of live eligible providers represented	*41%*

Of the respondents:

Vendors:

- eClinicalworks 9
- EPIC 1
- G.E. Centricity 2
- NextGen 3
- Sage Software 2

Term of Use:

- Implementing now 3
- < 1 year 6
- 2-3 years 6
- >3 years 2

RHIO Connectivity:

- YES 5
- NO 12

Data being exchanged:

- Labs (2)
- Labs, imaging, discharge summaries (1)
- Unclear or no detail provided (2)

Community Health Care Association of New York State

Meaningful Use Readiness Survey

FQHC detailed respondents = 9 organizations, 231 EP's

Stage 1 Objectives	**Measures**	**YES**	NO	Yes, but not sure we meet threshhold	System isn't capable	Unsure
Use CPOE (Computerized Provider Order Entry)	CPOE is used for at least 80% of all orders	**lab 8 DI 6**	lab 1 DI 2	1		
Implement drug-drug checks	The EP has enabled this functionality	**5**	3			1
Implement drug-allergy checks		**5**	3			1
drug formulary checks		**2**	5			1
Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT®	At least 80% of all unique patients seen by the EP have at least one entry **or an indication of none recorded** as structured data	**6**	0	2		1
Generate and transmit permissible prescriptions electronically (eRx)	At least 75% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology	**3**	3	3		

Stage 1 Objectives	Measures	YES	NO	Yes, but not sure we meet threshhold	System isn't capable	Unsure
Maintain active medication list	At least 80% of all unique patients seen by the EP have at least one entry (**or an indication of "none"** if the patient is not currently prescribed any medication) recorded as structured data	**8**		1		
Maintain active medication allergy list	At least 80% of all unique patients seen, by the EP have at least one entry or (**an indication of "none"** if the patient has no medication allergies) recorded as structured data	**6**		3		
Record demographics • Preferred language • Insurance type • Gender • Race • Ethnicity • Date of birth	At least 80% of all unique patients seen by the EP have demographics recorded as structured data	assumed				
Record and chart changes in vital signs: • height • weight • blood pressure • calculate and display: BMI	For at least 80% of all unique patients age 2 and over seen by the EP, record blood pressure and BMI; additionally plot growth chart for children age 2-20	**6**		3		
		6	1	2		

Stage 1 Objectives	Measures	YES	NO	Yes, but not sure we meet threshhold	System isn't capable	Unsure
• plot and display growth charts for children 2-20 years, including BMI		**8**		1		
Record smoking status for patients 13 years old or older	At least 80% of all unique patients 13years old or older seen by the EP have "smoking status" recorded	**5**		4		
Incorporate clinical lab-test results into EHR as structured data	At least 50% of all clinical lab tests ordered whose results are in a positive/negative or numerical format are incorporated in certified EHR technology as structured data	**7**	1	1		
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, and outreach	Generate at least one report listing patients of the EP with a specific condition.	**9**				
Report ambulatory quality measures to CMS or the States	For 2011, provide aggregate numerator and denominator through attestation as discussed in section II(A)(3) of this proposed rule For 2012, electronically submit the measures as discussed in section II(A)(3) of this proposed rule					

Stage 1 Objectives	Measures	YES	NO	Yes, but not sure we meet threshhold	System isn't capable	Unsure
Send reminders to patients per patient preference for preventive/ follow up care	Reminder sent to at least 50% of all unique patients seen by the EP that are age 50 or over	**3**	3	3		
Implement 5 clinical decision support rules relevant to specialty or high clinical priority, including diagnostic test ordering, along with the ability to track compliance with those rules	Implement 5 clinical decision support rules relevant to the clinical quality metrics the EP is responsible for as described further in section II(A)(3).	**3**	1	3		2
Check insurance eligibility electronically from public and private payers	Insurance eligibility checked electronically for at least 80% of all unique patients seen by the EP	**8**		1		
Submit claims electronically to public and private payers.	At least 80% of all claims filed electronically by the EP	**7**		2		
Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies), upon request	At least 80% of all patients who request an electronic copy of their health information are provided it within 48 hours	**8**	1			

Stage 1 Objectives	Measures	YES	NO	Yes, but not sure we meet threshhold	System isn't capable	Unsure
Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, allergies) within 96 hours of the information being available to the eligible professional	At least 10% of all unique patients seen by the EP are provided timely electronic access to their health information	**2**	5			2
Provide clinical summaries for patients for each office visit	Clinical summaries are provided for at least 80% of all office visits	**3**	1	3		1
Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information	**1**	6		1	1
Perform medication reconciliation at relevant encounters and each transition of care	Perform medication reconciliation for at least 80% of relevant encounters and transitions of care					
Provide summary care record for each transition of care and referral	Provide summary of care record for at least 80% of transitions of care and referrals	**4**		5		
Capability to submit electronic data to immunization registries and actual submission where required and accepted	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries	**7**	1		1	

Stage 1 Objectives	Measures	YES	NO	Yes, but not sure we meet threshhold	System isn't capable	Unsure
Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies (unless none of the public health agencies to which an EP or eligible hospital submits such information have the	**5**	2			2
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Conduct or review a security risk analysis per 45 CFR 164.308(a)(1) and implement security updates as necessary	**7**	1			1