NY Diabetes Coalition Comments on eHIT Support Initiative March 2010

Thank you for the opportunity for comments.

I am the chair of the NY Diabetes Coalition, which is an organization of Health Plans, Professional Academies, QIO's, Public Health Departments, and 90 other organizations. [www.nydc.org]

Our mission is to seek agreement on diabetes care guidelines among our disparate members, and to provide support for diabetes care.

One of our current projects is the deployment of prompting diabetes registries to small and medium practices to help them achieve a more structured care plan for their patients. This registry is internet based, and provides real time practice assistance, as well as practice based data to plan and improve care of the practice's population.

Registries help make possible the implementation of a chronic care model, and are an important part of practice transformation to the patient centered medical home. This registry project is funded by the NYSDOH.

How does this relate to the proposed HIT initiative? An important part of 'meaningful use' is the ability to follow patients and their care, and to prompt healthcare providers to develop strategies to improve that care in a measurable way. Our experience with the diabetes registry is that its implementation is not only natural and straightforward, but also helpful in developing team practice and team initiatives, through easy implementation of standing orders for care, testing, and treatment. Data is available for all members of the treating team. Data is also easily exchanged between care givers inside and outside the practice. This open exchange appears to improve health care outcomes in our preliminary analysis, and that of others.

We feel strongly that such internet based registries should be the foundation of HIT implementation, and not an afterthought for electronic records based on billing and coding. Indeed, by making interoperable, open code registries the center of practice

HIT, the informatics actually make ongoing care easier and more efficient, rather than the record being a stumbling block to daily care.

The experience so far in our registry project convinces us that such an open code, interoperable approach is practical and inexpensive, and very practice-friendly. It does not impede practice flow. Training is helpful, and we have developed educational modules to encourage the chronic care approach and use of registries, but the learning curve is rather short and easy.

We hope that this approach to HIT gets a careful evaluation by CMS and the NYSDOH eHIT Initiative. We are enthusiastic about the planned HIT I-APD request for an approval of 90% FFP from CMS to support the implementation of the NY-SMHP and incentive program. We strongly encourage that these funds focus on practice and provider education as to the uses of HIT to improve care, and not simply how to use an electronic record to function as a record-keeping document. We hope that you can draw on our experience in training providers to implement registries, and our training to providers to manage the care of the more difficult to manage patients. The NYDC stands ready to assist in this process in NY State.

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