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

Rochester Regional Health Information Organization

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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 Rochester Regional Health Information Organization. In attendance were:

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

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

Rochester Regional Health Information Organization
Edward Kremer, Executive Director

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

Rochester RHIO is a secure electronic health information exchange (HIE) providing authorized medical providers access to test results, lab reports, radiology results, medication history, insurance eligibility, and more. The nonprofit, community-run organization was created to give healthcare providers fast access to accurate information about patients so everyone can receive the best care possible. Twenty healthcare organizations in the Greater Rochester area provide patient information, including hospitals, reference labs, insurance providers and radiology practices. Rochester RHIO is one of 300 health information exchanges in development nationwide. Created in 2006 with a $4.4 million state grant and $1.9 million in funds from local businesses, hospitals, and health insurers, Rochester RHIO is expected to lower health care expenses over time.

RHIOs in New York State – One Perspective

Edward Kremer, Executive Director of the Rochester RHIO, provided the following narrative as feedback to the New York State Department of Health, Office of Health Insurance Programs.

"In reviewing both the architectural plans and the five-year roadmap provided by the Office of Health Insurance Programs, it is clear that the NYS Department of Health, Office of Health Insurance Programs is seeking to address the quality in health system efficiencies that affect all New Yorkers. Unfortunately, the

proposed architectural approach and five-year plan do not appear to significantly leverage the substantial efforts that the Department of Health, communities across the state, health providers, and other payers have engaged in over the last five years through the Heal New York Program."

"Starting in 2006, there has been a historic undertaking to connect clinical data sources and healthcare providers across the State of New York to create a patient centered information network. Federal funding, state funding, and community funding from employers, hospitals, and commercial health plans came together to realize the vision very similar to that currently proposed by the Office of Health Insurance Programs. Central to this office was the statewide discussion related to a host of privacy and policy issues related to health information exchange. Hundreds of people were involved in these policy discussions over the last five years, and thousands of software engineers, project managers, quality analysts, privacy officers, and staff and physician offices, hospitals, laboratories, radiology practices, long-term care facilities, home care agencies, and payers have worked to establish these health information exchange services across the state. These already established HIE services cover not only commercially insured patients but Medicaid patients as well. They provide services to patients as they move throughout the community and across types of health insurance coverage."

"This more holistic patient centered capability is already provided by regional HIEs and follows patients as they move between Medicaid programs and commercial insurance programs. Leveraging these regional exchanges would avoid creating a separate but equal landscape that could both slow physician

adoption and create unintended disparities in care. The current ARRA funding represents a similarly historic event to further improve the health information landscape in New York. But it should be utilized in such a way that leverages these existing state and community HIE efforts. In what is already a challenging state fiscal environment, we must be careful to avoid duplicative efforts that would exacerbate our state's ongoing budgetary shortfalls. Instead of replicating existing HIE efforts, each entity in the state health information ecosystem should look to establish additional capabilities that it is uniquely positioned to provide."

"To that end, we suggest that instead of the proposed Medicaid effort to establish a new state database of laboratory and radiology tests, Medicaid efforts will be better served by connecting some of the two hundred public health databases that are often not readily available to healthcare providers. Medicaid efforts could additionally be focused on creating an inventory of the information and interoperability gaps for truly transformational care for Medicaid patients. The state could then work with the regional entities to facilitate and, where possible, assist with the funding the interoperability information flow and analytics to build a foundation for continued quality improvement programs for Medicaid patients. This approach will provide for both state level and regional quality improvement programs."

"Currently, the Rochester RHIO has negotiated ongoing commercial and self-funded payer support through a claim surcharge for each payer's covered members. Following the success of this approach, other regional health information exchanges in upstate New York are pursuing a similar model. We

also urge Medicaid to consider the same underwriting approach that in turn would allow clinical information to flow from the RHIOs to the New York State Office of Health Insurance Programs."

"To best leverage the already substantial state investment in HIEs and the increasing information available through these regional services, we suggest that OHIP rethink both the architectural approach and its five-year patient centered Medicaid plan and seek to support much of its information access through existing state funded RHIOs. This approach would demonstrate to the Federal Office of the National Coordinator that New York was serious about creating a sustainable and coordinated health information exchange ecosystem, one that would yield the greatest value for its citizens and most cost effectively."

"The original vision of the HEAL program was, in large measure, to improve healthcare quality and health system efficiency for Medicaid patients. HEAL funded RHIOs were to be the conduit for participants to access the state Medicaid medication history database. We urge OHIP to return to that vision and make regional information exchanges a cornerstone of their five-year plan and integrate their efforts into a single, more inclusive statewide health information technology roadmap. These comments again were approved by all of the board members of the Rochester RHIO and, again, we thank you for providing the opportunity to comment on the plans as you were working through them."

"In regards to the Rochester RHIO's data architecture, we have what's called a hybrid federated model where we do have some data in the middle. A lot of our data sources are federated. But we're already moving towards building more traditional services for quality improvement programs. Our architecture is based on a domino software framework from I.B.M."

Credentialing

The Office of National Coordinator has proposed a credentialing process wherein RHIOs would be enrolled in Medicaid as a specialized type of service bureau for HIE activities. In response, Mr. Kremer said, "The additional rigor of credentialing the RHIOs is where we're all moving forward to. I think solidifying that community trust model through credentialing makes perfect sense."

Medication History

Currently, the New York State Medicaid program collects medication history. Data represents six months worth of medication history for Medicaid members. Mr. Kremer was asked if RHIOs would find this kind of data valuable and of use to their members.

"I believe so. The more we can build toward a comprehensive patient medication list is helpful, particularly for transition activities where the patient is moving from one location to another. Further, if we can avoid creating duplicate data we're all in better shape. The more we can provide physicians with a single source to get a comprehensive patient view, the better off we are."