ROCHESTER RHIO

Regional Health Information Organization

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Dr. James Figge
New York Department of Health
Office of Health Insurance Programs
Corning Tower, Empire State Plaza
Albany, NY 12237

Dear Dr. Figge,

Thank you for providing us this opportunity to comment on the Medicaid HIE/MITA Architecture and Five Year Patient-Centered Medicaid HIT/HIE plan for New York. In reviewing both the architectural plans and five-year road map it is clear that your Office is seeking to address the quality and health system efficiencies that affect all New Yorkers. Unfortunately, the proposed architectural approach and five year plan does 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 NY program.

Starting in 2006 there has been a historic undertaking to connect clinician data sources and health care providers across the state of New York to create a patient centered information framework. Federal funding, state funding and community funding from employers, hospitals and commercial health plans came together to realize a vision very similar to that currently proposed by the Office of Health Insurance Programs. Central to this effort was a state-wide 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 in physicians offices, hospitals, laboratories, radiology practices, long term care facilities, home care agencies and payers have worked to establish these Health Information Exchange (HIE) 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.

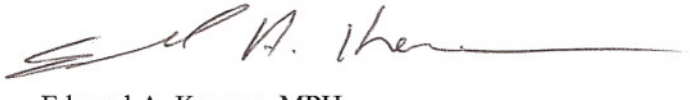
Instead of replicating existing HIE efforts, each entity in the state health information ecosystem should look to establish additional capabilities that it is uniquely positioned to provide. To that end we suggest that instead of the proposed Medicaid effort to establish a new state database of laboratory and radiology tests, Medicaid efforts would be better served by connecting some of the 200 public health databases that are often not readily available to health care 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 funding the interoperability, information flow and analytics to build the foundation for continued quality improvement programs for Medicaid patients. This approach would 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 claims 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 this same underwriting approach that in turn would allow clinical information to flow from the RHIOs to the New York 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 the Office of Insurance rethink both the architectural approach and its 5-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 both the HEAL program, and the HEAL5 program in particular, was in large measure to improve health care quality and health system efficiency for Medicaid patients. HEAL5 funded RHIOs were to be THE conduit for participants to access the state Medicaid medication history database. We urge the Office of Health Insurance Programs 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 state-wide health information technology road map.

Sincerely,



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cc: Sandra A. Parker, Chairperson Rochester RHIO, President & CEO
Rochester Business Alliance
Richard Daines, M.D., New York State Health Commissioner