



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

**New York State
Association of Health Care Providers,
Inc. (HCP)**

April 15, 2010 | 10:30 - 11:00 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 Association of Health Care Providers, Inc. (HCP). Comments were received on April 15, 2010, at the NYS DOH in Albany, NY. HCP is a trade association representing more than 500 offices of Licensed Home Care Service Agencies, Certified Home Health Agencies, Long Term Home Health Care Programs, Hospices, and health-related organizations (HROs) across New York State. HCP and its members take a leadership role in raising awareness about the value and cost effectiveness of home and community-based services. 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

NYS Association of Health Care Providers, Inc.

Christina Miller-Foster; Assistant Director of Public Policy

Christine Johnston; Executive Vice President

New York State Technology Enterprise Corporation (Program Consultants)

Donna O'Leary, PMP; Program Consultant

Peter Poleto; Account Executive



New York State Association of Health Care Providers, Inc. (HCP) - Background

The New York State Association of Health Care Providers, Inc. represents more than 500 home care and home care-related organizations throughout New York State. Headquartered in Albany, NY, and working through regional chapters, HCP is a leading voice for home health care providers. HCP's mission includes providing educational and informational resources to the home health care industry; soliciting legislative and regulatory support in issues affecting the health care industry; supporting the development of sound business practices; and promoting home care and community-based programs to carry the industry into the future.

HCP represents more than 500 home and community-based care offices across New York State, including:

- Licensed Home Care Services Agencies
- Certified Home Health Agencies
- Long-Term Home Health Care Programs
- Hospices

Home Care – Not all EHR is Created Equal

EHR adoption in home care settings faces a unique challenge. Home care agencies lack a bricks and mortar infrastructure. Services are delivered off-site, and communication with physicians and other providers is via phone, fax, or hard copy. EHR implementation models typically reflect data exchange from a clinical setting to a central repository. This often leaves home care agencies overlooked when EHR policy, procedure, and funding are under consideration. Nevertheless, HCP members have been on the leading edge in the use of telemedicine and telemonitoring. Collecting, analyzing, and responding to patients' vitals from their home is a life-saver, literally. Christine Johnson, Executive Vice President of HCP, puts it this way, "We've seen some amazing results in the use of telemedicine and telemonitoring in the home setting. It limits re-admission, and I think in the coming years, we're going to see more and more use of that technology. Investment in any of these new technologies is great for homecare."

"We had one provider that showed reduced unplanned hospitalizations by eighty percent of their patients who are on telemonitoring devices."

Christine Johnson

According to Ms. Johnson, telemedicine and telemonitoring are relatively easy for home care agencies to implement. Providers can ramp up use of the telemetry devices a few units at a time. EHR adoption, on an organizational level, is another

matter. Because of the cost, the network infrastructure, software, training, and related implementation requirements are beyond the means of most home care agencies. Ms. Johnson said, “Electronic health records have been a little bit more of a daunting challenge. Providers tell us, ‘It’s easy to look at the telemedicine because I can do it in small bites. To go into electronic health records, I have to do it all at once. I can’t stick

“Making the data more available to more people is really at the crux.”

Christine Johnson

my toe in the water. I have to make a significant investment to purchase.’ It’s in the millions of dollars even for a midsized agency.”

Compounding the upfront cost of EHR implementation, home health care agencies face another challenge, getting reimbursed properly for using the technology. Health care in general is labor intensive; even more so with home health care where there are no large pieces of durable medical equipment, laboratories, or diagnostic imaging displays. Dollars spent are truly spent on care, not infrastructure. Past policy has viewed EHR incentives and reimbursement as infrastructure, and not so much the person *using* it. “The ability to access funds and reimbursement that deals with patient care is burdensome,” explains Ms. Johnson. “Access to capital is very much different.”

Some New Developments

Regarding the use of telemedicine/telemetry, and related personal EHR tools, AHP sees the following as holding a great deal of promise for home care patients and the industry as a whole:

- **Centralized data** – An accessible data mart of a patient’s history, instantly accessible so that real-time information such as vitals can be tracked and provided to care givers.
- **Graphing** – Improved user interfaces and dashboards make interpretation easier for mobile caregiver.
- **Research** – A safe, secure, but appropriately accessible repository could be accessed for research and completing trending analysis on diabetes, hypertension, and other common health problems.
- **Policy following data** – Home care is often overlooked in health care policy decisions. The work of home care providers and its impact on cost, quality of life, and purpose cannot be overstated. Subsequently, future policy decisions regarding EHR must take into account where the data is coming from (i.e., the patient’s home) and reflect the characteristics of home health care.