



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

Medical Society of the State of New York

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New York State Department of Health

99 Washington Avenue

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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 Medical Society of the State of New York (MSSNY). MSSNY is an organization of approximately 30,000 licensed physicians, medical residents, and medical students in New York State.

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The Medical Society of the State of New York (MSSNY) is an organization of approximately 30,000 licensed physicians, medical residents, and medical students in New York State. MSSNY is a non-profit organization committed to representing the medical profession and advocating health-related rights, responsibilities and issues. MSSNY strives to promote and maintain high standards in medical education and in the practice of medicine in an effort to ensure that quality medical care is publicly available.

Medicaid Threshold a Hurdle

MSSNY encourages the New York State Department of Health, Office of Health Insurance Programs (OHIP) to revisit with the Center for Medicare and Medicaid Services (CMS) the currently proposed 30% threshold to receive Medicaid monies. As pointed out by MSSNY, New York State physicians, until recently, received among the lowest Medicaid reimbursement rates in the country. These low rates pushed more physicians away from Medicaid; and so the available pool of physicians who have a 30% Medicaid patient load and can qualify for the provider incentive programs under Medicaid is very low.

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Elizabeth Dears-Kent

Outreach/Education is Critical

As Elizabeth Dears-Kent said, “Physicians would benefit greatly from additional outreach efforts like seminars, webinars, conferences and the like. There are many moving parts to the incentive program, and more and continued information can only have a positive impact.” With OHIP assistance and support, MSSNY would like to provide educational programs to physicians. Continuing education for physicians and other providers is similarly critical. “Doctors train to be doctors,” commented Dr. Igor Kraev, “They do not train to be chief technology officers.” MSSNY encouraged OHIP to consider a long-range and comprehensive outreach and education program for providers regarding the use of and issues surrounding Electronic Health Records (EHR).

EHR's Impact on a Medical Practice

MSSNY provided feedback based on first-hand experience with EHR and the unforeseen impact it can have on a medical practice. First, installation is burdensome. It can cost more than \$225 simply to establish a connection between a computer and server. Installing and maintaining an EHR network is not like other office systems. Vigorous security, constant upgrading, reliable backup, and business continuity, these and other responsibilities require physicians and their staff to entirely rethink office operations.

MSSNY believes physicians will require more time than most speculate to reach a comfort level regarding technology adoption and integration. Consequently, MSSNY supports a delay in the penalties associated with this program.

“Doctors train to be doctors. They do not train to be chief technology officers.”

Igor Kraev, MD

The current wave of EHR activity has vendors scrambling to meet demand. They simply do not have enough players to put on the field. Smaller practices or clinics where the EHR profit margin is slim are overstepped in favor of larger facilities such as hospitals and large established medical practices. As Dr. John Maese said, “Even if a practice has the funds and logistics to install a system, it’s tough finding someone to do it.”

Outside In

Dr. Kraev supports a “public system” approach to EHR implementation. Rather than several independent systems that seek interoperability, a generic approach where physicians “buy-in” would offer advantages. Similar to subscribing to cable television or public water, an EHR public infrastructure could be built as a similar model. Dr. Kraev put it this way, “The goal of a physician is to practice medicine, not to build an EHR infrastructure.”ⁱ



Consistency in Meaningful Use

MSSNY wants to ensure consistency in meaningful use. Whatever ultimately become the criteria, MSSNY believes Medicaid and Medicare should adopt the same standards with regard to functionality for meaningful use and for the specific requirements of the CCD or CCR. Further, physicians who are early adopters of EHR should not be penalized if their particular system is later found noncompliant with various meaningful use criteria. Physicians could become disenchanted with the program, for this reason MSSNY restates its position for delaying any penalties associated with non-adoption.

MSSNY agrees with the OHITT that the current incentive payment program is a moving target with many many details to be defined. Currently, MSSNY finds the incentive payment system a little confusing and chaotic.

Smaller Practices Need Special Attention

MSSNY is concerned that sole practitioners or others in similarly small practices could be overlooked in favor of larger practices or hospitals. “We really need to make sure that we acknowledge the small practice and their challenges and make things simple enough that a small practice can implement,” said John Maese, MD. “That's really where care is delivered in New York State.” Further, MSSNY encourages and supports EHR compliance that is in concert and harmony with New York State’s eMedNY program.

Coordinate Education

MSSNY encourages New York State to partner with stakeholders, such as MSSNY, to avoid redundancy in educational programs. Information should fill gaps, compiling a full spectrum of education. A range of challenges regarding technology need to be addressed. History suggests that when education is provided it is concentrated on one particular area, neglecting others. MSSNY represents doctors in all medical specialties, making it an important partner.

ⁱ This quote is attributed to Dr. Kraev and does not represent the opinion of MSSNY.