



New York State Medicaid HIT Plan: Comments from the New York State Health Foundation

Planning Beyond HIT Adoption

- The State has wisely chosen to develop a comprehensive and strategic HIT plan that will help create a more patient-centered, value-driven health care system that is sustained beyond initial HIT adoption.

Leveraging

- We encourage the State to connect this opportunity with its other delivery system improvement priorities and other statewide quality initiatives, including NYSHHealth's \$35-million Diabetes Campaign.

NYSHealth's Diabetes Campaign

- The Campaign has been working for two years with primary care providers across the State to improve clinical care and outcomes for their patients with diabetes.
- Similar to the Regional Extension Centers, the Campaign has been supporting on-the-ground technical assistance to help providers make improvements and meet standards of care.
- The Campaign also has been working with payers to encourage them to provide financial incentives to providers who demonstrate that they meet diabetes standards through achieving recognition under National Committee for Quality Assurance's (NCQA) Diabetes Recognition Program or Bridges To Excellence's (BTE) Diabetes Care Link Program.

Demonstrating the Value of HIT

- The best examples of successful HIT adoption frame adoption as a clinical and patient-centered initiative, rather than as a technology initiative.
- Activities related to workflow re-engineering and training to support HIT adoption should include metrics for conditions that show providers the clinical value of HIT adoption.
 - Diabetes metrics would show how HIT helps them manage a complex condition
 - Even in year one, include incentives for incorporating diabetes quality metrics into new electronic medical records or upgrades

Incentive Payments: Patient-Centered Measures

- The meaningful use measures that trigger incentive payments need to be patient-centered.
 - The final measures that CMS will select are still unknown.
 - Measures should be clinically meaningful, actionable, and tightly linked to patient-risk reduction
 - For diabetes, those are measures of A1c, blood pressure, and LDL cholesterol control.

Incentive Payments: Leveraging Other Reporting

- Leverage existing national and regional reporting efforts to reduce physician reporting burden
 - Having to submit duplicative reports for similar or identical measures to various entities to meet regulatory requirements and/or obtain incentive payments produces unnecessary redundancy and creates significant barriers to providers.

Incentive Payments: Leveraging Other Reporting

- Include other means of verifying the achievement of meaningful use.
 - NCQA PCMH recognition can verify use of technology but not patient outcomes.
 - Include NCQA's or BTE's disease-specific recognition programs as means of verifying the achievement of meaningful use.
 - At minimum, these recognition programs should be designated as vehicles for meaningful use reporting, similar to what is allowable for reporting Physician Quality Reporting Initiative (PQRI) data.
 - Allow verification through other existing quality reporting mechanisms through which providers and federally qualified health centers already submit, including PQRI and HRSA.

Incentive Payments: Reward Improvement

- Reward improvement in performance as well as achievement of goals
 - Doing so discourages adverse patient selection, which can especially exacerbate health disparities for minority, low-income, and underserved populations
 - It also encourages physicians and practices that currently are further away from performance thresholds to make improvements.

Incentive Payments: Promote Alignment

- Align meaningful use incentives and QARR reporting
 - This can encourage Medicaid plans to offer additional incentives and assistance to providers.
- Encourage other payers to align their payment.
 - At minimum, encourage the adoption of a core set of meaningful use measures into payer incentive programs and Patient-Centered Medical Home pilots.

Conclusion

- The advent of HIT/HIE and meaningful use standards creates an opportunity to facilitate ongoing quality improvements in clinical care and complements other efforts to reorient the delivery of care toward quality instead of volume.
- This will only be possible through ensuring that other efforts and programs are aligned and leveraged.