



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

**Taconic Health Information Network
and Community (THINC)**

April 22, 2010 | 11:30 a.m. – 12:00 p.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 (OHIP) 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 Taconic Health Information Network and Community (THINC). THINC is developing and implementing solutions which address the key components necessary for successful and sustainable health IT adoption.

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

Taconic Health Information Network and Community

Susan Stuard, Executive Director

New York State Technology Enterprise Corporation (Program Consultants)

Brad Duerr, Program Consultant
Donna O'Leary, PMP, Program Consultant
Peter Poleto, Business Architect

THINC – Background



The Taconic Health Information Network and Community, or THINC, is a not-for-profit corporation dedicated to improving the quality, safety, and efficiency of healthcare for the benefit of the people of the Hudson Valley region of New York State. THINC's primary purpose is to advance the use of Health Information Technology (HIT) through the sponsorship of a secure Health Information Exchange (HIE) network, the adoption and use of interoperable Electronic Health Records (EHR), and the implementation of health improvement activities, including public health surveillance and reporting, pay for performance, and other quality improvement initiatives.

Build On Existing Infrastructure

Among THINC's recommendations for the Medicaid Incentive Payment System (MIPS) Program is to continue to utilize the State Health Information Network for New York (SHIN-NY) that was jointly sponsored and developed by the New York State Department of Health (DOH) and the New York eHealth Collaborative (NYeC). SHIN-NY meets two important goals for Medicaid in its State Medicaid Hit Plan (SMHP). First, SHIN-NY is compliant with the Federal National Health Information Network (NHIN) standards developed by the Office of the National Coordinator for HIT at the U.S. Department of Health and Human Services. By utilizing SHIN-NY, Medicaid can ensure that its health information exchange development efforts are in line with, and anticipatory of, Federal requirements.

By utilizing SHIN-NY, Medicaid can ensure that its health information exchange development efforts are in line with, and anticipatory of, Federal requirements.

Secondly, SHIN-NY is a key piece of the state HIE plan developed by NYeC and DOH. Harmonization of Medicaid's efforts with SHIN-NY simultaneously ensures harmonization of the SMHP with the state HIE plan. Further, THINC recommends leveraging the RHIO's efforts to reach providers. Medicaid's flexible approach to health information exchange by sponsoring connections both directly to providers and their EHRs and to RHIOs is promising. There is concern, however, that smaller physician practices, hospitals, health centers, and long-term care facilities may not have the financial resources and leverage over their EHR vendors to undertake direct integration with Medicaid.

Security Standards – A Shifting Landscape

Maintaining a secure exchange is similarly a challenge for smaller providers. THINC encourages Medicaid to leverage the RHIOs as a means to connect these smaller providers to their RHIOs. As explained by THINC's Executive Director, Susan Stuard, "Like many other RHIOs, we already have SHIN-NY compliant connections established with smaller providers. This equips providers to start to address Medicaid's security requirements."

"Like many other RHIOs, we already have SHIN-NY compliant connections established with smaller providers. This equips providers to start to address Medicaid's security requirements."

*Susan Stuard,
Executive Director, THINC*

Align Efforts Among Users

An unprecedented level of state and federal activity in the HIT and HIE arenas over the last year has created a temporary lack of alignment among state-sponsored efforts. Under the HEAL program, regions formed RHIOs to support SHIN-NY. Separately, providers have been asked to undertake direct reporting to public health

agencies, and Medicaid has been sponsoring a health information exchange strategy that appears to view RHIOs and SHIN-NY as somewhat of a last resort. This lack of alignment is confusing for providers, RHIOs, and other healthcare stakeholders. THINC asks Medicaid to use the SMHP as an opportunity to achieve alignment among state efforts.

RHIOs and Credentialing

Among the statewide strategies being considered is the notion of certifying RHIOs as Medicaid Service Bureaus. Following a credentialing process outlined and prescribed by the New York State Commissioner of Health, RHIOs could position their strategies as an overall component of the Medicaid landscape. THINC welcomes this approach and further encourages NYS Medicaid to explore multiple strategies regarding HIE.



Centralized Database, Federated Database – Options for the Future

Another NYS Medicaid EHR strategy is the establishment of a centralized database of Medicaid clinical data, such as lab results and radiographic images. Another idea springing from the provider community is an all-payer/all-patient solution. Both approaches offer advantages, and both come with logistical and technical hurdles. THINC's position on this particular issue is that an all-payer/all-patient model is perhaps the best model for providers, patients, and others. However, establishing such a database is a herculean task that is, at best, five to ten years out. Instead, THINC encourages a phased approach where tangible deliverables regarding meaningful use can be realized in a closer, tighter timeframe. As Susan Stuard explained, "In our pavilion, the healthcare space is best achieved in an interim approach. Get the success under your belt, then move on and build on it with lessons learned."

"In our pavilion, the healthcare space is best achieved in an interim approach. Get the success under your belt, then move on and build on it with lessons learned."

*Susan Stuard,
Executive Director, THINC*
